

In the House of Representatives, U. S.,

September 28, 2018.

Resolved, That the House agree to the amendment of the Senate to the bill (H.R. 6) entitled “An Act to provide for opioid use disorder prevention, recovery, and treatment, and for other purposes.”, with the following

HOUSE AMENDMENT TO SENATE AMENDMENT:

In lieu of the matter proposed to be inserted by the Senate amendment, insert the following

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

2 (a) *SHORT TITLE*.—*This Act may be cited as the*
3 *“Substance Use–Disorder Prevention that Promotes Opioid*
4 *Recovery and Treatment for Patients and Communities*
5 *Act” or the “SUPPORT for Patients and Communities*
6 *Act”.*

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

Sec. 1. Short title; table of contents.

TITLE I—MEDICAID PROVISIONS TO ADDRESS THE OPIOID CRISIS

Sec. 1001. At-risk youth Medicaid protection.

Sec. 1002. Health insurance for former foster youth.

Sec. 1003. Demonstration project to increase substance use provider capacity under the Medicaid program.

Sec. 1004. Medicaid drug review and utilization.

Sec. 1005. Guidance to improve care for infants with neonatal abstinence syndrome and their mothers; GAO study on gaps in Medicaid coverage for pregnant and postpartum women with substance use disorder.

Sec. 1006. Medicaid health homes for substance-use-disorder Medicaid enrollees.

- Sec. 1007. Caring recovery for infants and babies.*
- Sec. 1008. Peer support enhancement and evaluation review.*
- Sec. 1009. Medicaid substance use disorder treatment via telehealth.*
- Sec. 1010. Enhancing patient access to non-opioid treatment options.*
- Sec. 1011. Assessing barriers to opioid use disorder treatment.*
- Sec. 1012. Help for moms and babies.*
- Sec. 1013. Securing flexibility to treat substance use disorders.*
- Sec. 1014. MACPAC study and report on MAT utilization controls under State Medicaid programs.*
- Sec. 1015. Opioid addiction treatment programs enhancement.*
- Sec. 1016. Better data sharing to combat the opioid crisis.*
- Sec. 1017. Report on innovative State initiatives and strategies to provide housing-related services and supports to individuals struggling with substance use disorders under Medicaid.*
- Sec. 1018. Technical assistance and support for innovative State strategies to provide housing-related supports under Medicaid.*

TITLE II—MEDICARE PROVISIONS TO ADDRESS THE OPIOID CRISIS

- Sec. 2001. Expanding the use of telehealth services for the treatment of opioid use disorder and other substance use disorders.*
- Sec. 2002. Comprehensive screenings for seniors.*
- Sec. 2003. Every prescription conveyed securely.*
- Sec. 2004. Requiring prescription drug plan sponsors under Medicare to establish drug management programs for at-risk beneficiaries.*
- Sec. 2005. Medicare coverage of certain services furnished by opioid treatment programs.*
- Sec. 2006. Encouraging appropriate prescribing under Medicare for victims of opioid overdose.*
- Sec. 2007. Automatic escalation to external review under a Medicare part D drug management program for at-risk beneficiaries.*
- Sec. 2008. Suspension of payments by Medicare prescription drug plans and MA–PD plans pending investigations of credible allegations of fraud by pharmacies.*

TITLE III—FDA AND CONTROLLED SUBSTANCE PROVISIONS

Subtitle A—FDA Provisions

CHAPTER 1—IN GENERAL

- Sec. 3001. Clarifying FDA regulation of non-addictive pain products.*
- Sec. 3002. Evidence-based opioid analgesic prescribing guidelines and report.*

CHAPTER 2—STOP COUNTERFEIT DRUGS BY REGULATING AND ENHANCING ENFORCEMENT NOW

- Sec. 3011. Short title.*
- Sec. 3012. Notification, nondistribution, and recall of controlled substances.*
- Sec. 3013. Single source pattern of imported illegal drugs.*
- Sec. 3014. Strengthening FDA and CBP coordination and capacity.*

CHAPTER 3—STOP ILLICIT DRUG IMPORTATION

- Sec. 3021. Short title.*
- Sec. 3022. Restricting entrance of illicit drugs.*

CHAPTER 4—SECURING OPIOIDS AND UNUSED NARCOTICS WITH DELIBERATE
DISPOSAL AND PACKAGING

Sec. 3031. Short title.

Sec. 3032. Safety-enhancing packaging and disposal features.

CHAPTER 5—POSTAPPROVAL STUDY REQUIREMENTS

Sec. 3041. Clarifying FDA postmarket authorities.

Subtitle B—Controlled Substance Provisions

CHAPTER 1—MORE FLEXIBILITY WITH RESPECT TO MEDICATION-ASSISTED
TREATMENT FOR OPIOID USE DISORDERS

Sec. 3201. Allowing for more flexibility with respect to medication-assisted treatment for opioid use disorders.

Sec. 3202. Medication-assisted treatment for recovery from substance use disorder.

Sec. 3203. Grants to enhance access to substance use disorder treatment.

Sec. 3204. Delivery of a controlled substance by a pharmacy to be administered by injection or implantation.

CHAPTER 2—EMPOWERING PHARMACISTS IN THE FIGHT AGAINST OPIOID
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- Sec. 3271. Short title.*
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CHAPTER 9—PREVENTING DRUG DIVERSION

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- Sec. 5001. Mandatory reporting with respect to adult behavioral health measures.*

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- Sec. 5011. Short title.*
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- Sec. 5021. Short title.*
Sec. 5022. Ensuring access to mental health and substance use disorder services for children and pregnant women under the Children's Health Insurance Program.

Subtitle D—Medicaid Reentry

- Sec. 5031. Short title.*
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Subtitle E—Medicaid Partnership

- Sec. 5041. Short title.*
Sec. 5042. Medicaid providers are required to note experiences in record systems to help in-need patients.

*Subtitle F—IMD CARE Act**Sec. 5051. Short title.**Sec. 5052. State option to provide Medicaid coverage for certain individuals with substance use disorders who are patients in certain institutions for mental diseases.**Subtitle G—Medicaid Improvement Fund**Sec. 5061. Medicaid Improvement Fund.**TITLE VI—OTHER MEDICARE PROVISIONS**Subtitle A—Testing of Incentive Payments for Behavioral Health Providers for Adoption and Use of Certified Electronic Health Record Technology**Sec. 6001. Testing of incentive payments for behavioral health providers for adoption and use of certified electronic health record technology.**Subtitle B—Abuse Deterrent Access**Sec. 6011. Short title.**Sec. 6012. Study on abuse-deterrent opioid formulations access barriers under Medicare.**Subtitle C—Medicare Opioid Safety Education**Sec. 6021. Medicare opioid safety education.**Subtitle D—Opioid Addiction Action Plan**Sec. 6031. Short title.**Sec. 6032. Action plan on recommendations for changes under Medicare and Medicaid to prevent opioids addictions and enhance access to medication-assisted treatment.**Subtitle E—Advancing High Quality Treatment for Opioid Use Disorders in Medicare**Sec. 6041. Short title.**Sec. 6042. Opioid use disorder treatment demonstration program.**Subtitle F—Responsible Education Achieves Care and Healthy Outcomes for Users' Treatment**Sec. 6051. Short title.**Sec. 6052. Grants to provide technical assistance to outlier prescribers of opioids.**Subtitle G—Preventing Addiction for Susceptible Seniors**Sec. 6061. Short title.**Sec. 6062. Electronic prior authorization for covered part D drugs.**Sec. 6063. Program integrity transparency measures under Medicare parts C and D.**Sec. 6064. Expanding eligibility for medication therapy management programs under part D.**Sec. 6065. Commit to opioid medical prescriber accountability and safety for seniors.**Sec. 6066. No additional funds authorized.*

Subtitle H—Expanding Oversight of Opioid Prescribing and Payment

Sec. 6071. Short title.

Sec. 6072. Medicare Payment Advisory Commission report on opioid payment, adverse incentives, and data under the Medicare program.

Sec. 6073. No additional funds authorized.

Subtitle I—Dr. Todd Graham Pain Management, Treatment, and Recovery

Sec. 6081. Short title.

Sec. 6082. Review and adjustment of payments under the Medicare outpatient prospective payment system to avoid financial incentives to use opioids instead of non-opioid alternative treatments.

Sec. 6083. Expanding access under the Medicare program to addiction treatment in Federally qualified health centers and rural health clinics.

Sec. 6084. Studying the availability of supplemental benefits designed to treat or prevent substance use disorders under Medicare Advantage plans.

Sec. 6085. Clinical psychologist services models under the Center for Medicare and Medicaid Innovation; GAO study and report.

Sec. 6086. Dr. Todd Graham pain management study.

Subtitle J—Combating Opioid Abuse for Care in Hospitals

Sec. 6091. Short title.

Sec. 6092. Developing guidance on pain management and opioid use disorder prevention for hospitals receiving payment under part A of the Medicare program.

Sec. 6093. Requiring the review of quality measures relating to opioids and opioid use disorder treatments furnished under the Medicare program and other federal health care programs.

Sec. 6094. Technical expert panel on reducing surgical setting opioid use; Data collection on perioperative opioid use.

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Subtitle L—Fighting the Opioid Epidemic With Sunshine

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TITLE VII—PUBLIC HEALTH PROVISIONS

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Subtitle B—Pilot Program for Public Health Laboratories To Detect Fentanyl and Other Synthetic Opioids

Sec. 7011. Pilot program for public health laboratories to detect fentanyl and other synthetic opioids.

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Sec. 7021. Establishment of substance use disorder information dashboard.

Sec. 7022. Interdepartmental Substance Use Disorders Coordinating Committee.

Sec. 7023. National milestones to measure success in curtailing the opioid crisis.

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Subtitle D—Ensuring Access to Quality Sober Living

Sec. 7031. National recovery housing best practices.

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Sec. 7042. Pain research.

Subtitle F—Jessie’s Law

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Sec. 7052. Communication with families during emergencies.

Sec. 7053. Development and dissemination of model training programs for substance use disorder patient records.

Subtitle G—Protecting Pregnant Women and Infants

Sec. 7061. Report on addressing maternal and infant health in the opioid crisis.

Sec. 7062. Protecting moms and infants.

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Sec. 7064. Prenatal and postnatal health.

Sec. 7065. Plans of safe care.

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- Sec. 8004. International postal agreements.*
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- Sec. 8021. Short title.*
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- Sec. 8041. Addressing economic and workforce impacts of the opioid crisis.*

Subtitle D—Peer Support Counseling Program for Women Veterans

- Sec. 8051. Peer support counseling program for women veterans.*

Subtitle E—Treating Barriers to Prosperity

- Sec. 8061. Short title.*
Sec. 8062. Drug abuse mitigation initiative.

Subtitle F—Pilot Program to Help Individuals in Recovery From a Substance Use Disorder Become Stably Housed

- Sec. 8071. Pilot program to help individuals in recovery from a substance use disorder become stably housed.*

Subtitle G—Human Services

- Sec. 8081. Supporting family-focused residential treatment.*
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Sec. 8083. Building capacity for family-focused residential treatment.

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- Sec. 8091. Short title.*
Sec. 8092. Reauthorization of the comprehensive opioid abuse grant program.

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1 TITLE I—MEDICAID PROVISIONS

2 TO ADDRESS THE OPIOID CRISIS

3 SEC. 1001. AT-RISK YOUTH MEDICAID PROTECTION.

4 (a) IN GENERAL.—Section 1902 of the Social Security

5 Act (42 U.S.C. 1396a) is amended—

6 (1) in subsection (a)—

1 (A) by striking “and” at the end of para-
2 graph (82);

3 (B) by striking the period at the end of
4 paragraph (83) and inserting “; and”; and

5 (C) by inserting after paragraph (83) the
6 following new paragraph:

7 “(84) provide that—

8 “(A) the State shall not terminate eligibility
9 for medical assistance under the State plan for
10 an individual who is an eligible juvenile (as de-
11 fined in subsection (nn)(2)) because the juvenile
12 is an inmate of a public institution (as defined
13 in subsection (nn)(3)), but may suspend coverage
14 during the period the juvenile is such an inmate;

15 “(B) in the case of an individual who is an
16 eligible juvenile described in paragraph (2)(A) of
17 subsection (nn), the State shall, prior to the indi-
18 vidual’s release from such a public institution,
19 conduct a redetermination of eligibility for such
20 individual with respect to such medical assist-
21 ance (without requiring a new application from
22 the individual) and, if the State determines pur-
23 suant to such redetermination that the indi-
24 vidual continues to meet the eligibility require-
25 ments for such medical assistance, the State shall

1 *restore coverage for such medical assistance to*
 2 *such an individual upon the individual's release*
 3 *from such public institution; and*

4 “(C) *in the case of an individual who is an*
 5 *eligible juvenile described in paragraph (2)(B) of*
 6 *subsection (nn), the State shall process any ap-*
 7 *plication for medical assistance submitted by, or*
 8 *on behalf of, such individual such that the State*
 9 *makes a determination of eligibility for such in-*
 10 *dividual with respect to such medical assistance*
 11 *upon release of such individual from such public*
 12 *institution.”; and*

13 (2) *by adding at the end the following new sub-*
 14 *section:*

15 “(nn) *JUVENILE; ELIGIBLE JUVENILE; PUBLIC INSTI-*
 16 *TUTION.—For purposes of subsection (a)(84) and this sub-*
 17 *section:*

18 “(1) *JUVENILE.—The term ‘juvenile’ means an*
 19 *individual who is—*

20 “(A) *under 21 years of age; or*

21 “(B) *described in subsection*
 22 *(a)(10)(A)(i)(IX).*

23 “(2) *ELIGIBLE JUVENILE.—The term ‘eligible ju-*
 24 *venile’ means a juvenile who is an inmate of a public*
 25 *institution and who—*

1 “(A) was determined eligible for medical as-
 2 sistance under the State plan immediately before
 3 becoming an inmate of such a public institution;
 4 or

5 “(B) is determined eligible for such medical
 6 assistance while an inmate of a public institu-
 7 tion.

8 “(3) INMATE OF A PUBLIC INSTITUTION.—The
 9 term ‘inmate of a public institution’ has the meaning
 10 given such term for purposes of applying the subdivi-
 11 sion (A) following paragraph (30) of section 1905(a),
 12 taking into account the exception in such subdivision
 13 for a patient of a medical institution.”.

14 (b) NO CHANGE IN EXCLUSION FROM MEDICAL AS-
 15 SISTANCE FOR INMATES OF PUBLIC INSTITUTIONS.—Noth-
 16 ing in this section shall be construed as changing the exclu-
 17 sion from medical assistance under the subdivision (A) fol-
 18 lowing paragraph (30) of section 1905(a) of the Social Se-
 19 curity Act (42 U.S.C. 1396d(a)), as redesignated by section
 20 1006(b)(2)(B) of this Act, including any applicable restric-
 21 tions on a State submitting claims for Federal financial
 22 participation under title XIX of such Act for such assist-
 23 ance.

24 (c) NO CHANGE IN CONTINUITY OF ELIGIBILITY BE-
 25 FORE ADJUDICATION OR SENTENCING.—Nothing in this

1 *section shall be construed to mandate, encourage, or suggest*
 2 *that a State suspend or terminate coverage for individuals*
 3 *before they have been adjudicated or sentenced.*

4 (d) *EFFECTIVE DATE.*—

5 (1) *IN GENERAL.*—*Except as provided in para-*
 6 *graph (2), the amendments made by subsection (a)*
 7 *shall apply to eligibility of juveniles who become in-*
 8 *mates of public institutions on or after the date that*
 9 *is 1 year after the date of the enactment of this Act.*

10 (2) *RULE FOR CHANGES REQUIRING STATE LEG-*
 11 *ISLATION.*—*In the case of a State plan for medical*
 12 *assistance under title XIX of the Social Security Act*
 13 *which the Secretary of Health and Human Services*
 14 *determines requires State legislation (other than legis-*
 15 *lation appropriating funds) in order for the plan to*
 16 *meet the additional requirements imposed by the*
 17 *amendments made by subsection (a), the State plan*
 18 *shall not be regarded as failing to comply with the re-*
 19 *quirements of such title solely on the basis of its fail-*
 20 *ure to meet these additional requirements before the*
 21 *first day of the first calendar quarter beginning after*
 22 *the close of the first regular session of the State legis-*
 23 *lature that begins after the date of the enactment of*
 24 *this Act. For purposes of the previous sentence, in the*
 25 *case of a State that has a 2-year legislative session,*

1 *each year of such session shall be deemed to be a sepa-*
 2 *rate regular session of the State legislature.*

3 **SEC. 1002. HEALTH INSURANCE FOR FORMER FOSTER**
 4 **YOUTH.**

5 *(a) COVERAGE CONTINUITY FOR FORMER FOSTER*
 6 *CARE CHILDREN UP TO AGE 26.—*

7 *(1) IN GENERAL.—Section 1902(a)(10)(A)(i)(IX)*
 8 *of the Social Security Act (42 U.S.C.*
 9 *1396a(a)(10)(A)(i)(IX)) is amended—*

10 *(A) in item (bb), by striking “are not de-*
 11 *scribed in or enrolled under” and inserting “are*
 12 *not described in and are not enrolled under”;*

13 *(B) in item (cc), by striking “responsibility*
 14 *of the State” and inserting “responsibility of a*
 15 *State”; and*

16 *(C) in item (dd), by striking “the State*
 17 *plan under this title or under a waiver of the”*
 18 *and inserting “a State plan under this title or*
 19 *under a waiver of such a”.*

20 *(2) EFFECTIVE DATE.—The amendments made*
 21 *by this subsection shall take effect with respect to fos-*
 22 *ter youth who attain 18 years of age on or after Jan-*
 23 *uary 1, 2023.*

24 *(b) GUIDANCE.—Not later than 1 year after the date*
 25 *of the enactment of this Act, the Secretary of Health and*

1 *Human Services shall issue guidance to States, with respect*
 2 *to the State Medicaid programs of such States—*

3 *(1) on best practices for—*

4 *(A) removing barriers and ensuring stream-*
 5 *lined, timely access to Medicaid coverage for*
 6 *former foster youth up to age 26; and*

7 *(B) conducting outreach and raising aware-*
 8 *ness among such youth regarding Medicaid cov-*
 9 *erage options for such youth; and*

10 *(2) which shall include examples of States that*
 11 *have successfully extended Medicaid coverage to*
 12 *former foster youth up to age 26.*

13 **SEC. 1003. DEMONSTRATION PROJECT TO INCREASE SUB-**
 14 **STANCE USE PROVIDER CAPACITY UNDER**
 15 **THE MEDICAID PROGRAM.**

16 *Section 1903 of the Social Security Act (42 U.S.C.*
 17 *1396b) is amended by adding at the end the following new*
 18 *subsection:*

19 *“(aa) DEMONSTRATION PROJECT TO INCREASE SUB-*
 20 *STANCE USE PROVIDER CAPACITY.—*

21 *“(1) IN GENERAL.—Not later than the date that*
 22 *is 180 days after the date of the enactment of this*
 23 *subsection, the Secretary shall, in consultation, as ap-*
 24 *propriate, with the Director of the Agency for*
 25 *Healthcare Research and Quality and the Assistant*

1 *Secretary for Mental Health and Substance Use, con-*
2 *duct a 54-month demonstration project for the pur-*
3 *pose described in paragraph (2) under which the Sec-*
4 *retary shall—*

5 *“(A) for the first 18-month period of such*
6 *project, award planning grants described in*
7 *paragraph (3); and*

8 *“(B) for the remaining 36-month period of*
9 *such project, provide to each State selected under*
10 *paragraph (4) payments in accordance with*
11 *paragraph (5).*

12 *“(2) PURPOSE.—The purpose described in this*
13 *paragraph is for each State selected under paragraph*
14 *(4) to increase the treatment capacity of providers*
15 *participating under the State plan (or a waiver of*
16 *such plan) to provide substance use disorder treat-*
17 *ment or recovery services under such plan (or waiver)*
18 *through the following activities:*

19 *“(A) For the purpose described in para-*
20 *graph (3)(C)(i), activities that support an ongo-*
21 *ing assessment of the behavioral health treatment*
22 *needs of the State, taking into account the mat-*
23 *ters described in subclauses (I) through (IV) of*
24 *such paragraph.*

1 “(B) Activities that, taking into account the
2 results of the assessment described in subpara-
3 graph (A), support the recruitment, training,
4 and provision of technical assistance for pro-
5 viders participating under the State plan (or a
6 waiver of such plan) that offer substance use dis-
7 order treatment or recovery services.

8 “(C) Improved reimbursement for and ex-
9 pansion of, through the provision of education,
10 training, and technical assistance, the number or
11 treatment capacity of providers participating
12 under the State plan (or waiver) that—

13 “(i) are authorized to dispense drugs
14 approved by the Food and Drug Adminis-
15 tration for individuals with a substance use
16 disorder who need withdrawal management
17 or maintenance treatment for such disorder;

18 “(ii) have in effect a registration or
19 waiver under section 303(g) of the Con-
20 trolled Substances Act for purposes of dis-
21 pensing narcotic drugs to individuals for
22 maintenance treatment or detoxification
23 treatment and are in compliance with any
24 regulation promulgated by the Assistant
25 Secretary for Mental Health and Substance

1 *Use for purposes of carrying out the re-*
2 *quirements of such section 303(g); and*

3 *“(iii) are qualified under applicable*
4 *State law to provide substance use disorder*
5 *treatment or recovery services.*

6 *“(D) Improved reimbursement for and ex-*
7 *pansion of, through the provision of education,*
8 *training, and technical assistance, the number or*
9 *treatment capacity of providers participating*
10 *under the State plan (or waiver) that have the*
11 *qualifications to address the treatment or recov-*
12 *ery needs of—*

13 *“(i) individuals enrolled under the*
14 *State plan (or a waiver of such plan) who*
15 *have neonatal abstinence syndrome, in ac-*
16 *cordance with guidelines issued by the*
17 *American Academy of Pediatrics and Amer-*
18 *ican College of Obstetricians and Gyne-*
19 *cologists relating to maternal care and in-*
20 *fant care with respect to neonatal absti-*
21 *nence syndrome;*

22 *“(ii) pregnant women, postpartum*
23 *women, and infants, particularly the con-*
24 *current treatment, as appropriate, and com-*
25 *prehensive case management of pregnant*

women, postpartum women and infants, enrolled under the State plan (or a waiver of such plan);

“(iii) adolescents and young adults between the ages of 12 and 21 enrolled under the State plan (or a waiver of such plan); or

“(iv) American Indian and Alaska Native individuals enrolled under the State plan (or a waiver of such plan).

“(3) PLANNING GRANTS.—

“(A) IN GENERAL.—The Secretary shall, with respect to the first 18-month period of the demonstration project conducted under paragraph (1), award planning grants to at least 10 States selected in accordance with subparagraph (B) for purposes of preparing an application described in paragraph (4)(C) and carrying out the activities described in subparagraph (C).

“(B) SELECTION.—In selecting States for purposes of this paragraph, the Secretary shall—

“(i) select States that have a State plan (or waiver of the State plan) approved under this title;

1 “(ii) select States in a manner that en-
2 sures geographic diversity; and

3 “(iii) give preference to States with a
4 prevalence of substance use disorders (in
5 particular opioid use disorders) that is com-
6 parable to or higher than the national aver-
7 age prevalence, as measured by aggregate
8 per capita drug overdoses, or any other
9 measure that the Secretary deems appro-
10 priate.

11 “(C) *ACTIVITIES DESCRIBED.*—Activities
12 described in this subparagraph are, with respect
13 to a State, each of the following:

14 “(i) Activities that support the develop-
15 ment of an initial assessment of the behav-
16 ioral health treatment needs of the State to
17 determine the extent to which providers are
18 needed (including the types of such pro-
19 viders and geographic area of need) to im-
20 prove the network of providers that treat
21 substance use disorders under the State plan
22 (or waiver), including the following:

23 “(I) An estimate of the number of
24 individuals enrolled under the State

1 *plan (or a waiver of such plan) who*
2 *have a substance use disorder.*

3 *“(II) Information on the capacity*
4 *of providers to provide substance use*
5 *disorder treatment or recovery services*
6 *to individuals enrolled under the State*
7 *plan (or waiver), including informa-*
8 *tion on providers who provide such*
9 *services and their participation under*
10 *the State plan (or waiver).*

11 *“(III) Information on the gap in*
12 *substance use disorder treatment or re-*
13 *covery services under the State plan*
14 *(or waiver) based on the information*
15 *described in subclauses (I) and (II).*

16 *“(IV) Projections regarding the*
17 *extent to which the State participating*
18 *under the demonstration project would*
19 *increase the number of providers offer-*
20 *ing substance use disorder treatment or*
21 *recovery services under the State plan*
22 *(or waiver) during the period of the*
23 *demonstration project.*

24 *“(ii) Activities that, taking into ac-*
25 *count the results of the assessment described*

1 *in clause (i), support the development of*
 2 *State infrastructure to, with respect to the*
 3 *provision of substance use disorder treat-*
 4 *ment or recovery services under the State*
 5 *plan (or a waiver of such plan), recruit*
 6 *prospective providers and provide training*
 7 *and technical assistance to such providers.*

8 “(D) *FUNDING.*—*For purposes of subpara-*
 9 *graph (A), there is appropriated, out of any*
 10 *funds in the Treasury not otherwise appro-*
 11 *priated, \$50,000,000, to remain available until*
 12 *expended.*

13 “(4) *POST-PLANNING STATES.*—

14 “(A) *IN GENERAL.*—*The Secretary shall,*
 15 *with respect to the remaining 36-month period of*
 16 *the demonstration project conducted under para-*
 17 *graph (1), select not more than 5 States in ac-*
 18 *cordance with subparagraph (B) for purposes of*
 19 *carrying out the activities described in para-*
 20 *graph (2) and receiving payments in accordance*
 21 *with paragraph (5).*

22 “(B) *SELECTION.*—*In selecting States for*
 23 *purposes of this paragraph, the Secretary shall—*

24 *“(i) select States that received a plan-*
 25 *ning grant under paragraph (3);*

1 “(ii) select States that submit to the
2 Secretary an application in accordance
3 with the requirements in subparagraph (C),
4 taking into consideration the quality of each
5 such application;

6 “(iii) select States in a manner that
7 ensures geographic diversity; and

8 “(iv) give preference to States with a
9 prevalence of substance use disorders (in
10 particular opioid use disorders) that is com-
11 parable to or higher than the national aver-
12 age prevalence, as measured by aggregate
13 per capita drug overdoses, or any other
14 measure that the Secretary deems appro-
15 priate.

16 “(C) APPLICATIONS.—

17 “(i) IN GENERAL.—A State seeking to
18 be selected for purposes of this paragraph
19 shall submit to the Secretary, at such time
20 and in such form and manner as the Sec-
21 retary requires, an application that in-
22 cludes such information, provisions, and as-
23 surances, as the Secretary may require, in
24 addition to the following:

1 “(I) A proposed process for car-
2 rying out the ongoing assessment de-
3 scribed in paragraph (2)(A), taking
4 into account the results of the initial
5 assessment described in paragraph
6 (3)(C)(i).

7 “(II) A review of reimbursement
8 methodologies and other policies related
9 to substance use disorder treatment or
10 recovery services under the State plan
11 (or waiver) that may create barriers to
12 increasing the number of providers de-
13 livering such services.

14 “(III) The development of a plan,
15 taking into account activities carried
16 out under paragraph (3)(C)(ii), that
17 will result in long-term and sustain-
18 able provider networks under the State
19 plan (or waiver) that will offer a con-
20 tinuum of care for substance use dis-
21 orders. Such plan shall include the fol-
22 lowing:

23 “(aa) Specific activities to
24 increase the number of providers
25 (including providers that spe-

1 *cialize in providing substance use*
2 *disorder treatment or recovery*
3 *services, hospitals, health care sys-*
4 *tems, Federally qualified health*
5 *centers, and, as applicable, cer-*
6 *tified community behavioral*
7 *health clinics) that offer substance*
8 *use disorder treatment, recovery,*
9 *or support services, including*
10 *short-term detoxification services,*
11 *outpatient substance use disorder*
12 *services, and evidence-based peer*
13 *recovery services.*

14 *“(bb) Strategies that will*
15 *incentivize providers described in*
16 *subparagraphs (C) and (D) of*
17 *paragraph (2) to obtain the nec-*
18 *essary training, education, and*
19 *support to deliver substance use*
20 *disorder treatment or recovery*
21 *services in the State.*

22 *“(cc) Milestones and timeli-*
23 *ness for implementing activities*
24 *set forth in the plan.*

1 “(dd) *Specific measurable*
2 *targets for increasing the sub-*
3 *stance use disorder treatment and*
4 *recovery provider network under*
5 *the State plan (or a waiver of*
6 *such plan).*

7 “(IV) *A proposed process for re-*
8 *porting the information required under*
9 *paragraph (6)(A), including informa-*
10 *tion to assess the effectiveness of the ef-*
11 *forts of the State to expand the capac-*
12 *ity of providers to deliver substance use*
13 *disorder treatment or recovery services*
14 *during the period of the demonstration*
15 *project under this subsection.*

16 “(V) *The expected financial im-*
17 *pact of the demonstration project under*
18 *this subsection on the State.*

19 “(VI) *A description of all funding*
20 *sources available to the State to pro-*
21 *vide substance use disorder treatment*
22 *or recovery services in the State.*

23 “(VII) *A preliminary plan for*
24 *how the State will sustain any increase*
25 *in the capacity of providers to deliver*

1 *substance use disorder treatment or re-*
2 *covery services resulting from the dem-*
3 *onstration project under this subsection*
4 *after the termination of such dem-*
5 *onstration project.*

6 *“(VIII) A description of how the*
7 *State will coordinate the goals of the*
8 *demonstration project with any waiver*
9 *granted (or submitted by the State and*
10 *pending) pursuant to section 1115 for*
11 *the delivery of substance use services*
12 *under the State plan, as applicable.*

13 *“(ii) CONSULTATION.—In completing*
14 *an application under clause (i), a State*
15 *shall consult with relevant stakeholders, in-*
16 *cluding Medicaid managed care plans,*
17 *health care providers, and Medicaid bene-*
18 *ficiary advocates, and include in such ap-*
19 *plication a description of such consultation.*

20 *“(5) PAYMENT.—*

21 *“(A) IN GENERAL.—For each quarter occur-*
22 *ring during the period for which the demonstra-*
23 *tion project is conducted (after the first 18*
24 *months of such period), the Secretary shall pay*
25 *under this subsection, subject to subparagraph*

1 (C), to each State selected under paragraph (4)
2 an amount equal to 80 percent of so much of the
3 qualified sums expended during such quarter.

4 “(B) QUALIFIED SUMS DEFINED.—For pur-
5 poses of subparagraph (A), the term ‘qualified
6 sums’ means, with respect to a State and a quar-
7 ter, the amount equal to the amount (if any) by
8 which the sums expended by the State during
9 such quarter attributable to substance use dis-
10 order treatment or recovery services furnished by
11 providers participating under the State plan (or
12 a waiver of such plan) exceeds 1/4 of such sums
13 expended by the State during fiscal year 2018
14 attributable to substance use disorder treatment
15 or recovery services.

16 “(C) NON-DUPLICATION OF PAYMENT.—In
17 the case that payment is made under subpara-
18 graph (A) with respect to expenditures for sub-
19 stance use disorder treatment or recovery services
20 furnished by providers participating under the
21 State plan (or a waiver of such plan), payment
22 may not also be made under subsection (a) with
23 respect to expenditures for the same services so
24 furnished.

25 “(6) REPORTS.—

1 “(A) *STATE REPORTS.*—A State receiving
2 payments under paragraph (5) shall, for the pe-
3 riod of the demonstration project under this sub-
4 section, submit to the Secretary a quarterly re-
5 port, with respect to expenditures for substance
6 use disorder treatment or recovery services for
7 which payment is made to the State under this
8 subsection, on the following:

9 “(i) *The specific activities with respect*
10 *to which payment under this subsection was*
11 *provided.*

12 “(ii) *The number of providers that de-*
13 *livered substance use disorder treatment or*
14 *recovery services in the State under the*
15 *demonstration project compared to the esti-*
16 *mated number of providers that would have*
17 *otherwise delivered such services in the ab-*
18 *sence of such demonstration project.*

19 “(iii) *The number of individuals en-*
20 *rolled under the State plan (or a waiver of*
21 *such plan) who received substance use dis-*
22 *order treatment or recovery services under*
23 *the demonstration project compared to the*
24 *estimated number of such individuals who*
25 *would have otherwise received such services*

1 *in the absence of such demonstration*
2 *project.*

3 “(iv) *Other matters as determined by*
4 *the Secretary.*

5 “(B) *CMS REPORTS.—*

6 “(i) *INITIAL REPORT.—Not later than*
7 *October 1, 2020, the Administrator of the*
8 *Centers for Medicare & Medicaid Services*
9 *shall, in consultation with the Director of*
10 *the Agency for Healthcare Research and*
11 *Quality and the Assistant Secretary for*
12 *Mental Health and Substance Use, submit*
13 *to Congress an initial report on—*

14 “(I) *the States awarded planning*
15 *grants under paragraph (3);*

16 “(II) *the criteria used in such se-*
17 *lection; and*

18 “(III) *the activities carried out by*
19 *such States under such planning*
20 *grants.*

21 “(ii) *INTERIM REPORT.—Not later*
22 *than October 1, 2022, the Administrator of*
23 *the Centers for Medicare & Medicaid Serv-*
24 *ices shall, in consultation with the Director*
25 *of the Agency for Healthcare Research and*

1 *Quality and the Assistant Secretary for*
2 *Mental Health and Substance Use, submit*
3 *to Congress an interim report—*

4 “(I) on activities carried out
5 under the demonstration project under
6 this subsection;

7 “(II) on the extent to which States
8 selected under paragraph (4) have
9 achieved the stated goals submitted in
10 their applications under subparagraph
11 (C) of such paragraph;

12 “(III) with a description of the
13 strengths and limitations of such dem-
14 onstration project; and

15 “(IV) with a plan for the sustain-
16 ability of such project.

17 “(iii) *FINAL REPORT.*—Not later than
18 October 1, 2024, the Administrator of the
19 Centers for Medicare & Medicaid Services
20 shall, in consultation with the Director of
21 the Agency for Healthcare Research and
22 Quality and the Assistant Secretary for
23 Mental Health and Substance Use, submit
24 to Congress a final report—

1 “(I) providing updates on the
2 matters reported in the interim report
3 under clause (ii);

4 “(II) including a description of
5 any changes made with respect to the
6 demonstration project under this sub-
7 section after the submission of such in-
8 terim report; and

9 “(III) evaluating such demonstra-
10 tion project.

11 “(C) *AHRQ REPORT*.—Not later than 3
12 years after the date of the enactment of this sub-
13 section, the Director of the Agency for Healthcare
14 Research and Quality, in consultation with the
15 Administrator of the Centers for Medicare &
16 Medicaid Services, shall submit to Congress a
17 summary on the experiences of States awarded
18 planning grants under paragraph (3) and States
19 selected under paragraph (4).

20 “(7) *DATA SHARING AND BEST PRACTICES*.—
21 During the period of the demonstration project under
22 this subsection, the Secretary shall, in collaboration
23 with States selected under paragraph (4), facilitate
24 data sharing and the development of best practices be-
25 tween such States and States that were not so selected.

1 “(8) *CMS FUNDING.*—*There is appropriated, out*
 2 *of any funds in the Treasury not otherwise appro-*
 3 *priated, \$5,000,000 to the Centers for Medicare &*
 4 *Medicaid Services for purposes of implementing this*
 5 *subsection. Such amount shall remain available until*
 6 *expended.*”.

7 **SEC. 1004. MEDICAID DRUG REVIEW AND UTILIZATION.**

8 *(a) MEDICAID DRUG UTILIZATION REVIEW.—*

9 *(1) STATE PLAN REQUIREMENT.—Section*
 10 *1902(a) of the Social Security Act (42 U.S.C.*
 11 *1396a(a)), as amended by section 1001, is further*
 12 *amended—*

13 *(A) in paragraph (83), at the end, by strik-*
 14 *ing “and”;*

15 *(B) in paragraph (84), at the end, by strik-*
 16 *ing the period and inserting “; and”; and*

17 *(C) by inserting after paragraph (84) the*
 18 *following new paragraph:*

19 *“(85) provide that the State is in compliance*
 20 *with the drug review and utilization requirements*
 21 *under subsection (oo)(1).”.*

22 *(2) DRUG REVIEW AND UTILIZATION REQUIRE-*
 23 *MENTS.—Section 1902 of the Social Security Act (42*
 24 *U.S.C. 1396a), as amended by section 1001, is further*

1 *amended by adding at the end the following new sub-*
2 *section:*

3 “(00) *DRUG REVIEW AND UTILIZATION REQUIRE-*
4 *MENTS.—*

5 “(1) *IN GENERAL.—For purposes of subsection*
6 *(a)(85), the drug review and utilization requirements*
7 *under this subsection are, subject to paragraph (3)*
8 *and beginning October 1, 2019, the following:*

9 “(A) *CLAIMS REVIEW LIMITATIONS.—*

10 “(i) *IN GENERAL.—The State has in*
11 *place—*

12 “(I) *safety edits (as specified by*
13 *the State) for subsequent fills for*
14 *opioids and a claims review automated*
15 *process (as designed and implemented*
16 *by the State) that indicates when an*
17 *individual enrolled under the State*
18 *plan (or under a waiver of the State*
19 *plan) is prescribed a subsequent fill of*
20 *opioids in excess of any limitation that*
21 *may be identified by the State;*

22 “(II) *safety edits (as specified by*
23 *the State) on the maximum daily mor-*
24 *phine equivalent that can be prescribed*
25 *to an individual enrolled under the*

1 *State plan (or under a waiver of the*
 2 *State plan) for treatment of chronic*
 3 *pain and a claims review automated*
 4 *process (as designed and implemented*
 5 *by the State) that indicates when an*
 6 *individual enrolled under the plan (or*
 7 *waiver) is prescribed the morphine*
 8 *equivalent for such treatment in excess*
 9 *of any limitation that may be identi-*
 10 *fied by the State; and*

11 “(III) a claims review automated
 12 process (as designed and implemented
 13 by the State) that monitors when an
 14 individual enrolled under the State
 15 plan (or under a waiver of the State
 16 plan) is concurrently prescribed
 17 opioids and—

18 “(aa) benzodiazepines; or

19 “(bb) antipsychotics.

20 “(ii) *MANAGED CARE ENTITIES.*—*The*
 21 *State requires each managed care entity (as*
 22 *defined in section 1932(a)(1)(B)) with re-*
 23 *spect to which the State has a contract*
 24 *under section 1903(m) or under section*
 25 *1905(t)(3) to have in place, subject to para-*

graph (3), with respect to individuals who are eligible for medical assistance under the State plan (or under a waiver of the State plan) and who are enrolled with the entity, the limitations described in subclauses (I) and (II) of clause (i) and a claims review automated process described in subclause (III) of such clause.

“(iii) *RULES OF CONSTRUCTION.*—
Nothing in this subparagraph may be construed as prohibiting a State or managed care entity from designing and implementing a claims review automated process under this subparagraph that provides for prospective or retrospective reviews of claims. Nothing in this subparagraph shall be understood as prohibiting the exercise of clinical judgment from a provider enrolled as a participating provider in a State plan (or waiver of the State plan) or contracting with a managed care entity regarding the best items and services for an individual enrolled under such State plan (or waiver).

“(B) *PROGRAM TO MONITOR ANTIPSYCHOTIC MEDICATIONS BY CHILDREN.*—The State has in

1 *place a program (as designed and implemented*
2 *by the State) to monitor and manage the appro-*
3 *priate use of antipsychotic medications by chil-*
4 *dren enrolled under the State plan (or under a*
5 *waiver of the State plan) and submits annually*
6 *to the Secretary such information as the Sec-*
7 *retary may require on activities carried out*
8 *under such program for individuals not more*
9 *than the age of 18 years generally and children*
10 *in foster care specifically.*

11 “(C) *FRAUD AND ABUSE IDENTIFICATION.*—
12 *The State has in place a process (as designed*
13 *and implemented by the State) that identifies*
14 *potential fraud or abuse of controlled substances*
15 *by individuals enrolled under the State plan (or*
16 *under a waiver of the State plan), health care*
17 *providers prescribing drugs to individuals so en-*
18 *rolled, and pharmacies dispensing drugs to indi-*
19 *viduals so enrolled.*

20 “(D) *REPORTS.*—*The State shall include in*
21 *the annual report submitted to the Secretary*
22 *under section 1927(g)(3)(D) information on the*
23 *limitations, requirement, program, and processes*
24 *applied by the State under subparagraphs (A)*

1 *through (C) in accordance with such manner*
 2 *and time as specified by the Secretary.*

3 “(E) *CLARIFICATION.—Nothing shall pre-*
 4 *vent a State from satisfying the requirement—*

5 *“(i) described in subparagraph (A) by*
 6 *having safety edits or a claims review auto-*
 7 *mated process described in such subpara-*
 8 *graph that was in place before October 1,*
 9 *2019;*

10 *“(ii) described in subparagraph (B) by*
 11 *having a program described in such sub-*
 12 *paragraph that was in place before such*
 13 *date; or*

14 *“(iii) described in subparagraph (C)*
 15 *by having a process described in such sub-*
 16 *paragraph that was in place before such*
 17 *date.*

18 “(2) *ANNUAL REPORT BY SECRETARY.—For each*
 19 *fiscal year beginning with fiscal year 2020, the Sec-*
 20 *retary shall submit to Congress a report on the most*
 21 *recent information submitted by States under para-*
 22 *graph (1)(D).*

23 “(3) *EXCEPTIONS.—*

24 *“(A) CERTAIN INDIVIDUALS EXEMPTED.—*
 25 *The drug review and utilization requirements*

under this subsection shall not apply with respect to an individual who—

“(i) is receiving—

“(I) hospice or palliative care; or

“(II) treatment for cancer;

“(ii) is a resident of a long-term care facility, of a facility described in section 1905(d), or of another facility for which frequently abused drugs are dispensed for residents through a contract with a single pharmacy; or

“(iii) the State elects to treat as exempted from such requirements.

“(B) *EXCEPTION RELATING TO ENSURING ACCESS.*—In order to ensure reasonable access to health care, the Secretary shall waive the drug review and utilization requirements under this subsection, with respect to a State, in the case of natural disasters and similar situations, and in the case of the provision of emergency services (as defined for purposes of section 1860D–4(c)(5)(D)(ii)(II)).”.

(3) *MANAGED CARE ENTITIES.*—Section 1932 of the Social Security Act (42 U.S.C. 1396u–2) is

1 *amended by adding at the end the following new sub-*
 2 *section:*

3 “(i) *DRUG UTILIZATION REVIEW ACTIVITIES AND RE-*
 4 *QUIREMENTS.—Beginning not later than October 1, 2019,*
 5 *each contract under a State plan with a managed care enti-*
 6 *ty (other than a primary care case manager) under section*
 7 *1903(m) shall provide that the entity is in compliance with*
 8 *the applicable provisions of section 438.3(s)(2) of title 42,*
 9 *Code of Federal Regulations, section 483.3(s)(4)) of such*
 10 *title, and section 483.3(s)(5) of such title, as such provisions*
 11 *were in effect on March 31, 2018.”.*

12 (b) *IDENTIFYING AND ADDRESSING INAPPROPRIATE*
 13 *PRESCRIBING AND BILLING PRACTICES UNDER MED-*
 14 *ICAID.—*

15 (1) *IN GENERAL.—Section 1927(g) of the Social*
 16 *Security Act (42 U.S.C. 1396r–8(g)) is amended—*

17 (A) *in paragraph (1)(A)—*

18 (i) *by striking “of section*
 19 *1903(i)(10)(B)” and inserting “of section*
 20 *1902(a)(54)”;*

21 (ii) *by striking “, by not later than*
 22 *January 1, 1993,”;*

23 (iii) *by inserting after “gross overuse,”*
 24 *the following: “excessive utilization,”; and*

(iv) by striking “or inappropriate or medically unnecessary care” and inserting “inappropriate or medically unnecessary care, or prescribing or billing practices that indicate abuse or excessive utilization”; and
(B) in paragraph (2)(B)—

(i) by inserting after “gross overuse,” the following: “excessive utilization,”; and

(ii) by striking “or inappropriate or medically unnecessary care” and inserting “inappropriate or medically unnecessary care, or prescribing or billing practices that indicate abuse or excessive utilization”.

(2) *EFFECTIVE DATE.*—The amendments made by paragraph (1) shall take effect with respect to retrospective drug use reviews conducted on or after October 1, 2020.

SEC. 1005. GUIDANCE TO IMPROVE CARE FOR INFANTS WITH NEONATAL ABSTINENCE SYNDROME AND THEIR MOTHERS; GAO STUDY ON GAPS IN MEDICAID COVERAGE FOR PREGNANT AND POSTPARTUM WOMEN WITH SUBSTANCE USE DISORDER.

(a) *GUIDANCE.*—Not later than 1 year after the date of the enactment of this Act, the Secretary of Health and

1 *Human Services shall issue guidance to improve care for*
2 *infants with neonatal abstinence syndrome and their fami-*
3 *lies. Such guidance shall include—*

4 *(1) best practices from States with respect to in-*
5 *novative or evidenced-based payment models that*
6 *focus on prevention, screening, treatment, plans of*
7 *safe care, and postdischarge services for mothers and*
8 *fathers with substance use disorders and babies with*
9 *neonatal abstinence syndrome that improve care and*
10 *clinical outcomes;*

11 *(2) recommendations for States on available fi-*
12 *nancing options under the Medicaid program under*
13 *title XIX of such Act and under the Children’s Health*
14 *Insurance Program under title XXI of such Act for*
15 *Children’s Health Insurance Program Health Services*
16 *Initiative funds for parents with substance use dis-*
17 *orders, infants with neonatal abstinence syndrome,*
18 *and home-visiting services;*

19 *(3) guidance and technical assistance to State*
20 *Medicaid agencies regarding additional flexibilities*
21 *and incentives related to screening, prevention, and*
22 *postdischarge services, including parenting supports,*
23 *and infant-caregiver bonding, including breastfeeding*
24 *when it is appropriate; and*

1 (4) *guidance regarding suggested terminology*
 2 *and ICD codes to identify infants with neonatal ab-*
 3 *stinence syndrome and neonatal opioid withdrawal*
 4 *syndrome, which could include opioid-exposure,*
 5 *opioid withdrawal not requiring pharmacotherapy,*
 6 *and opioid withdrawal requiring pharmacotherapy.*

7 (b) *GAO STUDY.*—*Not later than 1 year after the date*
 8 *of the enactment of this Act, the Comptroller General of the*
 9 *United States shall conduct a study, and submit to Congress*
 10 *a report, addressing gaps in coverage for pregnant women*
 11 *with substance use disorder under the Medicaid program*
 12 *under title XIX of the Social Security Act, and gaps in*
 13 *coverage for postpartum women with substance use disorder*
 14 *who had coverage during their pregnancy under the Med-*
 15 *icaid program under such title.*

16 **SEC. 1006. MEDICAID HEALTH HOMES FOR SUBSTANCE-USE-**
 17 **DISORDER MEDICAID ENROLLEES.**

18 (a) *EXTENSION OF ENHANCED FMAP FOR CERTAIN*
 19 *HEALTH HOMES FOR INDIVIDUALS WITH SUBSTANCE USE*
 20 *DISORDERS.*—*Section 1945(c) of the Social Security Act*
 21 *(42 U.S.C. 1396w-4(c)) is amended—*

22 (1) *in paragraph (1), by inserting “subject to*
 23 *paragraph (4),” after “except that,”; and*

24 (2) *by adding at the end the following new para-*
 25 *graph:*

1 “(4) *SPECIAL RULE RELATING TO SUBSTANCE*
2 *USE DISORDER HEALTH HOMES.*—

3 “(A) *IN GENERAL.*—*In the case of a State*
4 *with an SUD-focused State plan amendment ap-*
5 *proved by the Secretary on or after October 1,*
6 *2018, the Secretary may, at the request of the*
7 *State, extend the application of the Federal med-*
8 *ical assistance percentage described in para-*
9 *graph (1) to payments for the provision of health*
10 *home services to SUD-eligible individuals under*
11 *such State plan amendment, in addition to the*
12 *first 8 fiscal year quarters the State plan amend-*
13 *ment is in effect, for the subsequent 2 fiscal year*
14 *quarters that the State plan amendment is in ef-*
15 *fect. Nothing in this section shall be construed as*
16 *prohibiting a State with a State plan amend-*
17 *ment that is approved under this section and*
18 *that is not an SUD-focused State plan amend-*
19 *ment from additionally having approved on or*
20 *after such date an SUD-focused State plan*
21 *amendment under this section, including for*
22 *purposes of application of this paragraph.*

23 “(B) *REPORT REQUIREMENTS.*—*In the case*
24 *of a State with an SUD-focused State plan*
25 *amendment for which the application of the Fed-*

1 *eral medical assistance percentage has been ex-*
2 *tended under subparagraph (A), such State shall,*
3 *at the end of the period of such State plan*
4 *amendment, submit to the Secretary a report on*
5 *the following, with respect to SUD-eligible indi-*
6 *viduals provided health home services under such*
7 *State plan amendment:*

8 *“(i) The quality of health care pro-*
9 *vided to such individuals, with a focus on*
10 *outcomes relevant to the recovery of each*
11 *such individual.*

12 *“(ii) The access of such individuals to*
13 *health care.*

14 *“(iii) The total expenditures of such*
15 *individuals for health care.*

16 *For purposes of this subparagraph, the Secretary*
17 *shall specify all applicable measures for deter-*
18 *mining quality, access, and expenditures.*

19 *“(C) BEST PRACTICES.—Not later than Oc-*
20 *tober 1, 2020, the Secretary shall make publicly*
21 *available on the internet website of the Centers*
22 *for Medicare & Medicaid Services best practices*
23 *for designing and implementing an SUD-focused*
24 *State plan amendment, based on the experiences*
25 *of States that have State plan amendments ap-*

1 *proved under this section that include SUD-eli-*
 2 *gible individuals.*

3 “(D) *DEFINITIONS.—For purposes of this*
 4 *paragraph:*

5 “(i) *SUD-ELIGIBLE INDIVIDUALS.—*
 6 *The term ‘SUD-eligible individual’ means,*
 7 *with respect to a State, an individual who*
 8 *satisfies all of the following:*

9 “(I) *The individual is an eligible*
 10 *individual with chronic conditions.*

11 “(II) *The individual is an indi-*
 12 *vidual with a substance use disorder.*

13 “(III) *The individual has not pre-*
 14 *viously received health home services*
 15 *under any other State plan amend-*
 16 *ment approved for the State under this*
 17 *section by the Secretary.*

18 “(ii) *SUD-FOCUSED STATE PLAN*
 19 *AMENDMENT.—The term ‘SUD-focused*
 20 *State plan amendment’ means a State plan*
 21 *amendment under this section that is de-*
 22 *signed to provide health home services pri-*
 23 *marily to SUD-eligible individuals.”.*

1 ***(b) REQUIREMENT FOR STATE MEDICAID PLANS TO***
 2 ***PROVIDE COVERAGE FOR MEDICATION-ASSISTED TREAT-***
 3 ***MENT.—***

4 ***(1) REQUIREMENT FOR STATE MEDICAID PLANS***
 5 ***TO PROVIDE COVERAGE FOR MEDICATION-ASSISTED***
 6 ***TREATMENT.—Section 1902(a)(10)(A) of the Social***
 7 ***Security Act (42 U.S.C. 1396a(a)(10)(A)) is amend-***
 8 ***ed, in the matter preceding clause (i), by striking***
 9 ***“and (28)” and inserting “(28), and (29)”.***

10 ***(2) INCLUSION OF MEDICATION-ASSISTED TREAT-***
 11 ***MENT AS MEDICAL ASSISTANCE.—Section 1905(a) of***
 12 ***the Social Security Act (42 U.S.C. 1396d(a)) is***
 13 ***amended—***

14 ***(A) in paragraph (28), by striking “and”***
 15 ***at the end;***

16 ***(B) by redesignating paragraph (29) as***
 17 ***paragraph (30); and***

18 ***(C) by inserting after paragraph (28) the***
 19 ***following new paragraph:***

20 ***“(29) subject to paragraph (2) of subsection (ee),***
 21 ***for the period beginning October 1, 2020, and ending***
 22 ***September 30, 2025, medication-assisted treatment***
 23 ***(as defined in paragraph (1) of such subsection);***
 24 ***and”.***

1 (3) *MEDICATION-ASSISTED TREATMENT DE-*
 2 *FINED; WAIVERS.—Section 1905 of the Social Secu-*
 3 *rity Act (42 U.S.C. 1396d) is amended by adding at*
 4 *the end the following new subsection:*

5 “(ee) *MEDICATION-ASSISTED TREATMENT.—*

6 “(1) *DEFINITION.—For purposes of subsection*
 7 *(a)(29), the term ‘medication-assisted treatment’—*

8 “(A) *means all drugs approved under sec-*
 9 *tion 505 of the Federal Food, Drug, and Cos-*
 10 *metic Act (21 U.S.C. 355), including methadone,*
 11 *and all biological products licensed under section*
 12 *351 of the Public Health Service Act (42 U.S.C.*
 13 *262) to treat opioid use disorders; and*

14 “(B) *includes, with respect to the provision*
 15 *of such drugs and biological products, counseling*
 16 *services and behavioral therapy.*

17 “(2) *EXCEPTION.—The provisions of paragraph*
 18 *(29) of subsection (a) shall not apply with respect to*
 19 *a State for the period specified in such paragraph, if*
 20 *before the beginning of such period the State certifies*
 21 *to the satisfaction of the Secretary that implementing*
 22 *such provisions statewide for all individuals eligible*
 23 *to enroll in the State plan (or waiver of the State*
 24 *plan) would not be feasible by reason of a shortage of*
 25 *qualified providers of medication-assisted treatment,*

1 or facilities providing such treatment, that will con-
 2 tract with the State or a managed care entity with
 3 which the State has a contract under section 1903(m)
 4 or under section 1905(t)(3).”.

5 (4) *EFFECTIVE DATE.*—

6 (A) *IN GENERAL.*—Subject to subparagraph
 7 (B), the amendments made by this subsection
 8 shall apply with respect to medical assistance
 9 provided on or after October 1, 2020, and before
 10 October 1, 2025.

11 (B) *EXCEPTION FOR STATE LEGISLATION.*—

12 In the case of a State plan under title XIX of
 13 the Social Security Act (42 U.S.C. 1396 *et seq.*)
 14 that the Secretary of Health and Human Serv-
 15 ices determines requires State legislation in
 16 order for the respective plan to meet any require-
 17 ment imposed by the amendments made by this
 18 subsection, the respective plan shall not be re-
 19 garded as failing to comply with the require-
 20 ments of such title solely on the basis of its fail-
 21 ure to meet such an additional requirement be-
 22 fore the first day of the first calendar quarter be-
 23 ginning after the close of the first regular session
 24 of the State legislature that begins after the date
 25 of the enactment of this Act. For purposes of the

1 *previous sentence, in the case of a State that has*
 2 *a 2-year legislative session, each year of the ses-*
 3 *sion shall be considered to be a separate regular*
 4 *session of the State legislature.*

5 **SEC. 1007. CARING RECOVERY FOR INFANTS AND BABIES.**

6 *(a) STATE PLAN AMENDMENT.—Section 1902(a) of the*
 7 *Social Security Act (42 U.S.C. 1396a(a)), as amended by*
 8 *sections 1001 and 1004, is further amended—*

9 *(1) in paragraph (84)(C), by striking “and”*
 10 *after the semicolon;*

11 *(2) in paragraph (85), by striking the period at*
 12 *the end and inserting “; and”; and*

13 *(3) by inserting after paragraph (85), the fol-*
 14 *lowing new paragraph:*

15 *“(86) provide, at the option of the State, for*
 16 *making medical assistance available on an inpatient*
 17 *or outpatient basis at a residential pediatric recovery*
 18 *center (as defined in subsection (pp)) to infants with*
 19 *neonatal abstinence syndrome.”.*

20 *(b) RESIDENTIAL PEDIATRIC RECOVERY CENTER DE-*
 21 *FINED.—Section 1902 of such Act (42 U.S.C. 1396a), as*
 22 *amended by sections 1001 and 1004, is further amended*
 23 *by adding at the end the following new subsection:*

24 *“(pp) RESIDENTIAL PEDIATRIC RECOVERY CENTER*
 25 *DEFINED.—*

1 “(1) *IN GENERAL.*—For purposes of section
 2 1902(a)(86), the term ‘residential pediatric recovery
 3 center’ means a center or facility that furnishes items
 4 and services for which medical assistance is available
 5 under the State plan to infants with the diagnosis of
 6 neonatal abstinence syndrome without any other sig-
 7 nificant medical risk factors.

8 “(2) *COUNSELING AND SERVICES.*—A residential
 9 pediatric recovery center may offer counseling and
 10 other services to mothers (and other appropriate fam-
 11 ily members and caretakers) of infants receiving
 12 treatment at such centers if such services are other-
 13 wise covered under the State plan under this title or
 14 under a waiver of such plan. Such other services may
 15 include the following:

16 “(A) Counseling or referrals for services.

17 “(B) Activities to encourage caregiver-in-
 18 fant bonding.

19 “(C) Training on caring for such infants.”.

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

1 **SEC. 1008. PEER SUPPORT ENHANCEMENT AND EVALUA-**
 2 **TION REVIEW.**

3 (a) *IN GENERAL.*—Not later than 2 years after the
 4 date of the enactment of this Act, the Comptroller General
 5 of the United States shall submit to the Committee on En-
 6 ergy and Commerce of the House of Representatives, the
 7 Committee on Finance of the Senate, and the Committee
 8 on Health, Education, Labor and Pensions of the Senate
 9 a report on the provision of peer support services under the
 10 Medicaid program.

11 (b) *CONTENT OF REPORT.*—

12 (1) *IN GENERAL.*—The report required under
 13 subsection (a) shall include the following information:

14 (A) *Information on State coverage of peer*
 15 *support services under Medicaid, including—*

16 (i) *the mechanisms through which*
 17 *States may provide such coverage, including*
 18 *through existing statutory authority or*
 19 *through waivers;*

20 (ii) *the populations to which States*
 21 *have provided such coverage;*

22 (iii) *the payment models, including*
 23 *any alternative payment models, used by*
 24 *States to pay providers of such services; and*

1 (iv) where available, information on
2 Federal and State spending under Medicaid
3 for peer support services.

4 (B) Information on selected State experi-
5 ences in providing medical assistance for peer
6 support services under State Medicaid plans and
7 whether States measure the effects of providing
8 such assistance with respect to—

9 (i) improving access to behavioral
10 health services;

11 (ii) improving early detection, and
12 preventing worsening, of behavioral health
13 disorders;

14 (iii) reducing chronic and comorbid
15 conditions; and

16 (iv) reducing overall health costs.

17 (2) *RECOMMENDATIONS.*—The report required
18 under subsection (a) shall include recommendations,
19 including recommendations for such legislative and
20 administrative actions related to improving services,
21 including peer support services, and access to peer
22 support services under Medicaid as the Comptroller
23 General of the United States determines appropriate.

1 **SEC. 1009. MEDICAID SUBSTANCE USE DISORDER TREAT-**
 2 **MENT VIA TELEHEALTH.**

3 (a) *DEFINITIONS.—In this section:*

4 (1) *COMPTROLLER GENERAL.—The term “Comptroller General” means the Comptroller General of the*
 5 *United States.*

7 (2) *SCHOOL-BASED HEALTH CENTER.—The term*
 8 *“school-based health center” has the meaning given*
 9 *that term in section 2110(c)(9) of the Social Security*
 10 *Act (42 U.S.C. 1397jj(c)(9)).*

11 (3) *SECRETARY.—The term “Secretary” means*
 12 *the Secretary of Health and Human Services.*

13 (4) *UNDERSERVED AREA.—The term “under-*
 14 *served area” means a health professional shortage*
 15 *area (as defined in section 332(a)(1)(A) of the Public*
 16 *Health Service Act (42 U.S.C. 254e(a)(1)(A))) and a*
 17 *medically underserved area (according to a designa-*
 18 *tion under section 330(b)(3)(A) of the Public Health*
 19 *Service Act (42 U.S.C. 254b(b)(3)(A))).*

20 (b) *GUIDANCE TO STATES REGARDING FEDERAL RE-*
 21 *IMBURSEMENT FOR FURNISHING SERVICES AND TREAT-*
 22 *MENT FOR SUBSTANCE USE DISORDERS UNDER MEDICAID*
 23 *USING SERVICES DELIVERED VIA TELEHEALTH, INCLUD-*
 24 *ING IN SCHOOL-BASED HEALTH CENTERS.—Not later than*
 25 *1 year after the date of enactment of this Act, the Secretary,*
 26 *acting through the Administrator of the Centers for Medi-*

1 *care & Medicaid Services, shall issue guidance to States on*
2 *the following:*

3 (1) *State options for Federal reimbursement of*
4 *expenditures under Medicaid for furnishing services*
5 *and treatment for substance use disorders, including*
6 *assessment, medication-assisted treatment, counseling,*
7 *medication management, and medication adherence*
8 *with prescribed medication regimes, using services de-*
9 *livered via telehealth. Such guidance shall also in-*
10 *clude guidance on furnishing services and treatments*
11 *that address the needs of high-risk individuals, in-*
12 *cluding at least the following groups:*

13 (A) *American Indians and Alaska Natives.*

14 (B) *Adults under the age of 40.*

15 (C) *Individuals with a history of non-fatal*
16 *overdose.*

17 (D) *Individuals with a co-occurring serious*
18 *mental illness and substance use disorder.*

19 (2) *State options for Federal reimbursement of*
20 *expenditures under Medicaid for education directed to*
21 *providers serving Medicaid beneficiaries with sub-*
22 *stance use disorders using the hub and spoke model,*
23 *through contracts with managed care entities, through*
24 *administrative claiming for disease management ac-*

1 *tivities, and under Delivery System Reform Incentive*
 2 *Payment (“DSRIP”) programs.*

3 (3) *State options for Federal reimbursement of*
 4 *expenditures under Medicaid for furnishing services*
 5 *and treatment for substance use disorders for individ-*
 6 *uals enrolled in Medicaid in a school-based health*
 7 *center using services delivered via telehealth.*

8 (c) *GAO EVALUATION OF CHILDREN’S ACCESS TO*
 9 *SERVICES AND TREATMENT FOR SUBSTANCE USE DIS-*
 10 *ORDERS UNDER MEDICAID.—*

11 (1) *STUDY.—The Comptroller General shall*
 12 *evaluate children’s access to services and treatment*
 13 *for substance use disorders under Medicaid. The eval-*
 14 *uation shall include an analysis of State options for*
 15 *improving children’s access to such services and treat-*
 16 *ment and for improving outcomes, including by in-*
 17 *creasing the number of Medicaid providers who offer*
 18 *services or treatment for substance use disorders in a*
 19 *school-based health center using services delivered via*
 20 *telehealth, particularly in rural and underserved*
 21 *areas. The evaluation shall include an analysis of*
 22 *Medicaid provider reimbursement rates for services*
 23 *and treatment for substance use disorders.*

24 (2) *REPORT.—Not later than 1 year after the*
 25 *date of enactment of this Act, the Comptroller General*

1 *shall submit to Congress a report containing the re-*
 2 *sults of the evaluation conducted under paragraph*
 3 *(1), together with recommendations for such legisla-*
 4 *tion and administrative action as the Comptroller*
 5 *General determines appropriate.*

6 *(d) REPORT ON REDUCING BARRIERS TO USING SERV-*
 7 *ICES DELIVERED VIA TELEHEALTH AND REMOTE PATIENT*
 8 *MONITORING FOR PEDIATRIC POPULATIONS UNDER MED-*
 9 *ICAID.—*

10 *(1) IN GENERAL.—Not later than 1 year after*
 11 *the date of enactment of this Act, the Secretary, act-*
 12 *ing through the Administrator of the Centers for*
 13 *Medicare & Medicaid Services, shall issue a report to*
 14 *the Committee on Finance of the Senate and the Com-*
 15 *mittee on Energy and Commerce of the House of Rep-*
 16 *resentatives identifying best practices and potential*
 17 *solutions for reducing barriers to using services deliv-*
 18 *ered via telehealth to furnish services and treatment*
 19 *for substance use disorders among pediatric popu-*
 20 *lations under Medicaid. The report shall include—*

21 *(A) analyses of the best practices, barriers,*
 22 *and potential solutions for using services deliv-*
 23 *ered via telehealth to diagnose and provide serv-*
 24 *ices and treatment for children with substance*
 25 *use disorders, including opioid use disorder; and*

(B) *identification and analysis of the differences, if any, in furnishing services and treatment for children with substance use disorders using services delivered via telehealth and using services delivered in person, such as, and to the extent feasible, with respect to—*

(i) utilization rates;

(ii) costs;

(iii) avoidable inpatient admissions and readmissions;

(iv) quality of care; and

(v) patient, family, and provider satisfaction.

(2) *PUBLICATION.—The Secretary shall publish the report required under paragraph (1) on a public internet website of the Department of Health and Human Services.*

SEC. 1010. ENHANCING PATIENT ACCESS TO NON-OPIOID TREATMENT OPTIONS.

Not later than January 1, 2019, the Secretary of Health and Human Services, acting through the Administrator of the Centers for Medicare & Medicaid Services, shall issue 1 or more final guidance documents, or update existing guidance documents, to States regarding mandatory and optional items and services that may be provided

1 *under a State plan under title XIX of the Social Security*
 2 *Act (42 U.S.C. 1396 et seq.), or under a waiver of such*
 3 *a plan, for non-opioid treatment and management of pain,*
 4 *including, but not limited to, evidence-based, non-opioid*
 5 *pharmacological therapies and non-pharmacological thera-*
 6 *pies.*

7 **SEC. 1011. ASSESSING BARRIERS TO OPIOID USE DISORDER**
 8 **TREATMENT.**

9 (a) *STUDY.*—

10 (1) *IN GENERAL.*—*The Comptroller General of*
 11 *the United States (in this section referred to as the*
 12 *“Comptroller General”) shall conduct a study regard-*
 13 *ing the barriers to providing medication used in the*
 14 *treatment of substance use disorders under Medicaid*
 15 *distribution models such as the “buy-and-bill” model,*
 16 *and options for State Medicaid programs to remove*
 17 *or reduce such barriers. The study shall include anal-*
 18 *yses of each of the following models of distribution of*
 19 *substance use disorder treatment medications, par-*
 20 *ticularly buprenorphine, naltrexone, and*
 21 *buprenorphine-naloxone combinations:*

22 (A) *The purchasing, storage, and adminis-*
 23 *tration of substance use disorder treatment medi-*
 24 *cations by providers.*

1 (B) *The dispensing of substance use dis-*
2 *order treatment medications by pharmacists.*

3 (C) *The ordering, prescribing, and obtain-*
4 *ing substance use disorder treatment medications*
5 *on demand from specialty pharmacies by pro-*
6 *viders.*

7 (2) *REQUIREMENTS.—For each model of dis-*
8 *tribution specified in paragraph (1), the Comptroller*
9 *General shall evaluate how each model presents bar-*
10 *riers or could be used by selected State Medicaid pro-*
11 *grams to reduce the barriers related to the provision*
12 *of substance use disorder treatment by examining*
13 *what is known about the effects of the model of dis-*
14 *tribution on—*

15 (A) *Medicaid beneficiaries’ access to sub-*
16 *stance use disorder treatment medications;*

17 (B) *the differential cost to the program be-*
18 *tween each distribution model for medication-as-*
19 *sisted treatment; and*

20 (C) *provider willingness to provide or pre-*
21 *scribe substance use disorder treatment medica-*
22 *tions.*

23 (b) *REPORT.—Not later than 15 months after the date*
24 *of the enactment of this Act, the Comptroller General shall*
25 *submit to Congress a report containing the results of the*

1 study conducted under subsection (a), together with rec-
 2 ommendations for such legislation and administrative ac-
 3 tion as the Comptroller General determines appropriate.

4 **SEC. 1012. HELP FOR MOMS AND BABIES.**

5 (a) *MEDICAID STATE PLAN.*—Section 1905(a) of the
 6 Social Security Act (42 U.S.C. 1396d(a)), as amended by
 7 section 1006, is further amended by adding at the end the
 8 following new sentence: “In the case of a woman who is
 9 eligible for medical assistance on the basis of being pregnant
 10 (including through the end of the month in which the 60-
 11 day period beginning on the last day of her pregnancy
 12 ends), who is a patient in an institution for mental diseases
 13 for purposes of receiving treatment for a substance use dis-
 14 order, and who was enrolled for medical assistance under
 15 the State plan immediately before becoming a patient in
 16 an institution for mental diseases or who becomes eligible
 17 to enroll for such medical assistance while such a patient,
 18 the exclusion from the definition of ‘medical assistance’ set
 19 forth in the subdivision (B) following paragraph (30) of
 20 the first sentence of this subsection shall not be construed
 21 as prohibiting Federal financial participation for medical
 22 assistance for items or services that are provided to the
 23 woman outside of the institution.”.

24 (b) *EFFECTIVE DATE.*—

1 (1) *IN GENERAL.*—*Except as provided in para-*
2 *graph (2), the amendment made by subsection (a)*
3 *shall take effect on the date of enactment of this Act.*

4 (2) *RULE FOR CHANGES REQUIRING STATE LEG-*
5 *ISLATION.*—*In the case of a State plan under title*
6 *XIX of the Social Security Act which the Secretary*
7 *of Health and Human Services determines requires*
8 *State legislation (other than legislation appropriating*
9 *funds) in order for the plan to meet the additional re-*
10 *quirements imposed by the amendment made by sub-*
11 *section (a), the State plan shall not be regarded as*
12 *failing to comply with the requirements of such title*
13 *solely on the basis of its failure to meet these addi-*
14 *tional requirements before the first day of the first*
15 *calendar quarter beginning after the close of the first*
16 *regular session of the State legislature that begins*
17 *after the date of the enactment of this Act. For pur-*
18 *poses of the previous sentence, in the case of a State*
19 *that has a 2-year legislative session, each year of such*
20 *session shall be deemed to be a separate regular ses-*
21 *sion of the State legislature.*

1 **SEC. 1013. SECURING FLEXIBILITY TO TREAT SUBSTANCE**
 2 **USE DISORDERS.**

3 *Section 1903(m) of the Social Security Act (42 U.S.C.*
 4 *1396b(m)) is amended by adding at the end the following*
 5 *new paragraph:*

6 *“(7) Payment shall be made under this title to a State*
 7 *for expenditures for capitation payments described in sec-*
 8 *tion 438.6(e) of title 42, Code of Federal Regulations (or*
 9 *any successor regulation).”.*

10 **SEC. 1014. MACPAC STUDY AND REPORT ON MAT UTILIZA-**
 11 **TION CONTROLS UNDER STATE MEDICAID**
 12 **PROGRAMS.**

13 *(a) STUDY.—The Medicaid and CHIP Payment and*
 14 *Access Commission shall conduct a study and analysis of*
 15 *utilization control policies applied to medication-assisted*
 16 *treatment for substance use disorders under State Medicaid*
 17 *programs, including policies and procedures applied both*
 18 *in fee-for-service Medicaid and in risk-based managed care*
 19 *Medicaid, which shall—*

20 *(1) include an inventory of such utilization con-*
 21 *trol policies and related protocols for ensuring access*
 22 *to medically necessary treatment;*

23 *(2) determine whether managed care utilization*
 24 *control policies and procedures for medication-as-*
 25 *sisted treatment for substance use disorders are con-*

1 *sistent with section 438.210(a)(4)(ii) of title 42, Code*
 2 *of Federal Regulations; and*

3 *(3) identify policies that—*

4 *(A) limit an individual’s access to medica-*
 5 *tion-assisted treatment for a substance use dis-*
 6 *order by limiting the quantity of medication-as-*
 7 *sisted treatment prescriptions, or the number of*
 8 *refills for such prescriptions, available to the in-*
 9 *dividual as part of a prior authorization process*
 10 *or similar utilization protocols; and*

11 *(B) apply without evaluating individual*
 12 *instances of fraud, waste, or abuse.*

13 *(b) REPORT.—Not later than 1 year after the date of*
 14 *the enactment of this Act, the Medicaid and CHIP Payment*
 15 *and Access Commission shall make publicly available a re-*
 16 *port containing the results of the study conducted under*
 17 *subsection (a).*

18 **SEC. 1015. OPIOID ADDICTION TREATMENT PROGRAMS EN-**
 19 **HANCEMENT.**

20 *(a) T-MSIS SUBSTANCE USE DISORDER DATA*
 21 *BOOK.—*

22 *(1) IN GENERAL.—Not later than the date that*
 23 *is 12 months after the date of enactment of this Act,*
 24 *the Secretary of Health and Human Services (in this*
 25 *section referred to as the “Secretary”) shall publish*

1 on the public website of the Centers for Medicare &
2 Medicaid Services a report with comprehensive data
3 on the prevalence of substance use disorders in the
4 Medicaid beneficiary population and services pro-
5 vided for the treatment of substance use disorders
6 under Medicaid.

7 (2) *CONTENT OF REPORT.*—The report required
8 under paragraph (1) shall include, at a minimum,
9 the following data for each State (including, to the ex-
10 tent available, for the District of Columbia, Puerto
11 Rico, the United States Virgin Islands, Guam, the
12 Northern Mariana Islands, and American Samoa):

13 (A) *The number and percentage of individ-*
14 *uals enrolled in the State Medicaid plan or*
15 *waiver of such plan in each of the major enroll-*
16 *ment categories (as defined in a public letter*
17 *from the Medicaid and CHIP Payment and Ac-*
18 *cess Commission to the Secretary) who have been*
19 *diagnosed with a substance use disorder and*
20 *whether such individuals are enrolled under the*
21 *State Medicaid plan or a waiver of such plan,*
22 *including the specific waiver authority under*
23 *which they are enrolled, to the extent available.*

24 (B) *A list of the substance use disorder*
25 *treatment services by each major type of service,*

1 *such as counseling, medication-assisted treat-*
2 *ment, peer support, residential treatment, and*
3 *inpatient care, for which beneficiaries in each*
4 *State received at least 1 service under the State*
5 *Medicaid plan or a waiver of such plan.*

6 *(C) The number and percentage of individ-*
7 *uals with a substance use disorder diagnosis en-*
8 *rolled in the State Medicaid plan or waiver of*
9 *such plan who received substance use disorder*
10 *treatment services under such plan or waiver by*
11 *each major type of service under subparagraph*
12 *(B) within each major setting type, such as out-*
13 *patient, inpatient, residential, and other home-*
14 *based and community-based settings.*

15 *(D) The number of services provided under*
16 *the State Medicaid plan or waiver of such plan*
17 *per individual with a substance use disorder di-*
18 *agnosis enrolled in such plan or waiver for each*
19 *major type of service under subparagraph (B).*

20 *(E) The number and percentage of individ-*
21 *uals enrolled in the State Medicaid plan or*
22 *waiver, by major enrollment category, who re-*
23 *ceived substance use disorder treatment*
24 *through—*

1 (i) a medicaid managed care entity (as
 2 defined in section 1932(a)(1)(B) of the So-
 3 cial Security Act (42 U.S.C. 1396u-
 4 2(a)(1)(B))), including the number of such
 5 individuals who received such assistance
 6 through a prepaid inpatient health plan or
 7 a prepaid ambulatory health plan;

8 (ii) a fee-for-service payment model; or

9 (iii) an alternative payment model, to
 10 the extent available.

11 (F) The number and percentage of individ-
 12 uals with a substance use disorder who receive
 13 substance use disorder treatment services in an
 14 outpatient or home-based and community-based
 15 setting after receiving treatment in an inpatient
 16 or residential setting, and the number of services
 17 received by such individuals in the outpatient or
 18 home-based and community-based setting.

19 (3) ANNUAL UPDATES.—The Secretary shall
 20 issue an updated version of the report required under
 21 paragraph (1) not later than January 1 of each cal-
 22 endar year through 2024.

23 (4) USE OF T-MSIS DATA.—The report required
 24 under paragraph (1) and updates required under
 25 paragraph (3) shall—

(A) use data and definitions from the Transformed Medicaid Statistical Information System (“T-MSIS”) data set that is no more than 12 months old on the date that the report or update is published; and

(B) as appropriate, include a description with respect to each State of the quality and completeness of the data and caveats describing the limitations of the data reported to the Secretary by the State that is sufficient to communicate the appropriate uses for the information.

(b) MAKING T-MSIS DATA ON SUBSTANCE USE DISORDERS AVAILABLE TO RESEARCHERS.—

(1) IN GENERAL.—The Secretary shall publish in the Federal Register a system of records notice for the data specified in paragraph (2) for the Transformed Medicaid Statistical Information System, in accordance with section 552a(e)(4) of title 5, United States Code. The notice shall outline policies that protect the security and privacy of the data that, at a minimum, meet the security and privacy policies of SORN 09–70–0541 for the Medicaid Statistical Information System.

(2) REQUIRED DATA.—The data covered by the systems of records notice required under paragraph

1 (1) shall be sufficient for researchers and States to
 2 analyze the prevalence of substance use disorders in
 3 the Medicaid beneficiary population and the treat-
 4 ment of substance use disorders under Medicaid
 5 across all States (including the District of Columbia,
 6 Puerto Rico, the United States Virgin Islands, Guam,
 7 the Northern Mariana Islands, and American
 8 Samoa), forms of treatment, and treatment settings.

9 (3) INITIATION OF DATA-SHARING ACTIVITIES.—
 10 Not later than January 1, 2019, the Secretary shall
 11 initiate the data-sharing activities outlined in the no-
 12 tice required under paragraph (1).

13 **SEC. 1016. BETTER DATA SHARING TO COMBAT THE OPIOID**
 14 **CRISIS.**

15 (a) IN GENERAL.—Section 1903(m) of the Social Secu-
 16 rity Act (42 U.S.C. 1396b(m)), as amended by section 1013,
 17 is further amended by adding at the end the following new
 18 paragraph:

19 “(8)(A) The State agency administering the State plan
 20 under this title may have reasonable access, as determined
 21 by the State, to 1 or more prescription drug monitoring
 22 program databases administered or accessed by the State
 23 to the extent the State agency is permitted to access such
 24 databases under State law.

1 “(B) Such State agency may facilitate reasonable ac-
 2 cess, as determined by the State, to 1 or more prescription
 3 drug monitoring program databases administered or
 4 accessed by the State, to same extent that the State agency
 5 is permitted under State law to access such databases, for—

6 “(i) any provider enrolled under the State plan
 7 to provide services to Medicaid beneficiaries; and

8 “(ii) any managed care entity (as defined under
 9 section 1932(a)(1)(B)) that has a contract with the
 10 State under this subsection or under section
 11 1905(t)(3).

12 “(C) Such State agency may share information in
 13 such databases, to the same extent that the State agency
 14 is permitted under State law to share information in such
 15 databases, with—

16 “(i) any provider enrolled under the State plan
 17 to provide services to Medicaid beneficiaries; and

18 “(ii) any managed care entity (as defined under
 19 section 1932(a)(1)(B)) that has a contract with the
 20 State under this subsection or under section
 21 1905(t)(3).”.

22 (b) SECURITY AND PRIVACY.—All applicable State and
 23 Federal security and privacy protections and laws shall
 24 apply to any State agency, individual, or entity accessing
 25 1 or more prescription drug monitoring program databases

1 *or obtaining information in such databases in accordance*
 2 *with section 1903(m)(8) of the Social Security Act (as*
 3 *added by subsection (a)).*

4 *(c) EFFECTIVE DATE.—The amendment made by sub-*
 5 *section (a) shall take effect on the date of enactment of this*
 6 *Act.*

7 **SEC. 1017. REPORT ON INNOVATIVE STATE INITIATIVES**
 8 **AND STRATEGIES TO PROVIDE HOUSING-RE-**
 9 **LATED SERVICES AND SUPPORTS TO INDIVID-**
 10 **UALS STRUGGLING WITH SUBSTANCE USE**
 11 **DISORDERS UNDER MEDICAID.**

12 *(a) IN GENERAL.—Not later than 1 year after the date*
 13 *of enactment of this Act, the Secretary of Health and*
 14 *Human Services shall issue a report to Congress describing*
 15 *innovative State initiatives and strategies for providing*
 16 *housing-related services and supports under a State Med-*
 17 *icaid program to individuals with substance use disorders*
 18 *who are experiencing or at risk of experiencing homeless-*
 19 *ness.*

20 *(b) CONTENT OF REPORT.—The report required under*
 21 *subsection (a) shall describe the following:*

22 *(1) Existing methods and innovative strategies*
 23 *developed and adopted by State Medicaid programs*
 24 *that have achieved positive outcomes in increasing*
 25 *housing stability among Medicaid beneficiaries with*

1 *substance use disorders who are experiencing or at*
2 *risk of experiencing homelessness, including Medicaid*
3 *beneficiaries with substance use disorders who are—*

4 *(A) receiving treatment for substance use*
5 *disorders in inpatient, residential, outpatient, or*
6 *home-based and community-based settings;*

7 *(B) transitioning between substance use dis-*
8 *order treatment settings; or*

9 *(C) living in supportive housing or another*
10 *model of affordable housing.*

11 *(2) Strategies employed by Medicaid managed*
12 *care organizations, primary care case managers, hos-*
13 *pitals, accountable care organizations, and other care*
14 *coordination providers to deliver housing-related serv-*
15 *ices and supports and to coordinate services provided*
16 *under State Medicaid programs across different treat-*
17 *ment settings.*

18 *(3) Innovative strategies and lessons learned by*
19 *States with Medicaid waivers approved under section*
20 *1115 or 1915 of the Social Security Act (42 U.S.C.*
21 *1315, 1396n), including—*

22 *(A) challenges experienced by States in de-*
23 *signing, securing, and implementing such waiv-*
24 *ers or plan amendments;*

1 (B) how States developed partnerships with
2 other organizations such as behavioral health
3 agencies, State housing agencies, housing pro-
4 viders, health care services agencies and pro-
5 viders, community-based organizations, and
6 health insurance plans to implement waivers or
7 State plan amendments; and

8 (C) how and whether States plan to provide
9 Medicaid coverage for housing-related services
10 and supports in the future, including by cov-
11 ering such services and supports under State
12 Medicaid plans or waivers.

13 (4) Existing opportunities for States to provide
14 housing-related services and supports through a Med-
15 icaid waiver under sections 1115 or 1915 of the So-
16 cial Security Act (42 U.S.C. 1315, 1396n) or through
17 a State Medicaid plan amendment, such as the As-
18 sistance in Community Integration Service pilot pro-
19 gram, which promotes supportive housing and other
20 housing-related supports under Medicaid for individ-
21 uals with substance use disorders and for which
22 Maryland has a waiver approved under such section
23 1115 to conduct the program.

24 (5) Innovative strategies and partnerships devel-
25 oped and implemented by State Medicaid programs

1 *or other entities to identify and enroll eligible indi-*
2 *viduals with substance use disorders who are experi-*
3 *encing or at risk of experiencing homelessness in*
4 *State Medicaid programs.*

5 **SEC. 1018. TECHNICAL ASSISTANCE AND SUPPORT FOR IN-**
6 **NOVATIVE STATE STRATEGIES TO PROVIDE**
7 **HOUSING-RELATED SUPPORTS UNDER MED-**
8 **ICAID.**

9 (a) *IN GENERAL.*—*The Secretary of Health and*
10 *Human Services shall provide technical assistance and sup-*
11 *port to States regarding the development and expansion of*
12 *innovative State strategies (including through State Med-*
13 *icaid demonstration projects) to provide housing-related*
14 *supports and services and care coordination services under*
15 *Medicaid to individuals with substance use disorders.*

16 (b) *REPORT.*—*Not later than 180 days after the date*
17 *of enactment of this Act, the Secretary shall issue a report*
18 *to Congress detailing a plan of action to carry out the re-*
19 *quirements of subsection (a).*

1 **TITLE II—MEDICARE PROVI-**
 2 **SIONS TO ADDRESS THE**
 3 **OPIOID CRISIS**

4 **SEC. 2001. EXPANDING THE USE OF TELEHEALTH SERVICES**
 5 **FOR THE TREATMENT OF OPIOID USE DIS-**
 6 **ORDER AND OTHER SUBSTANCE USE DIS-**
 7 **ORDERS.**

8 (a) *IN GENERAL.*—Section 1834(m) of the Social Secu-
 9 rity Act (42 U.S.C. 1395m(m)) is amended—

10 (1) in paragraph (2)(B)—

11 (A) in clause (i), in the matter preceding
 12 subclause (I), by striking “clause (ii)” and in-
 13 serting “clause (ii) and paragraph (6)(C)”; and

14 (B) in clause (ii), in the heading, by strik-
 15 ing “FOR HOME DIALYSIS THERAPY”;

16 (2) in paragraph (4)(C)—

17 (A) in clause (i), by striking “paragraph
 18 (6)” and inserting “paragraphs (5), (6), and
 19 (7)”; and

20 (B) in clause (ii)(X), by inserting “or tele-
 21 health services described in paragraph (7)” be-
 22 fore the period at the end; and

23 (3) by adding at the end the following new para-
 24 graph:

1 “(7) *TREATMENT OF SUBSTANCE USE DISORDER*
 2 *SERVICES FURNISHED THROUGH TELEHEALTH.*—*The*
 3 *geographic requirements described in paragraph*
 4 *(4)(C)(i) shall not apply with respect to telehealth*
 5 *services furnished on or after July 1, 2019, to an eli-*
 6 *gible telehealth individual with a substance use dis-*
 7 *order diagnosis for purposes of treatment of such dis-*
 8 *order or co-occurring mental health disorder, as deter-*
 9 *mined by the Secretary, at an originating site de-*
 10 *scribed in paragraph (4)(C)(ii) (other than an origi-*
 11 *nating site described in subclause (IX) of such para-*
 12 *graph).*”.

13 (b) *IMPLEMENTATION.*—*The Secretary of Health and*
 14 *Human Services (in this section referred to as the “Sec-*
 15 *retary”)* may implement the amendments made by this sec-
 16 *tion by interim final rule.*

17 (c) *REPORT.*—

18 (1) *IN GENERAL.*—*Not later than 5 years after*
 19 *the date of the enactment of this Act, the Secretary*
 20 *shall submit to Congress a report on the impact of the*
 21 *implementation of the amendments made by this sec-*
 22 *tion with respect to telehealth services under section*
 23 *1834(m) of the Social Security Act (42 U.S.C.*
 24 *1395m(m)) on—*

1 (A) the utilization of health care items and
 2 services under title XVIII of such Act (42 U.S.C.
 3 1395 *et seq.*) related to substance use disorders,
 4 including emergency department visits; and

5 (B) health outcomes related to substance use
 6 disorders, such as opioid overdose deaths.

7 (2) *FUNDING.*—For purposes of carrying out
 8 paragraph (1), in addition to funds otherwise avail-
 9 able, the Secretary shall provide for the transfer, from
 10 the Federal Supplementary Medical Insurance Trust
 11 Fund under section 1841, of \$3,000,000 to the Centers
 12 for Medicare & Medicaid Services Program Manage-
 13 ment Account to remain available until expended.

14 **SEC. 2002. COMPREHENSIVE SCREENINGS FOR SENIORS.**

15 (a) *INITIAL PREVENTIVE PHYSICAL EXAMINATION.*—
 16 Section 1861(*ww*) of the Social Security Act (42 U.S.C.
 17 1395*x(ww)*) is amended—

18 (1) in paragraph (1)—

19 (A) by striking “paragraph (2) and” and
 20 inserting “paragraph (2),”; and

21 (B) by inserting “and the furnishing of a
 22 review of any current opioid prescriptions (as
 23 defined in paragraph (4)),” after “upon the
 24 agreement with the individual,”; and

25 (2) in paragraph (2)—

1 (A) by redesignating subparagraph (N) as
2 subparagraph (O); and

3 (B) by inserting after subparagraph (M) the
4 following new subparagraph:

5 “(N) Screening for potential substance use
6 disorders.”; and

7 (3) by adding at the end the following new para-
8 graph:

9 “(4) For purposes of paragraph (1), the term ‘a review
10 of any current opioid prescriptions’ means, with respect to
11 an individual determined to have a current prescription for
12 opioids—

13 “(A) a review of the potential risk factors to the
14 individual for opioid use disorder;

15 “(B) an evaluation of the individual’s severity of
16 pain and current treatment plan;

17 “(C) the provision of information on non-opioid
18 treatment options; and

19 “(D) a referral to a specialist, as appropriate.”.

20 (b) ANNUAL WELLNESS VISIT.—Section 1861(hhh)(2)
21 of the Social Security Act (42 U.S.C. 1395x(hhh)(2)) is
22 amended—

23 (1) by redesignating subparagraph (G) as sub-
24 paragraph (I); and

1 (2) *by inserting after subparagraph (F) the fol-*
 2 *lowing new subparagraphs:*

3 “(G) *Screening for potential substance use*
 4 *disorders and referral for treatment as appro-*
 5 *priate.*

6 “(H) *The furnishing of a review of any cur-*
 7 *rent opioid prescriptions (as defined in sub-*
 8 *section (ww)(4)).”.*

9 (c) *RULE OF CONSTRUCTION.—Nothing in the amend-*
 10 *ments made by subsection (a) or (b) shall be construed to*
 11 *prohibit separate payment for structured assessment and*
 12 *intervention services for substance abuse furnished to an in-*
 13 *dividual on the same day as an initial preventive physical*
 14 *examination or an annual wellness visit.*

15 (d) *EFFECTIVE DATE.—The amendments made by this*
 16 *section shall apply to examinations and visits furnished on*
 17 *or after January 1, 2020.*

18 **SEC. 2003. EVERY PRESCRIPTION CONVEYED SECURELY.**

19 (a) *IN GENERAL.—Section 1860D–4(e) of the Social*
 20 *Security Act (42 U.S.C. 1395w–104(e)) is amended by add-*
 21 *ing at the end the following:*

22 “(7) *REQUIREMENT OF E-PRESCRIBING FOR CON-*
 23 *TROLLED SUBSTANCES.—*

24 “(A) *IN GENERAL.—Subject to subpara-*
 25 *graph (B), a prescription for a covered part D*

1 *drug under a prescription drug plan (or under*
 2 *an MA–PD plan) for a schedule II, III, IV, or*
 3 *V controlled substance shall be transmitted by a*
 4 *health care practitioner electronically in accord-*
 5 *ance with an electronic prescription drug pro-*
 6 *gram that meets the requirements of paragraph*
 7 *(2).*

8 “(B) *EXCEPTION FOR CERTAIN CIR-*
 9 *CUMSTANCES.—The Secretary shall, through*
 10 *rulemaking, specify circumstances and processes*
 11 *by which the Secretary may waive the require-*
 12 *ment under subparagraph (A), with respect to a*
 13 *covered part D drug, including in the case of—*

14 “(i) *a prescription issued when the*
 15 *practitioner and dispensing pharmacy are*
 16 *the same entity;*

17 “(ii) *a prescription issued that cannot*
 18 *be transmitted electronically under the most*
 19 *recently implemented version of the Na-*
 20 *tional Council for Prescription Drug Pro-*
 21 *grams SCRIPT Standard;*

22 “(iii) *a prescription issued by a prac-*
 23 *titioner who received a waiver or a renewal*
 24 *thereof for a period of time as determined*
 25 *by the Secretary, not to exceed one year,*

1 *from the requirement to use electronic pre-*
2 *scribing due to demonstrated economic*
3 *hardship, technological limitations that are*
4 *not reasonably within the control of the*
5 *practitioner, or other exceptional cir-*
6 *cumstance demonstrated by the practitioner;*

7 “(iv) a prescription issued by a practi-
8 itioner under circumstances in which, not-
9 withstanding the practitioner’s ability to
10 submit a prescription electronically as re-
11 quired by this subsection, such practitioner
12 reasonably determines that it would be im-
13 practical for the individual involved to ob-
14 tain substances prescribed by electronic pre-
15 scription in a timely manner, and such
16 delay would adversely impact the individ-
17 ual’s medical condition involved;

18 “(v) a prescription issued by a practi-
19 tioner prescribing a drug under a research
20 protocol;

21 “(vi) a prescription issued by a practi-
22 tioner for a drug for which the Food and
23 Drug Administration requires a prescrip-
24 tion to contain elements that are not able to
25 be included in electronic prescribing, such

1 *as a drug with risk evaluation and mitiga-*
2 *tion strategies that include elements to as-*
3 *sure safe use;*

4 “(vii) a prescription issued by a prac-

5 *titioner—*

6 “(I) for an individual who re-

7 *ceives hospice care under this title; and*

8 “(II) that is not covered under the

9 *hospice benefit under this title; and*

10 “(viii) a prescription issued by a prac-

11 *titioner for an individual who is—*

12 “(I) a resident of a nursing facil-

13 *ity (as defined in section 1919(a)); 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 con-
12 sistent with the requirements under subsection
13 (b)(1) and under this paragraph.

14 “(D) ENFORCEMENT.—The Secretary shall,
15 through rulemaking, have authority to enforce
16 and specify appropriate penalties for non-com-
17 pliance with the requirement under subpara-
18 graph (A).”.

19 (b) EFFECTIVE DATE.—The amendment made by sub-
20 section (a) shall apply to coverage of drugs prescribed on
21 or after January 1, 2021.

22 (c) UPDATE OF BIOMETRIC COMPONENT OF MULTI-
23 FACTOR AUTHENTICATION.—Not later than 1 year after the
24 date of enactment of this Act, the Attorney General shall
25 update the requirements for the biometric component of

1 *multifactor authentication with respect to electronic pre-*
 2 *scriptions of controlled substances.*

3 **SEC. 2004. REQUIRING PRESCRIPTION DRUG PLAN SPON-**
 4 **SORS UNDER MEDICARE TO ESTABLISH DRUG**
 5 **MANAGEMENT PROGRAMS FOR AT-RISK**
 6 **BENEFICIARIES.**

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

9 *(1) in paragraph (1), by inserting after subpara-*
 10 *graph (E) the following new subparagraph:*

11 *“(F) With respect to plan years beginning*
 12 *on or after January 1, 2022, a drug manage-*
 13 *ment program for at-risk beneficiaries described*
 14 *in paragraph (5).”;* and

15 *(2) in paragraph (5)(A), by inserting “(and for*
 16 *plan years beginning on or after January 1, 2022, a*
 17 *PDP sponsor shall)” after “A PDP sponsor may”.*

18 **SEC. 2005. MEDICARE COVERAGE OF CERTAIN SERVICES**
 19 **FURNISHED BY OPIOID TREATMENT PRO-**
 20 **GRAMS.**

21 *(a) COVERAGE.—Section 1861(s)(2) of the Social Secu-*
 22 *rity Act (42 U.S.C. 1395x(s)(2)) is amended—*

23 *(1) in subparagraph (FF), by striking at the end*
 24 *“and”;*

1 (2) in subparagraph (GG), by inserting at the
2 end “and”; and

3 (3) by adding at the end the following new sub-
4 paragraph:

5 “(HH) opioid use disorder treatment services (as
6 defined in subsection (jjj)).”.

7 (b) OPIOID USE DISORDER TREATMENT SERVICES
8 AND OPIOID TREATMENT PROGRAM DEFINED.—Section
9 1861 of the Social Security Act (42 U.S.C. 1395x) is
10 amended by adding at the end the following new subsection:

11 “(jjj) OPIOID USE DISORDER TREATMENT SERVICES;
12 OPIOID TREATMENT PROGRAM.—

13 “(1) OPIOID USE DISORDER TREATMENT SERV-
14 ICES.—The term ‘opioid use disorder treatment serv-
15 ices’ means items and services that are furnished by
16 an opioid treatment program for the treatment of
17 opioid use disorder, including—

18 “(A) opioid agonist and antagonist treat-
19 ment medications (including oral, injected, or
20 implanted versions) that are approved by the
21 Food and Drug Administration under section
22 505 of the Federal Food, Drug, and Cosmetic Act
23 for use in the treatment of opioid use disorder;

24 “(B) dispensing and administration of such
25 medications, if applicable;

1 “(C) substance use counseling by a profes-
 2 sional to the extent authorized under State law
 3 to furnish such services;

4 “(D) individual and group therapy with a
 5 physician or psychologist (or other mental health
 6 professional to the extent authorized under State
 7 law);

8 “(E) toxicology testing, and

9 “(F) other items and services that the Sec-
 10 retary determines are appropriate (but in no
 11 event to include meals or transportation).

12 “(2) OPIOID TREATMENT PROGRAM.—The term
 13 ‘opioid treatment program’ means an entity that is
 14 an opioid treatment program (as defined in section
 15 8.2 of title 42 of the Code of Federal Regulations, or
 16 any successor regulation) that—

17 “(A) is enrolled under section 1866(j);

18 “(B) has in effect a certification by the Sub-
 19 stance Abuse and Mental Health Services Ad-
 20 ministration for such a program;

21 “(C) is accredited by an accrediting body
 22 approved by the Substance Abuse and Mental
 23 Health Services Administration; and

24 “(D) meets such additional conditions as
 25 the Secretary may find necessary to ensure—

1 “(i) the health and safety of individ-
 2 uals being furnished services under such
 3 program; and

4 “(ii) the effective and efficient fur-
 5 nishing of such services.”.

6 (c) *PAYMENT*.—

7 (1) *IN GENERAL*.—Section 1833(a)(1) of the So-
 8 cial Security Act (42 U.S.C. 1395l(a)(1)) is amend-
 9 ed—

10 (A) by striking “and (BB)” and inserting
 11 “(BB)”; and

12 (B) by inserting before the semicolon at the
 13 end the following “, and (CC) with respect to
 14 opioid use disorder treatment services furnished
 15 during an episode of care, the amount paid shall
 16 be equal to the amount payable under section
 17 1834(w) less any copayment required as speci-
 18 fied by the Secretary”.

19 (2) *PAYMENT DETERMINATION*.—Section 1834 of
 20 the Social Security Act (42 U.S.C. 1395m) is amend-
 21 ed by adding at the end the following new subsection:

22 “(w) *OPIOID USE DISORDER TREATMENT SERV-*
 23 *ICES*.—

24 “(1) *IN GENERAL*.—The Secretary shall pay to
 25 an opioid treatment program (as defined in para-

1 *graph (2) of section 1861(jjj)) an amount that is*
2 *equal to 100 percent of a bundled payment under this*
3 *part for opioid use disorder treatment services (as de-*
4 *finied in paragraph (1) of such section) that are fur-*
5 *nished by such program to an individual during an*
6 *episode of care (as defined by the Secretary) begin-*
7 *ning on or after January 1, 2020. The Secretary shall*
8 *ensure, as determined appropriate by the Secretary,*
9 *that no duplicative payments are made under this*
10 *part or part D for items and services furnished by an*
11 *opioid treatment program.*

12 *“(2) CONSIDERATIONS.—The Secretary may im-*
13 *plement this subsection through one or more bundles*
14 *based on the type of medication provided (such as*
15 *buprenorphine, methadone, naltrexone, or a new inno-*
16 *vative drug), the frequency of services, the scope of*
17 *services furnished, characteristics of the individuals*
18 *furnished such services, or other factors as the Sec-*
19 *retary determine appropriate. In developing such*
20 *bundles, the Secretary may consider payment rates*
21 *paid to opioid treatment programs for comparable*
22 *services under State plans under title XIX or under*
23 *the TRICARE program under chapter 55 of title 10*
24 *of the United States Code.*

1 “(3) *ANNUAL UPDATES.*—*The Secretary shall*
 2 *provide an update each year to the bundled payment*
 3 *amounts under this subsection.*”.

4 (d) *INCLUDING OPIOID TREATMENT PROGRAMS AS*
 5 *MEDICARE PROVIDERS.*—*Section 1866(e) of the Social Se-*
 6 *curity Act (42 U.S.C. 1395cc(e)) is amended—*

7 (1) *in paragraph (1), by striking at the end*
 8 *“and”;*

9 (2) *in paragraph (2), by striking the period at*
 10 *the end and inserting “; and”; and*

11 (3) *by adding at the end the following new para-*
 12 *graph:*

13 “(3) *opioid treatment programs (as defined in*
 14 *paragraph (2) of section 1861(jjj)), but only with re-*
 15 *spect to the furnishing of opioid use disorder treat-*
 16 *ment services (as defined in paragraph (1) of such*
 17 *section).*”.

18 **SEC. 2006. ENCOURAGING APPROPRIATE PRESCRIBING**
 19 **UNDER MEDICARE FOR VICTIMS OF OPIOID**
 20 **OVERDOSE.**

21 *Section 1860D–4(c)(5)(C) of the Social Security Act*
 22 *(42 U.S.C. 1395w–104(c)(5)(C)) is amended—*

23 (1) *in clause (i), in the matter preceding sub-*
 24 *clause (I), by striking “For purposes” and inserting*
 25 *“Except as provided in clause (v), for purposes”; and*

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

“(v) *TREATMENT OF ENROLLEES WITH A HISTORY OF OPIOID-RELATED OVERDOSE.—*

“(I) *IN GENERAL.—For plan years beginning not later than January 1, 2021, a part D eligible individual who is not an exempted individual described in clause (ii) and who is identified under this clause as a part D eligible individual with a history of opioid-related overdose (as defined by the Secretary) shall be included as a potentially at-risk beneficiary for prescription drug abuse under the drug management program under this paragraph.*

“(II) *IDENTIFICATION AND NOTICE.—For purposes of this clause, the Secretary shall—*

“(aa) *identify part D eligible individuals with a history of opioid-related overdose (as so defined); and*

1 “(bb) notify the PDP sponsor
 2 of the prescription drug plan in
 3 which such an individual is en-
 4 rolled of such identification.”.

5 **SEC. 2007. AUTOMATIC ESCALATION TO EXTERNAL REVIEW**
 6 **UNDER A MEDICARE PART D DRUG MANAGE-**
 7 **MENT PROGRAM FOR AT-RISK BENE-**
 8 **FICIARIES.**

9 (a) *IN GENERAL.*—Section 1860D–4(c)(5) of the So-
 10 cial Security Act (42 U.S.C. 1395ww–10(c)(5)) is amend-
 11 ed—

12 (1) in subparagraph (B), in each of clauses
 13 (ii)(III) and (iii)(IV), by striking “and the option of
 14 an automatic escalation to external review” and in-
 15 serting “, including notice that if on reconsideration
 16 a PDP sponsor affirms its denial, in whole or in
 17 part, the case shall be automatically forwarded to the
 18 independent, outside entity contracted with the Sec-
 19 retary for review and resolution”; and

20 (2) in subparagraph (E), by striking “and the
 21 option” and all that follows and inserting the fol-
 22 lowing: “and if on reconsideration a PDP sponsor af-
 23 firms its denial, in whole or in part, the case shall
 24 be automatically forwarded to the independent, out-

1 *side entity contracted with the Secretary for review*
 2 *and resolution.”.*

3 *(b) EFFECTIVE DATE.—The amendments made by sub-*
 4 *section (a) shall apply beginning not later January 1, 2021.*

5 **SEC. 2008. SUSPENSION OF PAYMENTS BY MEDICARE PRE-**
 6 **SCRIPTION DRUG PLANS AND MA-PD PLANS**
 7 **PENDING INVESTIGATIONS OF CREDIBLE AL-**
 8 **LEGATIONS OF FRAUD BY PHARMACIES.**

9 *(a) IN GENERAL.—Section 1860D–12(b) of the Social*
 10 *Security Act (42 U.S.C. 1395w–112(b)) is amended by add-*
 11 *ing at the end the following new paragraph:*

12 *“(7) SUSPENSION OF PAYMENTS PENDING INVES-*
 13 *TIGATION OF CREDIBLE ALLEGATIONS OF FRAUD BY*
 14 *PHARMACIES.—*

15 *“(A) IN GENERAL.—Section 1862(o)(1)*
 16 *shall apply with respect to a PDP sponsor with*
 17 *a contract under this part, a pharmacy, and*
 18 *payments to such pharmacy under this part in*
 19 *the same manner as such section applies with re-*
 20 *spect to the Secretary, a provider of services or*
 21 *supplier, and payments to such provider of serv-*
 22 *ices or supplier under this title. A PDP sponsor*
 23 *shall notify the Secretary regarding the imposi-*
 24 *tion of any payment suspension pursuant to the*
 25 *previous sentence, such as through the secure*

1 *internet website portal (or other successor tech-*
 2 *nology) established under section 1859(i).*

3 “(B) *RULE OF CONSTRUCTION.*—*Nothing in*
 4 *this paragraph shall be construed as limiting the*
 5 *authority of a PDP sponsor to conduct*
 6 *postpayment review.”.*

7 (b) *APPLICATION TO MA–PD PLANS.*—*Section*
 8 *1857(f)(3) of the Social Security Act (42 U.S.C. 1395w–*
 9 *27(f)(3)) is amended by adding at the end the following*
 10 *new subparagraph:*

11 “(D) *SUSPENSION OF PAYMENTS PENDING*
 12 *INVESTIGATION OF CREDIBLE ALLEGATIONS OF*
 13 *FRAUD BY PHARMACIES.*—*Section 1860D–*
 14 *12(b)(7).”.*

15 (c) *CONFORMING AMENDMENT.*—*Section 1862(o)(3) of*
 16 *the Social Security Act (42 U.S.C. 1395y(o)(3)) is amended*
 17 *by inserting “, section 1860D–12(b)(7) (including as ap-*
 18 *plied pursuant to section 1857(f)(3)(D)),” after “this sub-*
 19 *section”.*

20 (d) *CLARIFICATION RELATING TO CREDIBLE ALLEGA-*
 21 *TION OF FRAUD.*—*Section 1862(o) of the Social Security*
 22 *Act (42 U.S.C. 1395y(o)) is amended by adding at the end*
 23 *the following new paragraph:*

24 “(4) *CREDIBLE ALLEGATION OF FRAUD.*—*In car-*
 25 *rying out this subsection, section 1860D–12(b)(7) (in-*

1 cluding as applied pursuant to section 1857(f)(3)(D)),
 2 and section 1903(i)(2)(C), a fraud hotline tip (as de-
 3 fined by the Secretary) without further evidence shall
 4 not be treated as sufficient evidence for a credible alle-
 5 gation of fraud.”.

6 (e) *EFFECTIVE DATE.*—The amendments made by this
 7 section shall apply with respect to plan years beginning on
 8 or after January 1, 2020.

9 **TITLE III—FDA AND CON-**
 10 **TROLLED SUBSTANCE PROVI-**
 11 **SIONS**

12 **Subtitle A—FDA Provisions**

13 **CHAPTER 1—IN GENERAL**

14 **SEC. 3001. CLARIFYING FDA REGULATION OF NON-ADDICT-**
 15 **IVE PAIN PRODUCTS.**

16 (a) *PUBLIC MEETINGS.*—Not later than one year after
 17 the date of enactment of this Act, the Secretary of Health
 18 and Human Services (referred to in this section as the “Sec-
 19 retary”), acting through the Commissioner of Food and
 20 Drugs, shall hold not less than one public meeting to ad-
 21 dress the challenges and barriers of developing non-addict-
 22 ive medical products intended to treat acute or chronic pain
 23 or addiction, which may include—

24 (1) the manner by which the Secretary may in-
 25 corporate the risks of misuse and abuse of a controlled

1 *substance (as defined in section 102 of the Controlled*
2 *Substances Act (21 U.S.C. 802)) into the risk benefit*
3 *assessments under subsections (d) and (e) of section*
4 *505 of the Federal Food, Drug, and Cosmetic Act (21*
5 *U.S.C. 355), section 510(k) of such Act (21 U.S.C.*
6 *360(k)), or section 515(c) of such Act (21 U.S.C.*
7 *360e(c)), as applicable;*

8 *(2) the application of novel clinical trial designs*
9 *(consistent with section 3021 of the 21st Century*
10 *Cures Act (Public Law 114–255)), use of real world*
11 *evidence (consistent with section 505F of the Federal*
12 *Food, Drug, and Cosmetic Act (21 U.S.C. 355g)), and*
13 *use of patient experience data (consistent with section*
14 *569C of the Federal Food, Drug, and Cosmetic Act*
15 *(21 U.S.C. 360bbb–8c)) for the development of non-*
16 *addictive medical products intended to treat pain or*
17 *addiction;*

18 *(3) the evidentiary standards and the develop-*
19 *ment of opioid-sparing data for inclusion in the label-*
20 *ing of medical products intended to treat acute or*
21 *chronic pain; and*

22 *(4) the application of eligibility criteria under*
23 *sections 506 and 515B of the Federal Food, Drug,*
24 *and Cosmetic Act (21 U.S.C. 356, 360e–3) for non-*

1 *addictive medical products intended to treat pain or*
2 *addiction.*

3 *(b) GUIDANCE.—Not less than one year after the public*
4 *meetings are conducted under subsection (a) the Secretary*
5 *shall issue one or more final guidance documents, or update*
6 *existing guidance documents, to help address challenges to*
7 *developing non-addictive medical products to treat pain or*
8 *addiction. Such guidance documents shall include informa-*
9 *tion regarding—*

10 *(1) how the Food and Drug Administration may*
11 *apply sections 506 and 515B of the Federal Food,*
12 *Drug, and Cosmetic Act (21 U.S.C. 356, 360e–3) to*
13 *non-addictive medical products intended to treat pain*
14 *or addiction, including the circumstances under*
15 *which the Secretary—*

16 *(A) may apply the eligibility criteria under*
17 *such sections 506 and 515B to non-addictive*
18 *medical products intended to treat pain or ad-*
19 *diction;*

20 *(B) considers the risk of addiction of con-*
21 *trolled substances approved to treat pain when*
22 *establishing unmet medical need; and*

23 *(C) considers pain, pain control, or pain*
24 *management in assessing whether a disease or*

1 *condition is a serious or life-threatening disease*
2 *or condition;*

3 *(2) the methods by which sponsors may evaluate*
4 *acute and chronic pain, endpoints for non-addictive*
5 *medical products intended to treat pain, the manner*
6 *in which endpoints and evaluations of efficacy will be*
7 *applied across and within review divisions, taking*
8 *into consideration the etiology of the underlying dis-*
9 *ease, and the manner in which sponsors may use sur-*
10 *rogate endpoints, intermediate endpoints, and real*
11 *world evidence;*

12 *(3) the manner in which the Food and Drug Ad-*
13 *ministration will assess evidence to support the inclu-*
14 *sion of opioid-sparing data in the labeling of non-ad-*
15 *dictive medical products intended to treat acute or*
16 *chronic pain, including—*

17 *(A) alternative data collection methodolo-*
18 *gies, including the use of novel clinical trial de-*
19 *signs (consistent with section 3021 of the 21st*
20 *Century Cures Act (Public Law 114–255)) and*
21 *real world evidence (consistent with section 505F*
22 *of the Federal Food, Drug, and Cosmetic Act (21*
23 *U.S.C. 355g)), including patient registries and*
24 *patient reported outcomes, as appropriate, to*
25 *support product labeling;*

1 (B) ethical considerations of exposing sub-
2 jects to controlled substances in clinical trials to
3 develop opioid-sparing data and considerations
4 on data collection methods that reduce harm,
5 which may include the reduction of opioid use as
6 a clinical benefit;

7 (C) endpoints, including primary, sec-
8 ondary, and surrogate endpoints, to evaluate the
9 reduction of opioid use;

10 (D) best practices for communication be-
11 tween sponsors and the agency on the develop-
12 ment of data collection methods, including the
13 initiation of data collection; and

14 (E) the appropriate format in which to sub-
15 mit such data results to the Secretary; and

16 (4) the circumstances under which the Food and
17 Drug Administration considers misuse and abuse of a
18 controlled substance (as defined in section 102 of the
19 Controlled Substances Act (21 U.S.C. 802)) in mak-
20 ing the risk benefit assessment under paragraphs (2)
21 and (4) of subsection (d) of section 505 of the Federal
22 Food, Drug, and Cosmetic Act (21 U.S.C. 355) and
23 in finding that a drug is unsafe under paragraph (1)
24 or (2) of subsection (e) of such section.

25 (c) *DEFINITIONS.*—In this section—

1 (1) the term “medical product” means a drug
 2 (as defined in section 201(g)(1) of the Federal Food,
 3 Drug, and Cosmetic Act (21 U.S.C. 321(g)(1))), bio-
 4 logical product (as defined in section 351(i) of the
 5 Public Health Service Act (42 U.S.C. 262(i))), or de-
 6 vice (as defined in section 201(h) of the Federal Food,
 7 Drug, and Cosmetic Act (21 U.S.C. 321(h))); and

8 (2) the term “opioid-sparing” means reducing,
 9 replacing, or avoiding the use of opioids or other con-
 10 trolled substances intended to treat acute or chronic
 11 pain.

12 **SEC. 3002. EVIDENCE-BASED OPIOID ANALGESIC PRE-**
 13 **SCRIBING GUIDELINES AND REPORT.**

14 (a) *GUIDELINES.*—The Commissioner of Food and
 15 Drugs shall develop evidence-based opioid analgesic pre-
 16 scribing guidelines for the indication-specific treatment of
 17 acute pain only for the relevant therapeutic areas where
 18 such guidelines do not exist.

19 (b) *PUBLIC INPUT.*—In developing the guidelines
 20 under subsection (a), the Commissioner of Food and Drugs
 21 shall—

22 (1) consult with stakeholders, which may include
 23 conducting a public meeting of medical professional
 24 societies (including any State-based societies), health
 25 care providers, State medical boards, medical special-

1 *ties including pain medicine specialty societies, pa-*
2 *tient groups, pharmacists, academic or medical re-*
3 *search entities, and other entities with experience in*
4 *health care, as appropriate;*

5 *(2) collaborate with the Director of the Centers*
6 *for Disease Control and Prevention, as applicable and*
7 *appropriate, and other Federal agencies with relevant*
8 *expertise as appropriate; and*

9 *(3) provide for a notice and comment period*
10 *consistent with section 701(h) of the Federal Food,*
11 *Drug, and Cosmetic Act (21 U.S.C. 371(h)) for the*
12 *submission of comments by the public.*

13 *(c) REPORT.—Not later than 1 year after the date of*
14 *enactment of this Act, or, if earlier, at the time the guide-*
15 *lines under subsection (a) are finalized, the Commissioner*
16 *of Food and Drugs shall submit to the Committee on En-*
17 *ergy and Commerce of the House of Representatives and*
18 *the Committee on Health, Education, Labor, and Pensions*
19 *of the Senate, and post on the public website of the Food*
20 *and Drug Administration, a report on how the Food and*
21 *Drug Administration will utilize the guidelines under sub-*
22 *section (a) to protect the public health and a description*
23 *of the public health need with respect to each such indica-*
24 *tion-specific treatment guideline.*

1 (d) *UPDATES.—The Commissioner of Food and Drugs*
2 *shall periodically—*

3 (1) *update the guidelines under subsection (a),*
4 *informed by public input described in subsection (b);*
5 *and*

6 (2) *submit to the committees specified in sub-*
7 *section (c) and post on the public website of the Food*
8 *and Drug Administration an updated report under*
9 *such subsection.*

10 (e) *STATEMENT TO ACCOMPANY GUIDELINES AND*
11 *RECOMMENDATIONS.—The Commissioner of Food and*
12 *Drugs shall ensure that opioid analgesic prescribing guide-*
13 *lines and other recommendations developed under this sec-*
14 *tion are accompanied by a clear statement that such guide-*
15 *lines or recommendations, as applicable—*

16 (1) *are intended to help inform clinical decision-*
17 *making by prescribers and patients; and*

18 (2) *are not intended to be used for the purposes*
19 *of restricting, limiting, delaying, or denying coverage*
20 *for, or access to, a prescription issued for a legitimate*
21 *medical purpose by an individual practitioner acting*
22 *in the usual course of professional practice.*

1 **CHAPTER 2—STOP COUNTERFEIT DRUGS**
 2 **BY REGULATING AND ENHANCING EN-**
 3 **FORCEMENT NOW**

4 **SEC. 3011. SHORT TITLE.**

5 *This chapter may be cited as the “Stop Counterfeit*
 6 *Drugs by Regulating and Enhancing Enforcement Now*
 7 *Act” or the “SCREEN Act”.*

8 **SEC. 3012. NOTIFICATION, NONDISTRIBUTION, AND RECALL**
 9 **OF CONTROLLED SUBSTANCES.**

10 (a) *PROHIBITED ACTS.*—Section 301 of the Federal
 11 Food, Drug, and Cosmetic Act (21 U.S.C. 331) is amended
 12 by adding at the end the following:

13 “(eee) The failure to comply with any order issued
 14 under section 569D.”.

15 (b) *NOTIFICATION, NONDISTRIBUTION, AND RECALL OF*
 16 *CONTROLLED SUBSTANCES.*—Subchapter E of chapter V of
 17 the Federal Food, Drug, and Cosmetic Act (21 U.S.C.
 18 360bbb et seq.) is amended by adding at the end the fol-
 19 lowing:

20 **“SEC. 569D. NOTIFICATION, NONDISTRIBUTION, AND RE-**
 21 **CALL OF CONTROLLED SUBSTANCES.**

22 “(a) *ORDER TO CEASE DISTRIBUTION AND RECALL.*—

23 “(1) *IN GENERAL.*—If the Secretary determines
 24 there is a reasonable probability that a controlled sub-
 25 stance would cause serious adverse health con-

1 *sequences or death, the Secretary may, after providing*
2 *the appropriate person with an opportunity to con-*
3 *sult with the agency, issue an order requiring manu-*
4 *facturers, importers, distributors, or pharmacists, who*
5 *distribute such controlled substance to immediately*
6 *cease distribution of such controlled substance.*

7 *“(2) HEARING.—An order under paragraph (1)*
8 *shall provide the person subject to the order with an*
9 *opportunity for an informal hearing, to be held not*
10 *later than 10 days after the date of issuance of the*
11 *order, on whether adequate evidence exists to justify*
12 *an amendment to the order, and what actions are re-*
13 *quired by such amended order pursuant to subpara-*
14 *graph (3).*

15 *“(3) ORDER RESOLUTION.—After an order is*
16 *issued according to the process under paragraphs (1)*
17 *and (2), the Secretary shall, except as provided in*
18 *paragraph (4)—*

19 *“(A) vacate the order, if the Secretary deter-*
20 *mines that inadequate grounds exist to support*
21 *the actions required by the order;*

22 *“(B) continue the order ceasing distribution*
23 *of the controlled substance until a date specified*
24 *in such order; or*

1 “(C) amend the order to require a recall of
2 the controlled substance, including any require-
3 ments to notify appropriate persons, a timetable
4 for the recall to occur, and a schedule for updates
5 to be provided to the Secretary regarding such
6 recall.

7 “(4) *RISK ASSESSMENT.*—If the Secretary deter-
8 mines that the risk of recalling a controlled substance
9 presents a greater health risk than the health risk of
10 not recalling such controlled substance from use, an
11 amended order under subparagraph (B) or (C) of
12 paragraph (3) shall not include either a recall order
13 for, or an order to cease distribution of, such con-
14 trolled substance, as applicable.

15 “(5) *ACTION FOLLOWING ORDER.*—Any person
16 who is subject to an order pursuant to subparagraph
17 (B) or (C) of paragraph (3) shall immediately cease
18 distribution of or recall, as applicable, the controlled
19 substance and provide notification as required by
20 such order.

21 “(b) *NOTICE TO PERSONS AFFECTED.*—If the Sec-
22 retary determines necessary, the Secretary may require the
23 person subject to an order pursuant to paragraph (1) or
24 an amended order pursuant to subparagraph (B) or (C)
25 of paragraph (3) to provide either a notice of a recall order

1 *for, or an order to cease distribution of, such controlled sub-*
 2 *stance, as applicable, under this section to appropriate per-*
 3 *sons, including persons who manufacture, distribute, im-*
 4 *port, or offer for sale such product that is the subject of*
 5 *an order and to the public. In providing such notice, the*
 6 *Secretary may use the assistance of health professionals who*
 7 *prescribed or dispensed such controlled substances.*

8 “(c) *NONDELEGATION.*—An order described in sub-
 9 *section (a)(3) shall be ordered by the Secretary or an official*
 10 *designated by the Secretary. An official may not be so des-*
 11 *ignated under this section unless the official is the Director*
 12 *of the Center for Drug Evaluation and Research or an offi-*
 13 *cial senior to such Director.*

14 “(d) *SAVINGS CLAUSE.*—Nothing contained in this sec-
 15 *tion shall be construed as limiting—*

16 “(1) *the authority of the Secretary to issue an*
 17 *order to cease distribution of, or to recall, any drug*
 18 *under any other provision of this Act or the Public*
 19 *Health Service Act; or*

20 “(2) *the ability of the Secretary to request any*
 21 *person to perform a voluntary activity related to any*
 22 *drug subject to this Act or the Public Health Service*
 23 *Act.”.*

24 (c) *CONTROLLED SUBSTANCES SUBJECT TO RE-*
 25 *FUSAL.*—The third sentence of section 801(a) of the Federal

1 *Food, Drug, and Cosmetic Act (21 U.S.C. 381(a)) is amend-*
 2 *ed by inserting “, or is a controlled substance subject to*
 3 *an order under section 569D” before “, or (4)”.*

4 (d) *EFFECTIVE DATE.*—*Sections 301(eee) and 569D of*
 5 *the Federal Food, Drug, and Cosmetic Act, as added by sub-*
 6 *sections (a) and (b), shall be effective beginning on the date*
 7 *of enactment of this Act.*

8 **SEC. 3013. SINGLE SOURCE PATTERN OF IMPORTED ILLE-**
 9 **GAL DRUGS.**

10 *Section 801 of the Federal Food, Drug, and Cosmetic*
 11 *Act (21 U.S.C. 381), as amended by section 3012, is further*
 12 *amended by adding at the end the following:*

13 “(t) *SINGLE SOURCE PATTERN OF IMPORTED ILLEGAL*
 14 *DRUGS.*—*If the Secretary determines that a person subject*
 15 *to debarment as a result of engaging in a pattern of import-*
 16 *ing or offering for import controlled substances or drugs as*
 17 *described in section 306(b)(3)(D), and such pattern is iden-*
 18 *tified by the Secretary as being offered for import from the*
 19 *same manufacturer, distributor, or importer, the Secretary*
 20 *may by order determine all drugs being offered for import*
 21 *from such person as adulterated or misbranded, unless such*
 22 *person can provide evidence otherwise.”.*

1 **SEC. 3014. STRENGTHENING FDA AND CBP COORDINATION**
2 **AND CAPACITY.**

3 (a) *IN GENERAL.*—*The Secretary of Health and*
4 *Human Services (referred to in this section as the “Sec-*
5 *retary”), acting through the Commissioner of Food and*
6 *Drugs, shall coordinate with the Secretary of Homeland Se-*
7 *curity to carry out activities related to customs and border*
8 *protection and in response to illegal controlled substances*
9 *and drug imports, including at sites of import (such as*
10 *international mail facilities), that will provide improve-*
11 *ments to such facilities, technologies, and inspection capac-*
12 *ity. Such Secretaries may carry out such activities through*
13 *a memorandum of understanding between the Food and*
14 *Drug Administration and the U.S. Customs and Border*
15 *Protection.*

16 (b) *FDA IMPORT FACILITIES AND INSPECTION CAPAC-*
17 *ITY.*—

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

5 (i) improvements to facilities, such as
6 upgrades or renovations, and support for
7 the maintenance of existing import facilities
8 and sites to improve coordination between
9 Federal agencies;

10 (ii) improvements in equipment and
11 information technology enhancement to
12 identify unapproved, counterfeit, or other
13 unlawful controlled substances for destruc-
14 tion;

15 (iii) the construction of, or upgrades
16 to, laboratory capacity for purposes of de-
17 tection and testing of imported goods;

18 (iv) upgrades to the security of import
19 facilities; and

20 (v) innovative technology and equip-
21 ment to facilitate improved and near-real-
22 time information sharing between the Food
23 and Drug Administration, the Department
24 of Homeland Security, and the United
25 States Postal Service; and

1 *(B) innovative technology, including con-*
2 *trolled substance detection and testing equipment*
3 *and other applicable technology, in order to col-*
4 *laborate with the U.S. Customs and Border Pro-*
5 *tection to share near-real-time information, in-*
6 *cluding information about test results, as appro-*
7 *priate.*

8 *(2) INNOVATIVE TECHNOLOGY.—Any technology*
9 *used in accordance with paragraph (1)(B) shall be*
10 *interoperable with technology used by other relevant*
11 *Federal agencies, including the U.S. Customs and*
12 *Border Protection, as the Secretary determines appro-*
13 *priate and practicable.*

14 *(c) REPORT.—Not later than 6 months after the date*
15 *of enactment of this Act, the Secretary, in consultation with*
16 *the Secretary of Homeland Security and the Postmaster*
17 *General of the United States Postal Service, shall report*
18 *to the Committee on Energy and Commerce and the Com-*
19 *mittee on Homeland Security of the House of Representa-*
20 *tives and the Committee on Health, Education, Labor, and*
21 *Pensions and the Committee on Homeland Security and*
22 *Governmental Affairs of the Senate on the implementation*
23 *of this section, including a summary of progress made to-*
24 *ward near-real-time information sharing and the interoper-*
25 *ability of such technologies.*

**CHAPTER 3—STOP ILLICIT DRUG
IMPORTATION**

SEC. 3021. SHORT TITLE.

This chapter may be cited as the “Stop Illicit Drug Importation Act of 2018”.

SEC. 3022. RESTRICTING ENTRANCE OF ILLICIT DRUGS.

(a) FOOD AND DRUG ADMINISTRATION AND U.S. CUSTOMS AND BORDER PROTECTION COOPERATION.—

(1) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the “Secretary”), acting through the Commissioner of Food and Drugs and in consultation with the U.S. Customs and Border Protection, shall develop and periodically update a mutually agreed upon list of the controlled substances that the Secretary will refer to U.S. Customs and Border Protection, unless the Secretary and U.S. Customs and Border Protection agree otherwise, when such substances are offered for import via international mail and appear to violate the Controlled Substances Act (21 U.S.C. 801 et seq.), the Controlled Substances Import and Export Act (21 U.S.C. 951 et seq.), the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.), or any other applicable law. The Secretary shall transfer controlled substances on such list to the U.S. Customs and Border

1 *Protection. If the Secretary identifies additional*
2 *packages that appear to be the same as such package*
3 *containing a controlled substance, such additional*
4 *packages may also be transferred to U.S. Customs*
5 *and Border Protection. The U.S. Customs and Border*
6 *Protection shall receive such packages consistent with*
7 *the requirements of the Controlled Substances Act (21*
8 *U.S.C. 801 et seq.).*

9 (2) *REPORT.*—Not later than 9 months after the
10 *date of enactment of this Act, the Secretary, acting*
11 *through the Commissioner of Food and Drugs and in*
12 *consultation with the Secretary of Homeland Secu-*
13 *rity, shall report to the Committee on Energy and*
14 *Commerce of the House of Representatives and the*
15 *Committee on Health, Education, Labor, and Pen-*
16 *sions of the Senate on the implementation of this sec-*
17 *tion.*

18 (b) *DEBARMENT, TEMPORARY DENIAL OF APPROVAL,*
19 *AND SUSPENSION.*—

20 (1) *PROHIBITED ACT.*—Section 301(cc) of the
21 *Federal Food, Drug, and Cosmetic Act (21 U.S.C.*
22 *331(cc)) is amended—*

23 (A) by inserting “or a drug” after “food”;
24 and

1 (B) by inserting “from such activity” after
2 “person debarred”.

3 (2) *DEBARMENT*.—Section 306(b) of the Federal
4 *Food, Drug, and Cosmetic Act* (21 U.S.C. 335a(b)) is
5 amended—

6 (A) in paragraph (1)—

7 (i) in the matter preceding subpara-
8 graph (A), by inserting “or (3)” after
9 “paragraph (2)”;

10 (ii) in subparagraph (A), by striking
11 the comma at the end and inserting a semi-
12 colon;

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

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

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

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

20 (B) in paragraph (3)—

21 (i) in the heading, by inserting “OR
22 DRUG” after “FOOD”;

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

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

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

4 “(C) the person has been convicted of a fel-
5 ony for conduct relating to the importation into
6 the United States of any drug or controlled sub-
7 stance (as defined in section 102 of the Con-
8 trolled Substances Act);

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

11 “(i) controlled substances that are pro-
12 hibited from importation under section
13 401(m) of the Tariff Act of 1930 (19 U.S.C.
14 1401(m)); or

15 “(ii) adulterated or misbranded drugs
16 that are—

17 “(I) not designated in an author-
18 ized electronic data interchange system
19 as a product that is regulated by the
20 Secretary; or

21 “(II) knowingly or intentionally
22 falsely designated in an authorized
23 electronic data interchange system as a
24 product that is regulated by the Sec-
25 retary.”; and

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

2 “(5) *DEFINITION.*—For purposes of paragraph
3 (3)(D), the term ‘pattern of importing or offering for
4 import’ means importing or offering for import a
5 drug described in clause (i) or (ii) of paragraph
6 (3)(D) in an amount, frequency, or dosage that is in-
7 consistent with personal or household use by the im-
8 porter.”.

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

12 (1) by striking “, then such article shall be re-
13 fused admission” inserting “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) shall be refused admis-
17 sion”;

18 (2) by inserting “If it appears from the exam-
19 ination of such samples or otherwise that the article
20 is a counterfeit drug, such article shall be refused ad-
21 mission.” before “With respect to an article of food,
22 if importation”; and

23 (3) by striking “Clause (2) of the third sentence”
24 and all that follows through the period at the end and
25 inserting the following: “Neither clause (2) nor clause

1 (5) of the third sentence of this subsection shall be
 2 construed to prohibit the admission of narcotic drugs,
 3 the importation of which is permitted under the Con-
 4 trolled Substances Import and Export Act.”.

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

8 “(u) ILLICIT ARTICLES CONTAINING ACTIVE PHARMA-
 9 CEUTICAL INGREDIENTS.—

10 “(1) IN GENERAL.—For purposes of this section,
 11 an article that is being imported or offered for import
 12 into the United States may be treated by the Sec-
 13 retary as a drug if the article—

14 “(A) is not—

15 “(i) accompanied by an electronic im-
 16 port entry for such article submitted using
 17 an authorized electronic data interchange
 18 system; and

19 “(ii) designated in such a system as an
 20 article regulated by the Secretary (which
 21 may include regulation as a drug, a device,
 22 a dietary supplement, or other product that
 23 is regulated under this Act); 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 has been authorized*
8 *under section 505(i) of this Act or*
9 *section 351(a) of the Public*
10 *Health Service 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 the*
17 *chemical structure of an active ingredient*
18 *in a drug or biological product described in*
19 *subclause (I) or (II) of clause (i).*

20 *“(2) EFFECT.—This subsection shall not be con-*
21 *strued to bear upon any determination of whether an*
22 *article is a drug within the meaning of section*
23 *201(g), other than for the purposes described in para-*
24 *graph (1).”.*

1 **CHAPTER 4—SECURING OPIOIDS AND UN-**
 2 **USED NARCOTICS WITH DELIBERATE**
 3 **DISPOSAL AND PACKAGING**

4 **SEC. 3031. SHORT TITLE.**

5 *This chapter may be cited as the “Securing Opioids*
 6 *and Unused Narcotics with Deliberate Disposal and Pack-*
 7 *aging Act of 2018” or the “SOUND Disposal and Pack-*
 8 *aging Act”.*

9 **SEC. 3032. SAFETY-ENHANCING PACKAGING AND DISPOSAL**
 10 **FEATURES.**

11 *(a) DELIBERATE DISPOSAL AND PACKAGING ELE-*
 12 *MENTS OF STRATEGY.—Section 505–1(e) of the Federal*
 13 *Food, Drug, and Cosmetic Act (21 U.S.C. 355–1(e)) is*
 14 *amended by adding at the end the following:*

15 *“(4) PACKAGING AND DISPOSAL.—The Secretary*
 16 *may require a risk evaluation mitigation strategy for*
 17 *a drug for which there is a serious risk of an adverse*
 18 *drug experience described in subparagraph (B) or (C)*
 19 *of subsection (b)(1), taking into consideration the fac-*
 20 *tors described in subparagraphs (C) and (D) of sub-*
 21 *section (f)(2) and in consultation with other relevant*
 22 *Federal agencies with authorities over drug disposal*
 23 *packaging, which may include requiring that—*

24 *“(A) the drug be made available for dis-*
 25 *pensing to certain patients in unit dose pack-*

aging, packaging that provides a set duration, or another packaging system that the Secretary determines may mitigate such serious risk; or

“(B) the drug be dispensed to certain patients with a safe disposal packaging or safe disposal system for purposes of rendering drugs nonretrievable (as defined in section 1300.05 of title 21, Code of Federal Regulations (or any successor regulation)) if the Secretary determines that such safe disposal packaging or system may mitigate such serious risk and is sufficiently available.”.

(b) *ASSURING ACCESS AND MINIMIZING BURDEN.*—

Section 505–1(f)(2)(C) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355–1(f)(2)(C)) is amended—

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

and

(2) by adding at the end the following:

“(iii) patients with functional limitations; and”.

(c) *APPLICATION TO ABBREVIATED NEW DRUG APPLI-*

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

(1) in paragraph (1)—

1 (A) by redesignating subparagraph (B) as
2 subparagraph (C); and

3 (B) inserting after subparagraph (A) the
4 following:

5 “(B) A packaging or disposal requirement,
6 if required under subsection (e)(4) for the appli-
7 cable listed drug.”; and
8 (2) in paragraph (2)—

9 (A) in subparagraph (A), by striking “and”
10 at the end;

11 (B) by redesignating subparagraph (B) as
12 subparagraph (C); and

13 (C) by inserting after subparagraph (A) the
14 following:

15 “(B) shall permit packaging systems and
16 safe disposal packaging or safe disposal systems
17 that are different from those required for the ap-
18 plicable listed drug under subsection (e)(4);
19 and”.

20 (d) GAO REPORT.—Not later than 12 months after the
21 date of enactment of this Act, the Comptroller General of
22 the United States shall prepare and submit to Congress a
23 report containing—

1 (1) a description of available evidence, if any, on
2 the effectiveness of site-of-use, in-home controlled sub-
3 stance disposal products and packaging technologies;

4 (2) an evaluation of existing reference standards
5 with respect to controlled substance disposal products
6 and packaging technologies, including any such
7 standards established by a standards development or-
8 ganization, and how such standards should be consid-
9 ered in ensuring effectiveness of such products and
10 technologies;

11 (3) identification of ways in which such disposal
12 products intended for use by patients, consumers, and
13 other end users that are not registrants under the
14 Controlled Substances Act (21 U.S.C. 801 et seq.), are
15 made available to the public and any barriers to the
16 use of such disposal products;

17 (4) identification of ways in which packaging
18 technologies are made available to the public and any
19 barriers to the use of such technologies;

20 (5) a description of current Federal oversight, if
21 any, of site-of-use, in-home controlled substance dis-
22 posal products, including—

23 (A) identification of the Federal agencies
24 that oversee such products;

1 (B) identification of the methods of disposal
2 of controlled substances recommended by such
3 agencies for site-of-use, in-home disposal; and

4 (C) a description of the effectiveness of such
5 recommendations at preventing the diversion of
6 legally prescribed controlled substances;

7 (6) a description of current Federal oversight, if
8 any, of controlled substance packaging technologies,
9 including—

10 (A) identification of the Federal agencies
11 that oversee such technologies;

12 (B) identification of the technologies rec-
13 ommended by such agencies, including unit dose
14 packaging, packaging that provides a set dura-
15 tion, and other packaging systems that may
16 mitigate abuse or misuse; and

17 (C) a description of the effectiveness of such
18 recommendations at preventing the diversion of
19 legally prescribed controlled substances; and

20 (7) recommendations, as appropriate, on—

21 (A) whether site-of-use, in-home controlled
22 substance disposal products and packaging tech-
23 nologies require Federal oversight and, if so,
24 which agency or agencies should be responsible

1 *for such oversight and, as applicable, review of*
 2 *such products or technologies; and*

3 *(B) whether there are applicable standards*
 4 *that should be considered to ensure the effective-*
 5 *ness of such products.*

6 **CHAPTER 5—POSTAPPROVAL STUDY**
 7 **REQUIREMENTS**

8 **SEC. 3041. CLARIFYING FDA POSTMARKET AUTHORITIES.**

9 *(a) DEFINITION OF ADVERSE DRUG EXPERIENCE.—*
 10 *Section 505–1(b)(1)(E) of the Federal Food, Drug, and Cos-*
 11 *metic Act (21 U.S.C. 355–1(b)(1)(E)) is amended by strik-*
 12 *ing “of the drug” and inserting “of the drug, which may*
 13 *include reduced effectiveness under the conditions of use pre-*
 14 *scribed in the labeling of such drug, but which may not*
 15 *include reduced effectiveness that is in accordance with such*
 16 *labeling”.*

17 *(b) SAFETY LABELING CHANGES.—Section 505(o)(4)*
 18 *of the Federal Food, Drug, and Cosmetic Act (21 U.S.C.*
 19 *355(o)(4)) is amended—*

20 *(1) in subparagraph (A) by—*

21 *(A) striking “SAFETY INFORMATION” and*
 22 *inserting “SAFETY OR NEW EFFECTIVENESS IN-*
 23 *FORMATION”;* *and*

24 *(B) by striking “If the Secretary becomes”*
 25 *and all that follows through “in the labeling of*

1 the drug” and inserting “If the Secretary be-
2 comes aware of new information, including any
3 new safety information or information related to
4 reduced effectiveness, that the Secretary deter-
5 mines should be included in the labeling of the
6 drug”;

7 (2) in clause (i) of subparagraph (B), by insert-
8 ing before the semicolon “, or new effectiveness infor-
9 mation”;

10 (3) in subparagraph (C) by striking “safety in-
11 formation” and inserting “safety or new effectiveness
12 information”; and

13 (4) in subparagraph (E) by striking “safety in-
14 formation” and inserting “safety or new effectiveness
15 information”.

16 (c) *GUIDANCE*.—Not less than one year after the date
17 of enactment of this Act, the Secretary of Health and
18 Human Services shall issue guidance regarding the cir-
19 cumstances under which the Food and Drug Administra-
20 tion may require postmarket studies or clinical trials to as-
21 sess the potential reduction in effectiveness of a drug and
22 how such reduction in effectiveness could result in a change
23 to the benefits of the drug and the risks to the patient. Such
24 guidance shall also address how the Food and Drug Admin-
25 istration may apply this section and the amendments made

1 *thereby with respect to circumstances under which the Food*
 2 *and Drug Administration may require postmarket studies*
 3 *or clinical trials and safety labeling changes related to the*
 4 *use of controlled substances for acute or chronic pain.*

5 ***Subtitle B—Controlled Substance***
 6 ***Provisions***

7 ***CHAPTER 1—MORE FLEXIBILITY WITH RE-***
 8 ***SPECT TO MEDICATION-ASSISTED***
 9 ***TREATMENT FOR OPIOID USE DIS-***
 10 ***ORDERS***

11 ***SEC. 3201. ALLOWING FOR MORE FLEXIBILITY WITH RE-***
 12 ***SPECT TO MEDICATION-ASSISTED TREAT-***
 13 ***MENT FOR OPIOID USE DISORDERS.***

14 *(a) CONFORMING APPLICABLE NUMBER.—Subclause*
 15 *(II) of section 303(g)(2)(B)(iii) of the Controlled Substances*
 16 *Act (21 U.S.C. 823(g)(2)(B)(iii)) is amended to read as fol-*
 17 *lows:*

18 *“(II) The applicable number is—*

19 *“(aa) 100 if, not sooner than 1 year after*
 20 *the date on which the practitioner submitted the*
 21 *initial notification, the practitioner submits a*
 22 *second notification to the Secretary of the need*
 23 *and intent of the practitioner to treat up to 100*
 24 *patients;*

“(bb) 100 if the practitioner holds additional credentialing, as defined in section 8.2 of title 42, Code of Federal Regulations (or successor regulations);

“(cc) 100 if the practitioner provides medication-assisted treatment (MAT) using covered medications (as such terms are defined in section 8.2 of title 42, Code of Federal Regulations (or successor regulations)) in a qualified practice setting (as described in section 8.615 of title 42, Code of Federal Regulations (or successor regulations)); or

“(dd) 275 if the practitioner meets the requirements specified in sections 8.610 through 8.655 of title 42, Code of Federal Regulations (or successor regulations).”.

(b) *ELIMINATING ANY TIME LIMITATION FOR NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS TO BECOME QUALIFYING PRACTITIONERS.*—Clause (iii) of section 303(g)(2)(G) of the Controlled Substances Act (21 U.S.C. 823(g)(2)(G)) is amended—

(1) in subclause (I), by striking “or” at the end;

and

(2) by amending subclause (II) to read as follows:

1 “(II) a qualifying other practitioner, as de-
 2 fined in clause (iv), who is a nurse practitioner
 3 or physician assistant; or”.

4 (c) *IMPOSING A TIME LIMITATION FOR CLINICAL*
 5 *NURSE SPECIALISTS, CERTIFIED REGISTERED NURSE AN-*
 6 *ESTHETISTS, AND CERTIFIED NURSE MIDWIVES TO BE-*
 7 *COME QUALIFYING PRACTITIONERS.*—Clause (iii) of section
 8 303(g)(2)(G) of the Controlled Substances Act (21 U.S.C.
 9 823(g)(2)(G)), as amended by subsection (b), is further
 10 amended by adding at the end the following:

11 “(III) for the period beginning on October
 12 1, 2018, and ending on October 1, 2023, a quali-
 13 fying other practitioner, as defined in clause
 14 (iv), who is a clinical nurse specialist, certified
 15 registered nurse anesthetist, or certified nurse
 16 midwife.”.

17 (d) *DEFINITION OF QUALIFYING OTHER PRACTI-*
 18 *TIONER.*—Section 303(g)(2)(G)(iv) of the Controlled Sub-
 19 stances Act (21 U.S.C. 823(g)(2)(G)(iv)) is amended by
 20 striking “nurse practitioner or physician assistant” each
 21 place it appears and inserting “nurse practitioner, clinical
 22 nurse specialist, certified registered nurse anesthetist, cer-
 23 tified nurse midwife, or physician assistant”.

24 (e) *REPORT BY SECRETARY.*—Not later than 2 years
 25 after the date of the enactment of this Act, the Secretary

1 of Health and Human Services, in consultation with the
2 Drug Enforcement Administration, shall submit to Con-
3 gress a report that assesses the care provided by qualifying
4 practitioners (as defined in section 303(g)(2)(G)(iii) of the
5 Controlled Substances Act (21 U.S.C. 823(g)(2)(G)(iii)))
6 who are treating, in the case of physicians, more than 100
7 patients, and in the case of qualifying practitioners who
8 are not physicians, more than 30 patients. Such report
9 shall include recommendations on future applicable patient
10 number levels and limits. In preparing such report, the Sec-
11 retary shall study, with respect to opioid use disorder treat-
12 ment—

13 (1) the average frequency with which qualifying
14 practitioners see their patients;

15 (2) the average frequency with which patients re-
16 ceive counseling, including the rates by which such
17 counseling is provided by such a qualifying practi-
18 tioner directly, or by referral;

19 (3) the frequency of toxicology testing, including
20 the average frequency with which random toxicology
21 testing is administered;

22 (4) the average monthly patient caseload for each
23 type of qualifying practitioner;

24 (5) the treatment retention rates for patients;

25 (6) overdose and mortality rates; and

1 (7) *any available information regarding the di-*
 2 *version of drugs by patients receiving such treatment*
 3 *from such a qualifying practitioner.*

4 **SEC. 3202. MEDICATION-ASSISTED TREATMENT FOR RECOV-**
 5 **ERY FROM SUBSTANCE USE DISORDER.**

6 (a) *WAIVERS FOR MAINTENANCE TREATMENT OR DE-*
 7 *TOXIFICATION.*—*Section 303(g)(2)(G)(ii) of the Controlled*
 8 *Substances Act (21 U.S.C. 823(g)(2)(G)(ii)) is amended by*
 9 *adding at the end the following:*

10 “(VIII) *The physician graduated in good stand-*
 11 *ing from an accredited school of allopathic medicine*
 12 *or osteopathic medicine in the United States during*
 13 *the 5-year period immediately preceding the date on*
 14 *which the physician submits to the Secretary a writ-*
 15 *ten notification under subparagraph (B) and success-*
 16 *fully completed a comprehensive allopathic or osteo-*
 17 *pathic medicine curriculum or accredited medical*
 18 *residency that—*

19 “(aa) *included not less than 8 hours of*
 20 *training on treating and managing opioid-de-*
 21 *pendent patients; and*

22 “(bb) *included, at a minimum—*

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

1 “(BB) training with respect to any
 2 other best practice the Secretary determines
 3 should be included in the curriculum, which
 4 may include training on pain management,
 5 including assessment and appropriate use of
 6 opioid and non-opioid alternatives.”.

7 (b) *TREATMENT FOR CHILDREN.*—The Secretary of
 8 Health and Human Services shall consider ways to ensure
 9 that an adequate number of qualified practitioners, as de-
 10 fined in subparagraph (G)(ii) of section 303(g)(2) of the
 11 Controlled Substances Act (21 U.S.C. 823(g)(2)), who have
 12 a specialty in pediatrics or the treatment of children or ado-
 13 lescents, are granted a waiver under such section 303(g)(2)
 14 to treat children and adolescents with substance use dis-
 15 orders.

16 (c) *TECHNICAL AMENDMENT.*—Section 102(24) of the
 17 Controlled Substances Act (21 U.S.C. 802(24)) is amended
 18 by striking “Health, Education, and Welfare” and insert-
 19 ing “Health and Human Services”.

20 **SEC. 3203. GRANTS TO ENHANCE ACCESS TO SUBSTANCE**
 21 **USE DISORDER TREATMENT.**

22 (a) *IN GENERAL.*—The Secretary of Health and
 23 Human Services shall establish a grant program under
 24 which the Secretary may make grants to accredited schools
 25 of allopathic medicine or osteopathic medicine and teaching

1 *hospitals located in the United States to support the devel-*
 2 *opment of curricula that meet the requirements under sub-*
 3 *clause (VIII) of section 303(g)(2)(G)(ii) of the Controlled*
 4 *Substances Act, as added by section 3202(a) of this Act.*

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

8 **SEC. 3204. DELIVERY OF A CONTROLLED SUBSTANCE BY A**
 9 **PHARMACY TO BE ADMINISTERED BY INJEC-**
 10 **TION OR IMPLANTATION.**

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

14 *“DELIVERY OF A CONTROLLED SUBSTANCE BY A PHARMACY*
 15 *TO AN ADMINISTERING PRACTITIONER*

16 *“SEC. 309A. (a) IN GENERAL.—Notwithstanding sec-*
 17 *tion 102(10), a pharmacy may deliver a controlled sub-*
 18 *stance to a practitioner in accordance with a prescription*
 19 *that meets the requirements of this title and the regulations*
 20 *issued by the Attorney General under this title, for the pur-*
 21 *pose of administering the controlled substance by the practi-*
 22 *tioner if—*

23 *“(1) the controlled substance is delivered by the*
 24 *pharmacy to the prescribing practitioner or the prac-*
 25 *titioner administering the controlled substance, as ap-*

1 *plicable, at the location listed on the practitioner's*
2 *certificate of registration issued under this title;*

3 *“(2) the controlled substance is to be adminis-*
4 *tered for the purpose of maintenance or detoxification*
5 *treatment under section 303(g)(2) and—*

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

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

12 *“(3) the pharmacy and the practitioner are au-*
13 *thorized to conduct the activities specified in this sec-*
14 *tion under the law of the State in which such activi-*
15 *ties take place;*

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

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

24 *“(6) notwithstanding any exceptions under sec-*
25 *tion 307, the prescribing practitioner, and the practi-*

1 *tioner administering the controlled substance, as ap-*
 2 *plicable, maintain complete and accurate records of*
 3 *all controlled substances delivered, received, adminis-*
 4 *tered, or otherwise disposed of under this section, in-*
 5 *cluding the persons to whom controlled substances*
 6 *were delivered and such other information as may be*
 7 *required by regulations of the Attorney General.*

8 *“(b) MODIFICATION OF NUMBER OF DAYS BEFORE*
 9 *WHICH CONTROLLED SUBSTANCE SHALL BE ADMINIS-*
 10 *TERED.—*

11 *“(1) INITIAL 2-YEAR PERIOD.—During the 2-*
 12 *year period beginning on the date of enactment of this*
 13 *section, the Attorney General, in coordination with*
 14 *the Secretary, may reduce the number of days de-*
 15 *scribed in subsection (a)(5) if the Attorney General*
 16 *determines that such reduction will—*

17 *“(A) reduce the risk of diversion; or*

18 *“(B) protect the public health.*

19 *“(2) MODIFICATIONS AFTER SUBMISSION OF RE-*
 20 *PORT.—After the date on which the report described*
 21 *in section 3204(b) of the SUPPORT for Patients and*
 22 *Communities Act is submitted, the Attorney General,*
 23 *in coordination with the Secretary, may modify the*
 24 *number of days described in subsection (a)(5).*

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

4 (b) *STUDY AND REPORT.*—Not later than 2 years after
 5 the date of enactment of this section, the Comptroller Gen-
 6 eral of the United States shall conduct a study and submit
 7 to Congress a report on access to and potential diversion
 8 of controlled substances administered by injection or im-
 9 plantation.

10 (c) *TECHNICAL AND CONFORMING AMENDMENT.*—The
 11 table of contents for the Comprehensive Drug Abuse Preven-
 12 tion and Control Act of 1970 is amended by inserting after
 13 the item relating to section 309 the following:

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

14 **CHAPTER 2—EMPOWERING PHARMACISTS**
 15 **IN THE FIGHT AGAINST OPIOID ABUSE**

16 **SEC. 3211. SHORT TITLE.**

17 This chapter may be cited as the “Empowering Phar-
 18 macists in the Fight Against Opioid Abuse Act”.

19 **SEC. 3212. PROGRAMS AND MATERIALS FOR TRAINING ON**
 20 **CERTAIN CIRCUMSTANCES UNDER WHICH A**
 21 **PHARMACIST MAY DECLINE TO FILL A PRE-**
 22 **SCRIPTION.**

23 (a) *IN GENERAL.*—Not later than 1 year after the date
 24 of enactment of this Act, the Secretary of Health and

1 *Human Services, in consultation with the Administrator*
2 *of the Drug Enforcement Administration, Commissioner of*
3 *Food and Drugs, Director of the Centers for Disease Control*
4 *and Prevention, and Assistant Secretary for Mental Health*
5 *and Substance Use, shall develop and disseminate, as ap-*
6 *propriate, materials for pharmacists, health care providers,*
7 *and patients on—*

8 (1) *circumstances under which a pharmacist*
9 *may, consistent with section 309 of the Controlled*
10 *Substances Act (21 U.S.C. 829) and regulations there-*
11 *under, including section 1306.04 of title 21, Code of*
12 *Federal Regulations, decline to fill a prescription for*
13 *a controlled substance because the pharmacist suspects*
14 *the prescription is fraudulent, forged, or of doubtful,*
15 *questionable, or suspicious origin; and*

16 (2) *other Federal requirements pertaining to de-*
17 *clining to fill a prescription under such cir-*
18 *cumstances, including the partial fill of prescriptions*
19 *for certain controlled substances.*

20 (b) *MATERIALS INCLUDED.—In developing materials*
21 *under subsection (a), the Secretary of Health and Human*
22 *Services shall include information for—*

23 (1) *pharmacists on how to decline to fill a pre-*
24 *scription and actions to take after declining to fill a*
25 *prescription; and*

1 (2) *other health care practitioners and the public*
 2 *on a pharmacist’s ability to decline to fill prescrip-*
 3 *tions in certain circumstances and a description of*
 4 *those circumstances (as described in the materials de-*
 5 *veloped under subsection (a)(1)).*

6 (c) *STAKEHOLDER INPUT.*—*In developing the pro-*
 7 *grams and materials required under subsection (a), the Sec-*
 8 *retary of Health and Human Services shall seek input from*
 9 *relevant national, State, and local associations, boards of*
 10 *pharmacy, medical societies, licensing boards, health care*
 11 *practitioners, and patients, including individuals with*
 12 *chronic pain.*

13 **CHAPTER 3—SAFE DISPOSAL OF UNUSED** 14 **MEDICATION**

15 **SEC. 3221. SHORT TITLE.**

16 *This chapter may be cited as the “Safe Disposal of*
 17 *Unused Medication Act”.*

18 **SEC. 3222. DISPOSAL OF CONTROLLED SUBSTANCES OF A** 19 **HOSPICE PATIENT BY EMPLOYEES OF A** 20 **QUALIFIED HOSPICE PROGRAM.**

21 (a) *IN GENERAL.*—*Subsection (g) of section 302 of the*
 22 *Controlled Substances Act (21 U.S.C. 822) is amended by*
 23 *adding at the end the following:*

24 “(5)(A) *In the case of a person receiving hospice care,*
 25 *an employee of a qualified hospice program, acting within*

1 *the scope of employment, may handle, without being reg-*
 2 *istered under this section, any controlled substance that was*
 3 *lawfully dispensed to the person receiving hospice care, for*
 4 *the purpose of disposal of the controlled substance so long*
 5 *as such disposal occurs onsite in accordance with all appli-*
 6 *cable Federal, State, Tribal, and local law and—*

7 “(i) *the disposal occurs after the death of a per-*
 8 *son receiving hospice care;*

9 “(ii) *the controlled substance is expired; or*

10 “(iii)(I) *the employee is—*

11 “(aa) *the physician of the person re-*
 12 *ceiving hospice care; and*

13 “(bb) *registered under section 303(f);*
 14 *and*

15 “(II) *the hospice patient no longer requires*
 16 *the controlled substance because the plan of care*
 17 *of the hospice patient has been modified.*

18 “(B) *For the purposes of this paragraph:*

19 “(i) *The terms ‘hospice care’ and ‘hospice pro-*
 20 *gram’ have the meanings given to those terms in sec-*
 21 *tion 1861(dd) of the Social Security Act.*

22 “(ii) *The term ‘employee of a qualified hospice*
 23 *program’ means a physician, physician assistant,*
 24 *nurse, or other person who—*

1 “(I) is employed by, or pursuant to ar-
2 rangements made by, a qualified hospice pro-
3 gram;

4 “(II)(aa) is licensed to perform medical or
5 nursing services by the jurisdiction in which the
6 person receiving hospice care was located; and

7 “(bb) is acting within the scope of such em-
8 ployment in accordance with applicable State
9 law; and

10 “(III) has completed training through the
11 qualified hospice program regarding the disposal
12 of controlled substances in a secure and respon-
13 sible manner so as to discourage abuse, misuse,
14 or diversion.

15 “(iii) The term ‘qualified hospice program’
16 means a hospice program that—

17 “(I) has written policies and procedures for
18 assisting in the disposal of the controlled sub-
19 stances of a person receiving hospice care after
20 the person’s death;

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

23 “(aa) provides a copy of the written
24 policies and procedures to the patient or pa-
25 tient representative and family;

1 “(bb) discusses the policies and proce-
2 dures with the patient or representative and
3 the family in a language and manner that
4 they understand to ensure that these parties
5 are educated regarding the safe disposal of
6 controlled substances; and

7 “(cc) documents in the patient’s clin-
8 ical record that the written policies and
9 procedures were provided and discussed;
10 and

11 “(III) at the time following the disposal of
12 the controlled substances—

13 “(aa) documents in the patient’s clin-
14 ical record the type of controlled substance,
15 dosage, route of administration, and quan-
16 tity so disposed; and

17 “(bb) the time, date, and manner in
18 which that disposal occurred.”.

19 (b) *GUIDANCE.*—The Attorney General may issue
20 guidance to hospice programs (as defined in paragraph (5)
21 of section 302(g) of the Controlled Substances Act (21
22 U.S.C. 822(g)), as added by subsection (a)) to assist the
23 programs in satisfying the requirements under such para-
24 graph (5).

1 (c) *RULE OF CONSTRUCTION RELATING TO STATE AND*
 2 *LOCAL LAW.*—*Nothing in this section or the amendments*
 3 *made by this section shall be construed to prevent a State*
 4 *or local government from imposing additional controls or*
 5 *restrictions relating to the regulation of the disposal of con-*
 6 *trolled substances in hospice care or hospice programs.*

7 **SEC. 3223. GAO STUDY AND REPORT ON HOSPICE SAFE**
 8 **DRUG MANAGEMENT.**

9 (a) *STUDY.*—

10 (1) *IN GENERAL.*—*The Comptroller General of*
 11 *the United States (in this section referred to as the*
 12 *“Comptroller General”) shall conduct a study on the*
 13 *requirements applicable to, and challenges of, hospice*
 14 *programs with regard to the management and dis-*
 15 *posal of controlled substances in the home of an indi-*
 16 *vidual.*

17 (2) *CONTENTS.*—*In conducting the study under*
 18 *paragraph (1), the Comptroller General shall in-*
 19 *clude—*

20 (A) *an overview of any challenges encoun-*
 21 *tered by selected hospice programs regarding the*
 22 *disposal of controlled substances, such as opioids,*
 23 *in a home setting, including any key changes in*
 24 *policies, procedures, or best practices for the dis-*
 25 *posal of controlled substances over time; and*

1 (B) a description of Federal requirements,
 2 including requirements under the Medicare pro-
 3 gram, for hospice programs regarding the dis-
 4 posal of controlled substances in a home setting,
 5 and oversight of compliance with those require-
 6 ments.

7 (b) *REPORT*.—Not later than 18 months after the date
 8 of enactment of this Act, the Comptroller General shall sub-
 9 mit to Congress a report containing the results of the study
 10 conducted under subsection (a), together with recommenda-
 11 tions, if any, for such legislation and administrative action
 12 as the Comptroller General determines appropriate.

13 **CHAPTER 4—SPECIAL REGISTRATION FOR**
 14 **TELEMEDICINE CLARIFICATION**

15 **SEC. 3231. SHORT TITLE.**

16 This chapter may be cited as the “Special Registration
 17 for Telemedicine Clarification Act of 2018”.

18 **SEC. 3232. REGULATIONS RELATING TO A SPECIAL REG-**
 19 **ISTRATION FOR TELEMEDICINE.**

20 Section 311(h)(2) of the Controlled Substances Act (21
 21 U.S.C. 831(h)(2)) is amended to read as follows:

22 “(2) *REGULATIONS*.—Not later than 1 year after
 23 the date of enactment of the *SUPPORT for Patients*
 24 and Communities Act, in consultation with the Sec-

1 *retary, the Attorney General shall promulgate final*
 2 *regulations specifying—*

3 *“(A) the limited circumstances in which a*
 4 *special registration under this subsection may be*
 5 *issued; and*

6 *“(B) the procedure for obtaining a special*
 7 *registration under this subsection.”.*

8 **CHAPTER 5—SYNTHETIC ABUSE AND**
 9 **LABELING OF TOXIC SUBSTANCES**

10 **SEC. 3241. CONTROLLED SUBSTANCE ANALOGUES.**

11 *Section 203 of the Controlled Substances Act (21*
 12 *U.S.C. 813) is amended—*

13 *(1) by striking “A controlled” and inserting “(a)*
 14 *IN GENERAL.—A controlled”; and*

15 *(2) by adding at the end the following:*

16 *“(b) DETERMINATION.—In determining whether a con-*
 17 *trolled substance analogue was intended for human con-*
 18 *sumption under subsection (a), the following factors may*
 19 *be considered, along with any other relevant factors:*

20 *“(1) The marketing, advertising, and labeling of*
 21 *the substance.*

22 *“(2) The known efficacy or usefulness of the sub-*
 23 *stance for the marketed, advertised, or labeled pur-*
 24 *pose.*

1 “(3) *The difference between the price at which*
 2 *the substance is sold and the price at which the sub-*
 3 *stance it is purported to be or advertised as is nor-*
 4 *mally sold.*

5 “(4) *The diversion of the substance from legiti-*
 6 *mate channels and the clandestine importation, man-*
 7 *ufacture, or distribution of the substance.*

8 “(5) *Whether the defendant knew or should have*
 9 *known the substance was intended to be consumed by*
 10 *injection, inhalation, ingestion, or any other imme-*
 11 *diate means.*

12 “(6) *Any controlled substance analogue that is*
 13 *manufactured, formulated, sold, distributed, or mar-*
 14 *keted with the intent to avoid the provisions of exist-*
 15 *ing drug laws.*

16 “(c) *LIMITATION.—For purposes of this section, evi-*
 17 *dence that a substance was not marketed, advertised, or la-*
 18 *beled for human consumption, by itself, shall not be suffi-*
 19 *cient to establish that the substance was not intended for*
 20 *human consumption.”.*

21 **CHAPTER 6—ACCESS TO INCREASED** 22 **DRUG DISPOSAL**

23 **SEC. 3251. SHORT TITLE.**

24 *This chapter may be cited as the “Access to Increased*
 25 *Drug Disposal Act of 2018”.*

1 **SEC. 3252. DEFINITIONS.**

2 *In this chapter—*

3 (1) *the term “Attorney General” means the At-*
4 *torney General, acting through the Assistant Attorney*
5 *General for the Office of Justice Programs;*

6 (2) *the term “authorized collector” means a nar-*
7 *cotic treatment program, a hospital or clinic with an*
8 *on-site pharmacy, a retail pharmacy, or a reverse dis-*
9 *tributor, that is authorized as a collector under sec-*
10 *tion 1317.40 of title 21, Code of Federal Regulations*
11 *(or any successor regulation);*

12 (3) *the term “covered grant” means a grant*
13 *awarded under section 3003; and*

14 (4) *the term “eligible collector” means a person*
15 *who is eligible to be an authorized collector.*

16 **SEC. 3253. AUTHORITY TO MAKE GRANTS.**

17 *The Attorney General shall award grants to States to*
18 *enable the States to increase the participation of eligible*
19 *collectors as authorized collectors.*

20 **SEC. 3254. APPLICATION.**

21 *A State desiring a covered grant shall submit to the*
22 *Attorney General an application that, at a minimum—*

23 (1) *identifies the single State agency that over-*
24 *sees pharmaceutical care and will be responsible for*
25 *complying with the requirements of the grant;*

1 (2) details a plan to increase participation rates
2 of eligible collectors as authorized collectors; and
3 (3) describes how the State will select eligible col-
4 lectors to be served under the grant.

5 **SEC. 3255. USE OF GRANT FUNDS.**

6 A State that receives a covered grant, and any sub-
7 recipient of the grant, may use the grant amounts only for
8 the costs of installation, maintenance, training, purchasing,
9 and disposal of controlled substances associated with the
10 participation of eligible collectors as authorized collectors.

11 **SEC. 3256. ELIGIBILITY FOR GRANT.**

12 The Attorney General shall award a covered grant to
13 5 States, not less than 3 of which shall be States in the
14 lowest quartile of States based on the participation rate of
15 eligible collectors as authorized collectors, as determined by
16 the Attorney General.

17 **SEC. 3257. DURATION OF GRANTS.**

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

20 **SEC. 3258. ACCOUNTABILITY AND OVERSIGHT.**

21 A State that receives a covered grant shall submit to
22 the Attorney General a report, at such time and in such
23 manner as the Attorney General may reasonably require,
24 that—

1 (1) lists the ultimate recipients of the grant
2 amounts;

3 (2) describes the activities undertaken by the
4 State using the grant amounts; and

5 (3) contains performance measures relating to
6 the effectiveness of the grant, including changes in the
7 participation rate of eligible collectors as authorized
8 collectors.

9 **SEC. 3259. DURATION OF PROGRAM.**

10 *The Attorney General may award covered grants for*
11 *each of the first 5 fiscal years beginning after the date of*
12 *enactment of this Act.*

13 **SEC. 3260. AUTHORIZATION OF APPROPRIATIONS.**

14 *There is authorized to be appropriated to the Attorney*
15 *General such sums as may be necessary to carry out this*
16 *chapter.*

17 **CHAPTER 7—USING DATA TO PREVENT**
18 **OPIOID DIVERSION**

19 **SEC. 3271. SHORT TITLE.**

20 *This chapter may be cited as the “Using Data To Pre-*
21 *vent Opioid Diversion Act of 2018”.*

22 **SEC. 3272. PURPOSE.**

23 *(a) IN GENERAL.—The purpose of this chapter is to*
24 *provide drug manufacturers and distributors with access to*
25 *anonymized information through the Automated Reports*

1 *and Consolidated Orders System to help drug manufactur-*
 2 *ers and distributors identify, report, and stop suspicious*
 3 *orders of opioids and reduce diversion rates.*

4 (b) *RULE OF CONSTRUCTION.*—*Nothing in this chapter*
 5 *should be construed to absolve a drug manufacturer, drug*
 6 *distributor, or other Drug Enforcement Administration reg-*
 7 *istrant from the responsibility of the manufacturer, dis-*
 8 *tributor, or other registrant to—*

9 (1) *identify, stop, and report suspicious orders;*

10 *or*

11 (2) *maintain effective controls against diversion*
 12 *in accordance with section 303 of the Controlled Sub-*
 13 *stances Act (21 U.S.C. 823) or any successor law or*
 14 *associated regulation.*

15 **SEC. 3273. AMENDMENTS.**

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

19 (1) *by redesignating subsections (f), (g), and (h)*
 20 *as subsections (g), (h), and (i), respectively;*

21 (2) *by inserting after subsection (e) the following:*

22 “(f)(1) *The Attorney General shall, not less frequently*
 23 *than quarterly, make the following information available*
 24 *to manufacturer and distributor registrants through the*
 25 *Automated Reports and Consolidated Orders System, or*

1 *any subsequent automated system developed by the Drug*
2 *Enforcement Administration to monitor selected controlled*
3 *substances:*

4 “(A) *The total number of distributor registrants*
5 *that distribute controlled substances to a pharmacy or*
6 *practitioner registrant, aggregated by the name and*
7 *address of each pharmacy and practitioner registrant.*

8 “(B) *The total quantity and type of opioids dis-*
9 *tributed, listed by Administration Controlled Sub-*
10 *stances Code Number, to each pharmacy and practi-*
11 *tioner registrant described in subparagraph (A).*

12 “(2) *The information required to be made available*
13 *under paragraph (1) shall be made available not later than*
14 *the 30th day of the first month following the quarter to*
15 *which the information relates.*

16 “(3)(A) *All registered manufacturers and distributors*
17 *shall be responsible for reviewing the information made*
18 *available by the Attorney General under this subsection.*

19 “(B) *In determining whether to initiate proceedings*
20 *under this title against a registered manufacturer or dis-*
21 *tributor based on the failure of the registrant to maintain*
22 *effective controls against diversion or otherwise comply with*
23 *the requirements of this title or the regulations issued there-*
24 *under, the Attorney General may take into account that the*

1 *information made available under this subsection was*
2 *available to the registrant.”; and*

3 *(3) by inserting after subsection (i), as so redes-*
4 *ignated, the following:*

5 *“(j) All of the reports required under this section shall*
6 *be provided in an electronic format.”.*

7 *(b) COOPERATIVE ARRANGEMENTS.—Section 503 of*
8 *the Controlled Substances Act (21 U.S.C. 873) is amended*
9 *by striking subsection (c) and inserting the following:*

10 *“(c)(1) The Attorney General shall, once every 6*
11 *months, prepare and make available to regulatory, licens-*
12 *ing, attorneys general, and law enforcement agencies of*
13 *States a standardized report containing descriptive and*
14 *analytic information on the actual distribution patterns,*
15 *as gathered through the Automated Reports and Consoli-*
16 *dated Orders System, or any subsequent automated system,*
17 *pursuant to section 307 and which includes detailed*
18 *amounts, outliers, and trends of distributor and pharmacy*
19 *registrants, in such States for the controlled substances con-*
20 *tained in schedule II, which, in the discretion of the Attor-*
21 *ney General, are determined to have the highest abuse.*

22 *“(2) If the Attorney General publishes the report de-*
23 *scribed in paragraph (1) once every 6 months as required*
24 *under paragraph (1), nothing in this subsection shall be*
25 *construed to bring an action in any court to challenge the*

1 *sufficiency of the information or to compel the Attorney*
 2 *General to produce any documents or reports referred to*
 3 *in this subsection.”.*

4 *(c) CIVIL AND CRIMINAL PENALTIES.—Section 402 of*
 5 *the Controlled Substances Act (21 U.S.C. 842) is amend-*
 6 *ed—*

7 *(1) in subsection (a)—*

8 *(A) in paragraph (15), by striking “or” at*
 9 *the end;*

10 *(B) in paragraph (16), by striking the pe-*
 11 *riod at the end and inserting “; or”; and*

12 *(C) by inserting after paragraph (16) the*
 13 *following:*

14 *“(17) in the case of a registered manufacturer or*
 15 *distributor of opioids, to fail to review the most recent*
 16 *information, directly related to the customers of the*
 17 *manufacturer or distributor, made available by the*
 18 *Attorney General in accordance with section 307(f).”;*
 19 *and*

20 *(2) in subsection (c)—*

21 *(A) in paragraph (1), by striking subpara-*
 22 *graph (B) and inserting the following:*

23 *“(B)(i) Except as provided in clause (ii), in the case*
 24 *of a violation of paragraph (5), (10), or (17) of subsection*
 25 *(a), the civil penalty shall not exceed \$10,000.*

1 “(ii) *In the case of a violation described in clause (i)*
 2 *committed by a registered manufacturer or distributor of*
 3 *opioids and related to the reporting of suspicious orders for*
 4 *opioids, failing to maintain effective controls against diver-*
 5 *sion of opioids, or failing to review the most recent informa-*
 6 *tion made available by the Attorney General in accordance*
 7 *with section 307(f), the penalty shall not exceed \$100,000.”;*
 8 *and*

9 *(B) in paragraph (2)—*

10 *(i) in subparagraph (A), by inserting*

11 *“or (D)” after “subparagraph (B)”;* and

12 *(ii) by adding at the end the following:*

13 “(D) *In the case of a violation described in subpara-*
 14 *graph (A) that was a violation of paragraph (5), (10), or*
 15 *(17) of subsection (a) committed by a registered manufac-*
 16 *turer or distributor of opioids that relates to the reporting*
 17 *of suspicious orders for opioids, failing to maintain effective*
 18 *controls against diversion of opioids, or failing to review*
 19 *the most recent information made available by the Attorney*
 20 *General in accordance with section 307(f), the criminal fine*
 21 *under title 18, United States Code, shall not exceed*
 22 *\$500,000.”.*

23 **SEC. 3274. REPORT.**

24 *Not later than 1 year after the date of enactment of*
 25 *this Act, the Attorney General shall submit to Congress a*

1 *report that provides information about how the Attorney*
 2 *General is using data in the Automation of Reports and*
 3 *Consolidated Orders System to identify and stop suspicious*
 4 *activity, including whether the Attorney General is looking*
 5 *at aggregate orders from individual pharmacies to multiple*
 6 *distributors that in total are suspicious, even if no indi-*
 7 *vidual order rises to the level of a suspicious order to a*
 8 *given distributor.*

9 **CHAPTER 8—OPIOID QUOTA REFORM**

10 **SEC. 3281. SHORT TITLE.**

11 *This chapter may be cited as the “Opioid Quota Re-*
 12 *form Act”.*

13 **SEC. 3282. STRENGTHENING CONSIDERATIONS FOR DEA** 14 **OPIOID QUOTAS.**

15 *(a) IN GENERAL.—Section 306 of the Controlled Sub-*
 16 *stances 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 provided*
 21 *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, estab-*

1 *lish an aggregate or individual production quota under this*
 2 *subsection, or a procurement quota established by the Attor-*
 3 *ney General by regulation, in terms of pharmaceutical dos-*
 4 *age forms prepared from or containing the controlled sub-*
 5 *stance.”;*

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 Attorney*
 14 *General by regulation, for fentanyl, oxycodone,*
 15 *hydrocodone, oxymorphone, or hydromorphone (in this sub-*
 16 *section referred to as a ‘covered controlled substance’), the*
 17 *Attorney General shall estimate the amount of diversion of*
 18 *the covered controlled substance that occurs in the United*
 19 *States.*

20 “(B) *In estimating diversion under this paragraph,*
 21 *the Attorney General—*

22 “(i) *shall consider information the Attorney Gen-*
 23 *eral, in consultation with the Secretary of Health and*
 24 *Human Services, determines reliable on rates of over-*
 25 *dose deaths and abuse and overall public health im-*

1 *pact related to the covered controlled substance in the*
2 *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 cov-*
7 *ered controlled substance, the Attorney General shall make*
8 *appropriate quota reductions, as determined by the Attor-*
9 *ney General, from the quota the Attorney General would*
10 *have otherwise established had such diversion not been con-*
11 *sidered.*

12 *“(2)(A) For any year for which the approved aggregate*
13 *production quota for a covered controlled substance is high-*
14 *er than the approved aggregate production quota for the*
15 *covered controlled substance for the previous year, the Attor-*
16 *ney General, in consultation with the Secretary of Health*
17 *and Human Services, shall include in the final order an*
18 *explanation of why the public health benefits of increasing*
19 *the quota clearly outweigh the consequences of having an*
20 *increased volume of the covered controlled substance avail-*
21 *able for sale, and potential diversion, in the United States.*

22 *“(B) Not later than 1 year after the date of enactment*
23 *of this subsection, and every year thereafter, the Attorney*
24 *General shall submit to the Committee on the Judiciary,*
25 *the Committee on Health, Education, Labor, and Pensions,*

1 *and the Committee on Appropriations of the Senate and*
2 *the Committee on the Judiciary, the Committee on Energy*
3 *and Commerce, and the Committee on Appropriations of*
4 *the House of Representatives the following information with*
5 *regard to each covered controlled substance:*

6 “(i) *An anonymized count of the total number of*
7 *manufacturers issued individual manufacturing*
8 *quotas that year for the covered controlled substance.*

9 “(ii) *An anonymized count of how many such*
10 *manufacturers were issued an approved manufac-*
11 *turing quota that was higher than the quota issued to*
12 *that manufacturer for the covered controlled substance*
13 *in the previous year.*

14 “(3) *Not later than 1 year after the date of enactment*
15 *of this subsection, the Attorney General shall submit to Con-*
16 *gress a report on how the Attorney General, when fixing*
17 *and adjusting production and manufacturing quotas under*
18 *this section for covered controlled substances, will—*

19 “(A) *take into consideration changes in the ac-*
20 *cepted medical use of the covered controlled sub-*
21 *stances; and*

22 “(B) *work with the Secretary of Health and*
23 *Human Services on methods to appropriately and*
24 *anonymously estimate the type and amount of cov-*
25 *ered controlled substances that are submitted for col-*

1 lection from approved drug collection receptacles,
2 mail-back programs, and take-back events.”.

3 (b) *CONFORMING CHANGE.*—*The Law Revision Coun-*
4 *sel is directed to amend the heading for subsection (b) of*
5 *section 826 of title 21, United States Code, by striking*
6 *“PRODUCTION” and inserting “MANUFACTURING”.*

7 **CHAPTER 9—PREVENTING DRUG**
8 **DIVERSION**

9 **SEC. 3291. SHORT TITLE.**

10 *This chapter may be cited as the “Preventing Drug*
11 *Diversion Act of 2018”.*

12 **SEC. 3292. IMPROVEMENTS TO PREVENT DRUG DIVERSION.**

13 (a) *DEFINITION.*—*Section 102 of the Controlled Sub-*
14 *stances Act (21 U.S.C. 802) is amended by adding at the*
15 *end the following:*

16 “(57) *The term ‘suspicious order’ may include,*
17 *but is not limited to—*

18 “(A) *an order of a controlled substance of*
19 *unusual size;*

20 “(B) *an order of a controlled substance de-*
21 *viating substantially from a normal pattern;*
22 *and*

23 “(C) *orders of controlled substances of un-*
24 *usual frequency.”.*

1 (b) *SUSPICIOUS ORDERS.*—*Part C of the Controlled*
 2 *Substances Act (21 U.S.C. 821 et seq.) is amended by add-*
 3 *ing at the end the following:*

4 **“SEC. 312. SUSPICIOUS ORDERS.**

5 “(a) *REPORTING.*—*Each registrant shall—*

6 “(1) *design and operate a system to identify sus-*
 7 *picious orders for the registrant;*

8 “(2) *ensure that the system designed and oper-*
 9 *ated under paragraph (1) by the registrant complies*
 10 *with applicable Federal and State privacy laws; and*

11 “(3) *upon discovering a suspicious order or se-*
 12 *ries of orders, notify the Administrator of the Drug*
 13 *Enforcement Administration and the Special Agent*
 14 *in Charge of the Division Office of the Drug Enforce-*
 15 *ment Administration for the area in which the reg-*
 16 *istrant is located or conducts business.*

17 “(b) *SUSPICIOUS ORDER DATABASE.*—

18 “(1) *IN GENERAL.*—*Not later than 1 year after*
 19 *the date of enactment of this section, the Attorney*
 20 *General shall establish a centralized database for col-*
 21 *lecting reports of suspicious orders.*

22 “(2) *SATISFACTION OF REPORTING REQUIRE-*
 23 *MENTS.*—*If a registrant reports a suspicious order to*
 24 *the centralized database established under paragraph*
 25 *(1), the registrant shall be considered to have com-*

1 plied with the requirement under subsection (a)(3) to
2 notify the Administrator of the Drug Enforcement
3 Administration and the Special Agent in Charge of
4 the Division Office of the Drug Enforcement Adminis-
5 tration for the area in which the registrant is located
6 or conducts business.

7 “(c) *SHARING INFORMATION WITH THE STATES.*—

8 “(1) *IN GENERAL.*—The Attorney General shall
9 prepare and make available information regarding
10 suspicious orders in a State, including information
11 in the database established under subsection (b)(1), to
12 the point of contact for purposes of administrative,
13 civil, and criminal oversight relating to the diversion
14 of controlled substances for the State, as designated by
15 the Governor or chief executive officer of the State.

16 “(2) *TIMING.*—The Attorney General shall pro-
17 vide information in accordance with paragraph (1)
18 within a reasonable period of time after obtaining the
19 information.

20 “(3) *COORDINATION.*—In establishing the process
21 for the provision of information under this subsection,
22 the Attorney General shall coordinate with States to
23 ensure that the Attorney General has access to infor-
24 mation, as permitted under State law, possessed by

1 *the States relating to prescriptions for controlled sub-*
2 *stances that will assist in enforcing Federal law.”.*

3 *(c) REPORTS TO CONGRESS.—*

4 *(1) DEFINITION.—In this subsection, the term*
5 *“suspicious order” has the meaning given that term*
6 *in section 102 of the Controlled Substances Act, as*
7 *amended by this chapter.*

8 *(2) ONE-TIME REPORT.—Not later than 1 year*
9 *after the date of enactment of this Act, the Attorney*
10 *General shall submit to Congress a report on the re-*
11 *porting of suspicious orders, which shall include—*

12 *(A) a description of the centralized database*
13 *established under section 312 of the Controlled*
14 *Substances Act, as added by this section, to col-*
15 *lect reports of suspicious orders;*

16 *(B) a description of the system and reports*
17 *established under section 312 of the Controlled*
18 *Substances Act, as added by this section, to share*
19 *information with States;*

20 *(C) information regarding how the Attorney*
21 *General used reports of suspicious orders before*
22 *the date of enactment of this Act and after the*
23 *date of enactment of this Act, including how the*
24 *Attorney General received the reports and what*

1 *actions were taken in response to the reports;*
2 *and*

3 *(D) descriptions of the data analyses con-*
4 *ducted on reports of suspicious orders to identify,*
5 *analyze, and stop suspicious activity.*

6 (3) *ADDITIONAL REPORTS.*—*Not later than 1*
7 *year after the date of enactment of this Act, and an-*
8 *nually thereafter until the date that is 5 years after*
9 *the date of enactment of this Act, the Attorney Gen-*
10 *eral shall submit to Congress a report providing, for*
11 *the previous year—*

12 *(A) the number of reports of suspicious or-*
13 *ders;*

14 *(B) a summary of actions taken in response*
15 *to reports, in the aggregate, of suspicious orders;*
16 *and*

17 *(C) a description of the information shared*
18 *with States based on reports of suspicious orders.*

19 (4) *ONE-TIME GAO REPORT.*—*Not later than 1*
20 *year after the date of enactment of this Act, the*
21 *Comptroller General of the United States, in consulta-*
22 *tion with the Administrator of the Drug Enforcement*
23 *Administration, shall submit to Congress a report on*
24 *the reporting of suspicious orders, which shall include*
25 *an evaluation of the utility of real-time reporting of*

1 *potential suspicious orders of opioids on a national*
 2 *level using computerized algorithms, including the ex-*
 3 *tent to which such algorithms—*

4 *(A) would help ensure that potentially sus-*
 5 *picious orders are more accurately captured,*
 6 *identified, and reported in real time to suppliers*
 7 *before orders are filled;*

8 *(B) may produce false positives of sus-*
 9 *picious order reports that could result in market*
 10 *disruptions for legitimate orders of opioids; and*

11 *(C) would reduce the overall length of an*
 12 *investigation that prevents the diversion of sus-*
 13 *picious orders of opioids.*

14 ***TITLE IV—OFFSETS***

15 ***SEC. 4001. PROMOTING VALUE IN MEDICAID MANAGED*** 16 ***CARE.***

17 *Section 1903(m) of the Social Security Act (42 U.S.C.*
 18 *1396b(m)), as amended by sections 1013 and 1016, is fur-*
 19 *ther amended by adding at the end the following new para-*
 20 *graph:*

21 *“(9)(A) With respect to expenditures described in sub-*
 22 *paragraph (B) that are incurred by a State for any fiscal*
 23 *year after fiscal year 2020 (and before fiscal year 2024),*
 24 *in determining the pro rata share to which the United*
 25 *States is equitably entitled under subsection (d)(3), the Sec-*

1 *retary shall substitute the Federal medical assistance per-*
 2 *centage that applies for such fiscal year to the State under*
 3 *section 1905(b) (without regard to any adjustments to such*
 4 *percentage applicable under such section or any other pro-*
 5 *vision of law) for the percentage that applies to such ex-*
 6 *penditures under section 1905(y).*

7 “(B) *Expenditures described in this subparagraph,*
 8 *with respect to a fiscal year to which subparagraph (A)*
 9 *applies, are expenditures incurred by a State for payment*
 10 *for medical assistance provided to individuals described in*
 11 *subclause (VIII) of section 1902(a)(10)(A)(i) by a managed*
 12 *care entity, or other specified entity (as defined in subpara-*
 13 *graph (D)(iii)), that are treated as remittances because the*
 14 *State—*

15 “(i) *has satisfied the requirement of section 438.8*
 16 *of title 42, Code of Federal Regulations (or any suc-*
 17 *cessor regulation), by electing—*

18 “(I) *in the case of a State described in sub-*
 19 *paragraph (C), to apply a minimum medical*
 20 *loss ratio (as defined in subparagraph (D)(ii))*
 21 *that is at least 85 percent but not greater than*
 22 *the minimum medical loss ratio (as so defined)*
 23 *that such State applied as of May 31, 2018; or*

1 “(II) in the case of a State not described in
2 subparagraph (C), to apply a minimum medical
3 loss ratio that is equal to 85 percent; and

4 “(ii) recovered all or a portion of the expendi-
5 tures as a result of the entity’s failure to meet such
6 ratio.

7 “(C) For purposes of subparagraph (B), a State de-
8 scribed in this subparagraph is a State that as of May 31,
9 2018, applied a minimum medical loss ratio (as calculated
10 under subsection (d) of section 438.8 of title 42, Code of
11 Federal Regulations (as in effect on June 1, 2018)) for pay-
12 ment for services provided by entities described in such sub-
13 paragraph under the State plan under this title (or a waiv-
14 er of the plan) that is equal to or greater than 85 percent.

15 “(D) For purposes of this paragraph:

16 “(i) The term ‘managed care entity’ means a
17 medicaid managed care organization described in sec-
18 tion 1932(a)(1)(B)(i).

19 “(ii) The term ‘minimum medical loss ratio’
20 means, with respect to a State, a minimum medical
21 loss ratio (as calculated under subsection (d) of sec-
22 tion 438.8 of title 42, Code of Federal Regulations (as
23 in effect on June 1, 2018)) for payment for services
24 provided by entities described in subparagraph (B)

1 *under the State plan under this title (or a waiver of*
 2 *the plan).*

3 “(iii) The term ‘other specified entity’ means—

4 “(I) a prepaid inpatient health plan, as de-
 5 *defined in section 438.2 of title 42, Code of Federal*
 6 *Regulations (or any successor regulation); and*

7 “(II) a prepaid ambulatory health plan, as
 8 *defined in such section (or any successor regula-*
 9 *tion).”.*

10 **SEC. 4002. REQUIRING REPORTING BY GROUP HEALTH**
 11 **PLANS OF PRESCRIPTION DRUG COVERAGE**
 12 **INFORMATION FOR PURPOSES OF IDENTI-**
 13 **FYING PRIMARY PAYER SITUATIONS UNDER**
 14 **THE MEDICARE PROGRAM.**

15 *Clause (i) of section 1862(b)(7)(A) of the Social Secu-*
 16 *rity Act (42 U.S.C. 1395y(b)(7)(A)) is amended to read as*
 17 *follows:*

18 “(i) secure from the plan sponsor and
 19 *plan participants such information as the*
 20 *Secretary shall specify for the purpose of*
 21 *identifying situations where the group*
 22 *health plan is or has been—*

23 “(I) a primary plan to the pro-
 24 *gram under this title; or*

1 “(II) for calendar quarters begin-
 2 ning on or after January 1, 2020, a
 3 primary payer with respect to benefits
 4 relating to prescription drug coverage
 5 under part D; and”.

6 **SEC. 4003. ADDITIONAL RELIGIOUS EXEMPTION FROM**
 7 **HEALTH COVERAGE RESPONSIBILITY RE-**
 8 **QUIREMENT.**

9 (a) *IN GENERAL.*—Section 5000A(d)(2)(A) of the In-
 10 ternal Revenue Code of 1986 is amended to read as follows:

11 “(A) *RELIGIOUS CONSCIENCE EXEMP-*
 12 *TIONS.*—

13 “(i) *IN GENERAL.*—Such term shall
 14 not include any individual for any month
 15 if such individual has in effect an exemp-
 16 tion under section 1311(d)(4)(H) of the Pa-
 17 tient Protection and Affordable Care Act
 18 which certifies that—

19 “(I) such individual is a member
 20 of a recognized religious sect or divi-
 21 sion thereof which is described in sec-
 22 tion 1402(g)(1), and is adherent of es-
 23 tablished tenets or teachings of such
 24 sect or division as described in such
 25 section; or

1 “(II) *such individual is a member*
 2 *of a religious sect or division thereof*
 3 *which is not described in section*
 4 *1402(g)(1), who relies solely on a reli-*
 5 *gious method of healing, and for whom*
 6 *the acceptance of medical health serv-*
 7 *ices would be inconsistent with the reli-*
 8 *gious beliefs of the individual.*

9 “(ii) *SPECIAL RULES.—*

10 “(I) *MEDICAL HEALTH SERVICES*
 11 *DEFINED.—For purposes of this sub-*
 12 *paragraph, the term ‘medical health*
 13 *services’ does not include routine den-*
 14 *tal, vision and hearing services, mid-*
 15 *wifery services, vaccinations, necessary*
 16 *medical services provided to children,*
 17 *services required by law or by a third*
 18 *party, and such other services as the*
 19 *Secretary of Health and Human Serv-*
 20 *ices may provide in implementing sec-*
 21 *tion 1311(d)(4)(H) of the Patient Pro-*
 22 *tection and Affordable Care Act.*

23 “(II) *ATTESTATION REQUIRED.—*
 24 *Clause (i)(II) shall apply to an indi-*
 25 *vidual for months in a taxable year*

1 *only if the information provided by the*
 2 *individual under section 1411(b)(5)(A)*
 3 *of such Act includes an attestation that*
 4 *the individual has not received medical*
 5 *health services during the preceding*
 6 *taxable year.”.*

7 **(b) EFFECTIVE DATE.**—*The amendment made by sub-*
 8 *section (a) shall apply to taxable years beginning after De-*
 9 *cember 31, 2018.*

10 **(c) CONSTRUCTION.**—*Nothing in the amendment made*
 11 *by subsection (a) shall preempt any State law requiring*
 12 *the provision of medical treatment for children, especially*
 13 *those who are seriously ill.*

14 **SEC. 4004. MODERNIZING THE REPORTING OF BIOLOGICAL**
 15 **AND BIOSIMILAR PRODUCTS.**

16 *Subtitle B of title XI of the Medicare Prescription*
 17 *Drug, Improvement, and Modernization Act of 2003 (Public*
 18 *Law 108–173) is amended—*

19 *(1) in section 1111, as amended by section 3(1)*
 20 *of the Patient Right to Know Drug Prices Act—*

21 *(A) in the paragraph (3) inserted by such*
 22 *section 3(1), by striking “an application” and*
 23 *inserting “a biosimilar biological product appli-*
 24 *cation”;*

1 (B) in the paragraph (4) inserted by such
2 section 3(1), by inserting “application” before
3 “under section 351(k) of the Public Health Serv-
4 ice Act”;

5 (C) in the paragraph (5) inserted by such
6 section 3(1), by striking “for licensure of a bio-
7 logical product under section 351(k) of the Pub-
8 lic Health Service Act” and inserting “under
9 section 351(k) of the Public Health Service Act
10 for licensure of a biological product as biosimilar
11 to, or interchangeable with, a reference product”;

12 (D) in paragraph (7), as redesignated and
13 amended by such section 3(1), by striking “or
14 under section 351(a) of the Public Health Service
15 Act” and inserting “or the owner, or exclusive li-
16 censee, of a patent included in a list provided
17 under section 351(l)(3) of the Public Health
18 Service Act”; and

19 (E) in the paragraph (12) added by such
20 section 3(1), by striking “means a brand name
21 drug for which a license is in effect under section
22 351(a)” and inserting “has the meaning given
23 such term in section 351(i)”; and

24 (2) in section 1112, as amended by section 3(2)
25 of the Patient Right to Know Drug Prices Act—

1 (A) in subsection (a)—

2 (i) in paragraph (1), by striking “for
3 which a statement under section
4 351(l)(3)(B)(ii)(I) of the Public Health
5 Service Act has been provided”;

6 (ii) in paragraph (2)—

7 (I) in subparagraph (C)(i), by
8 striking “brand name” and inserting
9 “listed”; and

10 (II) by amending clause (ii) of
11 subparagraph (C) to read as follows:

12 “(ii) any of the time periods referred to
13 in section 351(k)(6) of the Public Health
14 Service Act as such period applies to such
15 biosimilar biological product application or
16 to any other biosimilar biological product
17 application based on the same reference
18 product.”;

19 (B) in subsection (b)—

20 (i) in the subsection heading, by insert-
21 ing “OR BIOSIMILAR BIOLOGICAL PRODUCT
22 APPLICANT” after “APPLICANT”;

23 (ii) in paragraph (1)(B), by striking
24 the first sentence and inserting the fol-
25 lowing: “A biosimilar biological product ap-

1 *plicant that has submitted a biosimilar bio-*
2 *logical product application that references a*
3 *reference product and another biosimilar bi-*
4 *ological product applicant that has sub-*
5 *mitted a biosimilar biological product ap-*
6 *plication that references the same reference*
7 *product shall each file the agreement in ac-*
8 *cordance with subsection (c).”; and*

9 *(iii) in paragraph (2)—*

10 *(I) by striking “2 generic drug*
11 *applicants” and inserting “2 or more*
12 *generic drug applicants”; and*

13 *(II) by striking “or an agreement*
14 *between 2 biosimilar biological product*
15 *applicants regarding the 1-year period*
16 *referred to in section 351(k)(6)(A) of*
17 *the Public Health Service Act as it ap-*
18 *plies to the biosimilar biological prod-*
19 *uct applications with which the agree-*
20 *ment is concerned” and inserting “, an*
21 *agreement between 2 or more bio-*
22 *similar biological product applicants*
23 *regarding a time period referred to in*
24 *section 351(k)(6) of the Public Health*
25 *Service Act as it applies to the bio-*

1 *similar biological product, or an agree-*
 2 *ment between 2 or more biosimilar bio-*
 3 *logical product applicants regarding*
 4 *the manufacture, marketing, or sale of*
 5 *a biosimilar biological product”; and*
 6 (C) in subsection (c)(2), by inserting “were
 7 *entered into within 30 days of,” after “condition*
 8 *for,”.*

9 ***TITLE V—OTHER MEDICAID***
 10 ***PROVISIONS***

11 ***Subtitle A—Mandatory Reporting***
 12 ***With Respect to Adult Behav-***
 13 ***ioral Health Measures***

14 ***SEC. 5001. MANDATORY REPORTING WITH RESPECT TO***
 15 ***ADULT BEHAVIORAL HEALTH MEASURES.***

16 *Section 1139B of the Social Security Act (42 U.S.C.*
 17 *1320b–9b) is amended—*

18 (1) in subsection (b)—

19 (A) in paragraph (3)—

20 (i) by striking “Not later than Janu-

21 *ary 1, 2013” and inserting the following:*

22 “(A) *VOLUNTARY REPORTING.—Not later*
 23 *than January 1, 2013”; and*

24 (ii) by adding at the end the following:

1 “(B) *MANDATORY REPORTING WITH RE-*
 2 *SPECT TO BEHAVIORAL HEALTH MEASURES.—*
 3 *Beginning with the State report required under*
 4 *subsection (d)(1) for 2024, the Secretary shall re-*
 5 *quire States to use all behavioral health meas-*
 6 *ures included in the core set of adult health qual-*
 7 *ity measures and any updates or changes to such*
 8 *measures to report information, using the stand-*
 9 *ardized format for reporting information and*
 10 *procedures developed under subparagraph (A),*
 11 *regarding the quality of behavioral health care*
 12 *for Medicaid eligible adults.”; and*

13 *(B) in paragraph (5), by adding at the end*
 14 *the following new subparagraph:*

15 “(C) *BEHAVIORAL HEALTH MEASURES.—*
 16 *Beginning with respect to State reports required*
 17 *under subsection (d)(1) for 2024, the core set of*
 18 *adult health quality measures maintained under*
 19 *this paragraph (and any updates or changes to*
 20 *such measures) shall include behavioral health*
 21 *measures.”; and*

22 *(2) in subsection (d)(1)(A)—*

23 *(A) by striking “the such plan” and insert-*
 24 *ing “such plan”; and*

(B) by striking “subsection (a)(5)” and inserting “subsection (b)(5) and, beginning with the report for 2024, all behavioral health measures included in the core set of adult health quality measures maintained under such subsection (b)(5) and any updates or changes to such measures (as required under subsection (b)(3))”.

Subtitle B—Medicaid IMD Additional Info

SEC. 5011. SHORT TITLE.

This subtitle may be cited as the “Medicaid Institutes for Mental Disease Are Decisive in Delivering Inpatient Treatment for Individuals but Opportunities for Needed Access are Limited without Information Needed about Facility Obligations Act” or the “Medicaid IMD ADDITIONAL INFO Act”.

SEC. 5012. MACPAC EXPLORATORY STUDY AND REPORT ON INSTITUTIONS FOR MENTAL DISEASES RE- QUIREMENTS AND PRACTICES UNDER MED- ICAID.

(a) *IN GENERAL.*—Not later than January 1, 2020, the Medicaid and CHIP Payment and Access Commission established under section 1900 of the Social Security Act (42 U.S.C. 1396) shall conduct an exploratory study, using data from a representative sample of States, and submit

1 to Congress a report on at least the following information,
2 with respect to services furnished to individuals enrolled
3 under State plans under the Medicaid program under title
4 XIX of such Act (42 U.S.C. 1396 et seq.) (or waivers of
5 such plans) who are patients in institutions for mental dis-
6 eases and for which payment is made through fee-for-service
7 or managed care arrangements under such State plans (or
8 waivers):

9 (1) A description of such institutions for mental
10 diseases in each such State, including at a min-
11 imum—

12 (A) the number of such institutions in the
13 State;

14 (B) the facility type of such institutions in
15 the State; and

16 (C) any coverage limitations under each
17 such State plan (or waiver) on scope, duration,
18 or frequency of such services.

19 (2) With respect to each such institution for
20 mental diseases in each such State, a description of—

21 (A) such services provided at such institu-
22 tion;

23 (B) the process, including any timeframe,
24 used by such institution to clinically assess and
25 reassess such individuals; and

1 (C) the discharge process used by such insti-
2 tution, including any care continuum of relevant
3 services or facilities provided or used in such
4 process.

5 (3) A description of—

6 (A) any Federal waiver that each such
7 State has for such institutions and the Federal
8 statutory authority for such waiver; and

9 (B) any other Medicaid funding sources
10 used by each such State for funding such institu-
11 tions, such as supplemental payments.

12 (4) A summary of State requirements (such as
13 certification, licensure, and accreditation) applied by
14 each such State to such institutions in order for such
15 institutions to receive payment under the State plan
16 (or waiver) and how each such State determines if
17 such requirements have been met.

18 (5) A summary of State standards (such as qual-
19 ity standards, clinical standards, and facility stand-
20 ards) that such institutions must meet to receive pay-
21 ment under such State plans (or waivers) and how
22 each such State determines if such standards have
23 been met.

24 (6) If determined appropriate by the Commis-
25 sion, recommendations for policies and actions by

1 *Congress and the Centers for Medicare & Medicaid*
2 *Services, such as on how State Medicaid programs*
3 *may improve care and improve standards and in-*
4 *cluding a recommendation for how the Centers for*
5 *Medicare & Medicaid Services can improve data col-*
6 *lection from such programs to address any gaps in*
7 *information.*

8 **(b) STAKEHOLDER INPUT.**—*In carrying out subsection*
9 *(a), the Medicaid and CHIP Payment and Access Commis-*
10 *sion shall seek input from State Medicaid directors and*
11 *stakeholders, including at a minimum the Substance Abuse*
12 *and Mental Health Services Administration, Centers for*
13 *Medicare & Medicaid Services, State Medicaid officials,*
14 *State mental health authorities, Medicaid beneficiary advo-*
15 *cates, health care providers, and Medicaid managed care*
16 *organizations.*

17 **(c) DEFINITIONS.**—*In this section:*

18 **(1) REPRESENTATIVE SAMPLE OF STATES.**—*The*
19 *term “representative sample of States” means a non-*
20 *probability sample in which at least two States are*
21 *selected based on the knowledge and professional judg-*
22 *ment of the selector.*

23 **(2) STATE.**—*The term “State” means each of the*
24 *50 States, the District of Columbia, and any com-*
25 *monwealth or territory of the United States.*

1 (3) *INSTITUTION FOR MENTAL DISEASES*.—The
 2 term “institution for mental diseases” has the mean-
 3 ing given such term in section 435.1010 of title 42,
 4 Code of Federal Regulations, or any successor regula-
 5 tion.

6 ***Subtitle C—CHIP Mental Health***
 7 ***and Substance Use Disorder Parity***

8 ***SEC. 5021. SHORT TITLE.***

9 This subtitle may be cited as the “CHIP Mental
 10 Health and Substance Use Disorder Parity Act”.

11 ***SEC. 5022. ENSURING ACCESS TO MENTAL HEALTH AND***
 12 ***SUBSTANCE USE DISORDER SERVICES FOR***
 13 ***CHILDREN AND PREGNANT WOMEN UNDER***
 14 ***THE CHILDREN’S HEALTH INSURANCE PRO-***
 15 ***GRAM.***

16 (a) *IN GENERAL*.—Section 2103(c)(1) of the Social Se-
 17 curity Act (42 U.S.C. 1397cc(c)(1)) is amended by adding
 18 at the end the following new subparagraph:

19 “(E) Mental health and substance use dis-
 20 order services (as defined in paragraph (5)).”.

21 (b) *MENTAL HEALTH AND SUBSTANCE USE DISORDER*
 22 *SERVICES*.—

23 (1) *IN GENERAL*.—Section 2103(c) of the Social
 24 Security Act (42 U.S.C. 1397cc(c)) is amended—

1 (A) by redesignating paragraphs (5), (6),
 2 (7), and (8) as paragraphs (6), (7), (8), and (9),
 3 respectively; and

4 (B) by inserting after paragraph (4) the fol-
 5 lowing new paragraph:

6 “(5) *MENTAL HEALTH AND SUBSTANCE USE DIS-*
 7 *ORDER SERVICES.—Regardless of the type of coverage*
 8 *elected by a State under subsection (a), child health*
 9 *assistance provided under such coverage for targeted*
 10 *low-income children and, in the case that the State*
 11 *elects to provide pregnancy-related assistance under*
 12 *such coverage pursuant to section 2112, such preg-*
 13 *nancy-related assistance for targeted low-income preg-*
 14 *nant women (as defined in section 2112(d)) shall—*

15 “(A) *include coverage of mental health serv-*
 16 *ices (including behavioral health treatment) nec-*
 17 *essary to prevent, diagnose, and treat a broad*
 18 *range of mental health symptoms and disorders,*
 19 *including substance use disorders; and*

20 “(B) *be delivered in a culturally and lin-*
 21 *guistically appropriate manner.”.*

22 (2) *CONFORMING AMENDMENTS.—*

23 (A) *Section 2103(a) of the Social Security*
 24 *Act (42 U.S.C. 1397cc(a)) is amended, in the*
 25 *matter before paragraph (1), by striking “para-*

1 *graphs (5), (6), and (7)” and inserting “para-*
 2 *graphs (5), (6), (7), and (8)”.*

3 *(B) Section 2110(a) of the Social Security*
 4 *Act (42 U.S.C. 1397jj(a)) is amended—*

5 *(i) in paragraph (18), by striking*
 6 *“substance abuse” each place it appears and*
 7 *inserting “substance use”; and*

8 *(ii) in paragraph (19), by striking*
 9 *“substance abuse” and inserting “substance*
 10 *use”.*

11 *(C) Section 2110(b)(5)(A)(i) of the Social*
 12 *Security Act (42 U.S.C. 1397jj(b)(5)(A)(i)) is*
 13 *amended by striking “subsection (c)(5)” and in-*
 14 *serting “subsection (c)(6)”.*

15 *(c) ASSURING ACCESS TO CARE.—Section*
 16 *2102(a)(7)(B) of the Social Security Act (42 U.S.C.*
 17 *1397bb(c)(2)) is amended by striking “section 2103(c)(5)”*
 18 *and inserting “paragraphs (5) and (6) of section 2103(c)”.*

19 *(d) MENTAL HEALTH SERVICES PARITY.—Subpara-*
 20 *graph (A) of paragraph (7) of section 2103(c) of the Social*
 21 *Security Act (42 U.S.C. 1397cc(c)) (as redesignated by sub-*
 22 *section (b)(1)) is amended to read as follows:*

23 *“(A) IN GENERAL.—A State child health*
 24 *plan shall ensure that the financial requirements*
 25 *and treatment limitations applicable to mental*

1 *health and substance use disorder services (as de-*
 2 *scribed in paragraph (5)) provided under such*
 3 *plan comply with the requirements of section*
 4 *2726(a) of the Public Health Service Act in the*
 5 *same manner as such requirements or limita-*
 6 *tions apply to a group health plan under such*
 7 *section.”.*

8 *(e) EFFECTIVE DATE.—*

9 *(1) IN GENERAL.—Subject to paragraph (2), the*
 10 *amendments made by this section shall take effect*
 11 *with respect to child health assistance provided on or*
 12 *after the date that is 1 year after the date of the en-*
 13 *actment of this Act.*

14 *(2) EXCEPTION FOR STATE LEGISLATION.—In*
 15 *the case of a State child health plan under title XXI*
 16 *of the Social Security Act (or a waiver of such plan),*
 17 *which the Secretary of Health and Human Services*
 18 *determines requires State legislation in order for the*
 19 *respective plan (or waiver) to meet any requirement*
 20 *imposed by the amendments made by this section, the*
 21 *respective plan (or waiver) shall not be regarded as*
 22 *failing to comply with the requirements of such title*
 23 *solely on the basis of its failure to meet such an addi-*
 24 *tional requirement before the first day of the first cal-*
 25 *endar quarter beginning after the close of the first*

1 *regular session of the State legislature that begins*
 2 *after the date of enactment of this section. For pur-*
 3 *poses of the previous sentence, in the case of a State*
 4 *that has a 2-year legislative session, each year of the*
 5 *session shall be considered to be a separate regular*
 6 *session of the State legislature.*

7 ***Subtitle D—Medicaid Reentry***

8 ***SEC. 5031. SHORT TITLE.***

9 *This subtitle may be cited as the “Medicaid Reentry*
 10 *Act”.*

11 ***SEC. 5032. PROMOTING STATE INNOVATIONS TO EASE***
 12 ***TRANSITIONS INTEGRATION TO THE COMMU-***
 13 ***NITY FOR CERTAIN INDIVIDUALS.***

14 *(a) STAKEHOLDER GROUP DEVELOPMENT OF BEST*
 15 *PRACTICES; STATE MEDICAID PROGRAM INNOVATION.—*

16 *(1) STAKEHOLDER GROUP BEST PRACTICES.—*
 17 *Not later than 6 months after the date of the enact-*
 18 *ment of this Act, the Secretary of Health and Human*
 19 *Services shall convene a stakeholder group of rep-*
 20 *resentatives of managed care organizations, Medicaid*
 21 *beneficiaries, health care providers, the National Asso-*
 22 *ciation of Medicaid Directors, and other relevant rep-*
 23 *resentatives from local, State, and Federal jail and*
 24 *prison systems to develop best practices (and submit*

1 to the Secretary and Congress a report on such best
2 practices) for States—

3 (A) to ease the health care-related transition
4 of an individual who is an inmate of a public
5 institution from the public institution to the
6 community, including best practices for ensuring
7 continuity of health insurance coverage or cov-
8 erage under the State Medicaid plan under title
9 XIX of the Social Security Act, as applicable,
10 and relevant social services; and

11 (B) to carry out, with respect to such an in-
12 dividual, such health care-related transition not
13 later than 30 days after such individual is re-
14 leased from the public institution.

15 (2) STATE MEDICAID PROGRAM INNOVATION.—
16 The Secretary of Health and Human Services shall
17 work with States on innovative strategies to help in-
18 dividuals who are inmates of public institutions and
19 otherwise eligible for medical assistance under the
20 Medicaid program under title XIX of the Social Secu-
21 rity Act transition, with respect to enrollment for
22 medical assistance under such program, seamlessly to
23 the community.

24 (b) GUIDANCE ON INNOVATIVE SERVICE DELIVERY
25 SYSTEMS DEMONSTRATION PROJECT OPPORTUNITIES.—

1 *Not later than 1 year after the date of the enactment of*
2 *this Act, the Secretary of Health and Human Services,*
3 *through the Administrator of the Centers for Medicare &*
4 *Medicaid Services, shall issue a State Medicaid Director let-*
5 *ter, based on best practices developed under subsection*
6 *(a)(1), regarding opportunities to design demonstration*
7 *projects under section 1115 of the Social Security Act (42*
8 *U.S.C. 1315) to improve care transitions for certain indi-*
9 *viduals who are soon-to-be former inmates of a public insti-*
10 *tution and who are otherwise eligible to receive medical as-*
11 *sistance under title XIX of such Act, including systems for,*
12 *with respect to a period (not to exceed 30 days) immediately*
13 *prior to the day on which such individuals are expected*
14 *to be released from such institution—*

15 *(1) providing assistance and education for en-*
16 *rollment under a State plan under the Medicaid pro-*
17 *gram under title XIX of such Act for such individuals*
18 *during such period; and*

19 *(2) providing health care services for such indi-*
20 *viduals during such period.*

21 *(c) RULE OF CONSTRUCTION.—Nothing under title*
22 *XIX of the Social Security Act or any other provision of*
23 *law precludes a State from reclassifying or suspending*
24 *(rather than terminating) eligibility of an individual for*
25 *medical assistance under title XIX of the Social Security*

1 *Act while such individual is an inmate of a public institu-*
 2 *tion.*

3 ***Subtitle E—Medicaid Partnership***

4 ***SEC. 5041. SHORT TITLE.***

5 *This subtitle may be cited as the “Medicaid Providers*
 6 *Are Required To Note Experiences in Record Systems to*
 7 *Help In-need Patients Act” or the “Medicaid PARTNER-*
 8 *SHIP Act”.*

9 ***SEC. 5042. MEDICAID PROVIDERS ARE REQUIRED TO NOTE*** 10 ***EXPERIENCES IN RECORD SYSTEMS TO HELP*** 11 ***IN-NEED PATIENTS.***

12 *(a) REQUIREMENTS UNDER THE MEDICAID PROGRAM*
 13 *RELATING TO QUALIFIED PRESCRIPTION DRUG MONI-*
 14 *TORING PROGRAMS AND PRESCRIBING CERTAIN CON-*
 15 *TROLLED SUBSTANCES.—Title XIX of the Social Security*
 16 *Act (42 U.S.C. 1396 et seq.) is amended by inserting after*
 17 *section 1943 the following new section:*

18 ***“SEC. 1944. REQUIREMENTS RELATING TO QUALIFIED PRE-*** 19 ***SCRIPTION DRUG MONITORING PROGRAMS*** 20 ***AND PRESCRIBING CERTAIN CONTROLLED*** 21 ***SUBSTANCES.***

22 *“(a) IN GENERAL.—Subject to subsection (d), begin-*
 23 *ning October 1, 2021, a State—*

24 *“(1) shall require each covered provider to check,*
 25 *in accordance with such timing, manner, and form as*

1 *specified by the State, the prescription drug history of*
2 *a covered individual being treated by the covered pro-*
3 *vider through a qualified prescription drug moni-*
4 *toring program described in subsection (b) before pre-*
5 *scribing to such individual a controlled substance;*
6 *and*

7 “(2) *in the case that such a provider is not able*
8 *to conduct such a check despite a good faith effort by*
9 *such provider—*

10 “(A) *shall require the provider to document*
11 *such good faith effort, including the reasons why*
12 *the provider was not able to conduct the check;*
13 *and*

14 “(B) *may require the provider to submit,*
15 *upon request, such documentation to the State.*

16 “(b) *QUALIFIED PRESCRIPTION DRUG MONITORING*
17 *PROGRAM DESCRIBED.—A qualified prescription drug*
18 *monitoring program described in this subsection is, with*
19 *respect to a State, a prescription drug monitoring program*
20 *administered by the State that, at a minimum, satisfies*
21 *each of the following criteria:*

22 “(1) *The program facilitates access by a covered*
23 *provider to, at a minimum, the following information*
24 *with respect to a covered individual, in as close to*
25 *real-time as possible:*

1 “(A) Information regarding the prescription
2 drug history of a covered individual with respect
3 to controlled substances.

4 “(B) The number and type of controlled
5 substances prescribed to and filled for the covered
6 individual during at least the most recent 12-
7 month period.

8 “(C) The name, location, and contact infor-
9 mation (or other identifying number selected by
10 the State, such as a national provider identifier
11 issued by the National Plan and Provider Enu-
12 meration System of the Centers for Medicare &
13 Medicaid Services) of each covered provider who
14 prescribed a controlled substance to the covered
15 individual during at least the most recent 12-
16 month period.

17 “(2) The program facilitates the integration of
18 information described in paragraph (1) into the
19 workflow of a covered provider, which may include
20 the electronic system the covered provider uses to pre-
21 scribe controlled substances.

22 A qualified prescription drug monitoring program de-
23 scribed in this subsection, with respect to a State, may have
24 in place, in accordance with applicable State and Federal
25 law, a data-sharing agreement with the State Medicaid pro-

1 gram that allows the medical director and pharmacy direc-
 2 tor of such program (and any designee of such a director
 3 who reports directly to such director) to access the informa-
 4 tion described in paragraph (1) in an electronic format.
 5 The State Medicaid program under this title may facilitate
 6 reasonable and limited access, as determined by the State
 7 and ensuring documented beneficiary protections regarding
 8 the use of such data, to such qualified prescription drug
 9 monitoring program for the medical director or pharmacy
 10 director of any managed care entity (as defined under sec-
 11 tion 1932(a)(1)(B)) that has a contract with the State
 12 under section 1903(m) or under section 1905(t)(3), or the
 13 medical director or pharmacy director of any entity that
 14 has a contract to manage the pharmaceutical benefit with
 15 respect to individuals enrolled in the State plan (or under
 16 a waiver of the State plan). All applicable State and Fed-
 17 eral security and privacy laws shall apply to the directors
 18 or designees of such directors of any State Medicaid pro-
 19 gram or entity accessing a qualified prescription drug mon-
 20 itoring program under this section.

21 “(c) *APPLICATION OF PRIVACY RULES CLARIFICA-*
 22 *TION.*—The Secretary shall clarify privacy requirements,
 23 including requirements under the regulations promulgated
 24 pursuant to section 264(c) of the Health Insurance Port-
 25 ability and Accountability Act of 1996 (42 U.S.C. 1320d–

1 2 note), related to the sharing of data under subsection (b)
 2 in the same manner as the Secretary is required under sub-
 3 paragraph (J) of section 1860D–4(c)(5) to clarify privacy
 4 requirements related to the sharing of data described in such
 5 subparagraph.

6 “(d) *ENSURING ACCESS*.—In order to ensure reason-
 7 able access to health care, the Secretary shall waive the ap-
 8 plication of the requirement under subsection (a), with re-
 9 spect to a State, in the case of natural disasters and similar
 10 situations, and in the case of the provision of emergency
 11 services (as defined for purposes of section 1860D–
 12 4(c)(5)(D)(ii)(II)).

13 “(e) *REPORTS*.—

14 “(1) *STATE REPORTS*.—Each State shall include
 15 in the annual report submitted to the Secretary under
 16 section 1927(g)(3)(D), beginning with such reports
 17 submitted for 2023, information including, at a min-
 18 imum, the following information for the most recent
 19 12-month period:

20 “(A) The percentage of covered providers (as
 21 determined pursuant to a process established by
 22 the State) who checked the prescription drug his-
 23 tory of a covered individual through a qualified
 24 prescription drug monitoring program described

1 *in subsection (b) before prescribing to such indi-*
2 *vidual a controlled substance.*

3 “(B) *Aggregate trends with respect to pre-*
4 *scribing controlled substances such as—*

5 “(i) *the quantity of daily morphine*
6 *milligram equivalents prescribed for con-*
7 *trolled substances;*

8 “(ii) *the number and quantity of daily*
9 *morphine milligram equivalents prescribed*
10 *for controlled substances per covered indi-*
11 *vidual; and*

12 “(iii) *the types of controlled substances*
13 *prescribed, including the dates of such pre-*
14 *scriptions, the supplies authorized (includ-*
15 *ing the duration of such supplies), and the*
16 *period of validity of such prescriptions, in*
17 *different populations (such as individuals*
18 *who are elderly, individuals with disabil-*
19 *ities, and individuals who are enrolled*
20 *under both this title and title XVIII).*

21 “(C) *Whether or not the State requires (and*
22 *a detailed explanation as to why the State does*
23 *or does not require) pharmacists to check the*
24 *prescription drug history of a covered individual*
25 *through a qualified prescription drug monitoring*

1 *program described in subsection (b) before dis-*
2 *persing a controlled substance to such indi-*
3 *vidual.*

4 *“(D) An accounting of any data or privacy*
5 *breach of a qualified prescription drug moni-*
6 *toring program described in subsection (b), the*
7 *number of covered individuals impacted by each*
8 *such breach, and a description of the steps the*
9 *State has taken to address each such breach, in-*
10 *cluding, to the extent required by State or Fed-*
11 *eral law or otherwise determined appropriate by*
12 *the State, alerting any such impacted individual*
13 *and law enforcement of the breach.*

14 *“(2) REPORT BY CMS.—Not later than October 1,*
15 *2023, the Administrator of the Centers for Medicare*
16 *& Medicaid Services shall publish on the publicly*
17 *available website of the Centers for Medicare & Med-*
18 *icaid Services a report including the following infor-*
19 *mation:*

20 *“(A) Guidance for States on how States can*
21 *increase the percentage of covered providers who*
22 *use qualified prescription drug monitoring pro-*
23 *grams described in subsection (b).*

24 *“(B) Best practices for how States and cov-*
25 *ered providers should use such qualified prescrip-*

1 *tion drug monitoring programs to reduce the oc-*
 2 *currence of abuse of controlled substances.*

3 “(f) *INCREASE TO FMAP AND FEDERAL MATCHING*
 4 *RATES FOR CERTAIN EXPENDITURES RELATING TO QUALI-*
 5 *FIED PRESCRIPTION DRUG MONITORING PROGRAMS.—*

6 “(1) *IN GENERAL.—With respect to a State that*
 7 *meets the condition described in paragraph (2) and*
 8 *any quarter occurring during fiscal year 2019 or fis-*
 9 *cal year 2020, the Federal medical assistance percent-*
 10 *age or Federal matching rate that would otherwise*
 11 *apply to such State under section 1903(a) for such*
 12 *quarter, with respect to expenditures by the State for*
 13 *activities under the State plan (or a waiver of such*
 14 *plan) to design, develop, or implement a prescription*
 15 *drug monitoring program (and to make connections*
 16 *to such program) that satisfies the criteria described*
 17 *in paragraphs (1) and (2) of subsection (b), shall be*
 18 *equal to 100 percent.*

19 “(2) *CONDITION.—The condition described in*
 20 *this paragraph, with respect to a State, is that the*
 21 *State (in this paragraph referred to as the ‘admin-*
 22 *istering State’) has in place agreements with all*
 23 *States that are contiguous to such administering*
 24 *State that, when combined, enable covered providers*
 25 *in all such contiguous States to access, through the*

1 *prescription drug monitoring program, the informa-*
 2 *tion that is described in subsection (b)(1) of covered*
 3 *individuals of such administering State and that cov-*
 4 *ered providers in such administering State are able*
 5 *to access through such program.*

6 “(g) *RULE OF CONSTRUCTION.*—*Nothing in this sec-*
 7 *tion prevents a State from requiring pharmacists to check*
 8 *the prescription drug history of covered individuals through*
 9 *a qualified prescription drug monitoring program before*
 10 *dispensing controlled substances to such individuals.*

11 “(h) *DEFINITIONS.*—*In this section:*

12 “(1) *CONTROLLED SUBSTANCE.*—*The term ‘con-*
 13 *trolled substance’ means a drug that is included in*
 14 *schedule II of section 202(c) of the Controlled Sub-*
 15 *stances Act and, at the option of the State involved,*
 16 *a drug included in schedule III or IV of such section.*

17 “(2) *COVERED INDIVIDUAL.*—*The term ‘covered*
 18 *individual’ means, with respect to a State, an indi-*
 19 *vidual who is enrolled in the State plan (or under a*
 20 *waiver of such plan). Such term does not include an*
 21 *individual who—*

22 “(A) *is receiving—*

23 “(i) *hospice or palliative care; or*

24 “(ii) *treatment for cancer;*

1 “(B) *is a resident of a long-term care facil-*
 2 *ity, of a facility described in section 1905(d), or*
 3 *of another facility for which frequently abused*
 4 *drugs are dispensed for residents through a con-*
 5 *tract with a single pharmacy; or*

6 “(C) *the State elects to treat as exempted*
 7 *from such term.*

8 “(3) *COVERED PROVIDER.—*

9 “(A) *IN GENERAL.—The term ‘covered pro-*
 10 *vider’ means, subject to subparagraph (B), with*
 11 *respect to a State, a health care provider who is*
 12 *participating under the State plan (or waiver of*
 13 *the State plan) and licensed, registered, or other-*
 14 *wise permitted by the State to prescribe a con-*
 15 *trolled substance (or the designee of such pro-*
 16 *vider).*

17 “(B) *EXCEPTIONS.—*

18 “(i) *IN GENERAL.—Beginning October*
 19 *1, 2021, for purposes of this section, such*
 20 *term does not include a health care provider*
 21 *included in any type of health care provider*
 22 *determined by the Secretary to be exempt*
 23 *from application of this section under*
 24 *clause (ii).*

1 “(ii) *EXCEPTIONS PROCESS*.—Not later
 2 than October 1, 2020, the Secretary, after
 3 consultation with the National Association
 4 of Medicaid Directors, national health care
 5 provider associations, Medicaid beneficiary
 6 advocates, and advocates for individuals
 7 with rare diseases, shall determine, based on
 8 such consultations, the types of health care
 9 providers (if any) that should be exempted
 10 from the definition of the term ‘covered pro-
 11 vider’ for purposes of this section.”.

12 (b) *GUIDANCE*.—Not later than October 1, 2019, the
 13 Administrator of the Centers for Medicare & Medicaid Serv-
 14 ices, in consultation with the Director of the Centers for
 15 Disease Control and Prevention, shall issue guidance on
 16 best practices on the uses of prescription drug monitoring
 17 programs required of prescribers and on protecting the pri-
 18 vacy of Medicaid beneficiary information maintained in
 19 and accessed through prescription drug monitoring pro-
 20 grams.

21 (c) *DEVELOPMENT OF MODEL STATE PRACTICES*.—

22 (1) *IN GENERAL*.—Not later than October 1,
 23 2020, the Secretary of Health and Human Services
 24 shall develop and publish model practices to assist
 25 State Medicaid program operations in identifying

1 *and implementing strategies to utilize data-sharing*
2 *agreements described in the matter following para-*
3 *graph (2) of section 1944(b) of the Social Security*
4 *Act, as added by subsection (a), for the following pur-*
5 *poses:*

6 *(A) Monitoring and preventing fraud,*
7 *waste, and abuse.*

8 *(B) Improving health care for individuals*
9 *enrolled in a State plan under title XIX of such*
10 *Act (or under a waiver of such plan) who—*

11 *(i) transition in and out of coverage*
12 *under such title;*

13 *(ii) may have sources of health care*
14 *coverage in addition to coverage under such*
15 *title; or*

16 *(iii) pay for prescription drugs with*
17 *cash.*

18 *(C) Any other purposes specified by the Sec-*
19 *retary.*

20 *(2) ELEMENTS OF MODEL PRACTICES.—The*
21 *model practices described in paragraph (1)—*

22 *(A) shall include strategies for assisting*
23 *States in allowing the medical director or phar-*
24 *macy director (or designees of such a director) of*
25 *managed care organizations or pharmaceutical*

1 *benefit managers to access information with re-*
2 *spect to all covered individuals served by such*
3 *managed care organizations or pharmaceutical*
4 *benefit managers to access as a single data set,*
5 *in an electronic format; and*

6 *(B) shall include any appropriate bene-*
7 *ficiary protections and privacy guidelines.*

8 (3) *CONSULTATION.*—*In developing model prac-*
9 *tices under this subsection, the Secretary shall consult*
10 *with the National Association of Medicaid Directors,*
11 *managed care entities (as defined in section*
12 *1932(a)(1)(B) of the Social Security Act) with con-*
13 *tracts with States pursuant to section 1903(m) of*
14 *such Act, pharmaceutical benefit managers, physi-*
15 *cians and other health care providers, beneficiary ad-*
16 *vocates, and individuals with expertise in health care*
17 *technology related to prescription drug monitoring*
18 *programs and electronic health records.*

19 (d) *REPORT BY COMPTROLLER GENERAL.*—*Not later*
20 *than October 1, 2020, the Comptroller General of the United*
21 *States shall issue a report examining the operation of pre-*
22 *scription drug monitoring programs administered by*
23 *States, including data security and access standards used*
24 *by such programs.*

1 ***Subtitle F—IMD CARE Act***

2 ***SEC. 5051. SHORT TITLE.***

3 *This title may be cited as the “Individuals in Medicaid*
 4 *Deserve Care that is Appropriate and Responsible in its*
 5 *Execution Act” or the “IMD CARE Act”.*

6 ***SEC. 5052. STATE OPTION TO PROVIDE MEDICAID COV-***
 7 ***ERAGE FOR CERTAIN INDIVIDUALS WITH***
 8 ***SUBSTANCE USE DISORDERS WHO ARE PA-***
 9 ***TIENTS IN CERTAIN INSTITUTIONS FOR MEN-***
 10 ***TAL DISEASES.***

11 *(a) IN GENERAL.—Title XIX of the Social Security*
 12 *Act (42 U.S.C. 1396 et seq.), as amended by preceding sec-*
 13 *tions of this Act, is further amended—*

14 *(1) in section 1905(a), in the subdivision (B)*
 15 *that follows paragraph (30), by inserting “(except in*
 16 *the case of services provided under a State plan*
 17 *amendment described in section 1915(l))” before the*
 18 *period; and*

19 *(2) in section 1915, by adding at the end the fol-*
 20 *lowing new subsection:*

21 ***“(l) STATE PLAN AMENDMENT OPTION TO PROVIDE***
 22 ***MEDICAL ASSISTANCE FOR CERTAIN INDIVIDUALS WHO***
 23 ***ARE PATIENTS IN CERTAIN INSTITUTIONS FOR MENTAL***
 24 ***DISEASES.—***

1 “(1) *IN GENERAL.*—*With respect to calendar*
 2 *quarters beginning during the period beginning Octo-*
 3 *ber 1, 2019, and ending September 30, 2023, a State*
 4 *may elect, through a State plan amendment, to pro-*
 5 *vide medical assistance for items and services fur-*
 6 *nished to an eligible individual who is a patient in*
 7 *an eligible institution for mental diseases in accord-*
 8 *ance with the requirements of this subsection.*

9 “(2) *PAYMENTS.*—*Subject to paragraphs (3) and*
 10 *(4), amounts expended under a State plan amend-*
 11 *ment under paragraph (1) for services described in*
 12 *such paragraph furnished, with respect to a 12-month*
 13 *period, to an eligible individual who is a patient in*
 14 *an eligible institution for mental diseases shall be*
 15 *treated as medical assistance for which payment is*
 16 *made under section 1903(a) but only to the extent*
 17 *that such services are furnished for not more than a*
 18 *period of 30 days (whether or not consecutive) during*
 19 *such 12-month period.*

20 “(3) *MAINTENANCE OF EFFORT.*—

21 “(A) *IN GENERAL.*—*As a condition for a*
 22 *State receiving payments under section 1903(a)*
 23 *for medical assistance provided in accordance*
 24 *with this subsection, the State shall (during the*
 25 *period in which it so furnished such medical as-*

1 *sistance through a State plan amendment under*
2 *this subsection) maintain on an annual basis a*
3 *level of funding expended by the State (and po-*
4 *litical subdivisions thereof) other than under this*
5 *title from non-Federal funds for—*

6 *“(i) items and services furnished to eli-*
7 *gible individuals who are patients in eligi-*
8 *ble institutions for mental diseases that is*
9 *not less than the level of such funding for*
10 *such items and services for the most recently*
11 *ended fiscal year as of the date of enactment*
12 *of this subsection or, if higher, for the most*
13 *recently ended fiscal year as of the date the*
14 *State submits a State plan amendment to*
15 *the Secretary to provide such medical as-*
16 *sistance in accordance with this subsection;*
17 *and*

18 *“(ii) items and services (including*
19 *services described in subparagraph (B)) fur-*
20 *nished to eligible individuals in outpatient*
21 *and community-based settings that is not*
22 *less than the level of such funding for such*
23 *items and services for the most recently*
24 *ended fiscal year as of the date of enactment*
25 *of this subsection or, if higher, for the most*

1 *recently ended fiscal year as of the date the*
2 *State submits a State plan amendment to*
3 *the Secretary to provide such medical as-*
4 *sistance in accordance with this subsection.*

5 “(B) *SERVICES DESCRIBED.*—*For purposes*
6 *of subparagraph (A)(ii), services described in*
7 *this subparagraph are the following:*

8 “(i) *Outpatient and community-based*
9 *substance use disorder treatment.*

10 “(ii) *Evidence-based recovery and sup-*
11 *port services.*

12 “(iii) *Clinically-directed therapeutic*
13 *treatment to facilitate recovery skills, re-*
14 *lapse prevention, and emotional coping*
15 *strategies.*

16 “(iv) *Outpatient medication-assisted*
17 *treatment, related therapies, and pharma-*
18 *cology.*

19 “(v) *Counseling and clinical moni-*
20 *toring.*

21 “(vi) *Outpatient withdrawal manage-*
22 *ment and related treatment designed to al-*
23 *leviate acute emotional, behavioral, cog-*
24 *nitive, or biomedical distress resulting from,*

1 *or occurring with, an individual’s use of al-*
2 *cohol and other drugs.*

3 “(vii) *Routine monitoring of medica-*
4 *tion adherence.*

5 “(viii) *Other outpatient and commu-*
6 *nity-based services for the treatment of sub-*
7 *stance use disorders, as designated by the*
8 *Secretary.*

9 “(C) *STATE REPORTING REQUIREMENT.—*

10 “(i) *IN GENERAL.—Prior to approval*
11 *of a State plan amendment under this sub-*
12 *section, as a condition for a State receiving*
13 *payments under section 1903(a) for medical*
14 *assistance provided in accordance with this*
15 *subsection, the State shall report to the Sec-*
16 *retary, in accordance with the process estab-*
17 *lished by the Secretary under clause (ii), the*
18 *information deemed necessary by the Sec-*
19 *retary under such clause.*

20 “(ii) *PROCESS.—Not later than the*
21 *date that is 8 months after the date of en-*
22 *actment of this subsection, the Secretary*
23 *shall establish a process for States to report*
24 *to the Secretary, at such time and in such*
25 *manner as the Secretary deems appropriate,*

1 *such information as the Secretary deems*
2 *necessary to verify a State’s compliance*
3 *with subparagraph (A).*

4 “(4) *ENSURING A CONTINUUM OF SERVICES.—*

5 “(A) *IN GENERAL.—As a condition for a*
6 *State receiving payments under section 1903(a)*
7 *for medical assistance provided in accordance*
8 *with this subsection, the State shall carry out*
9 *each of the requirements described in subpara-*
10 *graphs (B) through (D).*

11 “(B) *NOTIFICATION.—Prior to approval of*
12 *a State plan amendment under this subsection,*
13 *the State shall notify the Secretary of how the*
14 *State will ensure that eligible individuals receive*
15 *appropriate evidence-based clinical screening*
16 *prior to being furnished with items and services*
17 *in an eligible institution for mental diseases, in-*
18 *cluding initial and periodic assessments to deter-*
19 *mine the appropriate level of care, length of stay,*
20 *and setting for such care for each individual.*

21 “(C) *OUTPATIENT SERVICES; INPATIENT*
22 *AND RESIDENTIAL SERVICES.—*

23 “(i) *OUTPATIENT SERVICES.—The*
24 *State shall, at a minimum, provide medical*
25 *assistance for services that could otherwise*

1 *be covered under the State plan, consistent*
2 *with each of the following outpatient levels*
3 *of care:*

4 “(I) *Early intervention for indi-*
5 *viduals who, for a known reason, are*
6 *at risk of developing substance-related*
7 *problems and for individuals for whom*
8 *there is not yet sufficient information*
9 *to document a diagnosable substance*
10 *use disorder.*

11 “(II) *Outpatient services for less*
12 *than 9 hours per week for adults, and*
13 *for less than 6 hours per week for ado-*
14 *lescents, for recovery or motivational*
15 *enhancement therapies and strategies.*

16 “(III) *Intensive outpatient serv-*
17 *ices for 9 hours or more per week for*
18 *adults, and for 6 hours or more per*
19 *week for adolescents, to treat multi-*
20 *dimensional instability.*

21 “(IV) *Partial hospitalization serv-*
22 *ices for 20 hours or more per week for*
23 *adults and adolescents to treat multi-*
24 *dimensional instability that does not*
25 *require 24-hour care.*

1 “(i) *INPATIENT AND RESIDENTIAL*
2 *SERVICES.—The State shall provide medical*
3 *assistance for services that could otherwise*
4 *be covered under the State plan, consistent*
5 *with at least 2 of the following inpatient*
6 *and residential levels of care:*

7 “(I) *Clinically managed, low-in-*
8 *tensity residential services that provide*
9 *adults and adolescents with 24-hour*
10 *living support and structure with*
11 *trained personnel and at least 5 hours*
12 *of clinical service per week per indi-*
13 *vidual.*

14 “(II) *Clinically managed, popu-*
15 *lation-specific, high-intensity residen-*
16 *tial services that provide adults with*
17 *24-hour care with trained counselors to*
18 *stabilize multidimensional imminent*
19 *danger along with less intense milieu*
20 *and group treatment for those with*
21 *cognitive or other impairments unable*
22 *to use full active milieu or therapeutic*
23 *community.*

24 “(III) *Clinically managed, me-*
25 *dium-intensity residential services for*

1 *adolescents, and clinically managed,*
2 *high-intensity residential services for*
3 *adults, that provide 24-hour care with*
4 *trained counselors to stabilize multi-*
5 *dimensional imminent danger and*
6 *preparation for outpatient treatment.*

7 “(IV) *Medically monitored, high-*
8 *intensity inpatient services for adoles-*
9 *cents, and medically monitored, inten-*
10 *sive inpatient services withdrawal*
11 *management for adults, that provide*
12 *24-hour nursing care, make physicians*
13 *available for significant problems in*
14 *Dimensions 1, 2, or 3, and provide*
15 *counseling services 16 hours per day.*

16 “(V) *Medically managed, inten-*
17 *sive inpatient services for adolescents*
18 *and adults that provide 24-hour nurs-*
19 *ing care and daily physician care for*
20 *severe, unstable problems in Dimen-*
21 *sions 1, 2 or 3.*

22 “(D) *TRANSITION OF CARE.—In order to*
23 *ensure an appropriate transition for an eligible*
24 *individual from receiving care in an eligible in-*
25 *stitution for mental diseases to receiving care at*

1 *a lower level of clinical intensity within the con-*
2 *tinuum of care (including outpatient services),*
3 *the State shall ensure that—*

4 “(i) a placement in such eligible insti-
5 *tution for mental diseases would allow for*
6 *an eligible individual’s successful transition*
7 *to the community, considering such factors*
8 *as proximity to an individual’s support*
9 *network (such as family members, employ-*
10 *ment, and counseling and other services*
11 *near an individual’s residence); and*

12 “(ii) all eligible institutions for mental
13 *diseases that furnish items and services to*
14 *individuals for which medical assistance is*
15 *provided under the State plan—*

16 “(I) are able to provide care at
17 *such lower level of clinical intensity; or*

18 “(II) have an established relation-
19 *ship with another facility or provider*
20 *that is able to provide care at such*
21 *lower level of clinical intensity and ac-*
22 *cepts patients receiving medical assist-*
23 *ance under this title under which the*
24 *eligible institution for mental diseases*
25 *may arrange for individuals to receive*

1 *such care from such other facility or*
2 *provider.*

3 “(5) *APPLICATION TO MANAGED CARE.—Pay-*
4 *ments for, and limitations to, medical assistance fur-*
5 *nished in accordance with this subsection shall be in*
6 *addition to and shall not be construed to limit or su-*
7 *persede the ability of States to make monthly capita-*
8 *tion payments to managed care organizations for in-*
9 *dividuals receiving treatment in institutions for men-*
10 *tal diseases in accordance with section 438.6(e) of*
11 *title 42, Code of Federal Regulations (or any suc-*
12 *cessor regulation).*

13 “(6) *OTHER MEDICAL ASSISTANCE.—The provi-*
14 *sion of medical assistance for items and services fur-*
15 *nished to an eligible individual who is a patient in*
16 *an eligible institution for mental diseases in accord-*
17 *ance with the requirements of this subsection shall not*
18 *prohibit Federal financial participation for medical*
19 *assistance for items or services that are provided to*
20 *such eligible individual in or away from the eligible*
21 *institution for mental disease during any period in*
22 *which the eligible individual is receiving items or*
23 *services in accordance with this subsection.*

24 “(7) *DEFINITIONS.—In this subsection:*

1 “(A) *DIMENSIONS 1, 2, OR 3.*—The term
 2 ‘*Dimensions 1, 2, or 3*’ has the meaning given
 3 that term for purposes of the publication of the
 4 *American Society of Addiction Medicine* entitled
 5 ‘*The ASAM Criteria: Treatment Criteria for Ad-*
 6 *dictive Substance-Related, and Co-Occurring*
 7 *Conditions, 2013*’.

8 “(B) *ELIGIBLE INDIVIDUAL.*—The term ‘*eli-*
 9 *gible individual*’ means an individual who—

10 “(i) *with respect to a State, is enrolled*
 11 *for medical assistance under the State plan*
 12 *or a waiver of such plan;*

13 “(ii) *is at least 21 years of age;*

14 “(iii) *has not attained 65 years of age;*

15 *and*

16 “(iv) *has at least 1 substance use dis-*
 17 *order.*

18 “(C) *ELIGIBLE INSTITUTION FOR MENTAL*
 19 *DISEASES.*—The term ‘*eligible institution for*
 20 *mental diseases*’ means an institution for mental
 21 *diseases that—*

22 “(i) *follows reliable, evidence-based*
 23 *practices; and*

24 “(ii) *offers at least 2 forms of medica-*
 25 *tion-assisted treatment for substance use*

5 “(D) INSTITUTION FOR MENTAL DIS-
6 EASES.—The term ‘institution for mental dis-
7 eases’ has the meaning given that term in section
8 1905(i).”.

18 ***Subtitle G—Medicaid Improvement***
19 ***Fund***

21 *Section 1941(b)(1) of the Social Security Act (42*
22 *U.S.C. 1396w-1(b)(1)) is amended by striking “\$0” and*
23 *inserting “\$31,000,000”.*

**TITLE VI—OTHER MEDICARE
PROVISIONS**

**Subtitle A—Testing of Incentive
Payments for Behavioral Health
Providers for Adoption and Use
of Certified Electronic Health
Record Technology**

**SEC. 6001. TESTING OF INCENTIVE PAYMENTS FOR BEHAV-
IORAL HEALTH PROVIDERS FOR ADOPTION
AND USE OF CERTIFIED ELECTRONIC
HEALTH RECORD TECHNOLOGY.**

*Section 1115A(b)(2)(B) of the Social Security Act (42
U.S.C. 1315a(b)(2)(B)) is amended by adding at the end
the following new clause:*

*“(xxv) Providing, for the adoption and
use of certified EHR technology (as defined
in section 1848(o)(4)) to improve the qual-
ity and coordination of care through the
electronic documentation and exchange of
health information, incentive payments to
behavioral health providers (such as psy-
chiatric hospitals (as defined in section
1861(f)), community mental health centers
(as defined in section 1861(ff)(3)(B)), hos-
pitals that participate in a State plan*

1 under title XIX or a waiver of such plan,
 2 treatment facilities that participate in such
 3 a State plan or such a waiver, mental
 4 health or substance use disorder providers
 5 that participate in such a State plan or
 6 such a waiver, clinical psychologists (as de-
 7 fined in section 1861(ii)), nurse practi-
 8 tioners (as defined in section 1861(aa)(5))
 9 with respect to the provision of psychiatric
 10 services, and clinical social workers (as de-
 11 fined in section 1861(hh)(1))).”.

12 ***Subtitle B—Abuse Deterrent Access***

13 ***SEC. 6011. SHORT TITLE.***

14 *This subtitle may be cited at the “Abuse Deterrent Ac-*
 15 *cess Act of 2018”.*

16 ***SEC. 6012. STUDY ON ABUSE-DETERRENT OPIOID FORMULA-*** 17 ***TIONS ACCESS BARRIERS UNDER MEDICARE.***

18 *(a) IN GENERAL.—Not later than 1 year after the date*
 19 *of the enactment of this Act, the Secretary of Health and*
 20 *Human Services shall conduct a study and submit to Con-*
 21 *gress a report on—*

22 *(1) the adequacy of access to abuse-deterrent*
 23 *opioid formulations for individuals with chronic pain*
 24 *enrolled in an MA–PD plan under part C of title*
 25 *XVIII of the Social Security Act or a prescription*

1 *drug plan under part D of such title of such Act, tak-*
2 *ing into account any barriers preventing such indi-*
3 *viduals from accessing such formulations under such*
4 *MA–PD or part D plans, such as cost-sharing tiers,*
5 *fail-first requirements, the price of such formulations,*
6 *and prior authorization requirements; and*

7 *(2) the effectiveness of abuse-deterrent opioid for-*
8 *mulations in preventing opioid abuse or misuse; the*
9 *impact of the use of abuse-deterrent opioid formula-*
10 *tions on the use or abuse of other prescription or il-*
11 *licit opioids (including changes in deaths from such*
12 *opioids); and other public health consequences of the*
13 *use of abuse-deterrent opioid formulations, such as an*
14 *increase in rates of human immunodeficiency virus.*

15 *(b) DEFINITION OF ABUSE-DETERRENT OPIOID FOR-*
16 *MULATION.—In this section, the term “abuse-deterrent*
17 *opioid formulation” means an opioid that is a prodrug or*
18 *that has certain abuse-deterrent properties, such as physical*
19 *or chemical barriers, agonist or antagonist combinations,*
20 *aversion properties, delivery system mechanisms, or other*
21 *features designed to prevent abuse of such opioid.*

1 ***Subtitle C—Medicare Opioid Safety***
 2 ***Education***

3 **SEC. 6021. MEDICARE OPIOID SAFETY EDUCATION.**

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

7 “(d) The notice provided under subsection (a) shall in-
 8 clude—

9 “(1) references to educational resources regarding
 10 opioid use and pain management;

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

14 “(3) a suggestion for the beneficiary to talk to a
 15 physician regarding opioid use and pain manage-
 16 ment.”.

17 (b) *EFFECTIVE DATE.*—The amendment made by sub-
 18 section (a) shall apply to notices distributed prior to each
 19 Medicare open enrollment period beginning after January
 20 1, 2019.

21 ***Subtitle D—Opioid Addiction***
 22 ***Action Plan***

23 **SEC. 6031. SHORT TITLE.**

24 This subtitle may be cited as the “Opioid Addiction
 25 Action Plan Act”.

1 **SEC. 6032. ACTION PLAN ON RECOMMENDATIONS FOR**
 2 **CHANGES UNDER MEDICARE AND MEDICAID**
 3 **TO PREVENT OPIOIDS ADDICTIONS AND EN-**
 4 **HANCE ACCESS TO MEDICATION-ASSISTED**
 5 **TREATMENT.**

6 (a) *IN GENERAL.*—Not later than January 1, 2020,
 7 the Secretary of Health and Human Services (in this sec-
 8 tion referred to as the “Secretary”), in collaboration with
 9 the Pain Management Best Practices Inter-Agency Task
 10 Force convened under section 101(b) of the Comprehensive
 11 Addiction and Recovery Act of 2016 (Public Law 114–198),
 12 shall develop an action plan as described in subsection (b).

13 (b) *ACTION PLAN COMPONENTS.*—The action plan
 14 shall include a review by the Secretary of Medicare and
 15 Medicaid payment and coverage policies that may be
 16 viewed as potential obstacles to an effective response to the
 17 opioid crisis, and recommendations, as determined appro-
 18 priate by the Secretary, on the following:

19 (1) *A review of payment and coverage policies*
 20 *under the Medicare program under title XVIII of the*
 21 *Social Security Act and the Medicaid program under*
 22 *title XIX of such Act, including a review of coverage*
 23 *and payment under such programs of all medication-*
 24 *assisted treatment approved by the Food and Drug*
 25 *Administration related to the treatment of opioid use*
 26 *disorder and other therapies that manage chronic and*

1 *acute pain and treat and minimize risk of opioid*
2 *misuse and abuse, including in such review, payment*
3 *under the Medicare prospective payment system for*
4 *inpatient hospital services under section 1886(d) of*
5 *such Act (42 U.S.C. 1395ww(d)) and the Medicare*
6 *prospective payment system for hospital outpatient*
7 *department services under section 1833(t) of such Act*
8 *(42 U.S.C. 1395I(t)), to determine whether those pay-*
9 *ment policies resulted in incentives or disincentives*
10 *that have contributed to the opioid crisis.*

11 *(2) Recommendations for payment and service*
12 *delivery models to be tested as appropriate by the*
13 *Center for Medicare and Medicaid Innovation and*
14 *other federally authorized demonstration projects, in-*
15 *cluding value-based models, that may encourage the*
16 *use of appropriate medication-assisted treatment ap-*
17 *proved by the Food and Drug Administration for the*
18 *treatment of opioid use disorder and other therapies*
19 *that manage chronic and acute pain and treat and*
20 *minimize risk of opioid misuse and abuse.*

21 *(3) Recommendations for data collection that*
22 *could facilitate research and policy-making regarding*
23 *prevention of opioid use disorder as well as data that*
24 *would aid the Secretary in making coverage and pay-*
25 *ment decisions under the Medicare and Medicaid pro-*

grams related to the access to appropriate opioid dependence treatments.

(4) *A review of Medicare and Medicaid beneficiaries' access to the full range of medication-assisted treatment approved by the Food and Drug Administration for the treatment of opioid use disorder and other therapies that manage chronic and acute pain and treat and minimize risk of opioid misuse and abuse, including access of beneficiaries residing in rural or medically underserved communities.*

(5) *A review of payment and coverage policies under the Medicare program and the Medicaid program related to medical devices that are non-opioid based treatments approved by the Food and Drug Administration for the management of acute pain and chronic pain, for monitoring substance use withdrawal and preventing overdoses of controlled substances, and for treating substance use disorder, including barriers to patient access.*

(c) *STAKEHOLDER MEETINGS.—*

(1) *IN GENERAL.—Beginning not later than 3 months after the date of the enactment of this section, the Secretary shall convene a public stakeholder meeting to solicit public comment on the components of the action plan described in subsection (b).*

1 (2) *PARTICIPANTS.*—*Participants of meetings de-*
2 *scribed in paragraph (1) shall include representatives*
3 *from the Food and Drug Administration and Na-*
4 *tional Institutes of Health, biopharmaceutical indus-*
5 *try members, medical researchers, health care pro-*
6 *viders, the medical device industry, the Medicare pro-*
7 *gram, the Medicaid program, and patient advocates.*

8 (d) *REQUEST FOR INFORMATION.*—*Not later than 3*
9 *months after the date of the enactment of this section, the*
10 *Secretary shall issue a request for information seeking pub-*
11 *lic feedback regarding ways in which the Centers for Medi-*
12 *care & Medicaid Services can help address the opioid crisis*
13 *through the development of and application of the action*
14 *plan.*

15 (e) *REPORT TO CONGRESS.*—*Not later than June 1,*
16 *2020, the Secretary shall submit to Congress, and make*
17 *public, a report that includes—*

18 (1) *a summary of the results of the Secretary's*
19 *review and any recommendations under the action*
20 *plan;*

21 (2) *the Secretary's planned next steps with re-*
22 *spect to the action plan; and*

23 (3) *an evaluation of price trends for drugs used*
24 *to reverse opioid overdoses (such as naloxone), includ-*

1 *ing recommendations on ways to lower such prices for*
 2 *consumers.*

3 (f) *DEFINITION OF MEDICATION-ASSISTED TREAT-*
 4 *MENT.—In this section, the term “medication-assisted treat-*
 5 *ment” includes opioid treatment programs, behavioral ther-*
 6 *apy, and medications to treat substance abuse disorder.*

7 ***Subtitle E—Advancing High Qual-***
 8 ***ity Treatment for Opioid Use***
 9 ***Disorders in Medicare***

10 ***SEC. 6041. SHORT TITLE.***

11 *This subtitle may be cited as the “Advancing High*
 12 *Quality Treatment for Opioid Use Disorders in Medicare*
 13 *Act”.*

14 ***SEC. 6042. OPIOID USE DISORDER TREATMENT DEM-***
 15 ***ONSTRATION PROGRAM.***

16 *Title XVIII of the Social Security Act (42 U.S.C. 1395*
 17 *et seq.) is amended by inserting after section 1866E (42*
 18 *U.S.C. 1395cc–5) the following new section:*

19 ***“SEC. 1866F. OPIOID USE DISORDER TREATMENT DEM-***
 20 ***ONSTRATION PROGRAM.***

21 *“(a) IMPLEMENTATION OF 4-YEAR DEMONSTRATION*
 22 *PROGRAM.—*

23 *“(1) IN GENERAL.—Not later than January 1,*
 24 *2021, the Secretary shall implement a 4-year dem-*
 25 *onstration program under this title (in this section*

1 referred to as the ‘Program’) to increase access of ap-
 2 plicable beneficiaries to opioid use disorder treatment
 3 services, improve physical and mental health out-
 4 comes for such beneficiaries, and to the extent pos-
 5 sible, reduce expenditures under this title. Under the
 6 Program, the Secretary shall make payments under
 7 subsection (e) to participants (as defined in sub-
 8 section (c)(1)(A)) for furnishing opioid use disorder
 9 treatment services delivered through opioid use dis-
 10 order care teams, or arranging for such services to be
 11 furnished, to applicable beneficiaries participating in
 12 the Program.

13 “(2) OPIOID USE DISORDER TREATMENT SERV-
 14 ICES.—For purposes of this section, the term ‘opioid
 15 use disorder treatment services’—

16 “(A) means, with respect to an applicable
 17 beneficiary, services that are furnished for the
 18 treatment of opioid use disorders and that utilize
 19 drugs approved under section 505 of the Federal
 20 Food, Drug, and Cosmetic Act for the treatment
 21 of opioid use disorders in an outpatient setting;
 22 and

23 “(B) includes—

24 “(i) medication-assisted treatment;

25 “(ii) treatment planning;

1 “(iii) psychiatric, psychological, or
2 counseling services (or any combination of
3 such services), as appropriate;

4 “(iv) social support services, as appro-
5 priate; and

6 “(v) care management and care coordi-
7 nation services, including coordination with
8 other providers of services and suppliers not
9 on an opioid use disorder care team.

10 “(b) *PROGRAM DESIGN.*—

11 “(1) *IN GENERAL.*—The Secretary shall design
12 the Program in such a manner to allow for the eval-
13 uation of the extent to which the Program accom-
14 plishes the following purposes:

15 “(A) Reduces hospitalizations and emer-
16 gency department visits.

17 “(B) Increases use of medication-assisted
18 treatment for opioid use disorders.

19 “(C) Improves health outcomes of individ-
20 uals with opioid use disorders, including by re-
21 ducing the incidence of infectious diseases (such
22 as hepatitis C and HIV).

23 “(D) Does not increase the total spending
24 on items and services under this title.

25 “(E) Reduces deaths from opioid overdose.

1 “(F) *Reduces the utilization of inpatient*
 2 *residential treatment.*

3 “(2) *CONSULTATION.—In designing the Pro-*
 4 *gram, including the criteria under subsection*
 5 *(e)(2)(A), the Secretary shall, not later than 3 months*
 6 *after the date of the enactment of this section, consult*
 7 *with specialists in the field of addiction, clinicians in*
 8 *the primary care community, and beneficiary groups.*

9 “(c) *PARTICIPANTS; OPIOID USE DISORDER CARE*
 10 *TEAMS.—*

11 “(1) *PARTICIPANTS.—*

12 “(A) *DEFINITION.—In this section, the term*
 13 *‘participant’ means an entity or individual—*

14 “(i) *that is otherwise enrolled under*
 15 *this title and that is—*

16 “(I) *a physician (as defined in*
 17 *section 1861(r)(1));*

18 “(II) *a group practice comprised*
 19 *of at least one physician described in*
 20 *subclause (I);*

21 “(III) *a hospital outpatient de-*
 22 *partment;*

23 “(IV) *a federally qualified health*
 24 *center (as defined in section*
 25 *1861(aa)(4));*

1 “(V) a rural health clinic (as de-
2 fined in section 1861(aa)(2));

3 “(VI) a community mental health
4 center (as defined in section
5 1861(ff)(3)(B));

6 “(VII) a clinic certified as a cer-
7 tified community behavioral health
8 clinic pursuant to section 223 of the
9 Protecting Access to Medicare Act of
10 2014; or

11 “(VIII) any other individual or
12 entity specified by the Secretary;

13 “(ii) that applied for and was selected
14 to participate in the Program pursuant to
15 an application and selection process estab-
16 lished by the Secretary; and

17 “(iii) that establishes an opioid use
18 disorder care team (as defined in paragraph
19 (2)) through employing or contracting with
20 health care practitioners described in para-
21 graph (2)(A), and uses such team to furnish
22 or arrange for opioid use disorder treatment
23 services in the outpatient setting under the
24 Program.

1 “(B) *PREFERENCE.*—*In selecting partici-*
 2 *pants for the Program, the Secretary shall give*
 3 *preference to individuals and entities that are lo-*
 4 *cated in areas with a prevalence of opioid use*
 5 *disorders that is higher than the national aver-*
 6 *age prevalence.*

7 “(2) *OPIOID USE DISORDER CARE TEAMS.*—

8 “(A) *IN GENERAL.*—*For purposes of this*
 9 *section, the term ‘opioid use disorder care team’*
 10 *means a team of health care practitioners estab-*
 11 *lished by a participant described in paragraph*
 12 *(1)(A) that—*

13 “(i) *shall include—*

14 “(I) *at least one physician (as de-*
 15 *fined in section 1861(r)(1)) furnishing*
 16 *primary care services or addiction*
 17 *treatment services to an applicable*
 18 *beneficiary; and*

19 “(II) *at least one eligible practi-*
 20 *tioner (as defined in paragraph (3)),*
 21 *who may be a physician who meets the*
 22 *criterion in subclause (I); and*

23 “(ii) *may include other practitioners*
 24 *licensed under State law to furnish psy-*

1 *chiatric, psychological, counseling, and so-*
2 *cial services to applicable beneficiaries.*

3 “(B) *REQUIREMENTS FOR RECEIPT OF PAY-*
4 *MENT UNDER PROGRAM.—In order to receive*
5 *payments under subsection (e), each participant*
6 *in the Program shall—*

7 “(i) *furnish opioid use disorder treat-*
8 *ment services through opioid use disorder*
9 *care teams to applicable beneficiaries who*
10 *agree to receive the services;*

11 “(ii) *meet minimum criteria, as estab-*
12 *lished by the Secretary; and*

13 “(iii) *submit to the Secretary, in such*
14 *form, manner, and frequency as specified by*
15 *the Secretary, with respect to each applica-*
16 *ble beneficiary for whom opioid use disorder*
17 *treatment services are furnished by the*
18 *opioid use disorder care team, data and*
19 *such other information as the Secretary de-*
20 *termines appropriate to—*

21 “(I) *monitor and evaluate the*
22 *Program;*

23 “(II) *determine if minimum cri-*
24 *teria are met under clause (ii); and*

1 “(III) determine the incentive
2 payment under subsection (e).

3 “(3) *ELIGIBLE PRACTITIONER DEFINED.*—For
4 purposes of this section, the term ‘eligible practi-
5 tioner’ means a physician or other health care practi-
6 tioner, such as a nurse practitioner, that—

7 “(A) is enrolled under section 1866(j)(1);

8 “(B) is authorized to prescribe or dispense
9 narcotic drugs to individuals for maintenance
10 treatment or detoxification treatment; and

11 “(C) has in effect a waiver in accordance
12 with section 303(g) of the Controlled Substances
13 Act for such purpose and is otherwise in compli-
14 ance with regulations promulgated by the Sub-
15 stance Abuse and Mental Health Services Ad-
16 ministration to carry out such section.

17 “(d) *PARTICIPATION OF APPLICABLE BENE-*
18 *FICIARIES.*—

19 “(1) *APPLICABLE BENEFICIARY DEFINED.*—In
20 this section, the term ‘applicable beneficiary’ means
21 an individual who—

22 “(A) is entitled to, or enrolled for, benefits
23 under part A and enrolled for benefits under
24 part B;

1 “(B) is not enrolled in a Medicare Advan-
2 tage plan under part C;

3 “(C) has a current diagnosis for an opioid
4 use disorder; and

5 “(D) meets such other criteria as the Sec-
6 retary determines appropriate.

7 Such term shall include an individual who is dually
8 eligible for benefits under this title and title XIX if
9 such individual satisfies the criteria described in sub-
10 paragraphs (A) through (D).

11 “(2) VOLUNTARY BENEFICIARY PARTICIPATION;
12 LIMITATION ON NUMBER OF BENEFICIARIES.—An ap-
13 plicable beneficiary may participate in the Program
14 on a voluntary basis and may terminate participa-
15 tion in the Program at any time. Not more than
16 20,000 applicable beneficiaries may participate in the
17 Program at any time.

18 “(3) SERVICES.—In order to participate in the
19 Program, an applicable beneficiary shall agree to re-
20 ceive opioid use disorder treatment services from a
21 participant. Participation under the Program shall
22 not affect coverage of or payment for any other item
23 or service under this title for the applicable bene-
24 ficiary.

1 “(4) *BENEFICIARY ACCESS TO SERVICES.*—*Noth-*
2 *ing in this section shall be construed as encouraging*
3 *providers to limit applicable beneficiary access to*
4 *services covered under this title, and applicable bene-*
5 *ficiaries shall not be required to relinquish access to*
6 *any benefit under this title as a condition of receiving*
7 *services from a participant in the Program.*

8 “(e) *PAYMENTS.*—

9 “(1) *PER APPLICABLE BENEFICIARY PER MONTH*
10 *CARE MANAGEMENT FEE.*—

11 “(A) *IN GENERAL.*—*The Secretary shall es-*
12 *tablish a schedule of per applicable beneficiary*
13 *per month care management fees. Such a per ap-*
14 *plicable beneficiary per month care management*
15 *fee shall be paid to a participant in addition to*
16 *any other amount otherwise payable under this*
17 *title to the health care practitioners in the par-*
18 *ticipant’s opioid use disorder care team or, if*
19 *applicable, to the participant. A participant*
20 *may use such per applicable beneficiary per*
21 *month care management fee to deliver additional*
22 *services to applicable beneficiaries, including*
23 *services not otherwise eligible for payment under*
24 *this title.*

1 “(B) *PAYMENT AMOUNTS.*—*In carrying out*
2 *subparagraph (A), the Secretary may—*

3 “(i) *consider payments otherwise pay-*
4 *able under this title for opioid use disorder*
5 *treatment services and the needs of applica-*
6 *ble beneficiaries;*

7 “(ii) *pay a higher per applicable bene-*
8 *ficiary per month care management fee for*
9 *an applicable beneficiary who receives more*
10 *intensive treatment services from a partici-*
11 *pant and for whom those services are ap-*
12 *propriate based on clinical guidelines for*
13 *opioid use disorder care;*

14 “(iii) *pay a higher per applicable ben-*
15 *eficiary per month care management fee for*
16 *the month in which the applicable bene-*
17 *ficiary begins treatment with a participant*
18 *than in subsequent months, to reflect the*
19 *greater time and costs required for the plan-*
20 *ning and initiation of treatment, as com-*
21 *pared to maintenance of treatment; and*

22 “(iv) *take into account whether a par-*
23 *ticipant’s opioid use disorder care team re-*
24 *fers applicable beneficiaries to other sup-*

1 pliers or providers for any opioid use dis-
2 order treatment services.

3 “(C) NO DUPLICATE PAYMENT.—The Sec-
4 retary shall make payments under this para-
5 graph to only one participant for services fur-
6 nished to an applicable beneficiary during a cal-
7 endar month.

8 “(2) INCENTIVE PAYMENTS.—

9 “(A) IN GENERAL.—Under the Program, the
10 Secretary shall establish a performance-based in-
11 centive payment, which shall be paid (using a
12 methodology established and at a time deter-
13 mined appropriate by the Secretary) to partici-
14 pants based on the performance of participants
15 with respect to criteria, as determined appro-
16 priate by the Secretary, in accordance with sub-
17 paragraph (B).

18 “(B) CRITERIA.—

19 “(i) IN GENERAL.—Criteria described
20 in subparagraph (A) may include consider-
21 ation of the following:

22 “(I) Patient engagement and re-
23 tention in treatment.

24 “(II) Evidence-based medication-
25 assisted treatment.

1 “(III) *Other criteria established*
2 *by the Secretary.*

3 “(ii) *REQUIRED CONSULTATION AND*
4 *CONSIDERATION.—In determining criteria*
5 *described in subparagraph (A), the Sec-*
6 *retary shall—*

7 “(I) *consult with stakeholders, in-*
8 *cluding clinicians in the primary care*
9 *community and in the field of addic-*
10 *tion medicine; and*

11 “(II) *consider existing clinical*
12 *guidelines for the treatment of opioid*
13 *use disorders.*

14 “(C) *NO DUPLICATE PAYMENT.—The Sec-*
15 *retary shall ensure that no duplicate payments*
16 *under this paragraph are made with respect to*
17 *an applicable beneficiary.*

18 “(f) *MULTIPAYER STRATEGY.—In carrying out the*
19 *Program, the Secretary shall encourage other payers to pro-*
20 *vide similar payments and to use similar criteria as ap-*
21 *plied under the Program under subsection (e)(2)(C). The*
22 *Secretary may enter into a memorandum of understanding*
23 *with other payers to align the methodology for payment*
24 *provided by such a payer related to opioid use disorder*

1 *treatment services with such methodology for payment*
2 *under the Program.*

3 “(g) *EVALUATION.*—

4 “(1) *IN GENERAL.*—*The Secretary shall conduct*
5 *an intermediate and final evaluation of the program.*
6 *Each such evaluation shall determine the extent to*
7 *which each of the purposes described in subsection (b)*
8 *have been accomplished under the Program.*

9 “(2) *REPORTS.*—*The Secretary shall submit to*
10 *Congress—*

11 “(A) *a report with respect to the inter-*
12 *mediate evaluation under paragraph (1) not*
13 *later than 3 years after the date of the imple-*
14 *mentation of the Program; and*

15 “(B) *a report with respect to the final eval-*
16 *uation under paragraph (1) not later than 6*
17 *years after such date.*

18 “(h) *FUNDING.*—

19 “(1) *ADMINISTRATIVE FUNDING.*—*For the pur-*
20 *poses of implementing, administering, and carrying*
21 *out the Program (other than for purposes described in*
22 *paragraph (2)), \$5,000,000 shall be available from the*
23 *Federal Supplementary Medical Insurance Trust*
24 *Fund under section 1841.*

1 “(2) *CARE MANAGEMENT FEES AND INCEN-*
 2 *TIVES.—For the purposes of making payments under*
 3 *subsection (e), \$10,000,000 shall be available from the*
 4 *Federal Supplementary Medical Insurance Trust*
 5 *Fund under section 1841 for each of fiscal years 2021*
 6 *through 2024.*

7 “(3) *AVAILABILITY.—Amounts transferred under*
 8 *this subsection for a fiscal year shall be available*
 9 *until expended.*

10 “(i) *WAIVERS.—The Secretary may waive any provi-*
 11 *sion of this title as may be necessary to carry out the Pro-*
 12 *gram under this section.”.*

13 ***Subtitle F—Responsible Education***
 14 ***Achieves Care and Healthy Out-***
 15 ***comes for Users’ Treatment***

16 ***SEC. 6051. SHORT TITLE.***

17 *This subtitle may be cited as the “Responsible Edu-*
 18 *cation Achieves Care and Healthy Outcomes for Users’*
 19 *Treatment Act of 2018” or the “REACH OUT Act of 2018”.*

20 ***SEC. 6052. GRANTS TO PROVIDE TECHNICAL ASSISTANCE***
 21 ***TO OUTLIER PRESCRIBERS OF OPIOIDS.***

22 “(a) *GRANTS AUTHORIZED.—The Secretary of Health*
 23 *and Human Services (in this section referred to as the “Sec-*
 24 *retary”)* shall, through the Centers for Medicare & Medicaid
 25 *Services, award grants, contracts, or cooperative agreements*

1 *to eligible entities for the purposes described in subsection*
2 *(b).*

3 *(b) USE OF FUNDS.—Grants, contracts, and coopera-*
4 *tive agreements awarded under subsection (a) shall be used*
5 *to support eligible entities through technical assistance—*

6 *(1) to educate and provide outreach to outlier*
7 *prescribers of opioids about best practices for pre-*
8 *scribing opioids;*

9 *(2) to educate and provide outreach to outlier*
10 *prescribers of opioids about non-opioid pain manage-*
11 *ment therapies; and*

12 *(3) to reduce the amount of opioid prescriptions*
13 *prescribed by outlier prescribers of opioids.*

14 *(c) APPLICATION.—Each eligible entity seeking to re-*
15 *ceive a grant, contract, or cooperative agreement under sub-*
16 *section (a) shall submit to the Secretary an application,*
17 *at such time, in such manner, and containing such infor-*
18 *mation as the Secretary may require.*

19 *(d) GEOGRAPHIC DISTRIBUTION.—In awarding*
20 *grants, contracts, and cooperative agreements under this*
21 *section, the Secretary shall prioritize establishing technical*
22 *assistance resources in each State.*

23 *(e) DEFINITIONS.—In this section:*

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

1 (A) *an organization—*

2 (i) *that has demonstrated experience*
 3 *providing technical assistance to health care*
 4 *professionals on a State or regional basis;*
 5 *and*

6 (ii) *that has at least—*

7 (I) *one individual who is a rep-*
 8 *resentative of consumers on its gov-*
 9 *erning body; and*

10 (II) *one individual who is a rep-*
 11 *resentative of health care providers on*
 12 *its governing body; or*

13 (B) *an entity that is a quality improvement*
 14 *entity with a contract under part B of title XI*
 15 *of the Social Security Act (42 U.S.C. 1320c et*
 16 *seq.).*

17 (2) *OUTLIER PRESCRIBER OF OPIOIDS.—The*
 18 *term “outlier prescriber of opioids” means, with re-*
 19 *spect to a period, a prescriber identified by the Sec-*
 20 *retary under subparagraph (D)(ii) of section 1860D–*
 21 *4(c)(4) of the Social Security Act (42 U.S.C. 1395w–*
 22 *104(c)(4)), as added by section 6065 of this Act, to be*
 23 *an outlier prescriber of opioids for such period.*

24 (3) *PRESCRIBERS.—The term “prescriber”*
 25 *means any health care professional, including a nurse*

1 practitioner or physician assistant, who is licensed to
 2 prescribe opioids by the State or territory in which
 3 such professional practices.

4 (f) *FUNDING.*—For purposes of implementing this sec-
 5 tion, \$75,000,000 shall be available from the Federal Sup-
 6 plementary Medical Insurance Trust Fund under section
 7 1841 of the Social Security Act (42 U.S.C. 1395t), to re-
 8 main available until expended.

9 ***Subtitle G—Preventing Addiction***
 10 ***for Susceptible Seniors***

11 ***SEC. 6061. SHORT TITLE.***

12 This subtitle may be cited as the “Preventing Addic-
 13 tion for Susceptible Seniors Act of 2018” or the “PASS Act
 14 of 2018”.

15 ***SEC. 6062. ELECTRONIC PRIOR AUTHORIZATION FOR COV-***
 16 ***ERED PART D DRUGS.***

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

20 “(E) *ELECTRONIC PRIOR AUTHORIZA-*
 21 *TION.*—

22 “(i) *IN GENERAL.*—Not later than Jan-
 23 uary 1, 2021, the program shall provide for
 24 the secure electronic transmission of—

1 “(I) a prior authorization request
2 from the prescribing health care profes-
3 sional for coverage of a covered part D
4 drug for a part D eligible individual
5 enrolled in a part D plan (as defined
6 in section 1860D–23(a)(5)) to the PDP
7 sponsor or Medicare Advantage organi-
8 zation offering such plan; and

9 “(II) a response, in accordance
10 with this subparagraph, from such
11 PDP sponsor or Medicare Advantage
12 organization, respectively, to such pro-
13 fessional.

14 “(ii) *ELECTRONIC TRANSMISSION.*—

15 “(I) *EXCLUSIONS.*—For purposes
16 of this subparagraph, a facsimile, a
17 proprietary payer portal that does not
18 meet standards specified by the Sec-
19 retary, or an electronic form shall not
20 be treated as an electronic trans-
21 mission described in clause (i).

22 “(II) *STANDARDS.*—In order to be
23 treated, for purposes of this subpara-
24 graph, as an electronic transmission
25 described in clause (i), such trans-

1 mission shall comply with technical
2 standards adopted by the Secretary in
3 consultation with the National Council
4 for Prescription Drug Programs, other
5 standard setting organizations deter-
6 mined appropriate by the Secretary,
7 and stakeholders including PDP spon-
8 sors, Medicare Advantage organiza-
9 tions, health care professionals, and
10 health information technology software
11 vendors.

12 “(III) APPLICATION.—Notwith-
13 standing any other provision of law,
14 for purposes of this subparagraph, the
15 Secretary may require the use of such
16 standards adopted under subclause (II)
17 in lieu of any other applicable stand-
18 ards for an electronic transmission de-
19 scribed in clause (i) for a covered part
20 D drug for a part D eligible indi-
21 vidual.”.

1 **SEC. 6063. PROGRAM INTEGRITY TRANSPARENCY MEAS-**
2 **URES UNDER MEDICARE PARTS C AND D.**

3 (a) *IN GENERAL.*—Section 1859 of the Social Security
4 Act (42 U.S.C. 1395w–28) is amended by adding at the
5 end the following new subsection:

6 “(i) *PROGRAM INTEGRITY TRANSPARENCY MEAS-*
7 *URES.*—

8 “(1) *PROGRAM INTEGRITY PORTAL.*—

9 “(A) *IN GENERAL.*—Not later than 2 years
10 after the date of the enactment of this subsection,
11 the Secretary shall, after consultation with stake-
12 holders, establish a secure internet website portal
13 (or other successor technology) that would allow
14 a secure path for communication between the
15 Secretary, MA plans under this part, prescrip-
16 tion drug plans under part D, and an eligible
17 entity with a contract under section 1893 (such
18 as a Medicare drug integrity contractor or an
19 entity responsible for carrying out program in-
20 tegrity activities under this part and part D) for
21 the purpose of enabling through such portal (or
22 other successor technology)—

23 “(i) the referral by such plans of sub-
24 stantiated or suspicious activities, as de-
25 fined by the Secretary, of a provider of serv-
26 ices (including a prescriber) or supplier re-

1 lated to fraud, waste, and abuse for initi-
2 ating or assisting investigations conducted
3 by the eligible entity; and

4 “(ii) data sharing among such MA
5 plans, prescription drug plans, and the Sec-
6 retary.

7 “(B) *REQUIRED USES OF PORTAL.*—The
8 Secretary shall disseminate the following infor-
9 mation to MA plans under this part and pre-
10 scription drug plans under part D through the
11 secure internet website portal (or other successor
12 technology) established under subparagraph (A):

13 “(i) Providers of services and suppliers
14 that have been referred pursuant to sub-
15 paragraph (A)(i) during the previous 12-
16 month period.

17 “(ii) Providers of services and sup-
18 pliers who are the subject of an active exclu-
19 sion under section 1128 or who are subject
20 to a suspension of payment under this title
21 pursuant to section 1862(o) or otherwise.

22 “(iii) Providers of services and sup-
23 pliers who are the subject of an active rev-
24 ocation of participation under this title, in-

cluding for not satisfying conditions of participation.

“(iv) In the case of such a plan that makes a referral under subparagraph (A)(i) through the portal (or other successor technology) with respect to activities of substantiated or suspicious activities of fraud, waste, or abuse of a provider of services (including a prescriber) or supplier, if such provider (including a prescriber) or supplier has been the subject of an administrative action under this title or title XI with respect to similar activities, a notification to such plan of such action so taken.

“(C) RULEMAKING.—For purposes of this paragraph, the Secretary shall, through rulemaking, specify what constitutes substantiated or suspicious activities of fraud, waste, and abuse, using guidance such as what is provided in the Medicare Program Integrity Manual 4.8. In carrying out this subsection, a fraud hotline tip (as defined by the Secretary) without further evidence shall not be treated as sufficient evidence for substantiated fraud, waste, or abuse.

1 “(D) *HIPAA COMPLIANT INFORMATION*
2 *ONLY.—For purposes of this subsection, commu-*
3 *nications may only occur if the communications*
4 *are permitted under the Federal regulations*
5 *(concerning the privacy of individually identifi-*
6 *able health information) promulgated under sec-*
7 *tion 264(c) of the Health Insurance Portability*
8 *and Accountability Act of 1996.*

9 “(2) *QUARTERLY REPORTS.—Beginning not*
10 *later than 2 years after the date of the enactment of*
11 *this subsection, the Secretary shall make available to*
12 *MA plans under this part and prescription drug*
13 *plans under part D in a timely manner (but no less*
14 *frequently than quarterly) and using information*
15 *submitted to an entity described in paragraph (1)*
16 *through the portal (or other successor technology) de-*
17 *scribed in such paragraph or pursuant to section*
18 *1893, information on fraud, waste, and abuse schemes*
19 *and trends in identifying suspicious activity. Infor-*
20 *mation included in each such report shall—*

21 “(A) *include administrative actions, perti-*
22 *nent information related to opioid overpre-*
23 *scribing, and other data determined appropriate*
24 *by the Secretary in consultation with stake-*
25 *holders; and*

1 “(B) be anonymized information submitted
2 by plans without identifying the source of such
3 information.

4 “(3) CLARIFICATION.—Nothing in this subsection
5 shall preclude or otherwise affect referrals to the In-
6 specter General of the Department of Health and
7 Human Services or other law enforcement entities.”.

8 (b) CONTRACT REQUIREMENT TO COMMUNICATE PLAN
9 CORRECTIVE ACTIONS AGAINST OPIOIDS OVER-PRE-
10 SCRIBERS.—Section 1857(e) of the Social Security Act (42
11 U.S.C. 1395w–27(e)) is amended by adding at the end the
12 following new paragraph:

13 “(5) COMMUNICATING PLAN CORRECTIVE AC-
14 TIONS AGAINST OPIOIDS OVER-PRESCRIBERS.—

15 “(A) IN GENERAL.—Beginning with plan
16 years beginning on or after January 1, 2021, a
17 contract under this section with an MA organi-
18 zation shall require the organization to submit to
19 the Secretary, through the process established
20 under subparagraph (B), information on the in-
21 vestigations, credible evidence of suspicious ac-
22 tivities of a provider of services (including a pre-
23 scriber) or supplier related to fraud, and other
24 actions taken by such plans related to inappro-
25 priate prescribing of opioids.

1 “(B) *PROCESS*.—Not later than January 1,
 2 2021, the Secretary shall, in consultation with
 3 stakeholders, establish a process under which MA
 4 plans and prescription drug plans shall submit
 5 to the Secretary information described in sub-
 6 paragraph (A).

7 “(C) *REGULATIONS*.—For purposes of this
 8 paragraph, including as applied under section
 9 1860D–12(b)(3)(D), the Secretary shall, pursu-
 10 ant to rulemaking—

11 “(i) specify a definition for the term
 12 ‘inappropriate prescribing’ and a method
 13 for determining if a provider of services
 14 prescribes inappropriate prescribing; and

15 “(ii) establish the process described in
 16 subparagraph (B) and the types of informa-
 17 tion that shall be submitted through such
 18 process.”.

19 (c) *REFERENCE UNDER PART D TO PROGRAM INTEG-*
 20 *RITY TRANSPARENCY MEASURES*.—Section 1860D–4 of the
 21 Social Security Act (42 U.S.C. 1395w–104) is amended by
 22 adding at the end the following new subsection:

23 “(m) *PROGRAM INTEGRITY TRANSPARENCY MEAS-*
 24 *URES*.—For program integrity transparency measures ap-

1 *plied with respect to prescription drug plan and MA plans,*
 2 *see section 1859(i).”.*

3 **SEC. 6064. EXPANDING ELIGIBILITY FOR MEDICATION**
 4 **THERAPY MANAGEMENT PROGRAMS UNDER**
 5 **PART D.**

6 *Section 1860D–4(c)(2)(A)(ii) of the Social Security*
 7 *Act (42 U.S.C. 1395w–104(c)(2)(A)(ii)) is amended—*

8 *(1) by redesignating subclauses (I) through (III)*
 9 *as items (aa) through (cc), respectively, and adjusting*
 10 *the margins accordingly;*

11 *(2) by striking “are part D eligible individuals*
 12 *who—” and inserting “are the following:*

13 *“(I) Part D eligible individuals*
 14 *who—”; and*

15 *(3) by adding at the end the following new sub-*
 16 *clause:*

17 *“(II) Beginning January 1, 2021,*
 18 *at-risk beneficiaries for prescription*
 19 *drug abuse (as defined in paragraph*
 20 *(5)(C)).”.*

21 **SEC. 6065. COMMIT TO OPIOID MEDICAL PRESCRIBER AC-**
 22 **COUNTABILITY AND SAFETY FOR SENIORS.**

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

1 “(D) *NOTIFICATION AND ADDITIONAL RE-*
2 *QUIREMENTS WITH RESPECT TO OUTLIER PRE-*
3 *SCRIBERS OF OPIOIDS.*—

4 “(i) *NOTIFICATION.*—*Not later than*
5 *January 1, 2021, the Secretary shall, in the*
6 *case of a prescriber identified by the Sec-*
7 *retary under clause (ii) to be an outlier pre-*
8 *scriber of opioids, provide, subject to clause*
9 *(iv), an annual notification to such pre-*
10 *scriber that such prescriber has been so*
11 *identified and that includes resources on*
12 *proper prescribing methods and other infor-*
13 *mation as specified in accordance with*
14 *clause (iii).*

15 “(ii) *IDENTIFICATION OF OUTLIER*
16 *PRESCRIBERS OF OPIOIDS.*—

17 “(I) *IN GENERAL.*—*The Secretary*
18 *shall, subject to subclause (III), using*
19 *the valid prescriber National Provider*
20 *Identifiers included pursuant to sub-*
21 *paragraph (A) on claims for covered*
22 *part D drugs for part D eligible indi-*
23 *viduals enrolled in prescription drug*
24 *plans under this part or MA–PD plans*
25 *under part C and based on the thresh-*

1 *olds established under subclause (II),*
2 *identify prescribers that are outlier*
3 *opioids prescribers for a period of time*
4 *specified by the Secretary.*

5 “(II) ESTABLISHMENT OF
6 THRESHOLDS.—For purposes of sub-
7 clause (I) and subject to subclause
8 (III), the Secretary shall, after con-
9 sultation with stakeholders, establish
10 thresholds, based on prescriber spe-
11 cialty and geographic area, for identi-
12 fying whether a prescriber in a spe-
13 cialty and geographic area is an
14 outlier prescriber of opioids as com-
15 pared to other prescribers of opioids
16 within such specialty and area.

17 “(III) EXCLUSIONS.—The fol-
18 lowing shall not be included in the
19 analysis for identifying outlier pre-
20 scribers of opioids under this clause:

21 “(aa) Claims for covered
22 part D drugs for part D eligible
23 individuals who are receiving hos-
24 pice care under this title.

1 “(bb) *Claims for covered part*
2 *D drugs for part D eligible indi-*
3 *viduals who are receiving oncol-*
4 *ogy services under this title.*

5 “(cc) *Prescribers who are the*
6 *subject of an investigation by the*
7 *Centers for Medicare & Medicaid*
8 *Services or the Inspector General*
9 *of the Department of Health and*
10 *Human Services.*

11 “(iii) *CONTENTS OF NOTIFICATION.—*
12 *The Secretary shall include the following in-*
13 *formation in the notifications provided*
14 *under clause (i):*

15 “(I) *Information on how such pre-*
16 *scriber compares to other prescribers*
17 *within the same specialty and geo-*
18 *graphic area.*

19 “(II) *Information on opioid pre-*
20 *scribing guidelines, based on input*
21 *from stakeholders, that may include the*
22 *Centers for Disease Control and Pre-*
23 *vention guidelines for prescribing*
24 *opioids for chronic pain and guidelines*
25 *developed by physician organizations.*

1 “(III) *Other information deter-*
2 *mined appropriate by the Secretary.*

3 “(iv) *MODIFICATIONS AND EXPAN-*
4 *SIONS.—*

5 “(I) *FREQUENCY.—Beginning 5*
6 *years after the date of the enactment of*
7 *this subparagraph, the Secretary may*
8 *change the frequency of the notifica-*
9 *tions described in clause (i) based on*
10 *stakeholder input and changes in*
11 *opioid prescribing utilization and*
12 *trends.*

13 “(II) *EXPANSION TO OTHER PRE-*
14 *SCRIPTIONS.—The Secretary may ex-*
15 *pand notifications under this subpara-*
16 *graph to include identifications and*
17 *notifications with respect to concurrent*
18 *prescriptions of covered Part D drugs*
19 *used in combination with opioids that*
20 *are considered to have adverse side ef-*
21 *fects when so used in such combina-*
22 *tion, as determined by the Secretary.*

23 “(v) *ADDITIONAL REQUIREMENTS FOR*
24 *PERSISTENT OUTLIER PRESCRIBERS.—In*
25 *the case of a prescriber who the Secretary*

1 *determines is persistently identified under*
2 *clause (ii) as an outlier prescriber of*
3 *opioids, the following shall apply:*

4 “(I) Such prescriber may be re-
5 quired to enroll in the program under
6 this title under section 1866(j) if such
7 prescriber is not otherwise required to
8 enroll, but only after other appropriate
9 remedies have been provided, such as
10 the provision of education funded
11 through section 6052 of the SUPPORT
12 for Patients and Communities Act, for
13 a period determined by the Secretary
14 as sufficient to correct the prescribing
15 patterns that lead to identification of
16 such prescriber as a persistent outlier
17 prescriber of opioids. The Secretary
18 shall determine the length of the period
19 for which such prescriber is required to
20 maintain such enrollment, which shall
21 be the minimum period necessary to
22 correct such prescribing patterns.

23 “(II) Not less frequently than an-
24 nually (and in a form and manner de-
25 termined appropriate by the Sec-

1 retary), the Secretary, consistent with
2 clause(iv)(I), shall communicate infor-
3 mation on such prescribers to sponsors
4 of a prescription drug plan and Medi-
5 care Advantage organizations offering
6 an MA–PD plan.

7 “(vi) *PUBLIC AVAILABILITY OF INFOR-*
8 *MATION.*—The Secretary shall make aggre-
9 gate information under this subparagraph
10 available on the internet website of the Cen-
11 ters for Medicare & Medicaid Services. Such
12 information shall be in a form and manner
13 determined appropriate by the Secretary
14 and shall not identify any specific pre-
15 scriber. In carrying out this clause, the Sec-
16 retary shall consult with interested stake-
17 holders.

18 “(vii) *OPIOIDS DEFINED.*—For pur-
19 poses of this subparagraph, the term
20 ‘opioids’ has such meaning as specified by
21 the Secretary.

22 “(viii) *OTHER ACTIVITIES.*—Nothing
23 in this subparagraph shall preclude the Sec-
24 retary from conducting activities that pro-
25 vide prescribers with information as to how

1 *they compare to other prescribers that are*
 2 *in addition to the activities under this sub-*
 3 *paragraph, including activities that were*
 4 *being conducted as of the date of the enact-*
 5 *ment of this subparagraph.”.*

6 **SEC. 6066. NO ADDITIONAL FUNDS AUTHORIZED.**

7 *No additional funds are authorized to be appropriated*
 8 *to carry out the requirements of this subtitle and the*
 9 *amendments made by this subtitle. Such requirements shall*
 10 *be carried out using amounts otherwise authorized to be ap-*
 11 *propriated.*

12 ***Subtitle H—Expanding Oversight of***
 13 ***Opioid Prescribing and Payment***

14 **SEC. 6071. SHORT TITLE.**

15 *This subtitle may be cited as the “Expanding Over-*
 16 *sight of Opioid Prescribing and Payment Act of 2018”.*

17 **SEC. 6072. MEDICARE PAYMENT ADVISORY COMMISSION RE-**
 18 **PORT ON OPIOID PAYMENT, ADVERSE INCEN-**
 19 **TIVES, AND DATA UNDER THE MEDICARE**
 20 **PROGRAM.**

21 *Not later than March 15, 2019, the Medicare Payment*
 22 *Advisory Commission shall submit to Congress a report on,*
 23 *with respect to the Medicare program under title XVIII of*
 24 *the Social Security Act, the following:*

1 (1) *A description of how the Medicare program*
2 *pays for pain management treatments (both opioid*
3 *and non-opioid pain management alternatives) in*
4 *both inpatient and outpatient hospital settings.*

5 (2) *The identification of incentives under the*
6 *hospital inpatient prospective payment system under*
7 *section 1886 of the Social Security Act (42 U.S.C.*
8 *1395ww) and incentives under the hospital outpatient*
9 *prospective payment system under section 1833(t) of*
10 *such Act (42 U.S.C. 1395l(t)) for prescribing opioids*
11 *and incentives under each such system for prescribing*
12 *non-opioid treatments, and recommendations as the*
13 *Commission deems appropriate for addressing any of*
14 *such incentives that are adverse incentives.*

15 (3) *A description of how opioid use is tracked*
16 *and monitored through Medicare claims data and*
17 *other mechanisms and the identification of any areas*
18 *in which further data and methods are needed for im-*
19 *proving data and understanding of opioid use.*

20 **SEC. 6073. NO ADDITIONAL FUNDS AUTHORIZED.**

21 *No additional funds are authorized to be appropriated*
22 *to carry out the requirements of this subtitle. Such require-*
23 *ments shall be carried out using amounts otherwise author-*
24 *ized to be appropriated.*

1 ***Subtitle I—Dr. Todd Graham Pain***
 2 ***Management, Treatment, and***
 3 ***Recovery***

4 ***SEC. 6081. SHORT TITLE.***

5 *This subtitle may be cited as the “Dr. Todd Graham*
 6 *Pain Management, Treatment, and Recovery Act of 2018”.*

7 ***SEC. 6082. REVIEW AND ADJUSTMENT OF PAYMENTS***
 8 ***UNDER THE MEDICARE OUTPATIENT PRO-***
 9 ***SPECTIVE PAYMENT SYSTEM TO AVOID FI-***
 10 ***NANCIAL INCENTIVES TO USE OPIOIDS IN-***
 11 ***STEAD OF NON-OPIOID ALTERNATIVE TREAT-***
 12 ***MENTS.***

13 *(a) OUTPATIENT PROSPECTIVE PAYMENT SYSTEM.—*
 14 *Section 1833(t) of the Social Security Act (42 U.S.C.*
 15 *1395l(t)) is amended by adding at the end the following*
 16 *new paragraph:*

17 *“(22) REVIEW AND REVISIONS OF PAYMENTS FOR*
 18 *NON-OPIOID ALTERNATIVE TREATMENTS.—*

19 *“(A) IN GENERAL.—With respect to pay-*
 20 *ments made under this subsection for covered*
 21 *OPD services (or groups of services), including*
 22 *covered OPD services assigned to a comprehen-*
 23 *sive ambulatory payment classification, the Sec-*
 24 *retary—*

1 “(i) shall, as soon as practicable, con-
2 duct a review (part of which may include
3 a request for information) of payments for
4 opioids and evidence-based non-opioid alter-
5 natives for pain management (including
6 drugs and devices, nerve blocks, surgical in-
7 jections, and neuromodulation) with a goal
8 of ensuring that there are not financial in-
9 centives to use opioids instead of non-opioid
10 alternatives;

11 “(ii) may, as the Secretary determines
12 appropriate, conduct subsequent reviews of
13 such payments; and

14 “(iii) shall consider the extent to which
15 revisions under this subsection to such pay-
16 ments (such as the creation of additional
17 groups of covered OPD services to classify
18 separately those procedures that utilize
19 opioids and non-opioid alternatives for
20 pain management) would reduce payment
21 incentives to use opioids instead of non-
22 opioid alternatives for pain management.

23 “(B) *PRIORITY.*—In conducting the review
24 under clause (i) of subparagraph (A) and consid-
25 ering revisions under clause (iii) of such sub-

1 *paragraph, the Secretary shall focus on covered*
2 *OPD services (or groups of services) assigned to*
3 *a comprehensive ambulatory payment classifica-*
4 *tion, ambulatory payment classifications that*
5 *primarily include surgical services, and other*
6 *services determined by the Secretary which gen-*
7 *erally involve treatment for pain management.*

8 “(C) *REVISIONS.*—*If the Secretary identi-*
9 *fies revisions to payments pursuant to subpara-*
10 *graph (A)(iii), the Secretary shall, as determined*
11 *appropriate, begin making such revisions for*
12 *services furnished on or after January 1, 2020.*
13 *Revisions under the previous sentence shall be*
14 *treated as adjustments for purposes of applica-*
15 *tion of paragraph (9)(B).*

16 “(D) *RULES OF CONSTRUCTION.*—*Nothing*
17 *in this paragraph shall be construed to preclude*
18 *the Secretary—*

19 “(i) *from conducting a demonstration*
20 *before making the revisions described in*
21 *subparagraph (C); or*

22 “(ii) *prior to implementation of this*
23 *paragraph, from changing payments under*
24 *this subsection for covered OPD services (or*
25 *groups of services) which include opioids or*

1 *non-opioid alternatives for pain manage-*
 2 *ment.”.*

3 (b) *AMBULATORY SURGICAL CENTERS.*—Section
 4 *1833(i) of the Social Security Act (42 U.S.C. 1395l(i)) is*
 5 *amended by adding at the end the following new paragraph:*
 6 “(8) *The Secretary shall conduct a similar type of re-*
 7 *view as required under paragraph (22) of section 1833(t),*
 8 *including the second sentence of subparagraph (C) of such*
 9 *paragraph, to payment for services under this subsection,*
 10 *and make such revisions under this paragraph, in an ap-*
 11 *propriate manner (as determined by the Secretary).”.*

12 **SEC. 6083. EXPANDING ACCESS UNDER THE MEDICARE PRO-**
 13 **GRAM TO ADDICTION TREATMENT IN FEDER-**
 14 **ALLY QUALIFIED HEALTH CENTERS AND**
 15 **RURAL HEALTH CLINICS.**

16 (a) *FEDERALLY QUALIFIED HEALTH CENTERS.*—Sec-
 17 *tion 1834(o) of the Social Security Act (42 U.S.C.*
 18 *1395m(o)) is amended by adding at the end the following*
 19 *new paragraph:*

20 “(3) *ADDITIONAL PAYMENTS FOR CERTAIN*
 21 *FQHCS WITH PHYSICIANS OR OTHER PRACTITIONERS*
 22 *RECEIVING DATA 2000 WAIVERS.*—

23 “(A) *IN GENERAL.*—*In the case of a Feder-*
 24 *ally qualified health center with respect to which,*
 25 *beginning on or after January 1, 2019, Feder-*

1 ally qualified health center services (as defined
2 in section 1861(aa)(3)) are furnished for the
3 treatment of opioid use disorder by a physician
4 or practitioner who meets the requirements de-
5 scribed in subparagraph (C), the Secretary shall,
6 subject to availability of funds under subpara-
7 graph (D), make a payment (at such time and
8 in such manner as specified by the Secretary) to
9 such Federally qualified health center after re-
10 ceiving and approving an application submitted
11 by such Federally qualified health center under
12 subparagraph (B). Such a payment shall be in
13 an amount determined by the Secretary, based
14 on an estimate of the average costs of training
15 for purposes of receiving a waiver described in
16 subparagraph (C)(ii). Such a payment may be
17 made only one time with respect to each such
18 physician or practitioner.

19 “(B) APPLICATION.—In order to receive a
20 payment described in subparagraph (A), a Fed-
21 erally qualified health center shall submit to the
22 Secretary an application for such a payment at
23 such time, in such manner, and containing such
24 information as specified by the Secretary. A Fed-
25 erally qualified health center may apply for such

1 *a payment for each physician or practitioner de-*
2 *scribed in subparagraph (A) furnishing services*
3 *described in such subparagraph at such center.*

4 *“(C) REQUIREMENTS.—For purposes of sub-*
5 *paragraph (A), the requirements described in*
6 *this subparagraph, with respect to a physician*
7 *or practitioner, are the following:*

8 *“(i) The physician or practitioner is*
9 *employed by or working under contract*
10 *with a Federally qualified health center de-*
11 *scribed in subparagraph (A) that submits*
12 *an application under subparagraph (B).*

13 *“(ii) The physician or practitioner*
14 *first receives a waiver under section 303(g)*
15 *of the Controlled Substances Act on or after*
16 *January 1, 2019.*

17 *“(D) FUNDING.—For purposes of making*
18 *payments under this paragraph, there are appro-*
19 *priated, out of amounts in the Treasury not oth-*
20 *erwise appropriated, \$6,000,000, which shall re-*
21 *main available until expended.”.*

22 *(b) RURAL HEALTH CLINIC.—Section 1833 of the So-*
23 *cial Security Act (42 U.S.C. 1395l) is amended—*

1 (1) by redesignating the subsection (z) relating to
 2 medical review of spinal subluxation services as sub-
 3 section (aa); and

4 (2) by adding at the end the following new sub-
 5 section:

6 “(bb) *ADDITIONAL PAYMENTS FOR CERTAIN RURAL*
 7 *HEALTH CLINICS WITH PHYSICIANS OR PRACTITIONERS*
 8 *RECEIVING DATA 2000 WAIVERS.*—

9 “(1) *IN GENERAL.*—*In the case of a rural health*
 10 *clinic with respect to which, beginning on or after*
 11 *January 1, 2019, rural health clinic services (as de-*
 12 *fin ed in section 1861(aa)(1)) are furnished for the*
 13 *treatment of opioid use disorder by a physician or*
 14 *practitioner who meets the requirements described in*
 15 *paragraph (3), the Secretary shall, subject to avail-*
 16 *ability of funds under paragraph (4), make a pay-*
 17 *ment (at such time and in such manner as specified*
 18 *by the Secretary) to such rural health clinic after re-*
 19 *ceiving and approving an application described in*
 20 *paragraph (2). Such payment shall be in an amount*
 21 *determined by the Secretary, based on an estimate of*
 22 *the average costs of training for purposes of receiving*
 23 *a waiver described in paragraph (3)(B). Such pay-*
 24 *ment may be made only one time with respect to each*
 25 *such physician or practitioner.*

1 “(2) *APPLICATION.*—In order to receive a pay-
2 ment described in paragraph (1), a rural health clinic
3 shall submit to the Secretary an application for such
4 a payment at such time, in such manner, and con-
5 taining such information as specified by the Sec-
6 retary. A rural health clinic may apply for such a
7 payment for each physician or practitioner described
8 in paragraph (1) furnishing services described in such
9 paragraph at such clinic.

10 “(3) *REQUIREMENTS.*—For purposes of para-
11 graph (1), the requirements described in this para-
12 graph, with respect to a physician or practitioner,
13 are the following:

14 “(A) *The physician or practitioner is em-*
15 *ployed by or working under contract with a*
16 *rural health clinic described in paragraph (1)*
17 *that submits an application under paragraph*
18 *(2).*

19 “(B) *The physician or practitioner first re-*
20 *ceives a waiver under section 303(g) of the Con-*
21 *trolled Substances Act on or after January 1,*
22 *2019.*

23 “(4) *FUNDING.*—For purposes of making pay-
24 ments under this subsection, there are appropriated,
25 out of amounts in the Treasury not otherwise appro-

1 *priated, \$2,000,000, which shall remain available*
2 *until expended.”.*

3 **SEC. 6084. STUDYING THE AVAILABILITY OF SUPPLE-**
4 **MENTAL BENEFITS DESIGNED TO TREAT OR**
5 **PREVENT SUBSTANCE USE DISORDERS**
6 **UNDER MEDICARE ADVANTAGE PLANS.**

7 *(a) IN GENERAL.—Not later than 2 years after the*
8 *date of the enactment of this Act, the Secretary of Health*
9 *and Human Services (in this section referred to as the “Sec-*
10 *retary”) shall submit to Congress a report on the avail-*
11 *ability of supplemental health care benefits (as described in*
12 *section 1852(a)(3)(A) of the Social Security Act (42 U.S.C.*
13 *1395w–22(a)(3)(A))) designed to treat or prevent substance*
14 *use disorders under Medicare Advantage plans offered*
15 *under part C of title XVIII of such Act. Such report shall*
16 *include the analysis described in subsection (c) and any dif-*
17 *ferences in the availability of such benefits under specialized*
18 *MA plans for special needs individuals (as defined in sec-*
19 *tion 1859(b)(6) of such Act (42 U.S.C. 1395w–28(b)(6)))*
20 *offered to individuals entitled to medical assistance under*
21 *title XIX of such Act and other such Medicare Advantage*
22 *plans.*

23 *(b) CONSULTATION.—The Secretary shall develop the*
24 *report described in subsection (a) in consultation with rel-*
25 *evant stakeholders, including—*

1 (1) *individuals entitled to benefits under part A*
2 *or enrolled under part B of title XVIII of the Social*
3 *Security Act;*

4 (2) *entities who advocate on behalf of such indi-*
5 *viduals;*

6 (3) *Medicare Advantage organizations;*

7 (4) *pharmacy benefit managers; and*

8 (5) *providers of services and suppliers (as such*
9 *terms are defined in section 1861 of such Act (42*
10 *U.S.C. 1395x)).*

11 (c) *CONTENTS.—The report described in subsection (a)*
12 *shall include an analysis on the following:*

13 (1) *The extent to which plans described in such*
14 *subsection offer supplemental health care benefits re-*
15 *lating to coverage of—*

16 (A) *medication-assisted treatments for*
17 *opioid use, substance use disorder counseling,*
18 *peer recovery support services, or other forms of*
19 *substance use disorder treatments (whether fur-*
20 *nished in an inpatient or outpatient setting);*
21 *and*

22 (B) *non-opioid alternatives for the treat-*
23 *ment of pain.*

24 (2) *Challenges associated with such plans offer-*
25 *ing supplemental health care benefits relating to cov-*

1 *erage of items and services described in subparagraph*
 2 *(A) or (B) of paragraph (1).*

3 *(3) The impact, if any, of increasing the appli-*
 4 *cable rebate percentage determined under section*
 5 *1854(b)(1)(C) of the Social Security Act (42 U.S.C.*
 6 *1395w-24(b)(1)(C)) for plans offering such benefits*
 7 *relating to such coverage would have on the avail-*
 8 *ability of such benefits relating to such coverage of-*
 9 *fered under Medicare Advantage plans.*

10 *(4) Potential ways to improve upon such cov-*
 11 *erage or to incentivize such plans to offer additional*
 12 *supplemental health care benefits relating to such cov-*
 13 *erage.*

14 **SEC. 6085. CLINICAL PSYCHOLOGIST SERVICES MODELS**
 15 **UNDER THE CENTER FOR MEDICARE AND**
 16 **MEDICAID INNOVATION; GAO STUDY AND RE-**
 17 **PORT.**

18 *(a) CMI MODELS.—Section 1115A(b)(2)(B) of the So-*
 19 *cial Security Act (42 U.S.C. 1315a(b)(2)(B)), as amended*
 20 *by section 6001, is further amended by adding at the end*
 21 *the following new clauses:*

22 *“(xxvi) Supporting ways to familiarize*
 23 *individuals with the availability of coverage*
 24 *under part B of title XVIII for qualified*

1 psychologist services (as defined in section
2 1861(ii)).

3 “(xxvii) *Exploring ways to avoid un-*
4 *necessary hospitalizations or emergency de-*
5 *partment visits for mental and behavioral*
6 *health services (such as for treating depres-*
7 *sion) through use of a 24-hour, 7-day a*
8 *week help line that may inform individuals*
9 *about the availability of treatment options,*
10 *including the availability of qualified psy-*
11 *chologist services (as defined in section*
12 *1861(ii)).”.*

13 **(b) GAO STUDY AND REPORT.**—Not later than 18
14 months after the date of the enactment of this Act, the
15 Comptroller General of the United States shall conduct a
16 study, and submit to Congress a report, on mental and be-
17 havioral health services under the Medicare program under
18 title XVIII of the Social Security Act, including an exam-
19 ination of the following:

20 (1) Information about services furnished by psy-
21 chiatrists, clinical psychologists, and other profes-
22 sionals.

23 (2) Information about ways that Medicare bene-
24 ficiaries familiarize themselves about the availability
25 of Medicare payment for qualified psychologist serv-

1 *ices (as defined in section 1861(ii) of the Social Secu-*
2 *urity Act (42 U.S.C. 1395x(ii)) and ways that the pro-*
3 *vision of such information could be improved.*

4 **SEC. 6086. DR. TODD GRAHAM PAIN MANAGEMENT STUDY.**

5 *(a) IN GENERAL.—Not later than 1 year after the date*
6 *of enactment of this Act, the Secretary of Health and*
7 *Human Services (referred to in this section as the “Sec-*
8 *retary”)* shall conduct a study analyzing best practices as
9 *well as payment and coverage for pain management serv-*
10 *ices under title XVIII of the Social Security Act and submit*
11 *to the Committee on Ways and Means and the Committee*
12 *on Energy and Commerce of the House of Representatives*
13 *and the Committee on Finance of the Senate a report con-*
14 *taining options for revising payment to providers and sup-*
15 *pliers of services and coverage related to the use of multi-*
16 *disciplinary, evidence-based, non-opioid treatments for*
17 *acute and chronic pain management for individuals enti-*
18 *tled to benefits under part A or enrolled under part B of*
19 *title XVIII of the Social Security Act. The Secretary shall*
20 *make such report available on the public website of the Cen-*
21 *ters for Medicare & Medicaid Services.*

22 *(b) CONSULTATION.—In developing the report de-*
23 *scribed in subsection (a), the Secretary shall consult with—*

24 *(1) relevant agencies within the Department of*
25 *Health and Human Services;*

1 (2) *licensed and practicing osteopathic and*
2 *allopathic physicians, behavioral health practitioners,*
3 *physician assistants, nurse practitioners, dentists,*
4 *pharmacists, and other providers of health services;*

5 (3) *providers and suppliers of services (as such*
6 *terms are defined in section 1861 of the Social Secu-*
7 *rity Act (42 U.S.C. 1395x));*

8 (4) *substance abuse and mental health profes-*
9 *sional organizations;*

10 (5) *pain management professional organizations*
11 *and advocacy entities, including individuals who per-*
12 *sonally suffer chronic pain;*

13 (6) *medical professional organizations and med-*
14 *ical specialty organizations;*

15 (7) *licensed health care providers who furnish al-*
16 *ternative pain management services;*

17 (8) *organizations with expertise in the develop-*
18 *ment of innovative medical technologies for pain*
19 *management;*

20 (9) *beneficiary advocacy organizations; and*

21 (10) *other organizations with expertise in the as-*
22 *essment, diagnosis, treatment, and management of*
23 *pain, as determined appropriate by the Secretary.*

24 (c) *CONTENTS.—The report described in subsection (a)*
25 *shall include the following:*

1 (1) *An analysis of payment and coverage under*
2 *title XVIII of the Social Security Act with respect to*
3 *the following:*

4 (A) *Evidence-based treatments and tech-*
5 *nologies for chronic or acute pain, including*
6 *such treatments that are covered, not covered, or*
7 *have limited coverage under such title.*

8 (B) *Evidence-based treatments and tech-*
9 *nologies that monitor substance use withdrawal*
10 *and prevent overdoses of opioids.*

11 (C) *Evidence-based treatments and tech-*
12 *nologies that treat substance use disorders.*

13 (D) *Items and services furnished by practi-*
14 *tioners through a multi-disciplinary treatment*
15 *model for pain management, including the pa-*
16 *tient-centered medical home.*

17 (E) *Items and services furnished to bene-*
18 *ficiaries with psychiatric disorders, substance*
19 *use disorders, or who are at risk of suicide, or*
20 *have comorbidities and require consultation or*
21 *management of pain with one or more specialists*
22 *in pain management, mental health, or addic-*
23 *tion treatment.*

24 (2) *An evaluation of the following:*

1 (A) Barriers inhibiting individuals entitled
2 to benefits under part A or enrolled under part
3 B of such title from accessing treatments and
4 technologies described in subparagraphs (A)
5 through (E) of paragraph (1).

6 (B) Costs and benefits associated with po-
7 tential expansion of coverage under such title to
8 include items and services not covered under
9 such title that may be used for the treatment of
10 pain, such as acupuncture, therapeutic massage,
11 and items and services furnished by integrated
12 pain management programs.

13 (C) Pain management guidance published
14 by the Federal Government that may be relevant
15 to coverage determinations or other coverage re-
16 quirements under title XVIII of the Social Secu-
17 rity Act.

18 (3) An assessment of all guidance published by
19 the Department of Health and Human Services on or
20 after January 1, 2016, relating to the prescribing of
21 opioids. Such assessment shall consider incorporating
22 into such guidance relevant elements of the “Va/DoD
23 Clinical Practice Guideline for Opioid Therapy for
24 Chronic Pain” published in February 2017 by the
25 Department of Veterans Affairs and Department of

1 *Defense, including adoption of elements of the Depart-*
2 *ment of Defense and Department of Veterans Affairs*
3 *pain rating scale.*

4 *(4) The options described in subsection (d).*

5 *(5) The impact analysis described in subsection*
6 *(e).*

7 *(d) OPTIONS.—The options described in this subsection*
8 *are, with respect to individuals entitled to benefits under*
9 *part A or enrolled under part B of title XVIII of the Social*
10 *Security Act, legislative and administrative options for ac-*
11 *complishing the following:*

12 *(1) Improving coverage of and payment for pain*
13 *management therapies without the use of opioids, in-*
14 *cluding interventional pain therapies, and options to*
15 *augment opioid therapy with other clinical and com-*
16 *plementary, integrative health services to minimize*
17 *the risk of substance use disorder, including in a hos-*
18 *pital setting.*

19 *(2) Improving coverage of and payment for med-*
20 *ical devices and non-opioid based pharmacological*
21 *and non-pharmacological therapies approved or*
22 *cleared by the Food and Drug Administration for the*
23 *treatment of pain as an alternative or augment to*
24 *opioid therapy.*

1 (3) *Improving and disseminating treatment*
2 *strategies for beneficiaries with psychiatric disorders,*
3 *substance use disorders, or who are at risk of suicide,*
4 *and treatment strategies to address health disparities*
5 *related to opioid use and opioid abuse treatment.*

6 (4) *Improving and disseminating treatment*
7 *strategies for beneficiaries with comorbidities who re-*
8 *quire a consultation or comanagement of pain with*
9 *one or more specialists in pain management, mental*
10 *health, or addiction treatment, including in a hos-*
11 *pital setting.*

12 (5) *Educating providers on risks of coadminis-*
13 *tration of opioids and other drugs, particularly*
14 *benzodiazepines.*

15 (6) *Ensuring appropriate case management for*
16 *beneficiaries who transition between inpatient and*
17 *outpatient hospital settings, or between opioid ther-*
18 *apy to non-opioid therapy, which may include the use*
19 *of care transition plans.*

20 (7) *Expanding outreach activities designed to*
21 *educate providers of services and suppliers under the*
22 *Medicare program and individuals entitled to benefits*
23 *under part A or under part B of such title on alter-*
24 *native, non-opioid therapies to manage and treat*
25 *acute and chronic pain.*

1 (8) *Creating a beneficiary education tool on al-*
 2 *ternatives to opioids for chronic pain management.*

3 (e) *IMPACT ANALYSIS.*—*The impact analysis described*
 4 *in this subsection consists of an analysis of any potential*
 5 *effects implementing the options described in subsection (d)*
 6 *would have—*

7 (1) *on expenditures under the Medicare program;*
 8 *and*

9 (2) *on preventing or reducing opioid addiction*
 10 *for individuals receiving benefits under the Medicare*
 11 *program.*

12 ***Subtitle J—Combating Opioid***
 13 ***Abuse for Care in Hospitals***

14 ***SEC. 6091. SHORT TITLE.***

15 *This subtitle may be cited as the “Combating Opioid*
 16 *Abuse for Care in Hospitals Act of 2018” or the “COACH*
 17 *Act of 2018”.*

18 ***SEC. 6092. DEVELOPING GUIDANCE ON PAIN MANAGEMENT***
 19 ***AND OPIOID USE DISORDER PREVENTION***
 20 ***FOR HOSPITALS RECEIVING PAYMENT UNDER***
 21 ***PART A OF THE MEDICARE PROGRAM.***

22 (a) *IN GENERAL.*—*Not later than July 1, 2019, the*
 23 *Secretary of Health and Human Services (in this section*
 24 *referred to as the “Secretary”) shall develop and publish*
 25 *on the public website of the Centers for Medicare & Med-*

1 *icaid Services guidance for hospitals receiving payment*
2 *under part A of title XVIII of the Social Security Act (42*
3 *U.S.C. 1395c et seq.) on pain management strategies and*
4 *opioid use disorder prevention strategies with respect to in-*
5 *dividuals entitled to benefits under such part.*

6 (b) *CONSULTATION.—In developing the guidance de-*
7 *scribed in subsection (a), the Secretary shall consult with*
8 *relevant stakeholders, including—*

9 (1) *medical professional organizations;*

10 (2) *providers and suppliers of services (as such*
11 *terms are defined in section 1861 of the Social Secu-*
12 *rity Act (42 U.S.C. 1395x));*

13 (3) *health care consumers or groups representing*
14 *such consumers; and*

15 (4) *other entities determined appropriate by the*
16 *Secretary.*

17 (c) *CONTENTS.—The guidance described in subsection*
18 *(a) shall include, with respect to hospitals and individuals*
19 *described in such subsection, the following:*

20 (1) *Best practices regarding evidence-based*
21 *screening and practitioner education initiatives relat-*
22 *ing to screening and treatment protocols for opioid*
23 *use disorder, including—*

1 (A) methods to identify such individuals at-
2 risk of opioid use disorder, including risk strati-
3 fication;

4 (B) ways to prevent, recognize, and treat
5 opioid overdoses; and

6 (C) resources available to such individuals,
7 such as opioid treatment programs, peer support
8 groups, and other recovery programs.

9 (2) Best practices for such hospitals to educate
10 practitioners furnishing items and services at such
11 hospital with respect to pain management and sub-
12 stance use disorders, including education on—

13 (A) the adverse effects of prolonged opioid
14 use;

15 (B) non-opioid, evidence-based, non-phar-
16 macological pain management treatments;

17 (C) monitoring programs for individuals
18 who have been prescribed opioids; and

19 (D) the prescribing of naloxone along with
20 an initial opioid prescription.

21 (3) Best practices for such hospitals to make such
22 individuals aware of the risks associated with opioid
23 use (which may include use of the notification tem-
24 plate described in paragraph (4)).

1 (4) *A notification template developed by the Sec-*
2 *retary, for use as appropriate, for such individuals*
3 *who are prescribed an opioid that—*

4 (A) *explains the risks and side effects asso-*
5 *ciated with opioid use (including the risks of ad-*
6 *diction and overdose) and the importance of ad-*
7 *hering to the prescribed treatment regimen,*
8 *avoiding medications that may have an adverse*
9 *interaction with such opioid, and storing such*
10 *opioid safely and securely;*

11 (B) *highlights multimodal and evidence-*
12 *based non-opioid alternatives for pain manage-*
13 *ment;*

14 (C) *encourages such individuals to talk to*
15 *their health care providers about such alter-*
16 *natives;*

17 (D) *provides for a method (through signa-*
18 *ture or otherwise) for such an individual, or per-*
19 *son acting on such individual's behalf, to ac-*
20 *knowledge receipt of such notification template;*

21 (E) *is worded in an easily understandable*
22 *manner and made available in multiple lan-*
23 *guages determined appropriate by the Secretary;*
24 *and*

1 (F) includes any other information deter-
2 mined appropriate by the Secretary.

3 (5) Best practices for such hospital to track
4 opioid prescribing trends by practitioners furnishing
5 items and services at such hospital, including—

6 (A) ways for such hospital to establish tar-
7 get levels, taking into account the specialties of
8 such practitioners and the geographic area in
9 which such hospital is located, with respect to
10 opioids prescribed by such practitioners;

11 (B) guidance on checking the medical
12 records of such individuals against information
13 included in prescription drug monitoring pro-
14 grams;

15 (C) strategies to reduce long-term opioid
16 prescriptions; and

17 (D) methods to identify such practitioners
18 who may be over-prescribing opioids.

19 (6) Other information the Secretary determines
20 appropriate, including any such information from the
21 Opioid Safety Initiative established by the Depart-
22 ment of Veterans Affairs or the Opioid Overdose Pre-
23 vention Toolkit published by the Substance Abuse and
24 Mental Health Services Administration.

1 **SEC. 6093. REQUIRING THE REVIEW OF QUALITY MEASURES**
 2 **RELATING TO OPIOIDS AND OPIOID USE DIS-**
 3 **ORDER TREATMENTS FURNISHED UNDER**
 4 **THE MEDICARE PROGRAM AND OTHER FED-**
 5 **ERAL HEALTH CARE PROGRAMS.**

6 *Section 1890A of the Social Security Act (42 U.S.C.*
 7 *1395aaa-1) is amended by adding at the end the following*
 8 *new subsection:*

9 *“(g) TECHNICAL EXPERT PANEL REVIEW OF OPIOID*
 10 *AND OPIOID USE DISORDER QUALITY MEASURES.—*

11 *“(1) IN GENERAL.—Not later than 180 days*
 12 *after the date of the enactment of this subsection, the*
 13 *Secretary shall establish a technical expert panel for*
 14 *purposes of reviewing quality measures relating to*
 15 *opioids and opioid use disorders, including care, pre-*
 16 *vention, diagnosis, health outcomes, and treatment*
 17 *furnished to individuals with opioid use disorders.*
 18 *The Secretary may use the entity with a contract*
 19 *under section 1890(a) and amend such contract as*
 20 *necessary to provide for the establishment of such*
 21 *technical expert panel.*

22 *“(2) REVIEW AND ASSESSMENT.—Not later than*
 23 *1 year after the date the technical expert panel de-*
 24 *scribed in paragraph (1) is established (and periodi-*
 25 *cally thereafter as the Secretary determines appro-*
 26 *priate), the technical expert panel shall—*

1 “(A) review quality measures that relate to
2 opioids and opioid use disorders, including exist-
3 ing measures and those under development;

4 “(B) identify gaps in areas of quality meas-
5 urement that relate to opioids and opioid use
6 disorders, and identify measure development pri-
7 orities for such measure gaps; and

8 “(C) make recommendations to the Sec-
9 retary on quality measures with respect to
10 opioids and opioid use disorders for purposes of
11 improving care, prevention, diagnosis, health
12 outcomes, and treatment, including recommenda-
13 tions for revisions of such measures, need for de-
14 velopment of new measures, and recommenda-
15 tions for including such measures in the Merit-
16 Based Incentive Payment System under section
17 1848(q), the alternative payment models under
18 section 1833(z)(3)(C), the shared savings pro-
19 gram under section 1899, the quality reporting
20 requirements for inpatient hospitals under sec-
21 tion 1886(b)(3)(B)(viii), and the hospital value-
22 based purchasing program under section
23 1886(o).

24 “(3) CONSIDERATION OF MEASURES BY SEC-
25 RETARY.—The Secretary shall consider—

1 “(A) using opioid and opioid use disorder
2 measures (including measures used under the
3 Merit-Based Incentive Payment System under
4 section 1848(q), measures recommended under
5 paragraph (2)(C), and other such measures iden-
6 tified by the Secretary) in alternative payment
7 models under section 1833(z)(3)(C) and in the
8 shared savings program under section 1899; and

9 “(B) using opioid measures described in
10 subparagraph (A), as applicable, in the quality
11 reporting requirements for inpatient hospitals
12 under section 1886(b)(3)(B)(viii), and in the
13 hospital value-based purchasing program under
14 section 1886(o).

15 “(4) *PRIORITIZATION OF MEASURE DEVELOP-*
16 *MENT.—The Secretary shall prioritize for measure de-*
17 *velopment the gaps in quality measures identified*
18 *under paragraph (2)(B).*

19 “(5) *PRIORITIZATION OF MEASURE ENDORSE-*
20 *MENT.—The Secretary—*

21 “(A) during the period beginning on the
22 date of the enactment of this subsection and end-
23 ing on December 31, 2023, shall prioritize the
24 endorsement of measures relating to opioids and
25 opioid use disorders by the entity with a con-

tract under subsection (a) of section 1890 in connection with endorsement of measures described in subsection (b)(2) of such section; and

“(B) on and after January 1, 2024, may prioritize the endorsement of such measures by such entity.”.

SEC. 6094. TECHNICAL EXPERT PANEL ON REDUCING SURGICAL SETTING OPIOID USE; DATA COLLECTION ON PERIOPERATIVE OPIOID USE.

(a) *TECHNICAL EXPERT PANEL ON REDUCING SURGICAL SETTING OPIOID USE.*—

(1) *IN GENERAL.*—Not later than 6 months after the date of the enactment of this Act, the Secretary of Health and Human Services shall convene a technical expert panel, including medical and surgical specialty societies and hospital organizations, to provide recommendations on reducing opioid use in the inpatient and outpatient surgical settings and on best practices for pain management, including with respect to the following:

(A) *Approaches that limit patient exposure to opioids during the perioperative period, including pre-surgical and post-surgical injections, and that identify such patients at risk of opioid use disorder pre-operation.*

1 (B) *Shared decision making with patients*
2 *and families on pain management, including a*
3 *review of payment to ensure payment under the*
4 *Medicare program under title XVIII of the So-*
5 *cial Security Act accounts for time spent on*
6 *shared decision making.*

7 (C) *Education on the safe use, storage, and*
8 *disposal of opioids.*

9 (D) *Prevention of opioid misuse and abuse*
10 *after discharge.*

11 (E) *Development of a clinical algorithm to*
12 *identify and treat at-risk, opiate-tolerant pa-*
13 *tients and reduce reliance on opioids for acute*
14 *pain during the perioperative period.*

15 (2) *REPORT.*—*Not later than 1 year after the*
16 *date of the enactment of this Act, the Secretary shall*
17 *submit to Congress and make public a report con-*
18 *taining the recommendations developed under para-*
19 *graph (1) and an action plan for broader implemen-*
20 *tation of pain management protocols that limit the*
21 *use of opioids in the perioperative setting and upon*
22 *discharge from such setting.*

23 (b) *DATA COLLECTION ON PERIOPERATIVE OPIOID*
24 *USE.*—*Not later than 1 year after the date of the enactment*
25 *of this Act, the Secretary of Health and Human Services*

1 *shall submit to Congress a report that contains the fol-*
2 *lowing:*

3 (1) *The diagnosis-related group codes identified*
4 *by the Secretary as having the highest volume of sur-*
5 *geries.*

6 (2) *With respect to each of such diagnosis-related*
7 *group codes so identified, a determination by the Sec-*
8 *retary of the data that is both available and reported*
9 *on opioid use following such surgeries, such as with*
10 *respect to—*

11 (A) *surgical volumes, practices, and opioid*
12 *prescribing patterns;*

13 (B) *opioid consumption, including—*

14 (i) *perioperative days of therapy;*

15 (ii) *average daily dose at the hospital,*
16 *including dosage greater than 90 milligram*
17 *morphine equivalent;*

18 (iii) *post-discharge prescriptions and*
19 *other combination drugs that are used be-*
20 *fore intervention and after intervention;*

21 (iv) *quantity and duration of opioid*
22 *prescription at discharge; and*

23 (v) *quantity consumed and number of*
24 *refills;*

1 (C) regional anesthesia and analgesia prac-
 2 tices, including pre-surgical and post-surgical
 3 injections;

4 (D) naloxone reversal;

5 (E) post-operative respiratory failure;

6 (F) information about storage and disposal;

7 and

8 (G) such other information as the Secretary
 9 may specify.

10 (3) Recommendations for improving data collec-
 11 tion on perioperative opioid use, including an anal-
 12 ysis to identify and reduce barriers to collecting, re-
 13 porting, and analyzing the data described in para-
 14 graph (2), including barriers related to technological
 15 availability.

16 **SEC. 6095. REQUIRING THE POSTING AND PERIODIC UP-**
 17 **DATE OF OPIOID PRESCRIBING GUIDANCE**
 18 **FOR MEDICARE BENEFICIARIES.**

19 (a) *IN GENERAL.*—Not later than 180 days after the
 20 date of the enactment of this Act, the Secretary of Health
 21 and Human Services (in this section referred to as the “Sec-
 22 retary”) shall post on the public website of the Centers for
 23 Medicare & Medicaid Services all guidance published by the
 24 Department of Health and Human Services on or after
 25 January 1, 2016, relating to the prescribing of opioids and

1 *applicable to opioid prescriptions for individuals entitled*
2 *to benefits under part A of title XVIII of the Social Security*
3 *Act (42 U.S.C. 1395c et seq.) or enrolled under part B of*
4 *such title of such Act (42 U.S.C. 1395j et seq.).*

5 *(b) UPDATE OF GUIDANCE.—*

6 *(1) PERIODIC UPDATE.—The Secretary shall, in*
7 *consultation with the entities specified in paragraph*
8 *(2), periodically (as determined appropriate by the*
9 *Secretary) update guidance described in subsection*
10 *(a) and revise the posting of such guidance on the*
11 *website described in such subsection.*

12 *(2) CONSULTATION.—The entities specified in*
13 *this paragraph are the following:*

14 *(A) Medical professional organizations.*

15 *(B) Providers and suppliers of services (as*
16 *such terms are defined in section 1861 of the So-*
17 *cial Security Act (42 U.S.C. 1395x)).*

18 *(C) Health care consumers or groups rep-*
19 *resenting such consumers.*

20 *(D) Other entities determined appropriate*
21 *by the Secretary.*

1 ***Subtitle K—Providing Reliable Op-***
 2 ***tions for Patients and Edu-***
 3 ***cational Resources***

4 ***SEC. 6101. SHORT TITLE.***

5 *This subtitle may be cited as the “Providing Reliable*
 6 *Options for Patients and Educational Resources Act of*
 7 *2018” or the “PROPER Act of 2018”.*

8 ***SEC. 6102. REQUIRING MEDICARE ADVANTAGE PLANS AND***
 9 ***PART D PRESCRIPTION DRUG PLANS TO IN-***
 10 ***CLUDE INFORMATION ON RISKS ASSOCIATED***
 11 ***WITH OPIOIDS AND COVERAGE OF NON-***
 12 ***PHARMACOLOGICAL THERAPIES AND***
 13 ***NONOPIOID MEDICATIONS OR DEVICES USED***
 14 ***TO TREAT PAIN.***

15 *Section 1860D–4(a)(1) of the Social Security Act (42*
 16 *U.S.C. 1395w–104(a)(1)) is amended—*

17 *(1) in subparagraph (A), by inserting “, subject*
 18 *to subparagraph (C),” before “including”;*

19 *(2) in subparagraph (B), by adding at the end*
 20 *the following new clause:*

21 *“(vi) For plan year 2021 and each*
 22 *subsequent plan year, subject to subpara-*
 23 *graph (C), with respect to the treatment of*
 24 *pain—*

1 “(I) the risks associated with pro-
2 longed opioid use; and

3 “(II) coverage of nonpharma-
4 cological therapies, devices, and
5 nonopioid medications—

6 “(aa) in the case of an MA-
7 PD plan under part C, under
8 such plan; and

9 “(bb) in the case of a pre-
10 scription drug plan, under such
11 plan and under parts A and B.”;
12 and

13 (3) by adding at the end the following new sub-
14 paragraph:

15 “(C) TARGETED PROVISION OF INFORMA-
16 TION.—A PDP sponsor of a prescription drug
17 plan may, in lieu of disclosing the information
18 described in subparagraph (B)(vi) to each en-
19 rollee under the plan, disclose such information
20 through mail or electronic communications to a
21 subset of enrollees under the plan, such as enroll-
22 ees who have been prescribed an opioid in the
23 previous 2-year period.”.

1 **SEC. 6103. REQUIRING MEDICARE ADVANTAGE PLANS AND**
2 **PRESCRIPTION DRUG PLANS TO PROVIDE IN-**
3 **FORMATION ON THE SAFE DISPOSAL OF PRE-**
4 **SCRIPTION DRUGS.**

5 (a) *MEDICARE ADVANTAGE.*—Section 1852 of the So-
6 cial Security Act (42 U.S.C. 1395w–22) is amended by add-
7 ing at the end the following new subsection:

8 “(n) *PROVISION OF INFORMATION RELATING TO THE*
9 *SAFE DISPOSAL OF CERTAIN PRESCRIPTION DRUGS.*—

10 “(1) *IN GENERAL.*—In the case of an individual
11 enrolled under an MA or MA–PD plan who is fur-
12 nished an in-home health risk assessment on or after
13 January 1, 2021, such plan shall ensure that such as-
14 sessment includes information on the safe disposal of
15 prescription drugs that are controlled substances that
16 meets the criteria established under paragraph (2).
17 Such information shall include information on drug
18 takeback programs that meet such requirements deter-
19 mined appropriate by the Secretary and information
20 on in-home disposal.

21 “(2) *CRITERIA.*—The Secretary shall, through
22 rulemaking, establish criteria the Secretary deter-
23 mines appropriate with respect to information pro-
24 vided to an individual to ensure that such informa-
25 tion sufficiently educates such individual on the safe

1 *disposal of prescription drugs that are controlled sub-*
 2 *stances.”.*

3 **(b) PRESCRIPTION DRUG PLANS.**—Section 1860D–
 4 4(c)(2)(B) of the Social Security Act (42 U.S.C. 1395w–
 5 104(c)(2)(B)) is amended—

6 (1) by striking “may include elements that pro-
 7 mote”;

8 (2) by redesignating clauses (i) through (iii) as
 9 subclauses (I) through (III) and adjusting the mar-
 10 gins accordingly;

11 (3) by inserting before subclause (I), as so redes-
 12 ignated, the following new clause:

13 “(i) may include elements that pro-
 14 mote—”;

15 (4) in subclause (III), as so redesignated, by
 16 striking the period at the end and inserting “; and”;
 17 and

18 (5) by adding at the end the following new
 19 clause:

20 “(ii) with respect to plan years begin-
 21 ning on or after January 1, 2021, shall pro-
 22 vide for—

23 “(I) the provision of information
 24 to the enrollee on the safe disposal of
 25 prescription drugs that are controlled

substances that meets the criteria established under section 1852(n)(2), including information on drug takeback programs that meet such requirements determined appropriate by the Secretary and information on in-home disposal; and

“(II) cost-effective means by which an enrollee may so safely dispose of such drugs.”.

SEC. 6104. REVISING MEASURES USED UNDER THE HOSPITAL CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS SURVEY RELATING TO PAIN MANAGEMENT.

(a) *RESTRICTION ON THE USE OF PAIN QUESTIONS IN HCAHPS.*—Section 1886(b)(3)(B)(viii) of the Social Security Act (42 U.S.C. 1395ww(b)(3)(B)(viii)) is amended by adding at the end the following new subclause:

“(XII)(aa) With respect to a Hospital Consumer Assessment of Healthcare Providers and Systems survey (or a successor survey) conducted on or after January 1, 2020, such survey may not include questions about communication by hospital staff with an individual about such individual’s pain unless such questions take into account, as applicable, whether an individual experiencing pain was

1 informed about risks associated with the use of opioids and
 2 about non-opioid alternatives for the treatment of pain.

3 “(bb) The Secretary shall not include on the Hospital
 4 Compare internet website any measures based on the ques-
 5 tions appearing on the Hospital Consumer Assessment of
 6 Healthcare Providers and Systems survey in 2018 or 2019
 7 about communication by hospital staff with an individual
 8 about such individual’s pain.”.

9 (b) RESTRICTION ON USE OF 2018 AND 2019 PAIN
 10 QUESTIONS IN THE HOSPITAL VALUE-BASED PURCHASING
 11 PROGRAM.—Section 1886(o)(2)(B) of the Social Security
 12 Act (42 U.S.C. 1395ww(o)(2)(B)) is amended by adding at
 13 the end the following new clause:

14 “(iii) HCAHPS PAIN QUESTIONS.—
 15 The Secretary may not include under sub-
 16 paragraph (A) a measure that is based on
 17 the questions appearing on the Hospital
 18 Consumer Assessment of Healthcare Pro-
 19 viders and Systems survey in 2018 or 2019
 20 about communication by hospital staff with
 21 an individual about the individual’s pain.”.

***Subtitle L—Fighting the Opioid
Epidemic With Sunshine***

***SEC. 6111. FIGHTING THE OPIOID EPIDEMIC WITH SUN-
SHINE.***

*(a) INCLUSION OF INFORMATION REGARDING PAY-
MENTS TO ADDITIONAL PRACTITIONERS.—*

*(1) IN GENERAL.—Section 1128G(e)(6) of the So-
cial Security Act (42 U.S.C. 1320a–7h(e)(6)) is
amended—*

*(A) in subparagraph (A), by adding at the
end the following new clauses:*

*“(iii) A physician assistant, nurse
practitioner, or clinical nurse specialist (as
such terms are defined in section
1861(aa)(5)).*

*“(iv) A certified registered nurse anes-
thetist (as defined in section 1861(bb)(2)).*

*“(v) A certified nurse-midwife (as de-
fined in section 1861(gg)(2)).”; and*

*(B) in subparagraph (B), by inserting “,
physician assistant, nurse practitioner, clinical
nurse specialist, certified nurse anesthetist, or
certified nurse-midwife” after “physician”.*

*(2) EFFECTIVE DATE.—The amendments made
by this subsection shall apply with respect to infor-*

1 *mation required to be submitted under section 1128G*
 2 *of the Social Security Act (42 U.S.C. 1320a–7h) on*
 3 *or after January 1, 2022.*

4 *(b) SUNSET OF EXCLUSION OF NATIONAL PROVIDER*
 5 *IDENTIFIER OF COVERED RECIPIENT IN INFORMATION*
 6 *MADE PUBLICLY AVAILABLE.—Section*
 7 *1128G(c)(1)(C)(viii) of the Social Security Act (42 U.S.C.*
 8 *1320a–7h(c)(1)(C)(viii)) is amended by striking “does not*
 9 *contain” and inserting “in the case of information made*
 10 *available under this subparagraph prior to January 1,*
 11 *2022, does not contain”.*

12 *(c) ADMINISTRATION.—Chapter 35 of title 44, United*
 13 *States Code, shall not apply to this section or the amend-*
 14 *ments made by this section.*

15 ***TITLE VII—PUBLIC HEALTH***
 16 ***PROVISIONS***
 17 ***Subtitle A—Awareness and***
 18 ***Training***

19 ***SEC. 7001. REPORT ON EFFECTS ON PUBLIC HEALTH OF***
 20 ***SYNTHETIC DRUG USE.***

21 *(a) IN GENERAL.—Not later than 3 years after the*
 22 *date of the enactment of this Act, the Secretary of Health*
 23 *and Human Services, in coordination with the Surgeon*
 24 *General of the Public Health Service, shall submit to the*
 25 *Committee on Energy and Commerce of the House of Rep-*

1 *representatives and the Committee on Health, Education,*
 2 *Labor, and Pensions of the Senate a report on the health*
 3 *effects of new psychoactive substances, including synthetic*
 4 *drugs, used by adolescents and young adults.*

5 *(b) NEW PSYCHOACTIVE SUBSTANCE DEFINED.—For*
 6 *purposes of subsection (a), the term “new psychoactive sub-*
 7 *stance” means a controlled substance analogue (as defined*
 8 *in section 102(32) of the Controlled Substances Act (21*
 9 *U.S.C. 802(32)).*

10 **SEC. 7002. FIRST RESPONDER TRAINING.**

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

13 *(1) in subsection (c)—*

14 *(A) in paragraph (2), by striking “and” at*
 15 *the end;*

16 *(B) in paragraph (3), by striking the period*
 17 *and inserting “; and”; and*

18 *(C) by adding at the end the following:*

19 *“(4) train and provide resources for first re-*
 20 *sponders and members of other key community sectors*
 21 *on safety around fentanyl, carfentanil, and other dan-*
 22 *gerous licit and illicit drugs to protect themselves*
 23 *from exposure to such drugs and respond appro-*
 24 *priately when exposure occurs.”;*

1 (2) in subsection (d), by striking “and mecha-
2 nisms for referral to appropriate treatment for an en-
3 tity receiving a grant under this section” and insert-
4 ing “mechanisms for referral to appropriate treat-
5 ment, and safety around fentanyl, carfentanil, and
6 other dangerous licit and illicit drugs”;

7 (3) in subsection (f)—

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

10 (B) in paragraph (4), by striking the period
11 and inserting “; and”; and

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

13 “(5) the number of first responders and members
14 of other key community sectors trained on safety
15 around fentanyl, carfentanil, and other dangerous
16 licit and illicit drugs.”;

17 (4) by redesignating subsection (g) as subsection
18 (h);

19 (5) by inserting after subsection (f) the following:

20 “(g) *OTHER KEY COMMUNITY SECTORS.*—In this sec-
21 tion, the term ‘other key community sectors’ includes sub-
22 stance use disorder treatment providers, emergency medical
23 services agencies, agencies and organizations working with
24 prison and jail populations and offender reentry programs,
25 health care providers, harm reduction groups, pharmacies,

1 *community health centers, tribal health facilities, and men-*
 2 *tal health providers.”; and*

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

7 ***Subtitle B—Pilot Program for Pub-***
 8 ***lic Health Laboratories To De-***
 9 ***tect Fentanyl and Other Syn-***
 10 ***thetic Opioids***

11 ***SEC. 7011. PILOT PROGRAM FOR PUBLIC HEALTH LABORA-***
 12 ***TORIES TO DETECT FENTANYL AND OTHER***
 13 ***SYNTHETIC OPIOIDS.***

14 *(a) GRANTS.—The Secretary of Health and Human*
 15 *Services (referred to in this section as the “Secretary”) shall*
 16 *award grants to, or enter into cooperative agreements with,*
 17 *Federal, State, and local agencies to improve coordination*
 18 *between public health laboratories and laboratories operated*
 19 *by law enforcement agencies, such as Customs and Border*
 20 *Protection and the Drug Enforcement Administration, to*
 21 *improve detection of synthetic opioids, including fentanyl*
 22 *and its analogues, as described in subsection (b).*

23 *(b) DETECTION ACTIVITIES.—The Secretary, in con-*
 24 *sultation with the Director of the National Institute of*
 25 *Standards and Technology, the Director of the Centers for*

1 *Disease Control and Prevention, the Attorney General of the*
2 *United States, and the Administrator of the Drug Enforce-*
3 *ment Administration, shall, for purposes of this section, de-*
4 *velop or identify—*

5 *(1) best practices for safely handling and testing*
6 *synthetic opioids, including fentanyl and its ana-*
7 *logues, including with respect to reference materials,*
8 *instrument calibration, and quality control protocols;*

9 *(2) reference materials and quality control*
10 *standards related to synthetic opioids, including*
11 *fentanyl and its analogues, to enhance—*

12 *(A) clinical diagnostics;*

13 *(B) postmortem data collection; and*

14 *(C) portable testing equipment utilized by*
15 *law enforcement and public health officials; and*

16 *(3) procedures for the identification of new and*
17 *emerging synthetic opioid formulations and proce-*
18 *dures for reporting those findings to appropriate law*
19 *enforcement agencies and Federal, State, and local*
20 *public health laboratories and health departments, as*
21 *appropriate.*

22 *(c) LABORATORIES.—The Secretary shall require re-*
23 *cipients of grants or cooperative agreements under sub-*
24 *section (a) to—*

1 (1) *follow the best practices established under*
2 *subsection (b) and have the appropriate capabilities*
3 *to provide laboratory testing of controlled substances,*
4 *such as synthetic fentanyl, and biospecimens for the*
5 *purposes of aggregating and reporting public health*
6 *information to Federal, State, and local public health*
7 *officials, laboratories, and other entities the Secretary*
8 *deems appropriate;*

9 (2) *work with law enforcement agencies and pub-*
10 *lic health authorities, as practicable;*

11 (3) *provide early warning information to Fed-*
12 *eral, State, and local law enforcement agencies and*
13 *public health authorities regarding trends or other*
14 *data related to the supply of synthetic opioids, includ-*
15 *ing fentanyl and its analogues;*

16 (4) *provide biosurveillance capabilities with re-*
17 *spect to identifying trends in adverse health outcomes*
18 *associated with non-fatal exposures; and*

19 (5) *provide diagnostic testing, as appropriate*
20 *and practicable, for non-fatal exposures of emergency*
21 *personnel, first responders, and other individuals.*

22 (d) *AUTHORIZATION OF APPROPRIATIONS.—To carry*
23 *out this section, there is authorized to be appropriated*
24 *\$15,000,000 for each of fiscal years 2019 through 2023.*

***Subtitle C—Indexing Narcotics,
Fentanyl, and Opioids***

***SEC. 7021. ESTABLISHMENT OF SUBSTANCE USE DISORDER
INFORMATION DASHBOARD.***

Title XVII of the Public Health Service Act (42 U.S.C. 300u et seq.) is amended by adding at the end the following new section:

***“SEC. 1711. ESTABLISHMENT OF SUBSTANCE USE DIS-
ORDER INFORMATION DASHBOARD.***

“(a) IN GENERAL.—Not later than 6 months after the date of the enactment of this section, the Secretary of Health and Human Services shall, in consultation with the Director of National Drug Control Policy, establish and periodically update, on the Internet website of the Department of Health and Human Services, a public information dashboard that—

“(1) provides links to information on programs within the Department of Health and Human Services related to the reduction of opioid and other substance use disorders;

“(2) provides access, to the extent practicable and appropriate, to publicly available data, which may include data from agencies within the Department of Health and Human Services and—

“(A) other Federal agencies;

1 “(B) State, local, and Tribal governments;

2 “(C) nonprofit organizations;

3 “(D) law enforcement;

4 “(E) medical experts;

5 “(F) public health educators; and

6 “(G) research institutions regarding preven-
7 tion, treatment, recovery, and other services for
8 opioid and other substance use disorders;

9 “(3) provides data on substance use disorder pre-
10 vention and treatment strategies in different regions
11 of and populations in the United States;

12 “(4) identifies information on alternatives to
13 controlled substances for pain management, such as
14 approaches studied by the National Institutes of
15 Health Pain Consortium, the National Center for
16 Complimentary and Integrative Health, and other in-
17 stitutes and centers at the National Institutes of
18 Health, as appropriate; and

19 “(5) identifies guidelines and best practices for
20 health care providers regarding treatment of sub-
21 stance use disorders.

22 “(b) CONTROLLED SUBSTANCE DEFINED.—In this sec-
23 tion, the term ‘controlled substance’ has the meaning given
24 that term in section 102 of the Controlled Substances Act
25 (21 U.S.C. 802).”.

1 **SEC. 7022. INTERDEPARTMENTAL SUBSTANCE USE DIS-**
2 **ORDERS COORDINATING COMMITTEE.**

3 (a) *ESTABLISHMENT.*—Not later than 3 months after
4 the date of the enactment of this Act, the Secretary of Health
5 and Human Services (in this section referred to as the “Sec-
6 retary”) shall, in coordination with the Director of Na-
7 tional Drug Control Policy, establish a committee, to be
8 known as the Interdepartmental Substance Use Disorders
9 Coordinating Committee (in this section referred to as the
10 “Committee”), to coordinate Federal activities related to
11 substance use disorders.

12 (b) *MEMBERSHIP.*—

13 (1) *FEDERAL MEMBERS.*—The Committee shall
14 be composed of the following Federal representatives,
15 or the designees of such representatives:

16 (A) *The Secretary, who shall serve as the*
17 *Chair of the Committee.*

18 (B) *The Attorney General of the United*
19 *States.*

20 (C) *The Secretary of Labor.*

21 (D) *The Secretary of Housing and Urban*
22 *Development.*

23 (E) *The Secretary of Education.*

24 (F) *The Secretary of Veterans Affairs.*

25 (G) *The Commissioner of Social Security.*

1 (H) *The Assistant Secretary for Mental*
2 *Health and Substance Use.*

3 (I) *The Director of National Drug Control*
4 *Policy.*

5 (J) *Representatives of other Federal agen-*
6 *cies that support or conduct activities or pro-*
7 *grams related to substance use disorders, as de-*
8 *termined appropriate by the Secretary.*

9 (2) *NON-FEDERAL MEMBERS.—The Committee*
10 *shall include a minimum of 15 non-Federal members*
11 *appointed by the Secretary, of which—*

12 (A) *at least two such members shall be an*
13 *individual who has received treatment for a di-*
14 *agnosis of a substance use disorder;*

15 (B) *at least two such members shall be a di-*
16 *rector of a State substance abuse agency;*

17 (C) *at least two such members shall be a*
18 *representative of a leading research, advocacy, or*
19 *service organization for adults with substance*
20 *use disorder;*

21 (D) *at least two such members shall—*

22 (i) *be a physician, licensed mental*
23 *health professional, advance practice reg-*
24 *istered nurse, or physician assistant; and*

1 (ii) have experience in treating indi-
2 viduals with substance use disorders;

3 (E) at least one such member shall be a sub-
4 stance use disorder treatment professional who
5 provides treatment services at a certified opioid
6 treatment program;

7 (F) at least one such member shall be a sub-
8 stance use disorder treatment professional who
9 has research or clinical experience in working
10 with racial and ethnic minority populations;

11 (G) at least one such member shall be a sub-
12 stance use disorder treatment professional who
13 has research or clinical mental health experience
14 in working with medically underserved popu-
15 lations;

16 (H) at least one such member shall be a
17 State-certified substance use disorder peer sup-
18 port specialist;

19 (I) at least one such member shall be a drug
20 court judge or a judge with experience in adjudi-
21 cating cases related to substance use disorder;

22 (J) at least one such member shall be a pub-
23 lic safety officer with extensive experience in
24 interacting with adults with a substance use dis-
25 order; and

1 (K) at least one such member shall be an
2 individual with experience providing services for
3 homeless individuals with a substance use dis-
4 order.

5 (c) *TERMS.*—

6 (1) *IN GENERAL.*—A member of the Committee
7 appointed under subsection (b)(2) shall be appointed
8 for a term of 3 years and may be reappointed for one
9 or more 3-year terms.

10 (2) *VACANCIES.*—A vacancy on the Committee
11 shall be filled in the same manner in which the origi-
12 nal appointment was made. Any individual ap-
13 pointed to fill a vacancy for an unexpired term shall
14 be appointed for the remainder of such term and may
15 serve after the expiration of such term until a suc-
16 cessor has been appointed.

17 (d) *MEETINGS.*—The Committee shall meet not fewer
18 than two times each year.

19 (e) *DUTIES.*—The Committee shall—

20 (1) identify areas for improved coordination of
21 activities, if any, related to substance use disorders,
22 including research, services, supports, and prevention
23 activities across all relevant Federal agencies;

24 (2) identify and provide to the Secretary rec-
25 ommendations for improving Federal programs for

1 *the prevention and treatment of, and recovery from,*
2 *substance use disorders, including by expanding ac-*
3 *cess to prevention, treatment, and recovery services;*

4 *(3) analyze substance use disorder prevention*
5 *and treatment strategies in different regions of and*
6 *populations in the United States and evaluate the ex-*
7 *tent to which Federal substance use disorder preven-*
8 *tion and treatment strategies are aligned with State*
9 *and local substance use disorder prevention and treat-*
10 *ment strategies;*

11 *(4) make recommendations to the Secretary re-*
12 *garding any appropriate changes with respect to the*
13 *activities and strategies described in paragraphs (1)*
14 *through (3);*

15 *(5) make recommendations to the Secretary re-*
16 *garding public participation in decisions relating to*
17 *substance use disorders and the process by which pub-*
18 *lic feedback can be better integrated into such deci-*
19 *sions; and*

20 *(6) make recommendations to ensure that sub-*
21 *stance use disorder research, services, supports, and*
22 *prevention activities of the Department of Health and*
23 *Human Services and other Federal agencies are not*
24 *unnecessarily duplicative.*

1 (f) *ANNUAL REPORT.*—Not later than 1 year after the
2 date of the enactment of this Act, and annually thereafter
3 for the life of the Committee, the Committee shall publish
4 on the Internet website of the Department of Health and
5 Human Services, which may include the public information
6 dashboard established under section 1711 of the Public
7 Health Service Act, as added by section 7021, a report sum-
8 marizing the activities carried out by the Committee pursu-
9 ant to subsection (e), including any findings resulting from
10 such activities.

11 (g) *WORKING GROUPS.*—The Committee may establish
12 working groups for purposes of carrying out the duties de-
13 scribed in subsection (e). Any such working group shall be
14 composed of members of the Committee (or the designees of
15 such members) and may hold such meetings as are nec-
16 essary to enable the working group to carry out the duties
17 delegated to the working group.

18 (h) *FEDERAL ADVISORY COMMITTEE ACT.*—The Fed-
19 eral Advisory Committee Act (5 U.S.C. App.) shall apply
20 to the Committee only to the extent that the provisions of
21 such Act do not conflict with the requirements of this sec-
22 tion.

23 (i) *SUNSET.*—The Committee shall terminate on the
24 date that is 6 years after the date on which the Committee
25 is established under subsection (a).

1 **SEC. 7023. NATIONAL MILESTONES TO MEASURE SUCCESS**
2 **IN CURTAILING THE OPIOID CRISIS.**

3 (a) *IN GENERAL.*—Not later than 180 days after the
4 date of enactment of this Act, the Secretary of Health and
5 Human Services (referred to in this section as the “Sec-
6 retary”), in coordination with the Administrator of the
7 Drug Enforcement Administration and the Director of the
8 Office of National Drug Control Policy, shall develop or
9 identify existing national indicators (referred to in this sec-
10 tion as the “national milestones”) to measure success in
11 curtailing the opioid crisis, with the goal of significantly
12 reversing the incidence and prevalence of opioid misuse and
13 abuse, and opioid-related morbidity and mortality in the
14 United States within 5 years of such date of enactment.

15 (b) *NATIONAL MILESTONES TO END THE OPIOID CRI-*
16 *SIS.*—The national milestones under subsection (a) shall in-
17 clude the following:

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

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

25 (B) *the number of emergency room visits re-*
26 *lated to opioid misuse and abuse;*

1 (C) the number of individuals in sustained
2 recovery from opioid use disorder;

3 (D) the number of infections associated with
4 illicit drug use, such as HIV, viral hepatitis, and
5 infective endocarditis, and available capacity for
6 treating such infections;

7 (E) the number of providers prescribing
8 medication-assisted treatment for opioid use dis-
9 orders, including in primary care settings, com-
10 munity health centers, jails, and prisons;

11 (F) the number of individuals receiving
12 treatment for opioid use disorder; and

13 (G) additional indicators or metrics, as ap-
14 propriate, such as metrics pertaining to specific
15 populations, including women and children,
16 American Indians and Alaskan Natives, individ-
17 uals living in rural and non-urban areas, and
18 justice-involved populations, that would further
19 clarify the progress made in addressing the
20 opioid crisis.

21 (2) A reasonable goal, such as a percentage de-
22 crease or other specified metric, that signifies progress
23 in meeting the goal described in subsection (a), and
24 annual targets to help achieve that goal.

1 (c) *CONSIDERATION OF OTHER SUBSTANCE USE DIS-*
2 *ORDERS.*—*In developing the national milestones under sub-*
3 *section (b), the Secretary shall, as appropriate, consider*
4 *other substance use disorders in addition to opioid use dis-*
5 *order.*

6 (d) *EXTENSION OF PERIOD.*—*If the Secretary deter-*
7 *mines that the goal described in subsection (a) will not be*
8 *achieved with respect to any indicator or metric established*
9 *under subsection (b)(2) within 5 years of the date of enact-*
10 *ment of this Act, the Secretary may extend the timeline for*
11 *meeting such goal with respect to that indicator or metric.*
12 *The Secretary shall include with any such extension a ra-*
13 *tionale for why additional time is needed and information*
14 *on whether significant changes are needed in order to*
15 *achieve such goal with respect to the indicator or metric.*

16 (e) *ANNUAL STATUS UPDATE.*—*Not later than one*
17 *year after the date of enactment of this Act, the Secretary*
18 *shall make available on the Internet website of the Depart-*
19 *ment of Health and Human Services, and submit to the*
20 *Committee on Health, Education, Labor, and Pensions of*
21 *the Senate and the Committee on Energy and Commerce*
22 *of the House of Representatives, an update on the progress,*
23 *including expected progress in the subsequent year, in*
24 *achieving the goals detailed in the national milestones.*
25 *Each such update shall include the progress made in the*

1 *first year or since the previous report, as applicable, in*
2 *meeting each indicator or metric in the national milestones.*

3 **SEC. 7024. STUDY ON PRESCRIBING LIMITS.**

4 *Not later than 2 years after the date of enactment of*
5 *this Act, the Secretary of Health and Human Services, in*
6 *consultation with the Attorney General of the United States,*
7 *shall submit to the Committee on Health, Education, Labor,*
8 *and Pensions of the Senate and the Committee on Energy*
9 *and Commerce of the House of Representatives a report on*
10 *the impact of Federal and State laws and regulations that*
11 *limit the length, quantity, or dosage of opioid prescriptions.*
12 *Such report shall address—*

13 *(1) the impact of such limits on—*

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

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

18 *(C) the prevalence of opioid use disorders;*

19 *(D) medically appropriate use of, and ac-*
20 *cess to, opioids, including any impact on travel*
21 *expenses and pain management outcomes for pa-*
22 *tients, whether such limits are associated with*
23 *significantly higher rates of negative health out-*
24 *comes, including suicide, and whether the impact*

1 *of such limits differs based on the clinical indi-*
 2 *cation for which opioids are prescribed;*

3 *(2) whether such limits lead to a significant in-*
 4 *crease in burden for prescribers of opioids or pre-*
 5 *scribers of treatments for opioid use disorder, includ-*
 6 *ing any impact on patient access to treatment, and*
 7 *whether any such burden is mitigated by any factors*
 8 *such as electronic prescribing or telemedicine; and*

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

13 ***Subtitle D—Ensuring Access to***
 14 ***Quality Sober Living***

15 ***SEC. 7031. NATIONAL RECOVERY HOUSING BEST PRAC-***
 16 ***TICES.***

17 *Part D of title V of the Public Health Service Act (42*
 18 *U.S.C. 290dd et seq.) is amended by adding at the end the*
 19 *following new section:*

20 ***“SEC. 550. NATIONAL RECOVERY HOUSING BEST PRAC-***
 21 ***TICES.***

22 ***“(a) BEST PRACTICES FOR OPERATING RECOVERY***
 23 ***HOUSING.—***

24 ***“(1) IN GENERAL.—The Secretary, in consulta-***
 25 ***tion with the individuals and entities specified in***

1 *paragraph (2), shall identify or facilitate the develop-*
2 *ment of best practices, which may include model laws*
3 *for implementing suggested minimum standards, for*
4 *operating recovery housing.*

5 “(2) *CONSULTATION.—In carrying out the ac-*
6 *tivities described in paragraph (1), the Secretary*
7 *shall consult with, as appropriate—*

8 “(A) *relevant divisions of the Department of*
9 *Health and Human Services, including the Sub-*
10 *stance Abuse and Mental Health Services Ad-*
11 *ministration, the Office of Inspector General, the*
12 *Indian Health Service, and the Centers for Medi-*
13 *care & Medicaid Services;*

14 “(B) *the Secretary of Housing and Urban*
15 *Development;*

16 “(C) *directors or commissioners, as applica-*
17 *ble, of State health departments, tribal health de-*
18 *partments, State Medicaid programs, and State*
19 *insurance agencies;*

20 “(D) *representatives of health insurance*
21 *issuers;*

22 “(E) *national accrediting entities and rep-*
23 *utable providers of, and analysts of, recovery*
24 *housing services, including Indian tribes, tribal*
25 *organizations, and tribally designated housing*

1 *entities that provide recovery housing services, as*
 2 *applicable;*

3 *“(F) individuals with a history of substance*
 4 *use disorder; and*

5 *“(G) other stakeholders identified by the*
 6 *Secretary.*

7 *“(b) IDENTIFICATION OF FRAUDULENT RECOVERY*
 8 *HOUSING OPERATORS.—*

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

15 *“(2) CONSULTATION.—In carrying out the ac-*
 16 *tivities described in paragraph (1), the Secretary*
 17 *shall consult with, as appropriate, the individuals*
 18 *and entities specified in subsection (a)(2) and the At-*
 19 *torney General of the United States.*

20 *“(3) REQUIREMENTS.—*

21 *“(A) PRACTICES FOR IDENTIFICATION AND*
 22 *REPORTING.—In carrying out the activities de-*
 23 *scribed in paragraph (1), the Secretary shall*
 24 *consider how law enforcement, public and pri-*

1 vate payers, and the public can best identify and
2 report fraudulent recovery housing operators.

3 “(B) *FACTORS TO BE CONSIDERED.*—In
4 carrying out the activities described in para-
5 graph (1), the Secretary shall identify or develop
6 indicators, which may include indicators related
7 to—

8 “(i) *unusual billing practices;*

9 “(ii) *average lengths of stays;*

10 “(iii) *excessive levels of drug testing*
11 *(in terms of cost or frequency); and*

12 “(iv) *unusually high levels of recidi-*
13 *vism.*

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

18 “(1) *State agencies, which may include the pro-*
19 *vision of technical assistance to State agencies seeking*
20 *to adopt or implement such best practices;*

21 “(2) *Indian tribes, tribal organizations, and*
22 *tribally designated housing entities;*

23 “(3) *the Attorney General of the United States;*

24 “(4) *the Secretary of Labor;*

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

3 “(6) *State and local law enforcement agencies;*

4 “(7) *health insurance issuers;*

5 “(8) *recovery housing entities; and*

6 “(9) *the public.*

7 “(d) *REQUIREMENTS.—In carrying out the activities*
8 *described in subsections (a) and (b), the Secretary, in con-*
9 *sultation with appropriate individuals and entities de-*
10 *scribed in subsections (a)(2) and (b)(2), shall consider how*
11 *recovery housing is able to support recovery and prevent*
12 *relapse, recidivism, or overdose (including overdose death),*
13 *including by improving access and adherence to treatment,*
14 *including medication-assisted treatment.*

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

19 “(f) *DEFINITIONS.—In this section:*

20 “(1) *The term ‘recovery housing’ means a shared*
21 *living environment free from alcohol and illicit drug*
22 *use and centered on peer support and connection to*
23 *services that promote sustained recovery from sub-*
24 *stance use disorders.*

1 “(2) *The terms ‘Indian tribe’ and ‘tribal organi-*
 2 *zation’ have the meanings given those terms in section*
 3 *4 of the Indian Self-Determination and Education*
 4 *Assistance Act (25 U.S.C. 5304).*

5 “(3) *The term ‘tribally designated housing enti-*
 6 *ty’ has the meaning given that term in section 4 of*
 7 *the Native American Housing Assistance and Self-De-*
 8 *termination Act of 1996 (25 U.S.C. 4103).*

9 “(g) *AUTHORIZATION OF APPROPRIATIONS.—To carry*
 10 *out this section, there is authorized to be appropriated*
 11 *\$3,000,000 for the period of fiscal years 2019 through*
 12 *2021.”.*

13 ***Subtitle E—Advancing Cutting*** 14 ***Edge Research***

15 ***SEC. 7041. UNIQUE RESEARCH INITIATIVES.***

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

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

19 *(2) in subparagraph (B), by striking the period*
 20 *and inserting “; or”; and*

21 *(3) by adding at the end the following:*

22 *“(C) high impact cutting-edge research that*
 23 *fosters scientific creativity and increases funda-*
 24 *mental biological understanding leading to the*
 25 *prevention, diagnosis, or treatment of diseases*

1 *and disorders, or research urgently required to*
2 *respond to a public health threat.”.*

3 **SEC. 7042. PAIN RESEARCH.**

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

6 *(1) in paragraph (5)—*

7 *(A) in subparagraph (A), by striking “and*
8 *treatment of pain and diseases and disorders as-*
9 *sociated with pain” and inserting “treatment,*
10 *and management of pain and diseases and dis-*
11 *orders associated with pain, including informa-*
12 *tion on best practices for the utilization of non-*
13 *pharmacologic treatments, non-addictive medical*
14 *products, and other drugs or devices approved or*
15 *cleared by the Food and Drug Administration”;*

16 *(B) in subparagraph (B), by striking “on*
17 *the symptoms and causes of pain;” and inserting*
18 *the following: “on—*

19 *“(i) the symptoms and causes of pain,*
20 *including the identification of relevant bio-*
21 *markers and screening models and the epi-*
22 *demiology of acute and chronic pain;*

23 *“(ii) the diagnosis, prevention, treat-*
24 *ment, and management of acute and chron-*
25 *ic pain, including with respect to non-phar-*

1 *macologic treatments, non-addictive medical*
2 *products, and other drugs or devices ap-*
3 *proved or cleared by the Food and Drug Ad-*
4 *ministration; and*

5 *“(iii) risk factors for, and early warn-*
6 *ing signs of, substance use disorders in pop-*
7 *ulations with acute and chronic pain; and”;*
8 *and*

9 *(C) by striking subparagraphs (C) through*
10 *(E) and inserting the following:*

11 *“(C) make recommendations to the Director*
12 *of NIH—*

13 *“(i) to ensure that the activities of the*
14 *National Institutes of Health and other*
15 *Federal agencies are free of unnecessary du-*
16 *plication of effort;*

17 *“(ii) on how best to disseminate infor-*
18 *mation on pain care and epidemiological*
19 *data related to acute and chronic pain; and*

20 *“(iii) on how to expand partnerships*
21 *between public entities and private entities*
22 *to expand collaborative, cross-cutting re-*
23 *search.”;*

24 *(2) by redesignating paragraph (6) as para-*
25 *graph (7); and*

(3) by inserting after paragraph (5) the following:

“(6) *REPORT.*—The Secretary shall ensure that recommendations and actions taken by the Director with respect to the topics discussed at the meetings described in paragraph (4) are included in appropriate reports to Congress.”.

Subtitle F—Jessie’s Law

SEC. 7051. INCLUSION OF OPIOID ADDICTION HISTORY IN PATIENT RECORDS.

(a) *BEST PRACTICES.*—

(1) *IN GENERAL.*—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services (in this section referred to as the “Secretary”), in consultation with appropriate stakeholders, including a patient with a history of opioid use disorder, an expert in electronic health records, an expert in the confidentiality of patient health information and records, and a health care provider, shall identify or facilitate the development of best practices regarding—

(A) the circumstances under which information that a patient has provided to a health care provider regarding such patient’s history of opioid use disorder should, only at the patient’s

1 *request, be prominently displayed in the medical*
2 *records (including electronic health records) of*
3 *such patient;*

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

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

9 *(2) DISSEMINATION.—The Secretary shall dis-*
10 *seminate the best practices developed under para-*
11 *graph (1) to health care providers and State agencies.*

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

16 *(1) The potential for addiction relapse or over-*
17 *dose, including overdose death, when opioid medica-*
18 *tions are prescribed to a patient recovering from*
19 *opioid use disorder.*

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

24 *(3) The importance of prominently displaying*
25 *information about a patient's opioid use disorder*

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

16 *SEC. 7052. COMMUNICATION WITH FAMILIES DURING EMER-*
17 *GENCIES.*

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1 (b) *USE OF MATERIAL.*—For the purposes of carrying
 2 out subsection (a), the Secretary of Health and Human
 3 Services may use material produced under section 7053 of
 4 this Act or section 11004 of the 21st Century Cures Act
 5 (42 U.S.C. 1320d–2 note).

6 **SEC. 7053. DEVELOPMENT AND DISSEMINATION OF MODEL**
 7 **TRAINING PROGRAMS FOR SUBSTANCE USE**
 8 **DISORDER PATIENT RECORDS.**

9 (a) *INITIAL PROGRAMS AND MATERIALS.*—Not later
 10 than 1 year after the date of the enactment of this Act, the
 11 Secretary of Health and Human Services (in this section
 12 referred to as the “Secretary”), in consultation with appro-
 13 priate experts, shall identify the following model programs
 14 and materials (or if no such programs or materials exist,
 15 recognize private or public entities to develop and dissemi-
 16 nate such programs and materials):

17 (1) *Model programs and materials for training*
 18 *health care providers (including physicians, emer-*
 19 *gency medical personnel, psychiatrists, psychologists,*
 20 *counselors, therapists, nurse practitioners, physician*
 21 *assistants, behavioral health facilities and clinics,*
 22 *care managers, and hospitals, including individuals*
 23 *such as general counsels or regulatory compliance*
 24 *staff who are responsible for establishing provider pri-*
 25 *vacy policies) concerning the permitted uses and dis-*

1 *closures, consistent with the standards and regula-*
 2 *tions governing the privacy and security of substance*
 3 *use disorder patient records promulgated by the Sec-*
 4 *retary under section 543 of the Public Health Service*
 5 *Act (42 U.S.C. 290dd-2) for the confidentiality of pa-*
 6 *tient records.*

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

11 (b) *REQUIREMENTS.—The model programs and mate-*
 12 *rials described in paragraphs (1) and (2) of subsection (a)*
 13 *shall address circumstances under which disclosure of sub-*
 14 *stance use disorder patient records is needed to—*

15 (1) *facilitate communication between substance*
 16 *use disorder treatment providers and other health care*
 17 *providers to promote and provide the best possible in-*
 18 *tegrated care;*

19 (2) *avoid inappropriate prescribing that can*
 20 *lead to dangerous drug interactions, overdose, or re-*
 21 *lapse; and*

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

24 (c) *PERIODIC UPDATES.—The Secretary shall—*

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

4 (2) *disseminate such updated programs and ma-*
 5 *terials to the individuals described in subsection*
 6 *(a)(1).*

7 (d) *INPUT OF CERTAIN ENTITIES.—In identifying, re-*
 8 *viewing, or updating the model programs and materials*
 9 *under this section, the Secretary shall solicit the input of*
 10 *relevant stakeholders.*

11 (e) *AUTHORIZATION OF APPROPRIATIONS.—There is*
 12 *authorized to be appropriated to carry out this section—*

13 (1) *\$4,000,000 for fiscal year 2019;*

14 (2) *\$2,000,000 for each of fiscal years 2020 and*
 15 *2021; and*

16 (3) *\$1,000,000 for each of fiscal years 2022 and*
 17 *2023.*

18 ***Subtitle G—Protecting Pregnant***
 19 ***Women and Infants***

20 ***SEC. 7061. REPORT ON ADDRESSING MATERNAL AND IN-***
 21 ***FANT HEALTH IN THE OPIOID CRISIS.***

22 (a) *IN GENERAL.—Not later than 18 months after the*
 23 *date of the enactment of this Act, the Secretary of Health*
 24 *and Human Services, in coordination with the Centers for*
 25 *Disease Control and Prevention, the National Institutes of*

1 *Health, the Indian Health Service, and the Substance Abuse*
2 *and Mental Health Services Administration, shall develop*
3 *and submit to the Committee on Health, Education, Labor,*
4 *and Pensions of the Senate and the Committee on Energy*
5 *and Commerce of the House of Representatives a report that*
6 *includes—*

7 (1) *information on opioid, non-opioid, and non-*
8 *pharmacologic pain management practices during*
9 *pregnancy and after pregnancy;*

10 (2) *recommendations for increasing public*
11 *awareness and education about substance use dis-*
12 *orders, including opioid use disorders, during and*
13 *after pregnancy, including available treatment re-*
14 *sources in urban and rural areas;*

15 (3) *recommendations to prevent, identify, and*
16 *reduce substance use disorders, including opioid use*
17 *disorders, during pregnancy to improve care for preg-*
18 *nant women with substance use disorders and their*
19 *infants; and*

20 (4) *an identification of areas in need of further*
21 *research with respect to acute and chronic pain man-*
22 *agement during and after pregnancy.*

23 (b) *NO ADDITIONAL FUNDS.*—*No additional funds are*
24 *authorized to be appropriated for purposes of carrying out*
25 *subsection (a).*

1 **SEC. 7062. PROTECTING MOMS AND INFANTS.**

2 (a) *REPORT.*—

3 (1) *IN GENERAL.*—Not later than 60 days after
4 the date of enactment of this Act, the Secretary of
5 Health and Human Services (referred to in this sec-
6 tion as the “Secretary”) shall submit to the Com-
7 mittee on Health, Education, Labor, and Pensions of
8 the Senate and the Committee on Energy and Com-
9 merce of the House of Representatives, and make
10 available to the public on the Internet website of the
11 Department of Health and Human Services, a report
12 regarding the implementation of the recommendations
13 in the strategy relating to prenatal opioid use, includ-
14 ing neonatal abstinence syndrome, developed pursu-
15 ant to section 2 of the Protecting Our Infants Act of
16 2015 (Public Law 114–91). Such report shall in-
17 clude—

18 (A) an update on the implementation of the
19 recommendations in the strategy, including in-
20 formation regarding the agencies involved in the
21 implementation; and

22 (B) information on additional funding or
23 authority the Secretary requires, if any, to im-
24 plement the strategy, which may include au-
25 thorities needed to coordinate implementation of

1 *such strategy across the Department of Health*
 2 *and Human Services.*

3 (2) *PERIODIC UPDATES.*—*The Secretary shall*
 4 *periodically update the report under paragraph (1).*

5 (b) *RESIDENTIAL TREATMENT PROGRAMS FOR PREG-*
 6 *NANT AND POSTPARTUM WOMEN.*—*Section 508(s) of the*
 7 *Public Health Service Act (42 U.S.C. 290bb–1(s)) is amend-*
 8 *ed by striking “\$16,900,000 for each of fiscal years 2017*
 9 *through 2021” and inserting “\$29,931,000 for each of fiscal*
 10 *years 2019 through 2023”.*

11 **SEC. 7063. EARLY INTERVENTIONS FOR PREGNANT WOMEN**
 12 **AND INFANTS.**

13 (a) *DEVELOPMENT OF EDUCATIONAL MATERIALS BY*
 14 *CENTER FOR SUBSTANCE ABUSE PREVENTION.*—*Section*
 15 *515(b) of the Public Health Service Act (42 U.S.C. 290bb–*
 16 *21(b)) is amended—*

17 (1) *in paragraph (13), by striking “and” at the*
 18 *end;*

19 (2) *in paragraph (14), by striking the period at*
 20 *the end and inserting “; and”; and*

21 (3) *by adding at the end the following:*

22 “(15) *in consultation with relevant stakeholders*
 23 *and in collaboration with the Director of the Centers*
 24 *for Disease Control and Prevention, develop edu-*
 25 *cational materials for clinicians to use with pregnant*

1 *women for shared decision making regarding pain*
 2 *management and the prevention of substance use dis-*
 3 *orders during pregnancy.”.*

4 *(b) GUIDELINES AND RECOMMENDATIONS BY CENTER*
 5 *FOR SUBSTANCE ABUSE TREATMENT.—Section 507(b) of*
 6 *the Public Health Service Act (42 U.S.C. 290bb(b)) is*
 7 *amended—*

8 *(1) in paragraph (13), by striking “and” at the*
 9 *end;*

10 *(2) in paragraph (14), by striking the period at*
 11 *the end and inserting a semicolon; and*

12 *(3) by adding at the end the following:*

13 *“(15) in cooperation with the Secretary, imple-*
 14 *ment and disseminate, as appropriate, the rec-*
 15 *ommendations in the report entitled ‘Protecting Our*
 16 *Infants Act: Final Strategy’ issued by the Depart-*
 17 *ment of Health and Human Services in 2017; and”.*

18 *(c) SUPPORT OF PARTNERSHIPS BY CENTER FOR SUB-*
 19 *STANCE ABUSE TREATMENT.—Section 507(b) of the Public*
 20 *Health Service Act (42 U.S.C. 290bb(b)), as amended by*
 21 *subsection (b), is further amended by adding at the end the*
 22 *following:*

23 *“(16) in cooperation with relevant stakeholders,*
 24 *and through public-private partnerships, encourage*
 25 *education about substance use disorders for pregnant*

1 *women and health care providers who treat pregnant*
2 *women and babies.”.*

3 **SEC. 7064. PRENATAL AND POSTNATAL HEALTH.**

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

6 *(1) in subsection (a)—*

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

9 *“(1) to collect, analyze, and make available data*
10 *on prenatal smoking and alcohol and other substance*
11 *abuse and misuse, including—*

12 *“(A) data on—*

13 *“(i) the incidence, prevalence, and im-*
14 *plications of such activities; and*

15 *“(ii) the incidence and prevalence of*
16 *implications and outcomes, including neo-*
17 *natal abstinence syndrome and other mater-*
18 *nal and child health outcomes associated*
19 *with such activities; and*

20 *“(B) additional information or data, as ap-*
21 *propriate, on family health history, medication*
22 *exposures during pregnancy, demographic infor-*
23 *mation, such as race, ethnicity, geographic loca-*
24 *tion, and family history, and other relevant in-*
25 *formation, to inform such analysis;”;*

1 (B) in paragraph (2)—

2 (i) by striking “prevention of” and in-
3 serting “prevention and long-term outcomes
4 associated with”; and

5 (ii) by striking “illegal drug use” and
6 inserting “other substance abuse and mis-
7 use”;

8 (C) in paragraph (3), by striking “and ces-
9 sation programs; and” and inserting “, treat-
10 ment, and cessation programs;”;

11 (D) in paragraph (4), by striking “illegal
12 drug use.” and inserting “other substance abuse
13 and misuse; and”; and

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

15 “(5) to issue public reports on the analysis of
16 data described in paragraph (1), including analysis
17 of—

18 “(A) long-term outcomes of children affected
19 by neonatal abstinence syndrome;

20 “(B) health outcomes associated with pre-
21 natal smoking, alcohol, and substance abuse and
22 misuse; and

23 “(C) relevant studies, evaluations, or infor-
24 mation the Secretary determines to be appro-
25 priate.”;

1 (2) in subsection (b), by inserting “tribal enti-
2 ties,” after “local governments,”;

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

5 (4) by inserting after subsection (b) the fol-
6 lowing:

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

9 “(1) provide technical and consultative assist-
10 ance to entities receiving grants under subsection (b);

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

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

17 “(4) coordinate with the National Coordinator
18 for Health Information Technology, as appropriate,
19 to assist States and Tribes in implementing systems
20 that use standards recognized by such National Coor-
21 dinator, as such recognized standards are available,
22 in order to facilitate interoperability between such
23 systems and health information technology systems,
24 including certified health information technology.”;
25 and

1 (5) *in subsection (d), as so redesignated, by*
 2 *striking “2001 through 2005” and inserting “2019*
 3 *through 2023”.*

4 **SEC. 7065. PLANS OF SAFE CARE.**

5 (a) *IN GENERAL.*—Section 105(a) of the Child Abuse
 6 *Prevention and Treatment Act (42 U.S.C. 5106(a)) is*
 7 *amended by adding at the end the following:*

8 “(7) *GRANTS TO STATES TO IMPROVE AND CO-*
 9 *ORDINATE THEIR RESPONSE TO ENSURE THE SAFETY,*
 10 *PERMANENCY, AND WELL-BEING OF INFANTS AF-*
 11 *FFECTED BY SUBSTANCE USE.*—

12 “(A) *PROGRAM AUTHORIZED.*—The Sec-
 13 *retary is authorized to make grants to States for*
 14 *the purpose of assisting child welfare agencies,*
 15 *social services agencies, substance use disorder*
 16 *treatment agencies, hospitals with labor and de-*
 17 *livery units, medical staff, public health and*
 18 *mental health agencies, and maternal and child*
 19 *health agencies to facilitate collaboration in de-*
 20 *veloping, updating, implementing, and moni-*
 21 *toring plans of safe care described in section*
 22 *106(b)(2)(B)(iii). Section 112(a)(2) shall not*
 23 *apply to the program authorized under this*
 24 *paragraph.*

25 “(B) *DISTRIBUTION OF FUNDS.*—

1 “(i) *RESERVATIONS.*—Of the amounts
2 made available to carry out subparagraph
3 (A), the Secretary shall reserve—

4 “(I) no more than 3 percent for
5 the purposes described in subparagraph
6 (G); and

7 “(II) up to 3 percent for grants to
8 Indian Tribes and tribal organizations
9 to address the needs of infants born
10 with, and identified as being affected
11 by, substance abuse or withdrawal
12 symptoms resulting from prenatal drug
13 exposure or a fetal alcohol spectrum
14 disorder and their families or care-
15 givers, which to the extent practicable,
16 shall be consistent with the uses of
17 funds described under subparagraph
18 (D).

19 “(ii) *ALLOTMENTS TO STATES AND*
20 *TERRITORIES.*—The Secretary shall allot
21 the amount made available to carry out
22 subparagraph (A) that remains after appli-
23 cation of clause (i) to each State that ap-
24 plies for such a grant, in an amount equal
25 to the sum of—

1 “(I) \$500,000; and

2 “(II) an amount that bears the
3 same relationship to any funds made
4 available to carry out subparagraph
5 (A) and remaining after application of
6 clause (i), as the number of live births
7 in the State in the previous calendar
8 year bears to the number of live births
9 in all States in such year.

10 “(iii) *RATABLE REDUCTION*.—If the
11 amount made available to carry out sub-
12 paragraph (A) is insufficient to satisfy the
13 requirements of clause (ii), the Secretary
14 shall ratably reduce each allotment to a
15 State.

16 “(C) *APPLICATION*.—A State desiring a
17 grant under this paragraph shall submit an ap-
18 plication to the Secretary at such time and in
19 such manner as the Secretary may require. Such
20 application shall include—

21 “(i) a description of—

22 “(I) the impact of substance use
23 disorder in such State, including with
24 respect to the substance or class of sub-
25 stances with the highest incidence of

1 *abuse in the previous year in such*
2 *State, including—*

3 *“(aa) the prevalence of sub-*
4 *stance use disorder in such State;*

5 *“(bb) the aggregate rate of*
6 *births in the State of infants af-*
7 *ected by substance abuse or with-*
8 *drawal symptoms or a fetal alco-*
9 *hol spectrum disorder (as deter-*
10 *mined by hospitals, insurance*
11 *claims, claims submitted to the*
12 *State Medicaid program, or other*
13 *records), if available and to the*
14 *extent practicable; and*

15 *“(cc) the number of infants*
16 *identified, for whom a plan of safe*
17 *care was developed, and for whom*
18 *a referral was made for appro-*
19 *priate services, as reported under*
20 *section 106(d)(18);*

21 *“(II) the challenges the State faces*
22 *in developing, implementing, and mon-*
23 *itoring plans of safe care in accordance*
24 *with section 106(b)(2)(B)(iii);*

1 “(III) the State’s lead agency for
2 the grant program and how that agen-
3 cy will coordinate with relevant State
4 entities and programs, including the
5 child welfare agency, the substance use
6 disorder treatment agency, hospitals
7 with labor and delivery units, health
8 care providers, the public health and
9 mental health agencies, programs fund-
10 ed by the Substance Abuse and Mental
11 Health Services Administration that
12 provide substance use disorder treat-
13 ment for women, the State Medicaid
14 program, the State agency admin-
15 istering the block grant program under
16 title V of the Social Security Act (42
17 U.S.C. 701 et seq.), the State agency
18 administering the programs funded
19 under part C of the Individuals with
20 Disabilities Education Act (20 U.S.C.
21 1431 et seq.), the maternal, infant, and
22 early childhood home visiting program
23 under section 511 of the Social Secu-
24 rity Act (42 U.S.C. 711), the State ju-
25 dicial system, and other agencies, as

1 *determined by the Secretary, and In-*
2 *dian Tribes and tribal organizations,*
3 *as appropriate, to implement the ac-*
4 *tivities under this paragraph;*

5 “(IV) *how the State will monitor*
6 *local development and implementation*
7 *of plans of safe care, in accordance*
8 *with section 106(b)(2)(B)(iii)(II), in-*
9 *cluding how the State will monitor to*
10 *ensure plans of safe care address dif-*
11 *ferences between substance use disorder*
12 *and medically supervised substance*
13 *use, including for the treatment of a*
14 *substance use disorder;*

15 “(V) *if applicable, how the State*
16 *plans to utilize funding authorized*
17 *under part E of title IV of the Social*
18 *Security Act (42 U.S.C. 670 et seq.) to*
19 *assist in carrying out any plan of safe*
20 *care, including such funding author-*
21 *ized under section 471(e) of such Act*
22 *(as in effect on October 1, 2018) for*
23 *mental health and substance abuse pre-*
24 *vention and treatment services and in-*
25 *home parent skill-based programs and*

1 *funding authorized under such section*
2 *472(j) (as in effect on October 1, 2018)*
3 *for children with a parent in a li-*
4 *censed residential family-based treat-*
5 *ment facility for substance abuse; and*

6 *“(VI) an assessment of the treat-*
7 *ment and other services and programs*
8 *available in the State to effectively*
9 *carry out any plan of safe care devel-*
10 *oped, including identification of needed*
11 *treatment, and other services and pro-*
12 *grams to ensure the well-being of*
13 *young children and their families af-*
14 *ected by substance use disorder, such*
15 *as programs carried out under part C*
16 *of the Individuals with Disabilities*
17 *Education Act (20 U.S.C. 1431 et seq.)*
18 *and comprehensive early childhood de-*
19 *velopment services and programs such*
20 *as Head Start programs;*

21 *“(ii) a description of how the State*
22 *plans to use funds for activities described in*
23 *subparagraph (D) for the purposes of ensur-*
24 *ing State compliance with requirements*

1 under clauses (ii) and (iii) of section
2 106(b)(2)(B); and

3 “(iii) an assurance that the State will
4 comply with requirements to refer a child
5 identified as substance-exposed to early
6 intervention services as required pursuant
7 to a grant under part C of the Individuals
8 with Disabilities Education Act (20 U.S.C.
9 1431 et seq.).

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

15 “(i) *Improving State and local systems*
16 *with respect to the development and imple-*
17 *mentation of plans of safe care, which—*

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

1 “(II) may include activities such
2 as—

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

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

19 “(cc) improving ongoing case
20 management services;

21 “(dd) improving access to
22 treatment services, which may be
23 prior to the pregnant woman’s de-
24 livery date; and

1 “(ee) keeping families safely
2 together when it is in the best in-
3 terest of the child.

4 “(ii) Developing policies, procedures,
5 or protocols in consultation and coordina-
6 tion with health professionals, public and
7 private health facilities, and substance use
8 disorder treatment agencies to ensure that—

9 “(I) appropriate notification to
10 child protective services is made in a
11 timely manner, as required under sec-
12 tion 106(b)(2)(B)(ii);

13 “(II) a plan of safe care is in
14 place, in accordance with section
15 106(b)(2)(B)(iii), before the infant is
16 discharged from the birth or health
17 care facility; and

18 “(III) such health and related
19 agency professionals are trained on
20 how to follow such protocols and are
21 aware of the supports that may be pro-
22 vided under a plan of safe care.

23 “(iii) Training health professionals
24 and health system leaders, child welfare
25 workers, substance use disorder treatment

1 *agencies, and other related professionals*
2 *such as home visiting agency staff and law*
3 *enforcement in relevant topics including—*

4 *“(I) State mandatory reporting*
5 *laws established under section*
6 *106(b)(2)(B)(i) and the referral and*
7 *process requirements for notification to*
8 *child protective services when child*
9 *abuse or neglect reporting is not man-*
10 *dated;*

11 *“(II) the co-occurrence of preg-*
12 *nancy and substance use disorder, and*
13 *implications of prenatal exposure;*

14 *“(III) the clinical guidance about*
15 *treating substance use disorder in*
16 *pregnant and postpartum women;*

17 *“(IV) appropriate screening and*
18 *interventions for infants affected by*
19 *substance use disorder, withdrawal*
20 *symptoms, or a fetal alcohol spectrum*
21 *disorder and the requirements under*
22 *section 106(b)(2)(B)(iii); and*

23 *“(V) appropriate*
24 *multigenerational strategies to address*

1 *the mental health needs of the parent*
2 *and child together.*

3 “(iv) *Establishing partnerships, agree-*
4 *ments, or memoranda of understanding be-*
5 *tween the lead agency and other entities*
6 *(including health professionals, health fa-*
7 *cilities, child welfare professionals, juvenile*
8 *and family court judges, substance use and*
9 *mental disorder treatment programs, early*
10 *childhood education programs, maternal*
11 *and child health and early intervention pro-*
12 *fessionals (including home visiting pro-*
13 *viders), peer-to-peer recovery programs such*
14 *as parent mentoring programs, and housing*
15 *agencies) to facilitate the implementation*
16 *of, and compliance with, section 106(b)(2)*
17 *and clause (ii) of this subparagraph, in*
18 *areas which may include—*

19 “(I) *developing a comprehensive,*
20 *multi-disciplinary assessment and*
21 *intervention process for infants, preg-*
22 *nant women, and their families who*
23 *are affected by substance use disorder,*
24 *withdrawal symptoms, or a fetal alco-*
25 *hol spectrum disorder, that includes*

1 *meaningful engagement with and takes*
2 *into account the unique needs of each*
3 *family and addresses differences be-*
4 *tween medically supervised substance*
5 *use, including for the treatment of sub-*
6 *stance use disorder, and substance use*
7 *disorder;*

8 *“(II) ensuring that treatment ap-*
9 *proaches for serving infants, pregnant*
10 *women, and perinatal and postnatal*
11 *women whose infants may be affected*
12 *by substance use, withdrawal symp-*
13 *toms, or a fetal alcohol spectrum dis-*
14 *order, are designed to, where appro-*
15 *priate, keep infants with their mothers*
16 *during both inpatient and outpatient*
17 *treatment; and*

18 *“(III) increasing access to all evi-*
19 *dence-based medication-assisted treat-*
20 *ment approved by the Food and Drug*
21 *Administration, behavioral therapy,*
22 *and counseling services for the treat-*
23 *ment of substance use disorders, as ap-*
24 *propriate.*

1 “(v) *Developing and updating systems*
2 *of technology for improved data collection*
3 *and monitoring under section*
4 *106(b)(2)(B)(iii), including existing elec-*
5 *tronic medical records, to measure the out-*
6 *comes achieved through the plans of safe*
7 *care, including monitoring systems to meet*
8 *the requirements of this Act and submission*
9 *of performance measures.*

10 “(E) *REPORTING.—Each State that receives*
11 *funds under this paragraph, for each year such*
12 *funds are received, shall submit a report to the*
13 *Secretary, disaggregated by geographic location,*
14 *economic status, and major racial and ethnic*
15 *groups, except that such disaggregation shall not*
16 *be required if the results would reveal personally*
17 *identifiable information on, with respect to in-*
18 *fants identified under section 106(b)(2)(B)(ii)—*

19 “(i) *the number who experienced re-*
20 *moval associated with parental substance*
21 *use;*

22 “(ii) *the number who experienced re-*
23 *moval and subsequently are reunified with*
24 *parents, and the length of time between such*
25 *removal and reunification;*

1 “(iii) the number who are referred to
2 community providers without a child pro-
3 tection case;

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

6 “(v) the number who receive post-re-
7 unification services within 1 year after a
8 reunification has occurred; and

9 “(vi) the number who experienced a re-
10 turn to out-of-home care within 1 year after
11 reunification.

12 “(F) SECRETARY’S REPORT TO CON-
13 GRESS.—The Secretary shall submit an annual
14 report to the Committee on Health, Education,
15 Labor, and Pensions and the Committee on Ap-
16 propriations of the Senate and the Committee on
17 Education and the Workforce and the Committee
18 on Appropriations of the House of Representa-
19 tives that includes the information described in
20 subparagraph (E) and recommendations or ob-
21 servations on the challenges, successes, and les-
22 sons derived from implementation of the grant
23 program.

24 “(G) ASSISTING STATES’ IMPLEMENTA-
25 TION.—The Secretary shall use the amount re-

1 served under subparagraph (B)(i)(I) to provide
2 written guidance and technical assistance to sup-
3 port States in complying with and implementing
4 this paragraph, which shall include—

5 “(i) technical assistance, including
6 programs of in-depth technical assistance,
7 to additional States, territories, and Indian
8 Tribes and tribal organizations in accord-
9 ance with the substance-exposed infant ini-
10 tiative developed by the National Center on
11 Substance Abuse and Child Welfare;

12 “(ii) guidance on the requirements of
13 this Act with respect to infants born with
14 and identified as being affected by substance
15 use or withdrawal symptoms or fetal alcohol
16 spectrum disorder, as described in clauses
17 (ii) and (iii) of section 106(b)(2)(B), in-
18 cluding by—

19 “(I) enhancing States’ under-
20 standing of requirements and flexibili-
21 ties under the law, including by clari-
22 fying key terms;

23 “(II) addressing state-identified
24 challenges with developing, imple-
25 menting, and monitoring plans of safe

1 *care, including those reported under*
2 *subparagraph (C)(i)(II);*

3 *“(III) disseminating best practices*
4 *on implementation of plans of safe*
5 *care, on such topics as differential re-*
6 *sponse, collaboration and coordination,*
7 *and identification and delivery of serv-*
8 *ices for different populations, while*
9 *recognizing needs of different popu-*
10 *lations and varying community ap-*
11 *proaches across States; and*

12 *“(IV) helping States improve the*
13 *long-term safety and well-being of*
14 *young children and their families;*

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

18 *“(iv) preparing the Secretary’s report*
19 *to Congress described in subparagraph (F).*

20 *“(H) SUNSET.—The authority under this*
21 *paragraph shall sunset on September 30, 2023.”.*

22 *(b) REPEAL.—The Abandoned Infants Assistance Act*
23 *of 1988 (42 U.S.C. 5117aa et seq.) is repealed.*

1 ***Subtitle H—Substance Use Disorder***
 2 ***Treatment Workforce***

3 ***SEC. 7071. LOAN REPAYMENT PROGRAM FOR SUBSTANCE***
 4 ***USE DISORDER TREATMENT WORKFORCE.***

5 *Title VII of the Public Health Service Act is amend-*
 6 *ed—*

7 *(1) by redesignating part F as part G; and*
 8 *(2) by inserting after part E (42 U.S.C. 294n et*
 9 *seq.) the following:*

10 ***“PART F—SUBSTANCE USE DISORDER***
 11 ***TREATMENT WORKFORCE***

12 ***“SEC. 781. LOAN REPAYMENT PROGRAM FOR SUBSTANCE***
 13 ***USE DISORDER TREATMENT WORKFORCE.***

14 *“(a) IN GENERAL.—The Secretary, acting through the*
 15 *Administrator of the Health Resources and Services Admin-*
 16 *istration, shall carry out a program under which—*

17 *“(1) the Secretary enters into agreements with*
 18 *individuals to make payments in accordance with*
 19 *subsection (b) on the principal of and interest on any*
 20 *eligible loan; and*

21 *“(2) the individuals each agree to the require-*
 22 *ments of service in substance use disorder treatment*
 23 *employment, as described in subsection (d).*

24 *“(b) PAYMENTS.—For each year of obligated service by*
 25 *an individual pursuant to an agreement under subsection*

1 *(a), the Secretary shall make a payment to such individual*
2 *as follows:*

3 “(1) *SERVICE IN A SHORTAGE AREA.*—*The Sec-*
4 *retary shall pay—*

5 “(A) *for each year of obligated service by an*
6 *individual pursuant to an agreement under sub-*
7 *section (a), $\frac{1}{6}$ of the principal of and interest on*
8 *each eligible loan of the individual which is out-*
9 *standing on the date the individual began service*
10 *pursuant to the agreement; and*

11 “(B) *for completion of the sixth and final*
12 *year of such service, the remainder of such prin-*
13 *cipal and interest.*

14 “(2) *MAXIMUM AMOUNT.*—*The total amount of*
15 *payments under this section to any individual shall*
16 *not exceed \$250,000.*

17 “(c) *ELIGIBLE LOANS.*—*The loans eligible for repay-*
18 *ment under this section are each of the following:*

19 “(1) *Any loan for education or training for a*
20 *substance use disorder treatment employment.*

21 “(2) *Any loan under part E of title VIII (relat-*
22 *ing to nursing student loans).*

23 “(3) *Any Federal Direct Stafford Loan, Federal*
24 *Direct PLUS Loan, Federal Direct Unsubsidized*
25 *Stafford Loan, or Federal Direct Consolidation Loan*

1 *(as such terms are used in section 455 of the Higher*
2 *Education Act of 1965).*

3 *“(4) Any Federal Perkins Loan under part E of*
4 *title I of the Higher Education Act of 1965.*

5 *“(5) Any other Federal loan as determined ap-*
6 *propriate by the Secretary.*

7 *“(d) REQUIREMENTS OF SERVICE.—Any individual*
8 *receiving payments under this program as required by an*
9 *agreement under subsection (a) shall agree to an annual*
10 *commitment to full-time employment, with no more than*
11 *1 year passing between any 2 years of covered employment,*
12 *in substance use disorder treatment employment in the*
13 *United States in—*

14 *“(1) a Mental Health Professional Shortage*
15 *Area, as designated under section 332; or*

16 *“(2) a county (or a municipality, if not con-*
17 *tained within any county) where the mean drug over-*
18 *dose death rate per 100,000 people over the past 3*
19 *years for which official data is available from the*
20 *State, is higher than the most recent available na-*
21 *tional average overdose death rate per 100,000 people,*
22 *as reported by the Centers for Disease Control and*
23 *Prevention.*

1 “(e) *INELIGIBILITY FOR DOUBLE BENEFITS.*—No bor-
 2 rower may, for the same service, receive a reduction of loan
 3 obligations or a loan repayment under both—

4 “(1) *this section; and*

5 “(2) *any Federally supported loan forgiveness*
 6 *program, including under section 338B, 338I, or 846*
 7 *of this Act, or section 428J, 428L, 455(m), or 460 of*
 8 *the Higher Education Act of 1965.*

9 “(f) *BREACH.*—

10 “(1) *LIQUIDATED DAMAGES FORMULA.*—*The Sec-*
 11 *retary may establish a liquidated damages formula to*
 12 *be used in the event of a breach of an agreement en-*
 13 *tered into under subsection (a).*

14 “(2) *LIMITATION.*—*The failure by an individual*
 15 *to complete the full period of service obligated pursu-*
 16 *ant to such an agreement, taken alone, shall not con-*
 17 *stitute a breach of the agreement, so long as the indi-*
 18 *vidual completed in good faith the years of service for*
 19 *which payments were made to the individual under*
 20 *this section.*

21 “(g) *ADDITIONAL CRITERIA.*—*The Secretary—*

22 “(1) *may establish such criteria and rules to*
 23 *carry out this section as the Secretary determines are*
 24 *needed and in addition to the criteria and rules spec-*
 25 *ified in this section; and*

1 “(2) shall give notice to the committees specified
2 in subsection (h) of any criteria and rules so estab-
3 lished.

4 “(h) *REPORT TO CONGRESS.*—Not later than 5 years
5 after the date of enactment of this section, and every other
6 year thereafter, the Secretary shall prepare and submit to
7 the Committee on Energy and Commerce of the House of
8 Representatives and the Committee on Health, Education,
9 Labor, and Pensions of the Senate a report on—

10 “(1) the number and location of borrowers who
11 have qualified for loan repayments under this section;
12 and

13 “(2) the impact of this section on the availability
14 of substance use disorder treatment employees nation-
15 ally and in shortage areas and counties described in
16 subsection (d).

17 “(i) *DEFINITION.*—In this section:

18 “(1) The terms ‘Indian tribe’ and ‘tribal organi-
19 zation’ have the meanings given those terms in section
20 4 of the Indian Self-Determination and Education
21 Assistance Act.

22 “(2) The term ‘municipality’ means a city,
23 town, or other public body created by or pursuant to
24 State law, or an Indian tribe.

1 “(3) The term ‘substance use disorder treatment
2 employment’ means full-time employment (including
3 a fellowship)—

4 “(A) where the primary intent and function
5 of the position is the direct treatment or recovery
6 support of patients with or in recovery from a
7 substance use disorder, including master’s level
8 social workers, psychologists, counselors, mar-
9 riage and family therapists, psychiatric mental
10 health practitioners, occupational therapists,
11 psychology doctoral interns, and behavioral
12 health paraprofessionals and physicians, physi-
13 cian assistants, and nurses, who are licensed or
14 certified in accordance with applicable State and
15 Federal laws; and

16 “(B) which is located at a substance use
17 disorder treatment program, private physician
18 practice, hospital or health system-affiliated in-
19 patient treatment center or outpatient clinic (in-
20 cluding an academic medical center-affiliated
21 treatment program), correctional facility or pro-
22 gram, youth detention center or program, inpa-
23 tient psychiatric facility, crisis stabilization
24 unit, community health center, community men-
25 tal health or other specialty community behav-

ioral health center, recovery center, school, community-based organization, telehealth platform, migrant health center, health program or facility operated by an Indian tribe or tribal organization, Federal medical facility, or any other facility as determined appropriate for purposes of this section by the Secretary.

“(j) *AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section \$25,000,000 for each of fiscal years 2019 through 2023.*”.

SEC. 7072. CLARIFICATION REGARDING SERVICE IN SCHOOLS AND OTHER COMMUNITY-BASED SETTINGS.

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

“SEC. 338N. CLARIFICATION REGARDING SERVICE IN SCHOOLS AND OTHER COMMUNITY-BASED SETTINGS.

“(a) SCHOOLS AND COMMUNITY-BASED SETTINGS.—An entity to which a participant in the Scholarship Program or the Loan Repayment Program (referred to in this section as a ‘participant’) is assigned under section 333 may direct such participant to provide service as a behavioral or mental health professional at a school or other com-

1 *munity-based setting located in a health professional short-*
 2 *age area.*

3 “(b) *OBLIGATED SERVICE.*—

4 “(1) *IN GENERAL.*—Any service described in sub-
 5 *section (a) that a participant provides may count to-*
 6 *wards such participant’s completion of any obligated*
 7 *service requirements under the Scholarship Program*
 8 *or the Loan Repayment Program, subject to any limi-*
 9 *tation imposed under paragraph (2).*

10 “(2) *LIMITATION.*—The Secretary may impose a
 11 *limitation on the number of hours of service described*
 12 *in subsection (a) that a participant may credit to-*
 13 *wards completing obligated service requirements, pro-*
 14 *vided that the limitation allows a member to credit*
 15 *service described in subsection (a) for not less than 50*
 16 *percent of the total hours required to complete such*
 17 *obligated service requirements.*

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

21 **SEC. 7073. PROGRAMS FOR HEALTH CARE WORKFORCE.**

22 (a) *PROGRAM FOR EDUCATION AND TRAINING IN PAIN*
 23 *CARE.*—Section 759 of the Public Health Service Act (42
 24 *U.S.C. 294i) is amended—*

1 (1) in subsection (a), by striking “hospices, and
2 other public and private entities” and inserting “hos-
3 pices, tribal health programs (as defined in section 4
4 of the Indian Health Care Improvement Act), and
5 other public and nonprofit private entities”;

6 (2) in subsection (b)—

7 (A) in the matter preceding paragraph (1),
8 by striking “award may be made under sub-
9 section (a) only if the applicant for the award
10 agrees that the program carried out with the
11 award will include” and inserting “entity re-
12 ceiving an award under this section shall develop
13 a comprehensive education and training plan
14 that includes”;

15 (B) in paragraph (1)—

16 (i) by inserting “preventing,” after
17 “diagnosing,”; and

18 (ii) by inserting “non-addictive med-
19 ical products and non-pharmacologic treat-
20 ments and” after “including”;

21 (C) in paragraph (2)—

22 (i) by inserting “Federal, State, and
23 local” after “applicable”; and

1 (ii) by striking “the degree to which”
2 and all that follows through “effective pain
3 care” and inserting “opioids”;

4 (D) in paragraph (3), by inserting “, inte-
5 grated, evidence-based pain management, and, as
6 appropriate, non-pharmacotherapy” before the
7 semicolon;

8 (E) in paragraph (4), by striking “; and”
9 and inserting “;”; and

10 (F) by striking paragraph (5) and inserting
11 the following:

12 “(5) recent findings, developments, and advance-
13 ments in pain care research and the provision of pain
14 care, which may include non-addictive medical prod-
15 ucts and non-pharmacologic treatments intended to
16 treat pain; and

17 “(6) the dangers of opioid abuse and misuse, de-
18 tection of early warning signs of opioid use disorders
19 (which may include best practices related to screening
20 for opioid use disorders, training on screening, brief
21 intervention, and referral to treatment), and safe dis-
22 posal options for prescription medications (including
23 such options provided by law enforcement or other in-
24 novative deactivation mechanisms).”;

1 (3) in subsection (d), by inserting “prevention,”
2 after “diagnosis,”; and

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

5 (b) *MENTAL AND BEHAVIORAL HEALTH EDUCATION*
6 *AND TRAINING PROGRAM.*—Section 756 of the Public
7 *Health Service Act (42 U.S.C. 294e–1) is amended—*

8 (1) in subsection (a)—

9 (A) in paragraph (1), by inserting “, trau-
10 ma,” after “focus on child and adolescent mental
11 health”; and

12 (B) in paragraphs (2) and (3), by inserting
13 “trauma-informed care and” before “substance
14 use disorder prevention and treatment services”;
15 and

16 (2) in subsection (f), by striking “2018 through
17 2022” and inserting “2019 through 2023”.

18 ***Subtitle I—Preventing Overdoses***
19 ***While in Emergency Rooms***

20 ***SEC. 7081. PROGRAM TO SUPPORT COORDINATION AND***
21 ***CONTINUATION OF CARE FOR DRUG OVER-***
22 ***DOSE PATIENTS.***

23 (a) *IN GENERAL.*—The Secretary of Health and
24 Human Services (referred to in this section as the “Sec-

1 *retary”) shall identify or facilitate the development of best*
 2 *practices for—*

3 *(1) emergency treatment of known or suspected*
 4 *drug overdose;*

5 *(2) the use of recovery coaches, as appropriate,*
 6 *to encourage individuals who experience a non-fatal*
 7 *overdose to seek treatment for substance use disorder*
 8 *and to support coordination and continuation of care;*

9 *(3) coordination and continuation of care and*
 10 *treatment, including, as appropriate, through refer-*
 11 *als, of individuals after a drug overdose; and*

12 *(4) the provision or prescribing of overdose rever-*
 13 *sal medication, as appropriate.*

14 *(b) GRANT ESTABLISHMENT AND PARTICIPATION.—*

15 *(1) IN GENERAL.—The Secretary shall award*
 16 *grants on a competitive basis to eligible entities to*
 17 *support implementation of voluntary programs for*
 18 *care and treatment of individuals after a drug over-*
 19 *dose, as appropriate, which may include implementa-*
 20 *tion of the best practices described in subsection (a).*

21 *(2) ELIGIBLE ENTITY.—In this section, the term*
 22 *“eligible entity” means—*

23 *(A) a State substance abuse agency;*

24 *(B) an Indian Tribe or tribal organization;*

25 *or*

1 (C) *an entity that offers treatment or other*
2 *services for individuals in response to, or fol-*
3 *lowing, drug overdoses or a drug overdose, such*
4 *as an emergency department, in consultation*
5 *with a State substance abuse agency.*

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

10 (A) *evidence that such eligible entity carries*
11 *out, or is capable of contracting and coordi-*
12 *nating with other community entities to carry*
13 *out, the activities described in paragraph (4);*

14 (B) *evidence that such eligible entity will*
15 *work with a recovery community organization to*
16 *recruit, train, hire, mentor, and supervise recov-*
17 *ery coaches and fulfill the requirements described*
18 *in paragraph (4)(A); and*

19 (C) *such additional information as the Sec-*
20 *retary may require.*

21 (4) *USE OF GRANT FUNDS.—An eligible entity*
22 *awarded a grant under this section shall use such*
23 *grant funds to—*

24 (A) *hire or utilize recovery coaches to help*
25 *support recovery, including by—*

1 (i) connecting patients to a continuum
2 of care services, such as—

3 (I) treatment and recovery sup-
4 port programs;

5 (II) programs that provide non-
6 clinical recovery support services;

7 (III) peer support networks;

8 (IV) recovery community organi-
9 zations;

10 (V) health care providers, includ-
11 ing physicians and other providers of
12 behavioral health and primary care;

13 (VI) education and training pro-
14 viders;

15 (VII) employers;

16 (VIII) housing services; and

17 (IX) child welfare agencies;

18 (ii) providing education on overdose
19 prevention and overdose reversal to patients
20 and families, as appropriate;

21 (iii) providing follow-up services for
22 patients after an overdose to ensure contin-
23 ued recovery and connection to support
24 services;

1 (iv) collecting and evaluating outcome
2 data for patients receiving recovery coach-
3 ing services; and

4 (v) providing other services the Sec-
5 retary determines necessary to help ensure
6 continued connection with recovery support
7 services, including culturally appropriate
8 services, as applicable;

9 (B) establish policies and procedures, pur-
10 suant to Federal and State law, that address the
11 provision of overdose reversal medication, the ad-
12 ministration of all drugs or devices approved or
13 cleared under the Federal Food, Drug, and Cos-
14 metic Act (21 U.S.C. 301 et seq.) and all biologi-
15 cal products licensed under section 351 of the
16 Public Health Service Act (42 U.S.C. 262) to
17 treat substance use disorder, and subsequent con-
18 tinuation of, or referral to, evidence-based treat-
19 ment for patients with a substance use disorder
20 who have experienced a non-fatal drug overdose,
21 in order to support long-term treatment, prevent
22 relapse, and reduce recidivism and future over-
23 dose; and

24 (C) establish integrated models of care for
25 individuals who have experienced a non-fatal

1 *drug overdose which may include patient assess-*
2 *ment, follow up, and transportation to and from*
3 *treatment facilities.*

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

8 (A) *all drugs or devices approved or cleared*
9 *under the Federal Food, Drug, and Cosmetic Act*
10 *(21 U.S.C. 301 et seq.) and all biological prod-*
11 *ucts licensed under section 351 of the Public*
12 *Health Service Act (42 U.S.C. 262) to treat sub-*
13 *stance use disorders or reverse overdose, pursuant*
14 *to Federal and State law;*

15 (B) *withdrawal and detoxification services*
16 *that include patient evaluation, stabilization,*
17 *and preparation for treatment of substance use*
18 *disorder, including treatment described in sub-*
19 *paragraph (A), as appropriate; or*

20 (C) *mental health services provided by a*
21 *certified professional who is licensed and quali-*
22 *fied by education, training, or experience to as-*
23 *sess the psychosocial background of patients, to*
24 *contribute to the appropriate treatment plan for*

1 *patients with substance use disorder, and to*
2 *monitor patient progress.*

3 (6) *PREFERENCE.—In awarding grants under*
4 *this section, the Secretary shall give preference to eli-*
5 *gible entities that meet any or all of the following cri-*
6 *teria:*

7 (A) *The eligible entity is a critical access*
8 *hospital (as defined in section 1861(mm)(1) of*
9 *the Social Security Act (42 U.S.C.*
10 *1395x(mm)(1))), a low volume hospital (as de-*
11 *finied in section 1886(d)(12)(C)(i) of such Act*
12 *(42 U.S.C. 1395ww(d)(12)(C)(i))), a sole com-*
13 *munity hospital (as defined in section*
14 *1886(d)(5)(D)(iii) of such Act (42 U.S.C.*
15 *1395ww(d)(5)(D)(iii))), or a hospital that re-*
16 *ceives disproportionate share hospital payments*
17 *under section 1886(d)(5)(F) of the Social Secu-*
18 *rity Act (42 U.S.C. 1395ww(d)(5)(F)).*

19 (B) *The eligible entity is located in a State*
20 *with an age-adjusted rate of drug overdose deaths*
21 *that is above the national overdose mortality*
22 *rate, as determined by the Director of the Centers*
23 *for Disease Control and Prevention, or under the*
24 *jurisdiction of an Indian Tribe with an age-ad-*
25 *justed rate of drug overdose deaths that is above*

the national overdose mortality rate, as determined through appropriate mechanisms as determined by the Secretary in consultation with Indian Tribes.

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

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

(c) *DEFINITIONS.*—In this section:

(1) *INDIAN TRIBE; TRIBAL ORGANIZATION.*—The terms “Indian Tribe” and “tribal organization” have the meanings given the terms “Indian tribe” and “tribal organization” in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304).

(2) *RECOVERY COACH.*—the term “recovery coach” means an individual—

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

(B) who has completed training from, and is determined to be in good standing by, a recovery services organization capable of conducting such training and making such determination.

1 (3) *RECOVERY COMMUNITY ORGANIZATION.*—*The*
 2 *term “recovery community organization” has the*
 3 *meaning given such term in section 547(a) of the*
 4 *Public Health Service Act (42 U.S.C. 290ee–2(a)).*

5 (d) *REPORTING REQUIREMENTS.*—

6 (1) *REPORTS BY GRANTEES.*—*Each eligible enti-*
 7 *ty awarded a grant under this section shall submit to*
 8 *the Secretary an annual report for each year for*
 9 *which the entity has received such grant that includes*
 10 *information on—*

11 (A) *the number of individuals treated by the*
 12 *entity for non-fatal overdoses, including the*
 13 *number of non-fatal overdoses where overdose re-*
 14 *versal medication was administered;*

15 (B) *the number of individuals administered*
 16 *medication-assisted treatment by the entity;*

17 (C) *the number of individuals referred by*
 18 *the entity to other treatment facilities after a*
 19 *non-fatal overdose, the types of such other facili-*
 20 *ties, and the number of such individuals admit-*
 21 *ted to such other facilities pursuant to such refer-*
 22 *als; and*

23 (D) *the frequency and number of patients*
 24 *with reoccurrences, including readmissions for*

1 *non-fatal overdoses and evidence of relapse re-*
 2 *lated to substance use disorder.*

3 (2) *REPORT BY SECRETARY.*—*Not later than 5*
 4 *years after the date of enactment of this Act, the Sec-*
 5 *retary shall submit to Congress a report that includes*
 6 *an evaluation of the effectiveness of the grant program*
 7 *carried out under this section with respect to long*
 8 *term health outcomes of the population of individuals*
 9 *who have experienced a drug overdose, the percentage*
 10 *of patients treated or referred to treatment by grant-*
 11 *ees, and the frequency and number of patients who ex-*
 12 *perienced relapse, were readmitted for treatment, or*
 13 *experienced another overdose.*

14 (e) *PRIVACY.*—*The requirements of this section, includ-*
 15 *ing with respect to data reporting and program oversight,*
 16 *shall be subject to all applicable Federal and State privacy*
 17 *laws.*

18 (f) *AUTHORIZATION OF APPROPRIATIONS.*—*There is*
 19 *authorized to be appropriated to carry out this section*
 20 *\$10,000,000 for each of fiscal years 2019 through 2023.*

21 ***Subtitle J—Alternatives to Opioids***
 22 ***in the Emergency Department***

23 ***SEC. 7091. EMERGENCY DEPARTMENT ALTERNATIVES TO***
 24 ***OPIOIDS DEMONSTRATION PROGRAM.***

25 (a) *DEMONSTRATION PROGRAM GRANTS.*—

1 (1) *IN GENERAL.*—*The Secretary of Health and*
2 *Human Services (in this section referred to as the*
3 *“Secretary”)* shall carry out a demonstration pro-
4 *gram for purposes of awarding grants to hospitals*
5 *and emergency departments, including freestanding*
6 *emergency departments, to develop, implement, en-*
7 *hance, or study alternatives to opioids for pain man-*
8 *agement in such settings.*

9 (2) *ELIGIBILITY.*—*To be eligible to receive a*
10 *grant under paragraph (1), a hospital or emergency*
11 *department shall submit an application to the Sec-*
12 *retary at such time, in such manner, and containing*
13 *such information as the Secretary may require.*

14 (3) *GEOGRAPHIC DISTRIBUTION.*—*In awarding*
15 *grants under this section, the Secretary shall seek to*
16 *ensure geographical distribution among grant recipi-*
17 *ents.*

18 (4) *USE OF FUNDS.*—*Grants under paragraph*
19 *(1) shall be used to—*

20 (A) *target treatment approaches for painful*
21 *conditions frequently treated in such settings;*

22 (B) *train providers and other hospital per-*
23 *sonnel on protocols or best practices related to*
24 *the use and prescription of opioids and alter-*

1 *natives to opioids for pain management in the*
2 *emergency department; and*

3 (C) *develop or continue strategies to provide*
4 *alternatives to opioids, as appropriate.*

5 (b) *ADDITIONAL DEMONSTRATION PROGRAM.—The*
6 *Secretary may carry out a demonstration program similar*
7 *to the program under subsection (a) for other acute care*
8 *settings.*

9 (c) *CONSULTATION.—The Secretary shall implement a*
10 *process for recipients of grants under subsection (a) or (b)*
11 *to share evidence-based and best practices and promote con-*
12 *sultation with persons having robust knowledge, including*
13 *emergency departments and physicians that have success-*
14 *fully implemented programs that use alternatives to opioids*
15 *for pain management, as appropriate, such as approaches*
16 *studied through the National Center for Complimentary*
17 *and Integrative Health or other institutes and centers at*
18 *the National Institutes of Health, as appropriate. The Sec-*
19 *retary shall offer to each recipient of a grant under sub-*
20 *section (a) or (b) technical assistance as necessary.*

21 (d) *TECHNICAL ASSISTANCE.—The Secretary shall*
22 *identify or facilitate the development of best practices on*
23 *alternatives to opioids for pain management and provide*
24 *technical assistance to hospitals and other acute care set-*

1 *tings on alternatives to opioids for pain management. The*
 2 *technical assistance provided shall be for the purpose of—*

3 (1) *utilizing information from recipients of a*
 4 *grant under subsection (a) or (b) that have success-*
 5 *fully implemented alternatives to opioids programs;*

6 (2) *identifying or facilitating the development of*
 7 *best practices on the use of alternatives to opioids,*
 8 *which may include pain-management strategies that*
 9 *involve non-addictive medical products, non-pharma-*
 10 *cologic treatments, and technologies or techniques to*
 11 *identify patients at risk for opioid use disorder;*

12 (3) *identifying or facilitating the development of*
 13 *best practices on the use of alternatives to opioids that*
 14 *target common painful conditions and include certain*
 15 *patient populations, such as geriatric patients, preg-*
 16 *nant women, and children; and*

17 (4) *disseminating information on the use of al-*
 18 *ternatives to opioids to providers in acute care set-*
 19 *tings, which may include emergency departments,*
 20 *outpatient clinics, critical access hospitals, Federally*
 21 *qualified health centers, Indian Health Service health*
 22 *facilities, and tribal hospitals.*

23 (e) *REPORT TO THE SECRETARY.—Each recipient of*
 24 *a grant under this section shall submit to the Secretary*
 25 *(during the period of such grant) annual reports on the*

1 progress of the program funded through the grant. These
2 reports shall include, in accordance with all applicable
3 State and Federal privacy laws—

4 (1) a description of and specific information
5 about the opioid alternative pain management pro-
6 grams, including the demographic characteristics of
7 patients who were treated with an alternative pain
8 management protocol, implemented in hospitals,
9 emergency departments, and other acute care settings;

10 (2) data on the opioid alternative pain manage-
11 ment strategies used, including the number of opioid
12 prescriptions written—

13 (A) during a baseline period before the pro-
14 gram began; or

15 (B) at various stages of the program; and

16 (3) data on patients who were eventually pre-
17 scribed opioids after alternative pain management
18 protocols and treatments were utilized; and

19 (4) any other information the Secretary deter-
20 mines appropriate.

21 (f) *REPORT TO CONGRESS.*—Not later than 1 year
22 after completion of the demonstration program under this
23 section, the Secretary shall submit a report to the Congress
24 on the results of the demonstration program and include
25 in the report—

1 (1) *the number of applications received and the*
 2 *number funded;*

3 (2) *a summary of the reports described in sub-*
 4 *section (e), including data that allows for comparison*
 5 *of programs; and*

6 (3) *recommendations for broader implementation*
 7 *of pain management strategies that encourage the use*
 8 *of alternatives to opioids in hospitals, emergency de-*
 9 *partments, or other acute care settings.*

10 (g) *AUTHORIZATION OF APPROPRIATIONS.—To carry*
 11 *out this section, there is authorized to be appropriated*
 12 *\$10,000,000 for each of fiscal years 2019 through 2021.*

13 ***Subtitle K—Treatment, Education,***
 14 ***and Community Help To Combat***
 15 ***Addiction***

16 ***SEC. 7101. ESTABLISHMENT OF REGIONAL CENTERS OF EX-***
 17 ***CELLENCE IN SUBSTANCE USE DISORDER***
 18 ***EDUCATION.***

19 *Part D of title V of the Public Health Service Act, as*
 20 *amended by section 7031, is further amended by adding at*
 21 *the end the following new section:*

22 ***“SEC. 551. REGIONAL CENTERS OF EXCELLENCE IN SUB-***
 23 ***STANCE USE DISORDER EDUCATION.***

24 ***“(a) IN GENERAL.—The Secretary, in consultation***
 25 ***with appropriate agencies, shall award cooperative agree-***

1 *ments to eligible entities for the designation of such entities*
2 *as Regional Centers of Excellence in Substance Use Dis-*
3 *order Education for purposes of improving health profes-*
4 *sional training resources with respect to substance use dis-*
5 *order prevention, treatment, and recovery.*

6 “(b) *ELIGIBILITY.*—*To be eligible to receive a coopera-*
7 *tive agreement under subsection (a), an entity shall—*

8 “(1) *be an accredited entity that offers education*
9 *to students in various health professions, which may*
10 *include—*

11 “(A) *a teaching hospital;*

12 “(B) *a medical school;*

13 “(C) *a certified behavioral health clinic; or*

14 “(D) *any other health professions school,*
15 *school of public health, or Cooperative Extension*
16 *Program at institutions of higher education, as*
17 *defined in section 101 of the Higher Education*
18 *Act of 1965, engaged in the prevention, treat-*
19 *ment, or recovery of substance use disorders;*

20 “(2) *demonstrate community engagement and*
21 *partnerships with community stakeholders, including*
22 *entities that train health professionals, mental health*
23 *counselors, social workers, peer recovery specialists,*
24 *substance use treatment programs, community health*
25 *centers, physician offices, certified behavioral health*

1 *clinics, research institutions, and law enforcement;*
2 *and*

3 *“(3) submit to the Secretary an application con-*
4 *taining such information, at such time, and in such*
5 *manner, as the Secretary may require.*

6 *“(c) ACTIVITIES.—An entity receiving an award under*
7 *this section shall develop, evaluate, and distribute evidence-*
8 *based resources regarding the prevention and treatment of,*
9 *and recovery from, substance use disorders. Such resources*
10 *may include information on—*

11 *“(1) the neurology and pathology of substance*
12 *use disorders;*

13 *“(2) advancements in the treatment of substance*
14 *use disorders;*

15 *“(3) techniques and best practices to support re-*
16 *covery from substance use disorders;*

17 *“(4) strategies for the prevention and treatment*
18 *of, and recovery from substance use disorders across*
19 *patient populations; and*

20 *“(5) other topic areas that are relevant to the ob-*
21 *jectives described in subsection (a).*

22 *“(d) GEOGRAPHIC DISTRIBUTION.—In awarding coop-*
23 *erative agreements under subsection (a), the Secretary shall*
24 *take into account regional differences among eligible entities*
25 *and shall make an effort to ensure geographic distribution.*

1 “(e) *EVALUATION.*—*The Secretary shall evaluate each*
 2 *project carried out by an entity receiving an award under*
 3 *this section and shall disseminate the findings with respect*
 4 *to each such evaluation to appropriate public and private*
 5 *entities.*

6 “(f) *FUNDING.*—*There is authorized to be appropriated*
 7 *to carry out this section, \$4,000,000 for each of fiscal years*
 8 *2019 through 2023.”.*

9 **SEC. 7102. YOUTH PREVENTION AND RECOVERY.**

10 (a) *SUBSTANCE ABUSE TREATMENT SERVICES FOR*
 11 *CHILDREN, ADOLESCENTS, AND YOUNG ADULTS.*—*Section*
 12 *514 of the Public Health Service Act (42 U.S.C. 290bb–*
 13 *7) is amended—*

14 (1) *in the section heading, by striking “CHIL-*
 15 *DREN AND ADOLESCENTS” and inserting “CHIL-*
 16 *DREN, ADOLESCENTS, AND YOUNG ADULTS”;*

17 (2) *in subsection (a)(2), by striking “children,*
 18 *including” and inserting “children, adolescents, and*
 19 *young adults, including”;* and

20 (3) *by striking “children and adolescents” each*
 21 *place it appears and inserting “children, adolescents,*
 22 *and young adults”.*

23 (b) *RESOURCE CENTER.*—*The Secretary of Health and*
 24 *Human Services (referred to in this section as the “Sec-*
 25 *retary”, except as otherwise provided), in consultation with*

1 *the Secretary of Education and other heads of agencies, in-*
 2 *cluding the Assistant Secretary for Mental Health and Sub-*
 3 *stance Use and the Administrator of the Health Resources*
 4 *and Services Administration, as appropriate, shall estab-*
 5 *lish a resource center to provide technical support to recipi-*
 6 *ents of grants under subsection (c).*

7 *(c) YOUTH PREVENTION AND RECOVERY INITIATIVE.—*

8 *(1) IN GENERAL.—The Secretary, in consultation*
 9 *with the Secretary of Education, shall administer a*
 10 *program to provide support for communities to sup-*
 11 *port the prevention of, treatment of, and recovery*
 12 *from, substance use disorders for children, adolescents,*
 13 *and young adults.*

14 *(2) DEFINITIONS.—In this subsection:*

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

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

21 *(ii) a State educational agency;*

22 *(iii) an institution of higher education*
 23 *(or consortia of such institutions), which*
 24 *may include a recovery program at an in-*
 25 *stitution of higher education;*

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

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

6 (vi) a State, political subdivision of a
7 State, Indian tribe, or tribal organization;
8 or

9 (vii) a high school or dormitory serv-
10 ing high school students that receives fund-
11 ing from the Bureau of Indian Education.

12 (B) FOSTER CARE.—The term “foster care”
13 has the meaning given such term in section
14 1355.20(a) of title 45, Code of Federal Regula-
15 tions (or any successor regulations).

16 (C) HIGH SCHOOL.—The term “high school”
17 has the meaning given such term in section 8101
18 of the Elementary and Secondary Education Act
19 of 1965 (20 U.S.C. 7801).

20 (D) HOMELESS YOUTH.—The term “home-
21 less youth” has the meaning given the term
22 “homeless children or youths” in section 725 of
23 the McKinney-Vento Homeless Assistance Act (42
24 U.S.C. 11434a).

1 (E) INDIAN TRIBE; TRIBAL ORGANIZA-
2 TION.—*The terms “Indian tribe” and “tribal or-*
3 *ganization” have the meanings given such terms*
4 *in section 4 of the Indian Self-Determination*
5 *and Education Assistance Act (25 U.S.C. 5304).*

6 (F) INSTITUTION OF HIGHER EDUCATION.—
7 *The term “institution of higher education” has*
8 *the meaning given such term in section 101 of*
9 *the Higher Education Act of 1965 (20 U.S.C.*
10 *1001) and includes a “postsecondary vocational*
11 *institution” as defined in section 102(c) of such*
12 *Act (20 U.S.C. 1002(c)).*

13 (G) LOCAL EDUCATIONAL AGENCY.—*The*
14 *term “local educational agency” has the meaning*
15 *given such term in section 8101 of the Elemen-*
16 *tary and Secondary Education Act of 1965 (20*
17 *U.S.C. 7801).*

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

23 (I) OUT-OF-SCHOOL YOUTH.—*The term*
24 *“out-of-school youth” has the meaning given such*
25 *term in section 129(a)(1)(B) of the Workforce In-*

1 novation and Opportunity Act (29 U.S.C.
2 3164(a)(1)(B)).

3 (J) *RECOVERY PROGRAM*.—The term “recov-
4 ery program” means a program—

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

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

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

20 (3) *BEST PRACTICES*.—The Secretary, in con-
21 sultation with the Secretary of Education, shall—

22 (A) identify or facilitate the development of
23 evidence-based best practices for prevention of
24 substance misuse and abuse by children, adoles-
25 cents, and young adults, including for specific

1 *populations such as youth in foster care, home-*
2 *less youth, out-of-school youth, and youth who*
3 *are at risk of or have experienced trafficking that*
4 *address—*

5 *(i) primary prevention;*

6 *(ii) appropriate recovery support serv-*
7 *ices;*

8 *(iii) appropriate use of medication-as-*
9 *sisted treatment for such individuals, if ap-*
10 *plicable, and ways of overcoming barriers to*
11 *the use of medication-assisted treatment in*
12 *such population; and*

13 *(iv) efficient and effective communica-*
14 *tion, which may include the use of social*
15 *media, to maximize outreach efforts;*

16 *(B) disseminate such best practices to State*
17 *educational agencies, local educational agencies,*
18 *schools and dormitories funded by the Bureau of*
19 *Indian Education, institutions of higher edu-*
20 *cation, recovery programs at institutions of high-*
21 *er education, local boards, one-stop operators,*
22 *family and youth homeless providers, and non-*
23 *profit organizations, as appropriate;*

24 *(C) conduct a rigorous evaluation of each*
25 *grant funded under this subsection, particularly*

1 *its impact on the indicators described in para-*
2 *graph (7)(B); and*

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

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

13 *(A) prevention of substance misuse and*
14 *abuse by children, adolescents, and young adults,*
15 *which may include primary prevention;*

16 *(B) recovery support services for children,*
17 *adolescents, and young adults, which may in-*
18 *clude counseling, job training, linkages to com-*
19 *munity-based services, family support groups,*
20 *peer mentoring, and recovery coaching; or*

21 *(C) treatment or referrals for treatment of*
22 *substance use disorders, which may include the*
23 *use of medication-assisted treatment, as appro-*
24 *priate.*

1 (5) *SPECIAL CONSIDERATION.*—*In awarding*
2 *grants under this subsection, the Secretary shall give*
3 *special consideration to the unique needs of tribal,*
4 *urban, suburban, and rural populations.*

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

10 (A) *a description of—*

11 (i) *the impact of substance use dis-*
12 *orders in the population that will be served*
13 *by the grant program;*

14 (ii) *how the eligible entity has solicited*
15 *input from relevant stakeholders, which*
16 *may include faculty, teachers, staff, fami-*
17 *lies, students, and experts in substance use*
18 *disorder prevention, treatment, and recovery*
19 *in developing such application;*

20 (iii) *the goals of the proposed project,*
21 *including the intended outcomes;*

22 (iv) *how the eligible entity plans to use*
23 *grant funds for evidence-based activities, in*
24 *accordance with this subsection to prevent,*
25 *provide recovery support for, or treat sub-*

1 *stance use disorders amongst such individ-*
2 *uals, or a combination of such activities;*
3 *and*

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

17 *(B) an assurance that the eligible entity*
18 *will participate in the evaluation described in*
19 *paragraph (3)(C).*

20 *(7) REPORTS TO THE SECRETARY.—Each eligible*
21 *entity awarded a grant under this subsection shall*
22 *submit to the Secretary a report at such time and in*
23 *such manner as the Secretary may require. Such re-*
24 *port shall include—*

1 (A) a description of how the eligible entity
2 used grant funds, in accordance with this sub-
3 section, including the number of children, adoles-
4 cents, and young adults reached through pro-
5 gramming; and

6 (B) a description, including relevant data,
7 of how the grant program has made an impact
8 on the intended outcomes described in paragraph
9 (6)(A)(iii), including—

10 (i) indicators of student success, which,
11 if the eligible entity is an educational insti-
12 tution, shall include student well-being and
13 academic achievement;

14 (ii) substance use disorders amongst
15 children, adolescents, and young adults, in-
16 cluding the number of overdoses and deaths
17 amongst children, adolescents, and young
18 adults served by the grant during the grant
19 period; and

20 (iii) other indicators, as the Secretary
21 determines appropriate.

22 (8) *REPORT TO CONGRESS.*—The Secretary shall,
23 not later than October 1, 2022, submit a report to the
24 Committee on Health, Education, Labor, and Pen-
25 sions of the Senate and the Committee on Energy and

1 *Commerce and the Committee on Education and the*
 2 *Workforce of the House of Representatives a report*
 3 *summarizing the effectiveness of the grant program*
 4 *under this subsection, based on the information sub-*
 5 *mitted in reports required under paragraph (7).*

6 (9) *AUTHORIZATION OF APPROPRIATIONS.—*
 7 *There is authorized to be appropriated \$10,000,000 to*
 8 *carry out this subsection for each of fiscal years 2019*
 9 *through 2023.*

10 ***Subtitle L—Information From Na-***
 11 ***tional Mental Health and Sub-***
 12 ***stance Use Policy Laboratory***

13 ***SEC. 7111. INFORMATION FROM NATIONAL MENTAL***
 14 ***HEALTH AND SUBSTANCE USE POLICY LAB-***
 15 ***ORATORY.***

16 *Section 501A(b) of the Public Health Service Act (42*
 17 *U.S.C. 290aa–0(b)) is amended—*

18 (1) *in paragraph (5)(C), by striking “; and” at*
 19 *the end and inserting a semicolon;*

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

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

24 “(6) *issue and periodically update information*
 25 *for entities applying for grants or cooperative agree-*

1 *ments from the Substance Abuse and Mental Health*
 2 *Services Administration in order to—*

3 *“(A) encourage the implementation and*
 4 *replication of evidence-based practices; and*

5 *“(B) provide technical assistance to appli-*
 6 *cants for funding, including with respect to jus-*
 7 *tifications for such programs and activities;*
 8 *and”.*

9 ***Subtitle M—Comprehensive Opioid***
 10 ***Recovery Centers***

11 ***SEC. 7121. COMPREHENSIVE OPIOID RECOVERY CENTERS.***

12 *(a) IN GENERAL.—Part D of title V of the Public*
 13 *Health Service Act (42 U.S.C. 290dd et seq.), as amended*
 14 *by sections 7031 and 7101, is further amended by adding*
 15 *at the end the following new section:*

16 ***“SEC. 552. COMPREHENSIVE OPIOID RECOVERY CENTERS.***

17 *“(a) IN GENERAL.—The Secretary shall award grants*
 18 *on a competitive basis to eligible entities to establish or op-*
 19 *erate a comprehensive opioid recovery center (referred to in*
 20 *this section as a ‘Center’). A Center may be a single entity*
 21 *or an integrated delivery network.*

22 *“(b) GRANT PERIOD.—*

23 *“(1) IN GENERAL.—A grant awarded under sub-*
 24 *section (a) shall be for a period of not less than 3*
 25 *years and not more than 5 years.*

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

7 “(c) *MINIMUM NUMBER OF CENTERS*.—The Secretary
 8 shall allocate the amounts made available under subsection
 9 (j) such that not fewer than 10 grants may be awarded.
 10 Not more than one grant shall be made to entities in a sin-
 11 gle State for any one period.

12 “(d) *APPLICATION*.—

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

17 “(2) *SUBMISSION OF APPLICATION*.—In order to
 18 be eligible for a grant under subsection (a), an entity
 19 shall submit an application to the Secretary at such
 20 time and in such manner as the Secretary may re-
 21 quire. Such application shall include—

22 “(A) evidence that such entity carries out,
 23 or is capable of coordinating with other entities
 24 to carry out, the activities described in sub-
 25 section (g); and

1 “(B) such other information as the Sec-
2 retary may require.

3 “(e) *PRIORITY*.—In awarding grants under subsection
4 (a), the Secretary shall give priority to eligible entities—

5 “(1) located in a State with an age-adjusted rate
6 of drug overdose deaths that is above the national
7 overdose mortality rate, as determined by the Director
8 of the Centers for Disease Control and Prevention; or

9 “(2) serving an Indian Tribe (as defined in sec-
10 tion 4 of the Indian Self-Determination and Edu-
11 cation Assistance Act) with an age-adjusted rate of
12 drug overdose deaths that is above the national over-
13 dose mortality rate, as determined through appro-
14 priate mechanisms determined by the Secretary in
15 consultation with Indian Tribes.

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

23 “(g) *CENTER ACTIVITIES*.—Each Center shall, at a
24 minimum, carry out the following activities directly,
25 through referral, or through contractual arrangements,

1 *which may include carrying out such activities through*
2 *technology-enabled collaborative learning and capacity*
3 *building models described in subsection (f):*

4 “(1) *TREATMENT AND RECOVERY SERVICES.—*
5 *Each Center shall—*

6 “(A) *Ensure that intake, evaluations, and*
7 *periodic patient assessments meet the individual-*
8 *ized clinical needs of patients, including by re-*
9 *viewing patient placement in treatment settings*
10 *to support meaningful recovery.*

11 “(B) *Provide the full continuum of treat-*
12 *ment services, including—*

13 “(i) *all drugs and devices approved or*
14 *cleared under the Federal Food, Drug, and*
15 *Cosmetic Act and all biological products li-*
16 *censed under section 351 of this Act to treat*
17 *substance use disorders or reverse overdoses,*
18 *pursuant to Federal and State law;*

19 “(ii) *medically supervised withdrawal*
20 *management, that includes patient evalua-*
21 *tion, stabilization, and readiness for and*
22 *entry into treatment;*

23 “(iii) *counseling provided by a pro-*
24 *gram counselor or other certified profes-*
25 *sional who is licensed and qualified by edu-*

1 *cation, training, or experience to assess the*
2 *psychological and sociological background of*
3 *patients, to contribute to the appropriate*
4 *treatment plan for the patient, and to mon-*
5 *itor patient progress;*

6 *“(iv) treatment, as appropriate, for*
7 *patients with co-occurring substance use*
8 *and mental disorders;*

9 *“(v) testing, as appropriate, for infec-*
10 *tions commonly associated with illicit drug*
11 *use;*

12 *“(vi) residential rehabilitation, and*
13 *outpatient and intensive outpatient pro-*
14 *grams;*

15 *“(vii) recovery housing;*

16 *“(viii) community-based and peer re-*
17 *covery support services;*

18 *“(ix) job training, job placement as-*
19 *sistance, and continuing education assist-*
20 *ance to support reintegration into the work-*
21 *force; and*

22 *“(x) other best practices to provide the*
23 *full continuum of treatment and services, as*
24 *determined by the Secretary.*

1 “(C) *Ensure that all programs covered by*
2 *the Center include medication-assisted treatment,*
3 *as appropriate, and do not exclude individuals*
4 *receiving medication-assisted treatment from any*
5 *service.*

6 “(D) *Periodically conduct patient assess-*
7 *ments to support sustained and clinically sig-*
8 *nificant recovery, as defined by the Assistant*
9 *Secretary for Mental Health and Substance Use.*

10 “(E) *Provide onsite access to medication, as*
11 *appropriate, and toxicology services; for purposes*
12 *of carrying out this section.*

13 “(F) *Operate a secure, confidential, and*
14 *interoperable electronic health information sys-*
15 *tem.*

16 “(G) *Offer family support services such as*
17 *child care, family counseling, and parenting*
18 *interventions to help stabilize families impacted*
19 *by substance use disorder, as appropriate.*

20 “(2) *OUTREACH.—Each Center shall carry out*
21 *outreach activities regarding the services offered*
22 *through the Centers, which may include—*

23 “(A) *training and supervising outreach*
24 *staff, as appropriate, to work with State and*
25 *local health departments, health care providers,*

1 *the Indian Health Service, State and local edu-*
2 *cational agencies, schools funded by the Indian*
3 *Bureau of Education, institutions of higher edu-*
4 *cation, State and local workforce development*
5 *boards, State and local community action agen-*
6 *cies, public safety officials, first responders, In-*
7 *dian Tribes, child welfare agencies, as appro-*
8 *priate, and other community partners and the*
9 *public, including patients, to identify and re-*
10 *spond to community needs;*

11 *“(B) ensuring that the entities described in*
12 *subparagraph (A) are aware of the services of the*
13 *Center; and*

14 *“(C) disseminating and making publicly*
15 *available, including through the internet, evi-*
16 *dence-based resources that educate professionals*
17 *and the public on opioid use disorder and other*
18 *substance use disorders, including co-occurring*
19 *substance use and mental disorders.*

20 *“(h) DATA REPORTING AND PROGRAM OVERSIGHT.—*
21 *With respect to a grant awarded under subsection (a), not*
22 *later than 90 days after the end of the first year of the grant*
23 *period, and annually thereafter for the duration of the*
24 *grant period (including the duration of any renewal period*

1 *for such grant), the entity shall submit data, as appro-*
 2 *priate, to the Secretary regarding—*

3 “(1) *the programs and activities funded by the*
 4 *grant;*

5 “(2) *health outcomes of the population of indi-*
 6 *viduals with a substance use disorder who received*
 7 *services from the Center, evaluated by an independent*
 8 *program evaluator through the use of outcomes meas-*
 9 *ures, as determined by the Secretary;*

10 “(3) *the retention rate of program participants;*
 11 *and*

12 “(4) *any other information that the Secretary*
 13 *may require for the purpose of—ensuring that the*
 14 *Center is complying with all the requirements of the*
 15 *grant, including providing the full continuum of serv-*
 16 *ices described in subsection (g)(1)(B).*

17 “(i) *PRIVACY.—The provisions of this section, includ-*
 18 *ing with respect to data reporting and program oversight,*
 19 *shall be subject to all applicable Federal and State privacy*
 20 *laws.*

21 “(j) *AUTHORIZATION OF APPROPRIATIONS.—There is*
 22 *authorized to be appropriated \$10,000,000 for each of fiscal*
 23 *years 2019 through 2023 for purposes of carrying out this*
 24 *section.”.*

25 “(b) *REPORTS TO CONGRESS.—*

1 (1) *PRELIMINARY REPORT*.—Not later than 3
2 years after the date of the enactment of this Act, the
3 Secretary of Health and Human Services shall sub-
4 mit to Congress a preliminary report that analyzes
5 data submitted under section 552(h) of the Public
6 Health Service Act, as added by subsection (a).

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

12 (A) an evaluation of the effectiveness of the
13 comprehensive services provided by the Centers
14 established or operated pursuant to section 552
15 of the Public Health Service Act, as added by
16 subsection (a), with respect to health outcomes of
17 the population of individuals with substance use
18 disorder who receive services from the Center,
19 which shall include an evaluation of the effective-
20 ness of services for treatment and recovery sup-
21 port and to reduce relapse, recidivism, and over-
22 dose; 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 the*
 2 *treatment of substance use disorders to health*
 3 *care professionals.*

4 ***Subtitle N—Trauma-Informed Care***

5 ***SEC. 7131. CDC SURVEILLANCE AND DATA COLLECTION FOR***
 6 ***CHILD, YOUTH, AND ADULT TRAUMA.***

7 *(a) DATA COLLECTION.—The Director of the Centers*
 8 *for Disease Control and Prevention (referred to in this sec-*
 9 *tion as the “Director”) may, in cooperation with the States,*
 10 *collect and report data on adverse childhood experiences*
 11 *through the Behavioral Risk Factor Surveillance System,*
 12 *the Youth Risk Behavior Surveillance System, and other*
 13 *relevant public health surveys or questionnaires.*

14 *(b) TIMING.—The collection of data under subsection*
 15 *(a) may occur biennially.*

16 *(c) DATA FROM RURAL AREAS.—The Director shall*
 17 *encourage each State that participates in collecting and re-*
 18 *porting data under subsection (a) to collect and report data*
 19 *from rural areas within such State, in order to generate*
 20 *a statistically reliable representation of such areas.*

21 *(d) DATA FROM TRIBAL AREAS.—The Director may,*
 22 *in cooperation with Indian Tribes (as defined in section*
 23 *4 of the Indian Self-Determination and Education Assist-*
 24 *ance Act) and pursuant to a written request from an In-*
 25 *dian Tribe, provide technical assistance to such Indian*

1 *Tribe to collect and report data on adverse childhood experi-*
 2 *ences through the Behavioral Risk Factor Surveillance Sys-*
 3 *tem, the Youth Risk Behavior Surveillance System, or an-*
 4 *other relevant public health survey or questionnaire.*

5 *(e) AUTHORIZATION OF APPROPRIATIONS.—To carry*
 6 *out this section, there is authorized to be appropriated*
 7 *\$2,000,000 for each of fiscal years 2019 through 2023.*

8 **SEC. 7132. TASK FORCE TO DEVELOP BEST PRACTICES FOR**
 9 **TRAUMA-INFORMED IDENTIFICATION, REFER-**
 10 **RAL, AND SUPPORT.**

11 *(a) ESTABLISHMENT.—There is established a task*
 12 *force, to be known as the Interagency Task Force on Trau-*
 13 *ma-Informed Care (in this section referred to as the “task*
 14 *force”) that shall identify, evaluate, and make recommenda-*
 15 *tions regarding—*

16 *(1) best practices with respect to children and*
 17 *youth, and their families as appropriate, who have*
 18 *experienced or are at risk of experiencing trauma;*
 19 *and*

20 *(2) ways in which Federal agencies can better*
 21 *coordinate to improve the Federal response to families*
 22 *impacted by substance use disorders and other forms*
 23 *of trauma.*

24 *(b) MEMBERSHIP.—*

1 (1) *COMPOSITION.*—*The task force shall be com-*
2 *posed of the heads of the following Federal depart-*
3 *ments and agencies, or their designees:*

4 (A) *The Centers for Medicare & Medicaid*
5 *Services.*

6 (B) *The Substance Abuse and Mental*
7 *Health Services Administration.*

8 (C) *The Agency for Healthcare Research*
9 *and Quality.*

10 (D) *The Centers for Disease Control and*
11 *Prevention.*

12 (E) *The Indian Health Service.*

13 (F) *The Department of Veterans Affairs.*

14 (G) *The National Institutes of Health.*

15 (H) *The Food and Drug Administration.*

16 (I) *The Health Resources and Services Ad-*
17 *ministration.*

18 (J) *The Department of Defense.*

19 (K) *The Office of Minority Health of the*
20 *Department of Health and Human Services.*

21 (L) *The Administration for Children and*
22 *Families.*

23 (M) *The Office of the Assistant Secretary*
24 *for Planning and Evaluation of the Department*
25 *of Health and Human Services.*

1 (N) *The Office for Civil Rights of the De-*
2 *partment of Health and Human Services.*

3 (O) *The Office of Juvenile Justice and De-*
4 *linquency Prevention of the Department of Jus-*
5 *tice.*

6 (P) *The Office of Community Oriented Po-*
7 *licing Services of the Department of Justice.*

8 (Q) *The Office on Violence Against Women*
9 *of the Department of Justice.*

10 (R) *The National Center for Education*
11 *Evaluation and Regional Assistance of the De-*
12 *partment of Education.*

13 (S) *The National Center for Special Edu-*
14 *cation Research of the Institute of Education*
15 *Science.*

16 (T) *The Office of Elementary and Sec-*
17 *ondary Education of the Department of Edu-*
18 *cation.*

19 (U) *The Office for Civil Rights of the De-*
20 *partment of Education.*

21 (V) *The Office of Special Education and*
22 *Rehabilitative Services of the Department of*
23 *Education.*

24 (W) *The Bureau of Indian Affairs of the*
25 *Department of the Interior.*

1 (X) *The Veterans Health Administration of*
2 *the Department of Veterans Affairs.*

3 (Y) *The Office of Special Needs Assistance*
4 *Programs of the Department of Housing and*
5 *Urban Development.*

6 (Z) *The Office of Head Start of the Admin-*
7 *istration for Children and Families.*

8 (AA) *The Children's Bureau of the Admin-*
9 *istration for Children and Families.*

10 (BB) *The Bureau of Indian Education of*
11 *the Department of the Interior.*

12 (CC) *Such other Federal agencies as the*
13 *Secretaries determine to be appropriate.*

14 (2) *DATE OF APPOINTMENTS.—The heads of Fed-*
15 *eral departments and agencies shall appoint the cor-*
16 *responding members of the task force not later than*
17 *60 days after the date of enactment of this Act.*

18 (3) *CHAIRPERSON.—The task force shall be*
19 *chaired by the Assistant Secretary for Mental Health*
20 *and Substance Use, or the Assistant Secretary's des-*
21 *ignee.*

22 (c) *TASK FORCE DUTIES.—The task force shall—*

23 (1) *solicit input from stakeholders, including*
24 *frontline service providers, educators, mental health*
25 *professionals, researchers, experts in infant, child, and*

1 *youth trauma, child welfare professionals, and the*
2 *public, in order to inform the activities under para-*
3 *graph (2); and*

4 *(2) identify, evaluate, make recommendations,*
5 *and update such recommendations not less than an-*
6 *nually, to the general public, the Secretary of Edu-*
7 *cation, the Secretary of Health and Human Services,*
8 *the Secretary of Labor, the Secretary of the Interior,*
9 *the Attorney General, and other relevant cabinet Sec-*
10 *retaries, and Congress regarding—*

11 *(A) a set of evidence-based, evidence-in-*
12 *formed, and promising best practices with re-*
13 *spect to—*

14 *(i) prevention strategies for individuals*
15 *at risk of experiencing or being exposed to*
16 *trauma, including trauma as a result of ex-*
17 *posure to substance use;*

18 *(ii) the identification of infants, chil-*
19 *dren and youth, and their families as ap-*
20 *propriate, who have experienced or are at*
21 *risk of experiencing trauma;*

22 *(iii) the expeditious referral to and im-*
23 *plementation of trauma-informed practices*
24 *and supports that prevent and mitigate the*
25 *effects of trauma, which may include whole-*

1 *family and multi-generational approaches;*
2 *and*

3 *(iv) community based or multi-*
4 *generational practices that support children*
5 *and their families;*

6 *(B) a national strategy on how the task*
7 *force and member agencies will collaborate,*
8 *prioritize options for, and implement a coordi-*
9 *nated approach, which may include—*

10 *(i) data sharing;*

11 *(ii) providing support to infants, chil-*
12 *dren, and youth, and their families as ap-*
13 *propriate, who have experienced or are at*
14 *risk of experiencing trauma;*

15 *(iii) identifying options for coordi-*
16 *nating existing grants that support infants,*
17 *children, and youth, and their families as*
18 *appropriate, who have experienced, or are*
19 *at risk of experiencing, exposure to sub-*
20 *stance use or other trauma, including trau-*
21 *ma related to substance use; and*

22 *(iv) other ways to improve coordina-*
23 *tion, planning, and communication within*
24 *and across Federal agencies, offices, and*
25 *programs, to better serve children and fami-*

1 *lies impacted by substance use disorders;*
2 *and*

3 *(C) existing Federal authorities at the De-*
4 *partment of Education, Department of Health*
5 *and Human Services, Department of Justice,*
6 *Department of Labor, Department of the Inte-*
7 *rior, and other relevant agencies, and specific*
8 *Federal grant programs to disseminate best*
9 *practices on, provide training in, or deliver serv-*
10 *ices through, trauma-informed practices, and*
11 *disseminate such information—*

12 *(i) in writing to relevant program of-*
13 *fices at such agencies to encourage grant*
14 *applicants in writing to use such funds,*
15 *where appropriate, for trauma-informed*
16 *practices; and*

17 *(ii) to the general public through the*
18 *internet website of the task force.*

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

22 *(1) include guidelines for providing professional*
23 *development and education for front-line services pro-*
24 *viders, including school personnel, early childhood*
25 *education program providers, providers from child- or*

1 *youth-serving organizations, housing and homeless*
2 *providers, primary and behavioral health care pro-*
3 *viders, child welfare and social services providers, ju-*
4 *venile and family court personnel, health care pro-*
5 *viders, individuals who are mandatory reporters of*
6 *child abuse or neglect, trained nonclinical providers*
7 *(including peer mentors and clergy), and first re-*
8 *sponders, in—*

9 *(A) understanding and identifying early*
10 *signs and risk factors of trauma in infants, chil-*
11 *dren, and youth, and their families as appro-*
12 *priate, including through screening processes and*
13 *services;*

14 *(B) providing practices to prevent and*
15 *mitigate the impact of trauma, including by fos-*
16 *tering safe and stable environments and relation-*
17 *ships; and*

18 *(C) developing and implementing policies,*
19 *procedures, or systems that—*

20 *(i) are designed to quickly refer in-*
21 *fants, children, youth, and their families as*
22 *appropriate, who have experienced or are at*
23 *risk of experiencing trauma to the appro-*
24 *priate trauma-informed screening and sup-*
25 *port and age-appropriate treatment, and to*

1 *ensure such infants, children, youth, and*
2 *family members receive such support;*

3 (ii) *utilize and develop partnerships*
4 *with early childhood education programs,*
5 *local social services organizations, such as*
6 *organizations serving youth, and clinical*
7 *mental health or other health care providers*
8 *with expertise in providing support services*
9 *and age-appropriate trauma-informed and*
10 *evidence-based treatment aimed at pre-*
11 *venting or mitigating the effects of trauma;*

12 (iii) *educate children and youth to—*

13 (I) *understand and identify the*
14 *signs, effects, or symptoms of trauma;*
15 *and*

16 (II) *build the resilience and cop-*
17 *ing skills to mitigate the effects of expe-*
18 *riencing trauma;*

19 (iv) *promote and support multi-*
20 *generational practices that assist parents,*
21 *foster parents, and kinship and other care-*
22 *givers in accessing resources related to, and*
23 *developing environments conducive to, the*
24 *prevention and mitigation of trauma; and*

1 (v) collect and utilize data from
2 screenings, referrals, or the provision of
3 services and supports to evaluate outcomes
4 and improve processes for trauma-informed
5 services and supports that are culturally
6 sensitive, linguistically appropriate, and
7 specific to age ranges and sex, as applicable;

8 (2) recommend best practices that are designed
9 to avoid unwarranted custody loss or criminal pen-
10 alties for parents or guardians in connection with in-
11 fants, children, and youth who have experienced or
12 are at risk of experiencing trauma; and

13 (3) recommend opportunities for local- and
14 State-level partnerships that—

15 (A) are designed to quickly identify and
16 refer children and families, as appropriate, who
17 have experienced or are at risk of experiencing
18 exposure to trauma, including related to sub-
19 stance use;

20 (B) utilize and develop partnerships with
21 early childhood education programs, local social
22 services organizations, and health care services
23 aimed at preventing or mitigating the effects of
24 exposure to trauma, including related to sub-
25 stance use;

1 (C) offer community-based prevention ac-
2 tivities, including educating families and chil-
3 dren on the effects of exposure to trauma, such
4 as trauma related to substance use, and how to
5 build resilience and coping skills to mitigate
6 those effects;

7 (D) in accordance with Federal privacy
8 protections, utilize non-personally-identifiable
9 data from screenings, referrals, or the provision
10 of services and supports to evaluate and improve
11 processes addressing exposure to trauma, includ-
12 ing related to substance use; and

13 (E) are designed to prevent separation and
14 support reunification of families if in the best
15 interest of the child.

16 (e) *OPERATING PLAN*.—Not later than 120 days after
17 the date of enactment of this Act, the task force shall hold
18 the first meeting. Not later than 2 years after such date
19 of enactment, the task force shall submit to the Secretary
20 of Education, Secretary of Health and Human Services,
21 Secretary of Labor, Secretary of the Interior, the Attorney
22 General, and Congress an operating plan for carrying out
23 the activities of the task force described in subsection (c)(2).
24 Such operating plan shall include—

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

5 (2) *a plan for carrying out the activities under*
6 *subsection (c)(2);*

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

10 (4) *an explanation of Federal agency involve-*
11 *ment and coordination needed to carry out such ac-*
12 *tivities, including any statutory or regulatory bar-*
13 *riers to such coordination;*

14 (5) *a budget for carrying out such activities;*

15 (6) *a proposed timeline for implementing rec-*
16 *ommendations and efforts identified under subsection*
17 *(c); and*

18 (7) *other information that the task force deter-*
19 *mines appropriate as related to its duties.*

20 (f) *FINAL REPORT.*—*Not later than 3 years after the*
21 *date of the first meeting of the task force, the task force shall*
22 *submit to the general public, Secretary of Education, Sec-*
23 *retary of Health and Human Services, Secretary of Labor,*
24 *Secretary of the Interior, the Attorney General, other rel-*
25 *evant cabinet Secretaries, the Committee on Energy and*

1 *Commerce and the Committee on Education and the Work-*
 2 *force of the House of Representatives and the Committee*
 3 *on Health, Education, Labor, and Pensions of the Senate,*
 4 *and Congress, a final report containing all of the findings*
 5 *and recommendations required under this section, and shall*
 6 *make such report available online in an accessible format.*

7 *(g) ADDITIONAL REPORTS.—In addition to the final*
 8 *report under subsection (f). the task force shall submit—*

9 *(1) a report to Congress identifying any rec-*
 10 *ommendations identified under subsection (c) that re-*
 11 *quire additional legislative authority to implement;*
 12 *and*

13 *(2) a report to the Governors describing the op-*
 14 *portunities for local- and State-level partnerships,*
 15 *professional development, or best practices rec-*
 16 *ommended under subsection (d)(3).*

17 *(h) DEFINITIONS.—In this section—*

18 *(1) the term “early childhood education pro-*
 19 *gram” has the meaning given such term in section*
 20 *103 of the Higher Education Act of 1965 (20 U.S.C.*
 21 *1003);*

22 *(2) The term “Governor” means the chief execu-*
 23 *tive officer of a State; and*

24 *(3) the term “State” means each of the several*
 25 *States, the District of Columbia, the Commonwealth*

1 *of Puerto Rico, the Virgin Islands, Guam, American*
 2 *Samoa, and the Commonwealth of the Northern Mar-*
 3 *iana Islands.*

4 *(i) SUNSET.—The task force shall sunset on the date*
 5 *that is 60 days after the submission of the final report*
 6 *under subsection (f), but not later than September 30, 2023.*

7 **SEC. 7133. NATIONAL CHILD TRAUMATIC STRESS INITIA-**
 8 **TIVE.**

9 *Section 582(j) of the Public Health Service Act (42*
 10 *U.S.C. 290hh–1(j)) (relating to grants to address the prob-*
 11 *lems of persons who experience violence-related stress) is*
 12 *amended by striking “\$46,887,000 for each of fiscal years*
 13 *2018 through 2022” and inserting “\$63,887,000 for each*
 14 *of fiscal years 2019 through 2023”.*

15 **SEC. 7134. GRANTS TO IMPROVE TRAUMA SUPPORT SERV-**
 16 **ICES AND MENTAL HEALTH CARE FOR CHIL-**
 17 **DREN AND YOUTH IN EDUCATIONAL SET-**
 18 **TINGS.**

19 *(a) GRANTS, CONTRACTS, AND COOPERATIVE AGREE-*
 20 *MENTS AUTHORIZED.—The Secretary, in coordination with*
 21 *the Assistant Secretary for Mental Health and Substance*
 22 *Use, is authorized to award grants to, or enter into con-*
 23 *tracts or cooperative agreements with, State educational*
 24 *agencies, local educational agencies, Indian Tribes (as de-*
 25 *finied in section 4 of the Indian Self-Determination and*

1 *Education Assistance Act) or their tribal educational agen-*
2 *cies, a school operated by the Bureau of Indian Education,*
3 *a Regional Corporation, or a Native Hawaiian educational*
4 *organization, for the purpose of increasing student access*
5 *to evidence-based trauma support services and mental*
6 *health care by developing innovative initiatives, activities,*
7 *or programs to link local school systems with local trauma-*
8 *informed support and mental health systems, including*
9 *those under the Indian Health Service.*

10 **(b) DURATION.**—*With respect to a grant, contract, or*
11 *cooperative agreement awarded or entered into under this*
12 *section, the period during which payments under such*
13 *grant, contract or agreement are made to the recipient may*
14 *not exceed 4 years.*

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

20 **(1)** *Collaborative efforts between school-based*
21 *service systems and trauma-informed support and*
22 *mental health service systems to provide, develop, or*
23 *improve prevention, screening, referral, and treatment*
24 *and support services to students, such as providing*

1 *trauma screenings to identify students in need of spe-*
2 *cialized support.*

3 *(2) To implement schoolwide positive behavioral*
4 *interventions and supports, or other trauma-informed*
5 *models of support.*

6 *(3) To provide professional development to teach-*
7 *ers, teacher assistants, school leaders, specialized in-*
8 *structional support personnel, and mental health pro-*
9 *essionals that—*

10 *(A) fosters safe and stable learning environ-*
11 *ments that prevent and mitigate the effects of*
12 *trauma, including through social and emotional*
13 *learning;*

14 *(B) improves school capacity to identify,*
15 *refer, and provide services to students in need of*
16 *trauma support or behavioral health services; or*

17 *(C) reflects the best practices for trauma-in-*
18 *formed identification, referral, and support de-*
19 *veloped by the Task Force under section 7132.*

20 *(4) Services at a full-service community school*
21 *that focuses on trauma-informed supports, which may*
22 *include a full-time site coordinator, or other activities*
23 *consistent with section 4625 of the Elementary and*
24 *Secondary Education Act of 1965 (20 U.S.C. 7275).*

1 (5) *Engaging families and communities in ef-*
2 *forts to increase awareness of child and youth trau-*
3 *ma, which may include sharing best practices with*
4 *law enforcement regarding trauma-informed care and*
5 *working with mental health professionals to provide*
6 *interventions, as well as longer term coordinated care*
7 *within the community for children and youth who*
8 *have experienced trauma and their families.*

9 (6) *To provide technical assistance to school sys-*
10 *tems and mental health agencies.*

11 (7) *To evaluate the effectiveness of the program*
12 *carried out under this section in increasing student*
13 *access to evidence-based trauma support services and*
14 *mental health care.*

15 (8) *To establish partnerships with or provide*
16 *subgrants to Head Start agencies (including Early*
17 *Head Start agencies), public and private preschool*
18 *programs, child care programs (including home-based*
19 *providers), or other entities described in subsection*
20 *(a), to include such entities described in this para-*
21 *graph in the evidence-based trauma initiatives, ac-*
22 *tivities, support services, and mental health systems*
23 *established under this section in order to provide, de-*
24 *velop, or improve prevention, screening, referral, and*

1 *treatment and support services to young children and*
2 *their families.*

3 (d) *APPLICATIONS.*—*To be eligible to receive a grant,*
4 *contract, or cooperative agreement under this section, an*
5 *entity described in subsection (a) shall submit an applica-*
6 *tion to the Secretary at such time, in such manner, and*
7 *containing such information as the Secretary may reason-*
8 *ably require, which shall include the following:*

9 (1) *A description of the innovative initiatives,*
10 *activities, or programs to be funded under the grant,*
11 *contract, or cooperative agreement, including how*
12 *such program will increase access to evidence-based*
13 *trauma support services and mental health care for*
14 *students, and, as applicable, the families of such stu-*
15 *dents.*

16 (2) *A description of how the program will pro-*
17 *vide linguistically appropriate and culturally com-*
18 *petent services.*

19 (3) *A description of how the program will sup-*
20 *port students and the school in improving the school*
21 *climate in order to support an environment conducive*
22 *to learning.*

23 (4) *An assurance that—*

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

4 (B) teachers, school leaders, administrators,
5 specialized instructional support personnel, rep-
6 resentatives of local Indian Tribes or tribal orga-
7 nizations as appropriate, other school personnel,
8 and parents or guardians of students partici-
9 pating in services under this section will be en-
10 gaged and involved in the design and implemen-
11 tation of the services.

12 (5) A description of how the applicant will sup-
13 port and integrate existing school-based services with
14 the program in order to provide mental health serv-
15 ices for students, as appropriate.

16 (6) A description of the entities in the commu-
17 nity with which the applicant will partner or to
18 which the applicant will provide subgrants in accord-
19 ance with subsection (c)(8).

20 (e) INTERAGENCY AGREEMENTS.—

21 (1) LOCAL INTERAGENCY AGREEMENTS.—To en-
22 sure the provision of the services described in sub-
23 section (c), a recipient of a grant, contract, or cooper-
24 ative agreement under this section, or their designee,
25 shall establish a local interagency agreement among

1 *local educational agencies, agencies responsible for*
2 *early childhood education programs, Head Start*
3 *agencies (including Early Head Start agencies), juve-*
4 *nile justice authorities, mental health agencies, child*
5 *welfare agencies, and other relevant agencies, authori-*
6 *ties, or entities in the community that will be in-*
7 *volved in the provision of such services.*

8 (2) *CONTENTS.—In ensuring the provision of the*
9 *services described in subsection (c), the local inter-*
10 *agency agreement shall specify with respect to each*
11 *agency, authority, or entity that is a party to such*
12 *agreement—*

13 (A) *the financial responsibility for the serv-*
14 *ices;*

15 (B) *the conditions and terms of responsi-*
16 *bility for the services, including quality, account-*
17 *ability, and coordination of the services; and*

18 (C) *the conditions and terms of reimburse-*
19 *ment among such agencies, authorities, or enti-*
20 *ties, including procedures for dispute resolution.*

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

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

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

4 (g) *DISTRIBUTION OF AWARDS.—The Secretary shall*
5 *ensure that grants, contracts, and cooperative agreements*
6 *awarded or entered into under this section are equitably*
7 *distributed among the geographical regions of the United*
8 *States and among tribal, urban, suburban, and rural popu-*
9 *lations.*

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

12 (1) *to prohibit an entity involved with a pro-*
13 *gram carried out under this section from reporting a*
14 *crime that is committed by a student to appropriate*
15 *authorities; or*

16 (2) *to prevent Federal, State, and tribal law en-*
17 *forcement and judicial authorities from exercising*
18 *their responsibilities with regard to the application of*
19 *Federal, tribal, and State law to crimes committed by*
20 *a student.*

21 (i) *SUPPLEMENT, NOT SUPPLANT.—Any services pro-*
22 *vided through programs carried out under this section shall*
23 *supplement, and not supplant, existing mental health serv-*
24 *ices, including any special education and related services*

1 *provided under the Individuals with Disabilities Education*
2 *Act (20 U.S.C. 1400 et seq.).*

3 (j) *CONSULTATION WITH INDIAN TRIBES.—In car-*
4 *rying out subsection (a), the Secretary shall, in a timely*
5 *manner, meaningfully consult with Indian Tribes and their*
6 *representatives to ensure notice of eligibility.*

7 (k) *DEFINITIONS.—In this section:*

8 (1) *ELEMENTARY SCHOOL.—The term “elemen-*
9 *tary school” has the meaning given such term in sec-*
10 *tion 8101 of the Elementary and Secondary Edu-*
11 *cation Act of 1965 (20 U.S.C. 7801).*

12 (2) *EVIDENCE-BASED.—The term “evidence-*
13 *based” has the meaning given such term in section*
14 *8101(21)(A)(i) of the Elementary and Secondary*
15 *Education Act of 1965 (20 U.S.C. 7801(21)(A)(i)).*

16 (3) *NATIVE HAWAIIAN EDUCATIONAL ORGANIZA-*
17 *TION.—The term “Native Hawaiian educational or-*
18 *ganization” has the meaning given such term in sec-*
19 *tion 6207 of the Elementary and Secondary Edu-*
20 *cation Act of 1965 (20 U.S.C. 7517).*

21 (4) *LOCAL EDUCATIONAL AGENCY.—The term*
22 *“local educational agency” has the meaning given*
23 *such term in section 8101 of the Elementary and Sec-*
24 *ondary Education Act of 1965 (20 U.S.C. 7801).*

1 (5) *REGIONAL CORPORATION*.—The term “Re-
2 gional Corporation” has the meaning given the term
3 in section 3 of the Alaska Native Claims Settlement
4 Act (43 U.S.C. 1602)).

5 (6) *SCHOOL*.—The term “school” means a public
6 elementary school or public secondary school.

7 (7) *SCHOOL LEADER*.—The term “school leader”
8 has the meaning given such term in section 8101 of
9 the Elementary and Secondary Education Act of
10 1965 (20 U.S.C. 7801).

11 (8) *SECONDARY SCHOOL*.—The term “secondary
12 school” has the meaning given such term in section
13 8101 of the Elementary and Secondary Education
14 Act of 1965 (20 U.S.C. 7801).

15 (9) *SECRETARY*.—The term “Secretary” means
16 the Secretary of Education.

17 (10) *SPECIALIZED INSTRUCTIONAL SUPPORT*
18 *PERSONNEL*.—The term “specialized instructional
19 support personnel” has the meaning given such term
20 in section 8101 of the Elementary and Secondary
21 Education Act of 1965 (20 U.S.C. 7801).

22 (11) *STATE EDUCATIONAL AGENCY*.—The term
23 “State educational agency” has the meaning given
24 such term in section 8101 of the Elementary and Sec-
25 ondary Education Act of 1965 (20 U.S.C. 7801).

1 *(l) AUTHORIZATION OF APPROPRIATIONS.—There is*
2 *authorized to be appropriated to carry out this section,*
3 *\$50,000,000 for each of fiscal years 2019 through 2023.*

4 **SEC. 7135. RECOGNIZING EARLY CHILDHOOD TRAUMA RE-**
5 **LATED TO SUBSTANCE ABUSE.**

6 *(a) DISSEMINATION OF INFORMATION.—The Secretary*
7 *of Health and Human Services shall disseminate informa-*
8 *tion, resources, and, if requested, technical assistance to*
9 *early childhood care and education providers and profes-*
10 *sionals working with young children on—*

11 *(1) ways to properly recognize children who may*
12 *be impacted by trauma, including trauma related to*
13 *substance use by a family member or other adult; and*

14 *(2) how to respond appropriately in order to*
15 *provide for the safety and well-being of young chil-*
16 *dren and their families.*

17 *(b) GOALS.—The information, resources, and technical*
18 *assistance provided under subsection (a) shall—*

19 *(1) educate early childhood care and education*
20 *providers and professionals working with young chil-*
21 *dren on understanding and identifying the early*
22 *signs and risk factors of children who might be im-*
23 *pacted by trauma, including trauma due to exposure*
24 *to substance use;*

1 (2) *suggest age-appropriate communication tools,*
2 *procedures, and practices for trauma-informed care,*
3 *including ways to prevent or mitigate the effects of*
4 *trauma;*

5 (3) *provide options for responding to children*
6 *impacted by trauma, including due to exposure to*
7 *substance use, that consider the needs of the child and*
8 *family, including recommending resources and refer-*
9 *als for evidence-based services to support such fam-*
10 *ily; and*

11 (4) *promote whole-family and multi-generational*
12 *approaches to keep families safely together when it is*
13 *in the best interest of the child.*

14 (c) *COORDINATION.*—*The Secretary of Health and*
15 *Human Services shall coordinate with the task force to de-*
16 *velop best practices for trauma-informed identification, re-*
17 *ferral, and support authorized under section 7132 in dis-*
18 *seminating the information, resources, and technical assist-*
19 *ance described under subsection (b).*

20 (d) *RULE OF CONSTRUCTION.*—*Such information, re-*
21 *sources, and if applicable, technical assistance, shall not be*
22 *construed to amend the requirements under—*

23 (1) *the Child Care and Development Block Grant*
24 *Act of 1990 (42 U.S.C. 9858 et seq.);*

1 (2) *the Head Start Act (42 U.S.C. 9831 et seq.);*

2 *or*

3 (3) *the Individuals with Disabilities Education*

4 *Act (20 U.S.C. 1400 et seq.).*

5 ***Subtitle O—Eliminating Opioid***
 6 ***Related Infectious Diseases***

7 ***SEC. 7141. REAUTHORIZATION AND EXPANSION OF PRO-***
 8 ***GRAM OF SURVEILLANCE AND EDUCATION***
 9 ***REGARDING INFECTIONS ASSOCIATED WITH***
 10 ***ILLICIT DRUG USE AND OTHER RISK FAC-***
 11 ***TORS.***

12 *Section 317N of the Public Health Service Act (42*
 13 *U.S.C. 247b–15) is amended to read as follows:*

14 ***“SEC. 317N. SURVEILLANCE AND EDUCATION REGARDING***
 15 ***INFECTIONS ASSOCIATED WITH ILLICIT***
 16 ***DRUG USE AND OTHER RISK FACTORS.***

17 ***“(a) IN GENERAL.—****The Secretary, acting through the*
 18 *Director of the Centers for Disease Control and Prevention,*
 19 *may (directly or through grants to public and nonprofit*
 20 *private entities) provide for programs for the following:*

21 ***“(1) To cooperate with States and Indian tribes***
 22 *in implementing or maintaining a national system to*
 23 *determine the incidence of infections commonly asso-*
 24 *ciated with illicit drug use, such as viral hepatitis,*
 25 *human immunodeficiency virus, and infective endo-*

1 *carditis, and to assist the States in determining the*
2 *prevalence of such infections, which may include the*
3 *reporting of cases of such infections.*

4 *“(2) To identify, counsel, and offer testing to in-*
5 *dividuals who are at risk of infections described in*
6 *paragraph (1) resulting from illicit drug use, receiv-*
7 *ing blood transfusions prior to July 1992, or other*
8 *risk factors.*

9 *“(3) To provide appropriate referrals for coun-*
10 *seling, testing, and medical treatment of individuals*
11 *identified under paragraph (2) and to ensure, to the*
12 *extent practicable, the provision of appropriate fol-*
13 *low-up services.*

14 *“(4) To develop and disseminate public informa-*
15 *tion and education programs for the detection and*
16 *control of infections described in paragraph (1), with*
17 *priority given to high-risk populations as determined*
18 *by the Secretary.*

19 *“(5) To improve the education, training, and*
20 *skills of health professionals in the detection and con-*
21 *trol of infections described in paragraph (1), includ-*
22 *ing to improve coordination of treatment of substance*
23 *use disorders and infectious diseases, with priority*
24 *given to substance use disorder treatment providers,*
25 *pediatricians and other primary care providers, ob-*

1 *stetrician-gynecologists, and infectious disease clini-*
 2 *cians, including HIV clinicians.*

3 “(b) *LABORATORY PROCEDURES.*—*The Secretary may*
 4 *(directly or through grants to public and nonprofit private*
 5 *entities) carry out programs to provide for improvements*
 6 *in the quality of clinical-laboratory procedures regarding*
 7 *infections described in subsection (a)(1).*

8 “(c) *DEFINITION.*—*In this section, the term ‘Indian*
 9 *tribe’ has the meaning given that term in section 4 of the*
 10 *Indian Self-Determination and Education Assistance Act.*

11 “(d) *AUTHORIZATION OF APPROPRIATIONS.*—*For the*
 12 *purpose of carrying out this section, there are authorized*
 13 *to be appropriated \$40,000,000 for each of the fiscal years*
 14 *2019 through 2023.”.*

15 ***Subtitle P—Peer Support***
 16 ***Communities of Recovery***

17 ***SEC. 7151. BUILDING COMMUNITIES OF RECOVERY.***

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

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

21 “(a) *DEFINITION.*—*In this section, the term ‘recovery*
 22 *community organization’ means an independent nonprofit*
 23 *organization that—*

24 “(1) *mobilizes resources within and outside of*
 25 *the recovery community, which may include through*

1 *a peer support network, to increase the prevalence*
 2 *and quality of long-term recovery from substance use*
 3 *disorders; and*

4 *“(2) is wholly or principally governed by people*
 5 *in recovery for substance use disorders who reflect the*
 6 *community served.*

7 *“(b) GRANTS AUTHORIZED.—The Secretary shall*
 8 *award grants to recovery community organizations to en-*
 9 *able such organizations to develop, expand, and enhance re-*
 10 *covery services.*

11 *“(c) FEDERAL SHARE.—The Federal share of the costs*
 12 *of a program funded by a grant under this section may*
 13 *not exceed 85 percent.*

14 *“(d) USE OF FUNDS.—Grants awarded under sub-*
 15 *section (b)—*

16 *“(1) shall be used to develop, expand, and en-*
 17 *hance community and statewide recovery support*
 18 *services; and*

19 *“(2) may be used to—*

20 *“(A) build connections between recovery net-*
 21 *works, including between recovery community*
 22 *organizations and peer support networks, and*
 23 *with other recovery support services, including—*

24 *“(i) behavioral health providers;*

1 “(ii) primary care providers and phy-
2 sicians;

3 “(iii) educational and vocational
4 schools;

5 “(iv) employers;

6 “(v) housing services;

7 “(vi) child welfare agencies; and

8 “(vii) other recovery support services
9 that facilitate recovery from substance use
10 disorders, including non-clinical commu-
11 nity services;

12 “(B) reduce stigma associated with sub-
13 stance use disorders; and

14 “(C) conduct outreach on issues relating to
15 substance use disorders and recovery, includ-
16 ing—

17 “(i) identifying the signs of substance
18 use disorder;

19 “(ii) the resources available to individ-
20 uals with substance use disorder and to
21 families of an individual with a substance
22 use disorder, including programs that men-
23 tor and provide support services to children;

24 “(iii) the resources available to help
25 support individuals in recovery; and

1 “(iv) related medical outcomes of sub-
 2 stance use disorders, the potential of acquir-
 3 ing an infection commonly associated with
 4 illicit drug use, and neonatal abstinence
 5 syndrome among infants exposed to opioids
 6 during pregnancy.

7 “(e) *SPECIAL CONSIDERATION.*—In carrying out this
 8 section, the Secretary shall give special consideration to the
 9 unique needs of rural areas, including areas with an age-
 10 adjusted rate of drug overdose deaths that is above the na-
 11 tional average and areas with a shortage of prevention and
 12 treatment services.

13 “(f) *AUTHORIZATION OF APPROPRIATIONS.*—There is
 14 authorized to be appropriated to carry out this section
 15 \$5,000,000 for each of fiscal years 2019 through 2023.”.

16 **SEC. 7152. PEER SUPPORT TECHNICAL ASSISTANCE CEN-**
 17 **TER.**

18 *Title V of the Public Health Service Act (42 U.S.C.*
 19 *290dd et seq.) is amended by inserting after section 547*
 20 *the following:*

21 **“SEC. 547A. PEER SUPPORT TECHNICAL ASSISTANCE CEN-**
 22 **TER.**

23 “(a) *ESTABLISHMENT.*—The Secretary, acting through
 24 the Assistant Secretary, shall establish or operate a Na-
 25 tional Peer-Run Training and Technical Assistance Center

1 *for Addiction Recovery Support (referred to in this section*
 2 *as the ‘Center’).*

3 “(b) *FUNCTIONS.—The Center established under sub-*
 4 *section (a) shall provide technical assistance and support*
 5 *to recovery community organizations and peer support net-*
 6 *works, including such assistance and support related to—*

7 “(1) *training on identifying—*

8 “(A) *signs of substance use disorder;*

9 “(B) *resources to assist individuals with a*
 10 *substance use disorder, or resources for families*
 11 *of an individual with a substance use disorder;*
 12 *and*

13 “(C) *best practices for the delivery of recov-*
 14 *ery support services;*

15 “(2) *the provision of translation services, inter-*
 16 *pretation, or other such services for clients with lim-*
 17 *ited English speaking proficiency;*

18 “(3) *data collection to support research, includ-*
 19 *ing for translational research;*

20 “(4) *capacity building; and*

21 “(5) *evaluation and improvement, as necessary,*
 22 *of the effectiveness of such services provided by recov-*
 23 *ery community organizations.*

24 “(c) *BEST PRACTICES.—The Center established under*
 25 *subsection (a) shall periodically issue best practices for use*

1 *by recovery community organizations and peer support net-*
 2 *works.*

3 “(d) *RECOVERY COMMUNITY ORGANIZATION.*—*In this*
 4 *section, the term ‘recovery community organization’ has the*
 5 *meaning given such term in section 547.*

6 “(e) *AUTHORIZATION OF APPROPRIATIONS.*—*There is*
 7 *authorized to be appropriated to carry out this section*
 8 *\$1,000,000 for each of fiscal years 2019 through 2023.”.*

9 ***Subtitle Q—Creating Opportunities***
 10 ***That Necessitate New and En-***
 11 ***hanced Connections That Im-***
 12 ***prove Opioid Navigation Strate-***
 13 ***gies***

14 ***SEC. 7161. PREVENTING OVERDOSES OF CONTROLLED SUB-***
 15 ***STANCES.***

16 (a) *IN GENERAL.*—*Part J of title III of the Public*
 17 *Health Service Act (42 U.S.C. 280b et seq.) is amended by*
 18 *inserting after section 392 (42 U.S.C. 280b–1) the following:*

19 ***“SEC. 392A. PREVENTING OVERDOSES OF CONTROLLED***
 20 ***SUBSTANCES.***

21 “(a) *EVIDENCE-BASED PREVENTION GRANTS.*—

22 “(1) *IN GENERAL.*—*The Director of the Centers*
 23 *for Disease Control and Prevention may—*

1 “(A) to the extent practicable, carry out and
2 expand any evidence-based prevention activities
3 described in paragraph (2);

4 “(B) provide training and technical assist-
5 ance to States, localities, and Indian tribes for
6 purposes of carrying out such activity; and

7 “(C) award grants to States, localities, and
8 Indian tribes for purposes of carrying out such
9 activity.

10 “(2) *EVIDENCE-BASED PREVENTION ACTIVI-*
11 *TIES.—An evidence-based prevention activity de-*
12 *scribed in this paragraph is any of the following ac-*
13 *tivities:*

14 “(A) Improving the efficiency and use of a
15 new or currently operating prescription drug
16 monitoring program, including by—

17 “(i) encouraging all authorized users
18 (as specified by the State or other entity) to
19 register with and use the program;

20 “(ii) enabling such users to access any
21 updates to information collected by the pro-
22 gram in as close to real-time as possible;

23 “(iii) improving the ease of use of such
24 program;

1 “(iv) providing for a mechanism for
2 the program to notify authorized users of
3 any potential misuse or abuse of controlled
4 substances and any detection of inappro-
5 priate prescribing or dispensing practices
6 relating to such substances;

7 “(v) encouraging the analysis of pre-
8 scription drug monitoring data for purposes
9 of providing de-identified, aggregate reports
10 based on such analysis to State public
11 health agencies, State substance abuse agen-
12 cies, State licensing boards, and other ap-
13 propriate State agencies, as permitted
14 under applicable Federal and State law and
15 the policies of the prescription drug moni-
16 toring program and not containing any
17 protected health information, to prevent in-
18 appropriate prescribing, drug diversion, or
19 abuse and misuse of controlled substances,
20 and to facilitate better coordination among
21 agencies;

22 “(vi) enhancing interoperability be-
23 tween the program and any health informa-
24 tion technology (including certified health

1 *information technology), including by inte-*
2 *grating program data into such technology;*

3 “(vii) *updating program capabilities*
4 *to respond to technological innovation for*
5 *purposes of appropriately addressing the oc-*
6 *currence and evolution of controlled sub-*
7 *stance overdoses;*

8 “(viii) *facilitating and encouraging*
9 *data exchange between the program and the*
10 *prescription drug monitoring programs of*
11 *other States;*

12 “(ix) *enhancing data collection and*
13 *quality, including improving patient*
14 *matching and proactively monitoring data*
15 *quality;*

16 “(x) *providing prescriber and dis-*
17 *penser practice tools, including prescriber*
18 *practice insight reports for practitioners to*
19 *review their prescribing patterns in com-*
20 *parison to such patterns of other practi-*
21 *tioners in the specialty; and*

22 “(xi) *meeting the purpose of the pro-*
23 *gram established under section 399O, as de-*
24 *scribed in section 399O(a).*

1 “(B) *Promoting community or health sys-*
2 *tem interventions.*

3 “(C) *Evaluating interventions to prevent*
4 *controlled substance overdoses.*

5 “(D) *Implementing projects to advance an*
6 *innovative prevention approach with respect to*
7 *new and emerging public health crises and op-*
8 *portunities to address such crises, such as en-*
9 *hancing public education and awareness on the*
10 *risks associated with opioids.*

11 “(3) *ADDITIONAL GRANTS.—The Director may*
12 *award grants to States, localities, and Indian*
13 *Tribes—*

14 “(A) *to carry out innovative projects for*
15 *grantees to rapidly respond to controlled sub-*
16 *stance misuse, abuse, and overdoses, including*
17 *changes in patterns of controlled substance use;*
18 *and*

19 “(B) *for any other evidence-based activity*
20 *for preventing controlled substance misuse, abuse,*
21 *and overdoses as the Director determines appro-*
22 *priate.*

23 “(4) *RESEARCH.—The Director, in coordination*
24 *with the Assistant Secretary for Mental Health and*
25 *Substance Use and the National Mental Health and*

1 *Substance Use Policy Laboratory established under*
 2 *section 501A, as appropriate and applicable, may*
 3 *conduct studies and evaluations to address substance*
 4 *use disorders, including preventing substance use dis-*
 5 *orders or other related topics the Director determines*
 6 *appropriate.*

7 “(b) *ENHANCED CONTROLLED SUBSTANCE OVERDOSE*
 8 *DATA COLLECTION, ANALYSIS, AND DISSEMINATION*
 9 *GRANTS.—*

10 “(1) *IN GENERAL.—The Director of the Centers*
 11 *for Disease Control and Prevention may—*

12 “(A) *to the extent practicable, carry out any*
 13 *controlled substance overdose data collection ac-*
 14 *tivities described in paragraph (2);*

15 “(B) *provide training and technical assist-*
 16 *ance to States, localities, and Indian tribes for*
 17 *purposes of carrying out such activity;*

18 “(C) *award grants to States, localities, and*
 19 *Indian tribes for purposes of carrying out such*
 20 *activity; and*

21 “(D) *coordinate with the Assistant Sec-*
 22 *retary for Mental Health and Substance Use to*
 23 *collect data pursuant to section 505(d)(1)(A) (re-*
 24 *lating to the number of individuals admitted to*

1 *emergency departments as a result of the abuse*
2 *of alcohol or other drugs).*

3 “(2) *CONTROLLED SUBSTANCE OVERDOSE DATA*
4 *COLLECTION AND ANALYSIS ACTIVITIES.*—*A controlled*
5 *substance overdose data collection, analysis, and dis-*
6 *semination activity described in this paragraph is*
7 *any of the following activities:*

8 “(A) *Improving the timeliness of reporting*
9 *data to the public, including data on fatal and*
10 *nonfatal overdoses of controlled substances.*

11 “(B) *Enhancing the comprehensiveness of*
12 *controlled substance overdose data by collecting*
13 *information on such overdoses from appropriate*
14 *sources such as toxicology reports, autopsy re-*
15 *ports, death scene investigations, and emergency*
16 *departments.*

17 “(C) *Modernizing the system for coding*
18 *causes of death related to controlled substance*
19 *overdoses to use an electronic-based system.*

20 “(D) *Using data to help identify risk fac-*
21 *tors associated with controlled substance*
22 *overdoses.*

23 “(E) *Supporting entities involved in pro-*
24 *viding information on controlled substance*
25 *overdoses, such as coroners, medical examiners,*

1 *and public health laboratories to improve accu-*
2 *rate testing and standardized reporting of causes*
3 *and contributing factors to controlled substances*
4 *overdoses and analysis of various opioid ana-*
5 *logues to controlled substance overdoses.*

6 “(F) *Working to enable and encourage the*
7 *access, exchange, and use of information regard-*
8 *ing controlled substance overdoses among data*
9 *sources and entities.*

10 “(c) *DEFINITIONS.—In this section:*

11 “(1) *CONTROLLED SUBSTANCE.—The term ‘con-*
12 *trolled substance’ has the meaning given that term in*
13 *section 102 of the Controlled Substances Act.*

14 “(2) *INDIAN TRIBE.—The term ‘Indian tribe’ has*
15 *the meaning given that term in section 4 of the In-*
16 *dian Self-Determination and Education Assistance*
17 *Act.*

18 “(d) *AUTHORIZATION OF APPROPRIATIONS.—For pur-*
19 *poses of carrying out this section, section 399O of this Act,*
20 *and section 102 of the Comprehensive Addiction and Recov-*
21 *ery Act of 2016 (Public Law 114–198), there is authorized*
22 *to be appropriated \$496,000,000 for each of fiscal years*
23 *2019 through 2023.”.*

1 (b) *EDUCATION AND AWARENESS.*—*Section 102 of the*
2 *Comprehensive Addiction and Recovery Act of 2016 (Public*
3 *Law 114–198) is amended—*

4 (1) *by amending subsection (a) to read as fol-*
5 *lows:*

6 “(a) *IN GENERAL.*—*The Secretary of Health and*
7 *Human Services, acting through the Director of the Centers*
8 *for Disease Control and Prevention and in coordination*
9 *with the heads of other departments and agencies, shall ad-*
10 *vance education and awareness regarding the risks related*
11 *to misuse and abuse of opioids, as appropriate, which may*
12 *include developing or improving existing programs, con-*
13 *ducting activities, and awarding grants that advance the*
14 *education and awareness of—*

15 “(1) *the public, including patients and con-*
16 *sumers—*

17 “(A) *generally; and*

18 “(B) *regarding such risks related to unused*
19 *opioids and the dispensing options under section*
20 *309(f) of the Controlled Substances Act, as appli-*
21 *cable; and*

22 “(2) *providers, which may include—*

23 “(A) *providing for continuing education on*
24 *appropriate prescribing practices;*

1 “(B) education related to applicable State
2 or local prescriber limit laws, information on the
3 use of non-addictive alternatives for pain man-
4 agement, and the use of overdose reversal drugs,
5 as appropriate;

6 “(C) disseminating and improving the use
7 of evidence-based opioid prescribing guidelines
8 across relevant health care settings, as appro-
9 priate, and updating guidelines as necessary;

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

14 “(E) disseminating information to pro-
15 viders about prescribing options for controlled
16 substances, including such options under section
17 309(f) of the Controlled Substances Act, as appli-
18 cable; and

19 “(F) disseminating information, as appro-
20 priate, on the National Pain Strategy developed
21 by or in consultation with the Assistant Sec-
22 retary for Health; and

23 “(3) other appropriate entities.”; and
24 (2) in subsection (b)—

1 (A) by striking “opioid abuse” each place
 2 such term appears and inserting “opioid misuse
 3 and abuse”; and

4 (B) in paragraph (2), by striking “safe dis-
 5 posal of prescription medications and other” and
 6 inserting “non-addictive treatment options, safe
 7 disposal options for prescription medications,
 8 and other applicable”.

9 **SEC. 7162. PRESCRIPTION DRUG MONITORING PROGRAM.**

10 Section 399O of the Public Health Service Act (42
 11 U.S.C. 280g–3) is amended to read as follows:

12 **“SEC. 399O. PRESCRIPTION DRUG MONITORING PROGRAM.**

13 “(a) PROGRAM.—

14 “(1) IN GENERAL.—Each fiscal year, the Sec-
 15 retary, acting through the Director of the Centers for
 16 Disease Control and Prevention, in coordination with
 17 the heads of other departments and agencies as appro-
 18 priate, shall support States or localities for the pur-
 19 pose of improving the efficiency and use of PDMPs,
 20 including—

21 “(A) establishment and implementation of a
 22 PDMP;

23 “(B) maintenance of a PDMP;

24 “(C) improvements to a PDMP by—

1 “(i) enhancing functional components
2 to work toward—

3 “(I) universal use of PDMPs
4 among providers and their delegates, to
5 the extent that State laws allow;

6 “(II) more timely inclusion of
7 data within a PDMP;

8 “(III) active management of the
9 PDMP, in part by sending proactive
10 or unsolicited reports to providers to
11 inform prescribing; and

12 “(IV) ensuring the highest level of
13 ease in use of and access to PDMPs by
14 providers and their delegates, to the ex-
15 tent that State laws allow;

16 “(ii) in consultation with the Office of
17 the National Coordinator for Health Infor-
18 mation Technology, improving the intra-
19 state interoperability of PDMPs by—

20 “(I) making PDMPs more action-
21 able by integrating PDMPs within
22 electronic health records and health in-
23 formation technology infrastructure;
24 and

1 “(II) *linking PDMP data to other*
2 *data systems within the State, includ-*
3 *ing—*

4 “(aa) *the data of pharmacy*
5 *benefit managers, medical exam-*
6 *iners and coroners, and the*
7 *State’s Medicaid program;*

8 “(bb) *worker’s compensation*
9 *data; and*

10 “(cc) *prescribing data of pro-*
11 *viders of the Department of Vet-*
12 *erans Affairs and the Indian*
13 *Health Service within the State;*

14 “(iii) *in consultation with the Office of*
15 *the National Coordinator for Health Infor-*
16 *mation Technology, improving the inter-*
17 *state interoperability of PDMPs through—*

18 “(I) *sharing of dispensing data in*
19 *near-real time across State lines; and*

20 “(II) *integration of automated*
21 *queries for multistate PDMP data and*
22 *analytics into clinical workflow to im-*
23 *prove the use of such data and ana-*
24 *lytics by practitioners and dispensers;*
25 *or*

1 “(iv) improving the ability to include
2 treatment availability resources and referral
3 capabilities within the PDMP.

4 “(2) *LEGISLATION.*—As a condition on the re-
5 ceipt of support under this section, the Secretary shall
6 require a State or locality to demonstrate that it has
7 enacted legislation or regulations—

8 “(A) to provide for the implementation of
9 the PDMP; and

10 “(B) to permit the imposition of appro-
11 priate penalties for the unauthorized use and
12 disclosure of information maintained by the
13 PDMP.

14 “(b) *PDMP STRATEGIES.*—The Secretary shall en-
15 courage a State or locality, in establishing, improving, or
16 maintaining a PDMP, to implement strategies that im-
17 prove—

18 “(1) the reporting of dispensing in the State or
19 locality of a controlled substance to an ultimate user
20 so the reporting occurs not later than 24 hours after
21 the dispensing event;

22 “(2) the consultation of the PDMP by each pre-
23 scribing practitioner, or their designee, in the State
24 or locality before initiating treatment with a con-
25 trolled substance, or any substance as required by the

1 *State to be reported to the PDMP, and over the course*
2 *of ongoing treatment for each prescribing event;*

3 “(3) *the consultation of the PDMP before dis-*
4 *persing a controlled substance, or any substance as*
5 *required by the State to be reported to the PDMP;*

6 “(4) *the proactive notification to a practitioner*
7 *when patterns indicative of controlled substance mis-*
8 *use by a patient, including opioid misuse, are de-*
9 *tected;*

10 “(5) *the availability of data in the PDMP to*
11 *other States, as allowable under State law; and*

12 “(6) *the availability of nonidentifiable informa-*
13 *tion to the Centers for Disease Control and Preven-*
14 *tion for surveillance, epidemiology, statistical re-*
15 *search, or educational purposes.*

16 “(c) *DRUG MISUSE AND ABUSE.—In consultation with*
17 *practitioners, dispensers, and other relevant and interested*
18 *stakeholders, a State receiving support under this section—*

19 “(1) *shall establish a program to notify practi-*
20 *tioners and dispensers of information that will help*
21 *to identify and prevent the unlawful diversion or mis-*
22 *use of controlled substances;*

23 “(2) *may, to the extent permitted under State*
24 *law, notify the appropriate authorities responsible for*
25 *carrying out drug diversion investigations if the State*

1 *determines that information in the PDMP main-*
2 *tained by the State indicates an unlawful diversion*
3 *or abuse of a controlled substance;*

4 *“(3) may conduct analyses of controlled sub-*
5 *stance program data for purposes of providing appro-*
6 *priate State agencies with aggregate reports based on*
7 *such analyses in as close to real-time as practicable,*
8 *regarding prescription patterns flagged as potentially*
9 *presenting a risk of misuse, abuse, addiction, over-*
10 *dose, and other aggregate information, as appropriate*
11 *and in compliance with applicable Federal and State*
12 *laws and provided that such reports shall not include*
13 *protected health information; and*

14 *“(4) may access information about prescriptions,*
15 *such as claims data, to ensure that such prescribing*
16 *and dispensing history is updated in as close to real-*
17 *time as practicable, in compliance with applicable*
18 *Federal and State laws and provided that such infor-*
19 *mation shall not include protected health information.*

20 *“(d) EVALUATION AND REPORTING.—As a condition*
21 *on receipt of support under this section, the State shall re-*
22 *port on interoperability with PDMPs of other States and*
23 *Federal agencies, where appropriate, intrastate interoper-*
24 *ability with health information technology systems such as*
25 *electronic health records, health information exchanges, and*

1 *e-prescribing, where appropriate, and whether or not the*
 2 *State provides automatic, up-to-date, or daily information*
 3 *about a patient when a practitioner (or the designee of a*
 4 *practitioner, where permitted) requests information about*
 5 *such patient.*

6 “(e) *EVALUATION AND REPORTING.—A State receiving*
 7 *support under this section shall provide the Secretary with*
 8 *aggregate nonidentifiable information, as permitted by*
 9 *State law, to enable the Secretary—*

10 “(1) *to evaluate the success of the State’s pro-*
 11 *gram in achieving the purpose described in subsection*
 12 *(a); or*

13 “(2) *to prepare and submit to the Congress the*
 14 *report required by subsection (i)(2).*

15 “(f) *EDUCATION AND ACCESS TO THE MONITORING*
 16 *SYSTEM.—A State receiving support under this section*
 17 *shall take steps to—*

18 “(1) *facilitate prescribers and dispensers, and*
 19 *their delegates, as permitted by State law, to use the*
 20 *PDMP, to the extent practicable; and*

21 “(2) *educate prescribers and dispensers, and*
 22 *their delegates on the benefits of the use of PDMPs.*

23 “(g) *ELECTRONIC FORMAT.—The Secretary may issue*
 24 *guidelines specifying a uniform electronic format for the re-*
 25 *porting, sharing, and disclosure of information pursuant*

1 *to PDMPs. To the extent possible, such guidelines shall be*
 2 *consistent with standards recognized by the Office of the Na-*
 3 *tional Coordinator for Health Information Technology.*

4 “(h) *RULES OF CONSTRUCTION.*—

5 “(1) *FUNCTIONS OTHERWISE AUTHORIZED BY*
 6 *LAW.*—*Nothing in this section shall be construed to*
 7 *restrict the ability of any authority, including any*
 8 *local, State, or Federal law enforcement, narcotics*
 9 *control, licensure, disciplinary, or program authority,*
 10 *to perform functions otherwise authorized by law.*

11 “(2) *ADDITIONAL PRIVACY PROTECTIONS.*—*Noth-*
 12 *ing in this section shall be construed as preempting*
 13 *any State from imposing any additional privacy pro-*
 14 *tections.*

15 “(3) *FEDERAL PRIVACY REQUIREMENTS.*—*Noth-*
 16 *ing in this section shall be construed to supersede any*
 17 *Federal privacy or confidentiality requirement, in-*
 18 *cluding the regulations promulgated under section*
 19 *264(c) of the Health Insurance Portability and Ac-*
 20 *countability Act of 1996 (Public Law 104–191; 110*
 21 *Stat. 2033) and section 543 of this Act.*

22 “(4) *NO FEDERAL PRIVATE CAUSE OF ACTION.*—
 23 *Nothing in this section shall be construed to create a*
 24 *Federal private cause of action.*

1 “(i) *PROGRESS REPORT*.—Not later than 3 years after
2 the date of enactment of this section, the Secretary shall—

3 “(1) complete a study that—

4 “(A) determines the progress of grantees in
5 establishing and implementing PDMPs con-
6 sistent with this section;

7 “(B) provides an analysis of the extent to
8 which the operation of PDMPs has—

9 “(i) reduced inappropriate use, abuse,
10 diversion of, and overdose with, controlled
11 substances;

12 “(ii) established or strengthened initia-
13 tives to ensure linkages to substance use dis-
14 order treatment services; or

15 “(iii) affected patient access to appro-
16 priate care in States operating PDMPs;

17 “(C) determine the progress of grantees in
18 achieving interstate interoperability and intra-
19 state interoperability of PDMPs, including an
20 assessment of technical, legal, and financial bar-
21 riers to such progress and recommendations for
22 addressing these barriers;

23 “(D) determines the progress of grantees in
24 implementing near real-time electronic PDMPs;

1 “(E) provides an analysis of the privacy
2 protections in place for the information reported
3 to the PDMP in each State or locality receiving
4 support under this section and any recommenda-
5 tions of the Secretary for additional Federal or
6 State requirements for protection of this infor-
7 mation;

8 “(F) determines the progress of States or lo-
9 calities in implementing technological alter-
10 natives to centralized data storage, such as peer-
11 to-peer file sharing or data pointer systems, in
12 PDMPs and the potential for such alternatives to
13 enhance the privacy and security of individually
14 identifiable data; and

15 “(G) evaluates the penalties that States or
16 localities have enacted for the unauthorized use
17 and disclosure of information maintained in
18 PDMPs, and the criteria used by the Secretary
19 to determine whether such penalties qualify as
20 appropriate for purposes of subsection (a)(2);
21 and

22 “(2) submit a report to the Congress on the re-
23 sults of the study.

24 “(j) ADVISORY COUNCIL.—

1 “(1) *ESTABLISHMENT*.—A State or locality may
2 establish an advisory council to assist in the estab-
3 lishment, improvement, or maintenance of a PDMP
4 consistent with this section.

5 “(2) *LIMITATION*.—A State or locality may not
6 use Federal funds for the operations of an advisory
7 council to assist in the establishment, improvement,
8 or maintenance of a PDMP.

9 “(3) *SENSE OF CONGRESS*.—It is the sense of the
10 Congress that, in establishing an advisory council to
11 assist in the establishment, improvement, or mainte-
12 nance of a PDMP, a State or locality should consult
13 with appropriate professional boards and other inter-
14 ested parties.

15 “(k) *DEFINITIONS*.—For purposes of this section:

16 “(1) The term ‘controlled substance’ means a
17 controlled substance (as defined in section 102 of the
18 Controlled Substances Act) in schedule II, III, or IV
19 of section 202 of such Act.

20 “(2) The term ‘dispense’ means to deliver a con-
21 trolled substance to an ultimate user by, or pursuant
22 to the lawful order of, a practitioner, irrespective of
23 whether the dispenser uses the Internet or other means
24 to effect such delivery.

1 “(3) The term ‘dispenser’ means a physician,
2 pharmacist, or other person that dispenses a con-
3 trolled substance to an ultimate user.

4 “(4) The term ‘interstate interoperability’ with
5 respect to a PDMP means the ability of the PDMP
6 to electronically share reported information with an-
7 other State if the information concerns either the dis-
8 pensing of a controlled substance to an ultimate user
9 who resides in such other State, or the dispensing of
10 a controlled substance prescribed by a practitioner
11 whose principal place of business is located in such
12 other State.

13 “(5) The term ‘intrastate interoperability’ with
14 respect to a PDMP means the integration of PDMP
15 data within electronic health records and health infor-
16 mation technology infrastructure or linking of a
17 PDMP to other data systems within the State, includ-
18 ing the State’s Medicaid program, workers’ compensa-
19 tion programs, and medical examiners or coroners.

20 “(6) The term ‘nonidentifiable information’
21 means information that does not identify a practi-
22 tioner, dispenser, or an ultimate user and with re-
23 spect to which there is no reasonable basis to believe
24 that the information can be used to identify a practi-
25 tioner, dispenser, or an ultimate user.

1 “(7) The term ‘PDMP’ means a prescription
2 drug monitoring program that is State-controlled.

3 “(8) The term ‘practitioner’ means a physician,
4 dentist, veterinarian, scientific investigator, phar-
5 macy, hospital, or other person licensed, registered, or
6 otherwise permitted, by the United States or the juris-
7 diction in which the individual practices or does re-
8 search, to distribute, dispense, conduct research with
9 respect to, administer, or use in teaching or chemical
10 analysis, a controlled substance in the course of pro-
11 fessional practice or research.

12 “(9) The term ‘State’ means each of the 50
13 States, the District of Columbia, and any common-
14 wealth or territory of the United States.

15 “(10) The term ‘ultimate user’ means a person
16 who has obtained from a dispenser, and who pos-
17 sesses, a controlled substance for the person’s own use,
18 for the use of a member of the person’s household, or
19 for the use of an animal owned by the person or by
20 a member of the person’s household.

21 “(11) The term ‘clinical workflow’ means the in-
22 tegration of automated queries for prescription drug
23 monitoring programs data and analytics into health
24 information technologies such as electronic health
25 record systems, health information exchanges, and/or

1 *pharmacy dispensing software systems, thus stream-*
 2 *lining provider access through automated queries.”.*

3 ***Subtitle R—Review of Substance***
 4 ***Use Disorder Treatment Pro-***
 5 ***viders Receiving Federal Fund-***
 6 ***ing***

7 ***SEC. 7171. REVIEW OF SUBSTANCE USE DISORDER TREAT-***
 8 ***MENT PROVIDERS RECEIVING FEDERAL***
 9 ***FUNDING.***

10 *(a) IN GENERAL.—The Secretary of Health and*
 11 *Human Services (in this section referred to as the “Sec-*
 12 *retary”)* shall conduct a review of entities that receive Fed-
 13 *eral funding for the provision of substance use disorder*
 14 *treatment services. The review shall include:*

15 *(1) The length of time the entity has provided*
 16 *substance use disorder treatment services and the geo-*
 17 *graphic area served by the entity.*

18 *(2) A detailed analysis of the patient population*
 19 *served by the entity, including but not limited to the*
 20 *number of patients, types of diagnosed substance use*
 21 *disorders and the demographic information of such*
 22 *patients, including sex, race, ethnicity, and socio-*
 23 *economic status.*

24 *(3) Detailed information on the types of sub-*
 25 *stance use disorders for which the entity has the expe-*

1 *rience, capability, and capacity to provide such serv-*
2 *ices.*

3 *(4) An analysis of how the entity handles pa-*
4 *tients requiring treatment for a substance use dis-*
5 *order that the organization is not able to treat.*

6 *(5) An analysis of what is needed in order to*
7 *improve the entity's ability to meet the addiction*
8 *treatment needs of the communities served by that en-*
9 *tity.*

10 *(6) Based on the identified needs of the commu-*
11 *nities served, a description of unmet needs and inad-*
12 *equately services and how such needs and services could*
13 *be better addressed to treat individuals with meth-*
14 *amphetamine, cocaine, including crack cocaine, her-*
15 *oin, opioid, and other substance use disorders.*

16 *(b) REPORT.—Not later than 2 years after the date*
17 *of the enactment of this Act, the Secretary shall develop and*
18 *submit to Congress a plan to direct appropriate resources*
19 *to entities that provide substance use disorder treatment*
20 *services in order to address inadequacies in services or*
21 *funding identified through the survey described in sub-*
22 *section (a).*

1 ***Subtitle S—Other Health Provisions***

2 ***SEC. 7181. STATE RESPONSE TO THE OPIOID ABUSE CRISIS.***

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

5 *(1) in subsection (a)—*

6 *(A) by striking “the authorization of appro-*
 7 *priations under subsection (b) to carry out the*
 8 *grant program described in subsection (c)” and*
 9 *inserting “subsection (h) to carry out the grant*
 10 *program described in subsection (b)”;* and

11 *(B) by inserting “and Indian Tribes” after*
 12 *“States”;*

13 *(2) by striking subsection (b);*

14 *(3) by redesignating subsections (c) through (e)*
 15 *as subsections (b) through (d), respectively;*

16 *(4) by redesignating subsection (f) as subsection*
 17 *(j);*

18 *(5) in subsection (b), as so redesignated—*

19 *(A) in paragraph (1)—*

20 *(i) in the paragraph heading, by in-*
 21 *serting “AND TRIBAL” after “STATE”;*

22 *(ii) by striking “States for the purpose*
 23 *of addressing the opioid abuse crisis within*
 24 *such States” and inserting “States and In-*
 25 *dian Tribes for the purpose of addressing*

1 *the opioid abuse crisis within such States*
2 *and Indian Tribes”;*

3 *(iii) by inserting “or Indian Tribes”*
4 *after “preference to States”; and*

5 *(iv) by inserting before the period of*
6 *the second sentence “or other Indian Tribes,*
7 *as applicable”; and*

8 *(B) in paragraph (2)—*

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

11 *(ii) in subparagraph (A), by striking*
12 *“Improving State” and inserting “Estab-*
13 *lishing or improving”;*

14 *(iii) in subparagraph (C), by inserting*
15 *“preventing diversion of controlled sub-*
16 *stances,” after “treatment programs,”; and*

17 *(iv) in subparagraph (E), by striking*
18 *“as the State determines appropriate, re-*
19 *lated to addressing the opioid abuse crisis*
20 *within the State” and inserting “as the*
21 *State or Indian Tribe determines appro-*
22 *priate, related to addressing the opioid*
23 *abuse crisis within the State or Indian*
24 *Tribe, including directing resources in ac-*

1 cordance with local needs related to sub-
2 stance use disorders”;

3 (6) in subsection (c), as so redesignated, by strik-
4 ing “subsection (c)” and inserting “subsection (b)”;

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

6 (A) in the matter preceding paragraph (1),
7 by striking “the authorization of appropriations
8 under subsection (b)” and inserting “subsection
9 (h)”;

10 (B) in paragraph (1), by striking “sub-
11 section (c)” and inserting “subsection (b)”;

12 (8) by inserting after subsection (d), as so redesi-
13 gnated, the following:

14 “(e) *INDIAN TRIBES*.—

15 “(1) *DEFINITION*.—For purposes of this section,
16 the term ‘Indian Tribe’ has the meaning given the
17 term ‘Indian tribe’ in section 4 of the Indian Self-De-
18 termination and Education Assistance Act (25 U.S.C.
19 5304).

20 “(2) *APPROPRIATE MECHANISMS*.—The Sec-
21 retary, in consultation with Indian Tribes, shall
22 identify and establish appropriate mechanisms for
23 Tribes to demonstrate or report the information as re-
24 quired under subsections (b), (c), and (d).

1 “(f) *REPORT TO CONGRESS.*—Not later than 1 year
2 after the date on which amounts are first awarded after
3 the date of enactment of this subsection, pursuant to sub-
4 section (b), and annually thereafter, the Secretary shall sub-
5 mit to the Committee on Health, Education, Labor, and
6 Pensions of the Senate and the Committee on Energy and
7 Commerce of the House of Representatives a report summa-
8 rizing the information provided to the Secretary in reports
9 made pursuant to subsection (c), including the purposes for
10 which grant funds are awarded under this section and the
11 activities of such grant recipients.

12 “(g) *TECHNICAL ASSISTANCE.*—The Secretary, includ-
13 ing through the Tribal Training and Technical Assistance
14 Center of the Substance Abuse and Mental Health Services
15 Administration, shall provide State agencies and Indian
16 Tribes, as applicable, with technical assistance concerning
17 grant application and submission procedures under this
18 section, award management activities, and enhancing out-
19 reach and direct support to rural and underserved commu-
20 nities and providers in addressing the opioid crisis.

21 “(h) *AUTHORIZATION OF APPROPRIATIONS.*—For pur-
22 poses of carrying out the grant program under subsection
23 (b), there is authorized to be appropriated \$500,000,000 for
24 each of fiscal years 2019 through 2021, to remain available
25 until expended.

1 “(i) *SET ASIDE*.—Of the amounts made available for
 2 each fiscal year to award grants under subsection (b) for
 3 a fiscal year, 5 percent of such amount for such fiscal year
 4 shall be made available to Indian Tribes, and up to 15 per-
 5 cent of such amount for such fiscal year may be set aside
 6 for States with the highest age-adjusted rate of drug over-
 7 dose death based on the ordinal ranking of States according
 8 to the Director of the Centers for Disease Control and Pre-
 9 vention.”.

10 (b) *CONFORMING AMENDMENT*.—Section 1004(c) of the
 11 21st Century Cures Act (Public Law 114–255) is amended
 12 by striking “, the FDA Innovation Account, or the Account
 13 For the State Response to the Opioid Abuse Crisis” and
 14 inserting “or the FDA Innovation Account”.

15 **SEC. 7182. REPORT ON INVESTIGATIONS REGARDING PAR-**
 16 **ITY IN MENTAL HEALTH AND SUBSTANCE USE**
 17 **DISORDER BENEFITS.**

18 (a) *IN GENERAL*.—Section 13003 of the 21st Century
 19 Cures Act (Public Law 114–255) is amended—

20 (1) in subsection (a)—

21 (A) by striking “with findings of any seri-
 22 ous violation regarding” and inserting “con-
 23 cerning”; and

1 (B) by inserting “and the Committee on
2 Education and the Workforce” after “Energy
3 and Commerce”; and
4 (2) in subsection (b)(1)—

5 (A) by inserting “complaints received and
6 number of” before “closed”; and

7 (B) by inserting before the period “, and,
8 for each such investigation closed, which agency
9 conducted the investigation, whether the health
10 plan that is the subject of the investigation is
11 fully insured or not fully insured and a sum-
12 mary of any coordination between the applicable
13 State regulators and the Department of Labor,
14 the Department of Health and Human Services,
15 or the Department of the Treasury, and ref-
16 erences to any guidance provided by the agencies
17 addressing the category of violation committed”.

18 (b) *APPLICABILITY.*—The amendments made by sub-
19 section (a) shall apply with respect to the second annual
20 report required under such section 13003 and each such an-
21 nual report thereafter.

22 **SEC. 7183. CAREER ACT.**

23 (a) *IN GENERAL.*—The Secretary of Health and
24 Human Services (referred to in this section as the “Sec-
25 retary”), in consultation with the Secretary of Labor, shall

1 *continue or establish a program to support individuals in*
 2 *substance use disorder treatment and recovery to live inde-*
 3 *pendently and participate in the workforce.*

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

18 (c) *PRIORITY.*—

19 (1) *IN GENERAL.*—*In awarding grants under*
 20 *this section, the Secretary shall give priority based on*
 21 *the State in which the entity is located. Priority shall*
 22 *be given among States according to a formula based*
 23 *on the rates described in paragraph (2) and weighted*
 24 *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, is*
5 *above the national overdose mortality rate, as de-*
6 *termined by the Director of the Centers for Dis-*
7 *ease Control and Prevention.*

8 (B) *The amount by which the rate of unem-*
9 *ployment for the State, based on data provided*
10 *by the Bureau of Labor Statistics for the pre-*
11 *ceding 5 calendar years for which there is avail-*
12 *able data, is above the national average.*

13 (C) *The amount by which rate of labor force*
14 *participation in the State, based on data pro-*
15 *vided by the Bureau of Labor Statistics for the*
16 *preceding 5 calendar years for which there is*
17 *available data, is below the 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 (2)(A)*
21 *shall be weighted 70 percent.*

22 (B) *The rate described in paragraph (2)(B)*
23 *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 located*
3 *in areas within States with the greatest need, with such*
4 *need based on the highest mortality rate related to substance*
5 *use disorder.*

6 (e) *DEFINITIONS.*—*In this section:*

7 (1) *ELIGIBLE ENTITY.*—*The term “eligible enti-*
8 *ty” means an entity that offers treatment or recovery*
9 *services for individuals with substance use disorders,*
10 *and partners with one or more local or State stake-*
11 *holders, which may include local employers, commu-*
12 *nity organizations, the local workforce development*
13 *board, local and State governments, and Indian*
14 *Tribes or tribal organizations, to support recovery,*
15 *independent living, and participation in the work-*
16 *force.*

17 (2) *INDIAN TRIBES; TRIBAL ORGANIZATION.*—*The*
18 *terms “Indian Tribe” and “tribal organization” have*
19 *the meanings given the terms “Indian tribe” and*
20 *“tribal organization” in section 4 of the Indian Self-*
21 *Determination and Education Assistance Act (25*
22 *U.S.C. 5304).*

23 (3) *STATE.*—*The term “State” includes only the*
24 *several States and the District of Columbia.*

1 (f) *APPLICATIONS.*—*An eligible entity shall submit an*
2 *application at such time and in such manner as the Sec-*
3 *retary may require. In submitting an application, the enti-*
4 *ty shall demonstrate the ability to partner with local stake-*
5 *holders, which may include local employers, community*
6 *stakeholders, the local workforce development board, local*
7 *and State governments, and Indian Tribes or tribal organi-*
8 *zations, as applicable, to—*

9 (1) *identify gaps in the workforce due to the*
10 *prevalence of substance use disorders;*

11 (2) *in coordination with statewide employment*
12 *and training activities, including coordination and*
13 *alignment of activities carried out by entities pro-*
14 *vided grant funds under section 8041, help individ-*
15 *uals in recovery from a substance use disorder transi-*
16 *tion into the workforce, including by providing career*
17 *services, training services as described in paragraph*
18 *(2) of section 134(c) of the Workforce Innovation and*
19 *Opportunity Act (29 U.S.C. 3174(c)), and related*
20 *services described in section 134(a)(3) of such Act (42*
21 *U.S.C. 3174(a)); and*

22 (3) *assist employers with informing their em-*
23 *ployees of the resources, such as resources related to*
24 *substance use disorders that are available to their em-*
25 *ployees.*

1 (g) *USE OF FUNDS.*—*An entity receiving a grant*
2 *under this section shall use the funds to conduct one or more*
3 *of the following activities:*

4 (1) *Hire case managers, care coordinators, pro-*
5 *viders of peer recovery support services, as described*
6 *in section 547(a) of the Public Health Service Act (42*
7 *U.S.C. 290ee–2(a)), or other professionals, as appro-*
8 *priate, to provide services that support treatment, re-*
9 *covery, and rehabilitation, and prevent relapse, re-*
10 *cidivism, and overdose, including by encouraging—*

11 (A) *the development and strengthening of*
12 *daily living skills; and*

13 (B) *the use of counseling, care coordination,*
14 *and other services, as appropriate, to support re-*
15 *covery from substance use disorders.*

16 (2) *Implement or utilize innovative technologies,*
17 *which may include the use of telemedicine.*

18 (3) *In coordination with the lead State agency*
19 *with responsibility for a workforce investment activ-*
20 *ity or local board described in subsection (b), pro-*
21 *vide—*

22 (A) *short-term prevocational training serv-*
23 *ices; and*

1 (B) *training services that are directly*
2 *linked to the employment opportunities in the*
3 *local area or the planning region.*

4 (h) *SUPPORT FOR STATE STRATEGY.*—*An eligible en-*
5 *tity shall include in its application under subsection (f) in-*
6 *formation describing how the services and activities pro-*
7 *posed in such application are aligned with the State, out-*
8 *lying area, or Tribal strategy, as applicable, for addressing*
9 *issues described in such application and how such entity*
10 *will coordinate with existing systems to deliver services as*
11 *described in such application.*

12 (i) *DATA REPORTING AND PROGRAM OVERSIGHT.*—
13 *Each eligible entity awarded a grant under this section*
14 *shall submit to the Secretary a report at such time and*
15 *in such manner as the Secretary may require. Such report*
16 *shall include a description of—*

17 (1) *the programs and activities funded by the*
18 *grant;*

19 (2) *outcomes of the population of individuals*
20 *with a substance use disorder the grantee served*
21 *through activities described in subsection (g); and*

22 (3) *any other information that the Secretary*
23 *may require for the purpose of ensuring that the*
24 *grantee is complying with all of the requirements of*
25 *the grant.*

1 (j) *REPORTS TO CONGRESS.*—

2 (1) *PRELIMINARY REPORT.*—Not later than 2
3 years after the end of the first year of the grant pe-
4 riod under this section, the Secretary shall submit to
5 Congress a preliminary report that analyzes reports
6 submitted under subsection (i).

7 (2) *FINAL REPORT.*—Not later than 2 years after
8 submitting the preliminary report required under
9 paragraph (1), the Secretary shall submit to Congress
10 a final report that includes—

11 (A) a description of how the grant funding
12 was used, including the number of individuals
13 who received services under subsection (g)(3) and
14 an evaluation of the effectiveness of the activities
15 conducted by the grantee with respect to out-
16 comes of the population of individuals with sub-
17 stance use disorder who receive services from the
18 grantee; and

19 (B) recommendations related to best prac-
20 tices for health care professionals to support in-
21 dividuals in substance use disorder treatment or
22 recovery to live independently and participate in
23 the workforce.

24 (k) *AUTHORIZATION OF APPROPRIATIONS.*—There is
25 authorized to be appropriated \$5,000,000 for each of fiscal

1 *years 2019 through 2023 for purposes of carrying out this*
 2 *section.*

3 ***TITLE VIII—MISCELLANEOUS***
 4 ***Subtitle A—Synthetics Trafficking***
 5 ***and Overdose Prevention***

6 ***SEC. 8001. SHORT TITLE.***

7 *This subtitle may be cited as the “Synthetics Traf-*
 8 *ficking and Overdose Prevention Act of 2018” or “STOP*
 9 *Act of 2018”.*

10 ***SEC. 8002. CUSTOMS FEES.***

11 *(a) IN GENERAL.—Section 13031(b)(9) of the Consoli-*
 12 *dated Omnibus Budget Reconciliation Act of 1985 (19*
 13 *U.S.C. 58c(b)(9)) is amended by adding at the end the fol-*
 14 *lowing:*

15 *“(D)(i) With respect to the processing of items*
 16 *that are sent to the United States through the inter-*
 17 *national postal network by ‘Inbound Express Mail*
 18 *service’ or ‘Inbound EMS’ (as that service is described*
 19 *in the mail classification schedule referred to in sec-*
 20 *tion 3631 of title 39, United States Code), the fol-*
 21 *lowing payments are required:*

22 *“(I) \$1 per Inbound EMS item.*

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

1 “(ii) Notwithstanding section 451 of the Tariff
2 Act of 1930 (19 U.S.C. 1451), the payments required
3 by clause (i), as allocated pursuant to clause (iii)(I),
4 shall be the only payments required for reimburse-
5 ment of U.S. Customs and Border Protection for cus-
6 toms services provided in connection with the proc-
7 essing 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 in
14 accordance with regulations prescribed by the
15 Secretary of the Treasury to reimburse U.S. Cus-
16 toms and Border Protection for customs services
17 provided in connection with the processing of In-
18 bound 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 provided
22 in connection with the customs processing of In-
23 bound 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 1930*
2 *(19 U.S.C. 1524), be deposited in the Customs User*
3 *Fee Account and used to directly reimburse each ap-*
4 *propriation for the amount paid out of that appro-*
5 *priation for the costs incurred in providing services*
6 *to international mail facilities. Amounts deposited in*
7 *accordance with the preceding sentence shall be avail-*
8 *able until expended for the provision of such services.*

9 *“(III) Payments retained by the Postal Service*
10 *under subclause (I)(bb) shall be used to directly reim-*
11 *burse the Postal Service for the costs incurred in pro-*
12 *viding services in connection with the customs proc-*
13 *essing of Inbound EMS items.*

14 *“(iv) Beginning in fiscal year 2021, the Sec-*
15 *retary, in consultation with the Postmaster General,*
16 *may adjust, not more frequently than once each fiscal*
17 *year, the amount described in clause (i)(I) to an*
18 *amount commensurate with the costs of services pro-*
19 *vided in connection with the customs processing of In-*
20 *bound EMS items, consistent with the obligations of*
21 *the United States under international agreements.”.*

22 **(b) CONFORMING AMENDMENTS.**—*Section 13031(a) of*
23 *the Consolidated Omnibus Budget Reconciliation Act of*
24 *1985 (19 U.S.C. 58c(a)) is amended—*

(1) in paragraph (6), by inserting “(other than an item subject to a fee under subsection (b)(9)(D))” after “customs officer”; and

(2) in paragraph (10)—

(A) in subparagraph (C), in the matter preceding clause (i), by inserting “(other than Inbound EMS items described in subsection (b)(9)(D))” after “release”; and

(B) in the flush at the end, by inserting “or of Inbound EMS items described in subsection (b)(9)(D),” after “(C),”.

(c) *EFFECTIVE DATE.*—The amendments made by this section shall take effect on January 1, 2020.

SEC. 8003. MANDATORY ADVANCE ELECTRONIC INFORMATION FOR POSTAL SHIPMENTS.

(a) *MANDATORY ADVANCE ELECTRONIC INFORMATION.*—

(1) *IN GENERAL.*—Section 343(a)(3)(K) of the Trade Act of 2002 (Public Law 107–210; 19 U.S.C. 2071 note) is amended to read as follows:

“(K)(i) The Secretary shall prescribe regulations requiring the United States Postal Service to transmit the information described in paragraphs (1) and (2) to the Commissioner of U.S. Customs and Border Protection for inter-

1 *national mail shipments by the Postal Service*
2 *(including shipments to the Postal Service from*
3 *foreign postal operators that are transported by*
4 *private carrier) consistent with the requirements*
5 *of this subparagraph.*

6 *“(ii) In prescribing regulations under*
7 *clause (i), the Secretary shall impose require-*
8 *ments for the transmission to the Commissioner*
9 *of information described in paragraphs (1) and*
10 *(2) for mail shipments described in clause (i)*
11 *that are comparable to the requirements for the*
12 *transmission of such information imposed on*
13 *similar non-mail shipments of cargo, taking into*
14 *account the parameters set forth in subpara-*
15 *graphs (A) through (J).*

16 *“(iii) The regulations prescribed under*
17 *clause (i) shall require the transmission of the*
18 *information described in paragraphs (1) and (2)*
19 *with respect to a shipment as soon as practicable*
20 *in relation to the transportation of the shipment,*
21 *consistent with subparagraph (H).*

22 *“(iv) Regulations prescribed under clause*
23 *(i) shall allow for the requirements for the trans-*
24 *mission to the Commissioner of information de-*
25 *scribed in paragraphs (1) and (2) for mail ship-*

1 *ments described in clause (i) to be implemented*
2 *in phases, as appropriate, by—*

3 *“(I) setting incremental targets for in-*
4 *creasing the percentage of such shipments*
5 *for which information is required to be*
6 *transmitted to the Commissioner; and*

7 *“(II) taking into consideration—*

8 *“(aa) the risk posed by such ship-*
9 *ments;*

10 *“(bb) the volume of mail shipped*
11 *to the United States by or through a*
12 *particular country; and*

13 *“(cc) the capacities of foreign*
14 *postal operators to provide that infor-*
15 *mation to the Postal Service.*

16 *“(v)(I) Notwithstanding clause (iv), the*
17 *Postal Service shall, not later than December 31,*
18 *2018, arrange for the transmission to the Com-*
19 *missioner of the information described in para-*
20 *graphs (1) and (2) for not less than 70 percent*
21 *of the aggregate number of mail shipments, in-*
22 *cluding 100 percent of mail shipments from the*
23 *People’s Republic of China, described in clause*
24 *(i).*

1 “(II) *If the requirements of subclause (I)*
2 *are not met, the Comptroller General of the*
3 *United States shall submit to the appropriate*
4 *congressional committees, not later than June*
5 *30, 2019, a report—*

6 “(aa) *assessing the reasons for the fail-*
7 *ure to meet those requirements; and*

8 “(bb) *identifying recommendations to*
9 *improve the collection by the Postal Service*
10 *of the information described in paragraphs*
11 *(1) and (2).*

12 “(vi)(I) *Notwithstanding clause (iv), the*
13 *Postal Service shall, not later than December 31,*
14 *2020, arrange for the transmission to the Com-*
15 *missioner of the information described in para-*
16 *graphs (1) and (2) for 100 percent of the aggre-*
17 *gate number of mail shipments described in*
18 *clause (i).*

19 “(II) *The Commissioner, in consultation*
20 *with the Postmaster General, may determine to*
21 *exclude a country from the requirement described*
22 *in subclause (I) to transmit information for mail*
23 *shipments described in clause (i) from the coun-*
24 *try if the Commissioner determines that the*
25 *country—*

1 “(aa) does not have the capacity to col-
2 lect and transmit such information;

3 “(bb) represents a low risk for mail
4 shipments that violate relevant United
5 States laws and regulations; and

6 “(cc) accounts for low volumes of mail
7 shipments that can be effectively screened
8 for compliance with relevant United States
9 laws and regulations through an alternate
10 means.

11 “(III) The Commissioner shall, at a min-
12 imum on an annual basis, re-evaluate any deter-
13 mination made under subclause (II) to exclude a
14 country from the requirement described in sub-
15 clause (I). If, at any time, the Commissioner de-
16 termines that a country no longer meets the re-
17 quirements under subclause (II), the Commis-
18 sioner may not further exclude the country from
19 the requirement described in subclause (I).

20 “(IV) The Commissioner shall, on an an-
21 nual basis, submit to the appropriate congres-
22 sional committees—

23 “(aa) a list of countries with respect to
24 which the Commissioner has made a deter-
25 mination under subclause (II) to exclude the

1 *countries from the requirement described in*
2 *subclause (I); and*

3 *“(bb) information used to support such*
4 *determination with respect to such coun-*
5 *tries.*

6 *“(vii)(I) The Postmaster General shall, in*
7 *consultation with the Commissioner, refuse any*
8 *shipments received after December 31, 2020, for*
9 *which the information described in paragraphs*
10 *(1) and (2) is not transmitted as required under*
11 *this subparagraph, except as provided in sub-*
12 *clause (II).*

13 *“(II) If remedial action is warranted in*
14 *lieu of refusal of shipments pursuant to sub-*
15 *clause (I), the Postmaster General and the Com-*
16 *missioner shall take remedial action with respect*
17 *to the shipments, including destruction, seizure,*
18 *controlled delivery or other law enforcement ini-*
19 *tiatives, or correction of the failure to provide*
20 *the information described in paragraphs (1) and*
21 *(2) with respect to the shipments.*

22 *“(viii) Nothing in this subparagraph shall*
23 *be construed to limit the authority of the Sec-*
24 *retary to obtain information relating to inter-*

1 *national mail shipments from private carriers or*
 2 *other appropriate parties.*

3 *“(ix) In this subparagraph, the term ‘ap-*
 4 *propriate congressional committees’ means—*

5 *“(I) the Committee on Finance and the*
 6 *Committee on Homeland Security and Gov-*
 7 *ernmental Affairs of the Senate; and*

8 *“(II) the Committee on Ways and*
 9 *Means, the Committee on Oversight and*
 10 *Government Reform, and the Committee on*
 11 *Homeland Security of the House of Rep-*
 12 *resentatives.”.*

13 *(2) JOINT STRATEGIC PLAN ON MANDATORY AD-*
 14 *VANCE INFORMATION.—Not later than 60 days after*
 15 *the date of the enactment of this Act, the Secretary of*
 16 *Homeland Security and the Postmaster General shall*
 17 *develop and submit to the appropriate congressional*
 18 *committees a joint strategic plan detailing specific*
 19 *performance measures for achieving—*

20 *(A) the transmission of information as re-*
 21 *quired by section 343(a)(3)(K) of the Trade Act*
 22 *of 2002, as amended by paragraph (1); and*

23 *(B) the presentation by the Postal Service to*
 24 *U.S. Customs and Border Protection of all mail*

1 *targeted by U.S. Customs and Border Protection*
 2 *for inspection.*

3 ***(b) CAPACITY BUILDING.—***

4 ***(1) IN GENERAL.—****Section 343(a) of the Trade*
 5 *Act of 2002 (Public Law 107–210; 19 U.S.C. 2071*
 6 *note) is amended by adding at the end the following:*

7 ***“(5) CAPACITY BUILDING.—***

8 ***“(A) IN GENERAL.—****The Secretary, with the*
 9 *concurrence of the Secretary of State, and in co-*
 10 *ordination with the Postmaster General and the*
 11 *heads of other Federal agencies, as appropriate,*
 12 *may provide technical assistance, equipment,*
 13 *technology, and training to enhance the capacity*
 14 *of foreign postal operators—*

15 ***“(i) to gather and provide the informa-***
 16 *tion required by paragraph (3)(K); and*

17 ***“(ii) to otherwise gather and provide***
 18 *postal shipment information related to—*

19 ***“(I) terrorism;***

20 ***“(II) items the importation or in-***
 21 *troducton of which into the United*
 22 *States is prohibited or restricted, in-*
 23 *cluding controlled substances; and*

24 ***“(III) such other concerns as the***
 25 *Secretary determines appropriate.*

1 “(B) *PROVISION OF EQUIPMENT AND TECH-*
2 *NOLOGY.—With respect to the provision of equip-*
3 *ment and technology under subparagraph (A),*
4 *the Secretary may lease, loan, provide, or other-*
5 *wise assist in the deployment of such equipment*
6 *and technology under such terms and conditions*
7 *as the Secretary may prescribe, including nonre-*
8 *imbursable loans or the transfer of ownership of*
9 *equipment and technology.”.*

10 (2) *JOINT STRATEGIC PLAN ON CAPACITY BUILD-*
11 *ING.—Not later than 1 year after the date of the en-*
12 *actment of this Act, the Secretary of Homeland Secu-*
13 *rity and the Postmaster General shall, in consultation*
14 *with the Secretary of State, jointly develop and sub-*
15 *mit to the appropriate congressional committees a*
16 *joint strategic plan—*

17 (A) *detailing the extent to which U.S. Cus-*
18 *toms and Border Protection and the United*
19 *States Postal Service are engaged in capacity*
20 *building efforts under section 343(a)(5) of the*
21 *Trade Act of 2002, as added by paragraph (1);*

22 (B) *describing plans for future capacity*
23 *building efforts; and*

24 (C) *assessing how capacity building has in-*
25 *creased the ability of U.S. Customs and Border*

1 *Protection and the Postal Service to advance the*
2 *goals of this subtitle and the amendments made*
3 *by this subtitle.*

4 *(c) REPORT AND CONSULTATIONS BY SECRETARY OF*
5 *HOMELAND SECURITY AND POSTMASTER GENERAL.—*

6 *(1) REPORT.—Not later than 180 days after the*
7 *date of the enactment of this Act, and annually there-*
8 *after until 3 years after the Postmaster General has*
9 *met the requirement under clause (vi) of subpara-*
10 *graph (K) of section 343(a)(3) of the Trade Act of*
11 *2002, as amended by subsection (a)(1), the Secretary*
12 *of Homeland Security and the Postmaster General*
13 *shall, in consultation with the Secretary of State,*
14 *jointly submit to the appropriate congressional com-*
15 *mittees a report on compliance with that subpara-*
16 *graph that includes the following:*

17 *(A) An assessment of the status of the regu-*
18 *lations required to be promulgated under that*
19 *subparagraph.*

20 *(B) An update regarding new and existing*
21 *agreements reached with foreign postal operators*
22 *for the transmission of the information required*
23 *by that subparagraph.*

24 *(C) A summary of deliberations between the*
25 *United States Postal Service and foreign postal*

1 *operators with respect to issues relating to the*
2 *transmission of that information.*

3 *(D) A summary of the progress made in*
4 *achieving the transmission of that information*
5 *for the percentage of shipments required by that*
6 *subparagraph.*

7 *(E) An assessment of the quality of that in-*
8 *formation being received by foreign postal opera-*
9 *tors, as determined by the Secretary of Home-*
10 *land Security, and actions taken to improve the*
11 *quality of that information.*

12 *(F) A summary of policies established by*
13 *the Universal Postal Union that may affect the*
14 *ability of the Postmaster General to obtain the*
15 *transmission of that information.*

16 *(G) A summary of the use of technology to*
17 *detect illicit synthetic opioids and other illegal*
18 *substances in international mail parcels and*
19 *planned acquisitions and advancements in such*
20 *technology.*

21 *(H) Such other information as the Sec-*
22 *retary of Homeland Security and the Postmaster*
23 *General consider appropriate with respect to ob-*
24 *taining the transmission of information required*
25 *by that subparagraph.*

1 (2) *CONSULTATIONS*.—Not later than 180 days
2 after the date of the enactment of this Act, and every
3 180 days thereafter until the Postmaster General has
4 met the requirement under clause (vi) of section
5 343(a)(3)(K) of the Trade Act of 2002, as amended by
6 subsection (a)(1), to arrange for the transmission of
7 information with respect to 100 percent of the aggre-
8 gate number of mail shipments described in clause (i)
9 of that section, the Secretary of Homeland Security
10 and the Postmaster General shall provide briefings to
11 the appropriate congressional committees on the
12 progress made in achieving the transmission of that
13 information for that percentage of shipments.

14 (d) *GOVERNMENT ACCOUNTABILITY OFFICE RE-*
15 *PORT*.—Not later than June 30, 2019, the Comptroller Gen-
16 eral of the United States shall submit to the appropriate
17 congressional committees a report—

18 (1) *assessing the progress of the United States*
19 *Postal Service in achieving the transmission of the*
20 *information required by subparagraph (K) of section*
21 *343(a)(3) of the Trade Act of 2002, as amended by*
22 *subsection (a)(1), for the percentage of shipments re-*
23 *quired by that subparagraph;*

1 (2) *assessing the quality of the information re-*
2 *ceived from foreign postal operators for targeting pur-*
3 *poses;*

4 (3) *assessing the specific percentage of targeted*
5 *mail presented by the Postal Service to U.S. Customs*
6 *and Border Protection for inspection;*

7 (4) *describing the costs of collecting the informa-*
8 *tion required by such subparagraph (K) from foreign*
9 *postal operators and the costs of implementing the use*
10 *of that information;*

11 (5) *assessing the benefits of receiving that infor-*
12 *mation with respect to international mail shipments;*

13 (6) *assessing the feasibility of assessing a cus-*
14 *toms fee under section 13031(b)(9) of the Consolidated*
15 *Omnibus Budget Reconciliation Act of 1985, as*
16 *amended by section 8002, on international mail ship-*
17 *ments other than Inbound Express Mail service in a*
18 *manner consistent with the obligations of the United*
19 *States under international agreements; and*

20 (7) *identifying recommendations, including rec-*
21 *ommendations for legislation, to improve the compli-*
22 *ance of the Postal Service with such subparagraph*
23 *(K), including an assessment of whether the detection*
24 *of illicit synthetic opioids in the international mail*
25 *would be improved by—*

1 (A) requiring the Postal Service to serve as
 2 the consignee for international mail shipments
 3 containing goods; or

4 (B) designating a customs broker to act as
 5 an importer of record for international mail
 6 shipments containing goods.

7 (e) *TECHNICAL CORRECTION.*—Section 343 of the
 8 Trade Act of 2002 (Public Law 107–210; 19 U.S.C. 2071
 9 note) is amended in the section heading by striking “**AD-**
 10 **VANCED**” and inserting “**ADVANCE**”.

11 (f) *APPROPRIATE CONGRESSIONAL COMMITTEES DE-*
 12 *FINED.*—In this section, the term “appropriate congres-
 13 sional committees” means—

14 (1) the Committee on Finance and the Com-
 15 mittee on Homeland Security and Governmental Af-
 16 fairs of the Senate; and

17 (2) the Committee on Ways and Means, the Com-
 18 mittee on Oversight and Government Reform, and the
 19 Committee on Homeland Security of the House of
 20 Representatives.

21 **SEC. 8004. INTERNATIONAL POSTAL AGREEMENTS.**

22 (a) *EXISTING AGREEMENTS.*—

23 (1) *IN GENERAL.*—In the event that any provi-
 24 sion of this subtitle, or any amendment made by this
 25 subtitle, is determined to be in violation of obligations

1 of the United States under any postal treaty, conven-
2 tion, or other international agreement related to
3 international postal services, or any amendment to
4 such an agreement, the Secretary of State should ne-
5 gotiate to amend the relevant provisions of the agree-
6 ment so that the United States is no longer in viola-
7 tion of the agreement.

8 (2) *RULE OF CONSTRUCTION.*—Nothing in this
9 subsection shall be construed to permit delay in the
10 implementation of this subtitle or any amendment
11 made by this subtitle.

12 (b) *FUTURE AGREEMENTS.*—

13 (1) *CONSULTATIONS.*—Before entering into, on
14 or after the date of the enactment of this Act, any
15 postal treaty, convention, or other international
16 agreement related to international postal services, or
17 any amendment to such an agreement, that is related
18 to the ability of the United States to secure the provi-
19 sion of advance electronic information by foreign
20 postal operators, the Secretary of State should consult
21 with the appropriate congressional committees (as de-
22 fined in section 8003(f)).

23 (2) *EXPEDITED NEGOTIATION OF NEW AGREE-*
24 *MENT.*—To the extent that any new postal treaty,
25 convention, or other international agreement related

1 to international postal services would improve the
 2 ability of the United States to secure the provision of
 3 advance electronic information by foreign postal oper-
 4 ators as required by regulations prescribed under sec-
 5 tion 343(a)(3)(K) of the Trade Act of 2002, as
 6 amended by section 8003(a)(1), the Secretary of State
 7 should expeditiously conclude such an agreement.

8 **SEC. 8005. COST RECOUPMENT.**

9 (a) *IN GENERAL.*—The United States Postal Service
 10 shall, to the extent practicable and otherwise recoverable by
 11 law, ensure that all costs associated with complying with
 12 this subtitle and amendments made by this subtitle are
 13 charged directly to foreign shippers or foreign postal opera-
 14 tors.

15 (b) *COSTS NOT CONSIDERED REVENUE.*—The recovery
 16 of costs under subsection (a) shall not be deemed revenue
 17 for purposes of subchapter I and II of chapter 36 of title
 18 39, United States Code, or regulations prescribed under that
 19 chapter.

20 **SEC. 8006. DEVELOPMENT OF TECHNOLOGY TO DETECT IL-**
 21 **LICIT NARCOTICS.**

22 (a) *IN GENERAL.*—The Postmaster General and the
 23 Commissioner of U.S. Customs and Border Protection, in
 24 coordination with the heads of other agencies as appro-
 25 priate, shall collaborate to identify and develop technology

1 *for the detection of illicit fentanyl, other synthetic opioids,*
 2 *and other narcotics and psychoactive substances entering*
 3 *the United States by mail.*

4 **(b) OUTREACH TO PRIVATE SECTOR.**—*The Postmaster*
 5 *General and the Commissioner shall conduct outreach to*
 6 *private sector entities to gather information regarding the*
 7 *current state of technology to identify areas for innovation*
 8 *relating to the detection of illicit fentanyl, other synthetic*
 9 *opioids, and other narcotics and psychoactive substances en-*
 10 *tering the United States.*

11 **SEC. 8007. CIVIL PENALTIES FOR POSTAL SHIPMENTS.**

12 *Section 436 of the Tariff Act of 1930 (19 U.S.C. 1436)*
 13 *is amended by adding at the end the following new sub-*
 14 *section:*

15 **“(e) CIVIL PENALTIES FOR POSTAL SHIPMENTS.—**

16 **“(1) CIVIL PENALTY.**—*A civil penalty shall be*
 17 *imposed against the United States Postal Service if*
 18 *the Postal Service accepts a shipment in violation of*
 19 *section 343(a)(3)(K)(vii)(I) of the Trade Act of 2002.*

20 **“(2) MODIFICATION OF CIVIL PENALTY.—**

21 **“(A) IN GENERAL.**—*U.S. Customs and Bor-*
 22 *der Protection shall reduce or dismiss a civil*
 23 *penalty imposed pursuant to paragraph (1) if*
 24 *U.S. Customs and Border Protection determines*
 25 *that the United States Postal Service—*

1 “(i) has a low error rate in compliance
2 with section 343(a)(3)(K) of the Trade Act
3 of 2002;

4 “(ii) is cooperating with U.S. Customs
5 and Border Protection with respect to the
6 violation of section 343(a)(3)(K)(vii)(I) of
7 the Trade Act of 2002; or

8 “(iii) has taken remedial action to pre-
9 vent future violations of section
10 343(a)(3)(K)(vii)(I) of the Trade Act of
11 2002.

12 “(B) WRITTEN NOTIFICATION.—U.S. Cus-
13 toms and Border Protection shall issue a written
14 notification to the Postal Service with respect to
15 each exercise of the authority of subparagraph
16 (A) to reduce or dismiss a civil penalty imposed
17 pursuant to paragraph (1).

18 “(3) ONGOING LACK OF COMPLIANCE.—If U.S.
19 Customs and Border Protection determines that the
20 United States Postal Service—

21 “(A) has repeatedly committed violations of
22 section 343(a)(3)(K)(vii)(I) of the Trade Act of
23 2002,

24 “(B) has failed to cooperate with U.S. Cus-
25 toms and Border Protection with respect to vio-

1 *lations of section 343(a)(3)(K)(vii)(I) of the*
 2 *Trade Act of 2002, and*

3 “(C) *has an increasing error rate in com-*
 4 *pliance with section 343(a)(3)(K) of the Trade*
 5 *Act of 2002,*

6 *civil penalties may be imposed against the United*
 7 *States Postal Service until corrective action, satisfac-*
 8 *tory to U.S. Customs and Border Protection, is*
 9 *taken.”.*

10 **SEC. 8008. REPORT ON VIOLATIONS OF ARRIVAL, REPORT-**
 11 **ING, ENTRY, AND CLEARANCE REQUIRE-**
 12 **MENTS AND FALSITY OR LACK OF MANIFEST.**

13 *(a) IN GENERAL.—The Commissioner of U.S. Customs*
 14 *and Border Protection shall submit to the appropriate con-*
 15 *gressional committees an annual report that contains the*
 16 *information described in subsection (b) with respect to each*
 17 *violation of section 436 of the Tariff Act of 1930 (19 U.S.C.*
 18 *1436), as amended by section 8007, and section 584 of such*
 19 *Act (19 U.S.C. 1584) that occurred during the previous*
 20 *year.*

21 *(b) INFORMATION DESCRIBED.—The information de-*
 22 *scribed in this subsection is the following:*

23 *(1) The name and address of the violator.*

24 *(2) The specific violation that was committed.*

1 (3) *The location or port of entry through which*
 2 *the items were transported.*

3 (4) *An inventory of the items seized, including*
 4 *a description of the items and the quantity seized.*

5 (5) *The location from which the items originated.*

6 (6) *The entity responsible for the apprehension*
 7 *or seizure, organized by location or port of entry.*

8 (7) *The amount of penalties assessed by U.S.*
 9 *Customs and Border Protection, organized by name of*
 10 *the violator and location or port of entry.*

11 (8) *The amount of penalties that U.S. Customs*
 12 *and Border Protection could have levied, organized by*
 13 *name of the violator and location or port of entry.*

14 (9) *The rationale for negotiating lower penalties,*
 15 *organized by name of the violator and location or*
 16 *port of entry.*

17 (c) *APPROPRIATE CONGRESSIONAL COMMITTEES DE-*
 18 *FINED.—In this section, the term “appropriate congres-*
 19 *sional committees” means—*

20 (1) *the Committee on Finance and the Com-*
 21 *mittee on Homeland Security and Governmental Af-*
 22 *airs of the Senate; and*

23 (2) *the Committee on Ways and Means, the Com-*
 24 *mittee on Oversight and Government Reform, and the*

1 *Committee on Homeland Security of the House of*
 2 *Representatives.*

3 **SEC. 8009. EFFECTIVE DATE; REGULATIONS.**

4 (a) *EFFECTIVE DATE.*—*This subtitle and the amend-*
 5 *ments made by this subtitle (other than the amendments*
 6 *made by section 8002) shall take effect on the date of the*
 7 *enactment of this Act.*

8 (b) *REGULATIONS.*—*Not later than 1 year after the*
 9 *date of the enactment of this Act, such regulations as are*
 10 *necessary to carry out this subtitle and the amendments*
 11 *made by this subtitle shall be prescribed.*

12 ***Subtitle B—Opioid Addiction***
 13 ***Recovery Fraud Prevention***

14 **SEC. 8021. SHORT TITLE.**

15 *This subtitle may be cited as the “Opioid Addiction*
 16 *Recovery Fraud Prevention Act of 2018”.*

17 **SEC. 8022. DEFINITIONS.**

18 *For purposes of this subtitle only, and not be construed*
 19 *or applied as to challenge or affect the characterization, def-*
 20 *inition, or treatment under any other statute, regulation,*
 21 *or rule:*

22 (1) *SUBSTANCE USE DISORDER TREATMENT*
 23 *PRODUCT.*—*The term “substance use disorder treat-*
 24 *ment product” means a product for use or marketed*

1 *for use in the treatment, cure, or prevention of a sub-*
 2 *stance use disorder, including an opioid use disorder.*

3 (2) *SUBSTANCE USE DISORDER TREATMENT*
 4 *SERVICE.—The term “substance use disorder treat-*
 5 *ment service” means a service that purports to pro-*
 6 *vide referrals to treatment, treatment, or recovery*
 7 *housing for people diagnosed with, having, or pur-*
 8 *porting to have a substance use disorder, including an*
 9 *opioid use disorder.*

10 **SEC. 8023. UNFAIR OR DECEPTIVE ACTS OR PRACTICES**
 11 **WITH RESPECT TO SUBSTANCE USE DIS-**
 12 **ORDER TREATMENT SERVICE AND PROD-**
 13 **UCTS.**

14 (a) *UNLAWFUL ACTIVITY.—It is unlawful to engage in*
 15 *an unfair or deceptive act or practice with respect to any*
 16 *substance use disorder treatment service or substance use*
 17 *disorder treatment product.*

18 (b) *ENFORCEMENT BY THE FEDERAL TRADE COMMIS-*
 19 *SION.—*

20 (1) *UNFAIR OR DECEPTIVE ACTS OR PRAC-*
 21 *TICES.—A violation of subsection (a) shall be treated*
 22 *as a violation of a rule under section 18 of the Fed-*
 23 *eral Trade Commission Act (15 U.S.C. 57a) regard-*
 24 *ing unfair or deceptive acts or practices.*

1 (2) *POWERS OF THE FEDERAL TRADE COMMIS-*
2 *SION.—*

3 (A) *IN GENERAL.—The Federal Trade Com-*
4 *mission shall enforce this section in the same*
5 *manner, by the same means, and with the same*
6 *jurisdiction, powers, and duties as though all ap-*
7 *plicable terms and provisions of the Federal*
8 *Trade Commission Act (15 U.S.C. 41 et seq.)*
9 *were incorporated into and made a part of this*
10 *section.*

11 (B) *PRIVILEGES AND IMMUNITIES.—Any*
12 *person who violates subsection (a) shall be sub-*
13 *ject to the penalties and entitled to the privileges*
14 *and immunities provided in the Federal Trade*
15 *Commission Act as though all applicable terms*
16 *and provisions of the Federal Trade Commission*
17 *Act (15 U.S.C. 41 et seq.) were incorporated and*
18 *made part of this section.*

19 (C) *AUTHORITY PRESERVED.—Nothing in this subtitle*
20 *shall be construed to limit the authority of the Federal*
21 *Trade Commission or the Food and Drug Administration*
22 *under any other provision of law.*

1 ***Subtitle C—Addressing Economic***
 2 ***and Workforce Impacts of the***
 3 ***Opioid Crisis***

4 ***SEC. 8041. ADDRESSING ECONOMIC AND WORKFORCE IM-***
 5 ***PACTS OF THE OPIOID CRISIS.***

6 (a) *DEFINITIONS.—Except as otherwise expressly pro-*
 7 *vided, in this section:*

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

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

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

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

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

25 (A) *a State workforce agency;*

1 (B) an outlying area; or

2 (C) a Tribal entity.

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

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

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

10 (i) The eligible entity.

11 (ii) A treatment provider.

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

14 (iv) An education provider.

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

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

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

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

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

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

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

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

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

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

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

24 (9) *SUBSTANCE USE DISORDER.*—The term “sub-
25 stance use disorder” has the meaning given such term

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

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

5 *(A) means a health care provider that—*

6 *(i) offers services for treating substance*
7 *use disorders and is licensed in accordance*
8 *with applicable State law to provide such*
9 *services; and*

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

14 *(B) may include—*

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

17 *(ii) a community health care provider;*

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

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

1 an urban center (as defined in such sec-
2 tion); and

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

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

14 (b) PILOT PROGRAM AND GRANTS AUTHORIZED.—

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

1 (2) *GRANT AMOUNTS.*—*The Secretary shall make*
 2 *each such grant in an amount that is not less than*
 3 *\$500,000, and not more than \$5,000,000, for a fiscal*
 4 *year.*

5 *(c) GRANT APPLICATIONS.*—

6 (1) *IN GENERAL.*—*An eligible entity applying*
 7 *for a grant under this section shall submit an appli-*
 8 *cation to the Secretary at such time and in such form*
 9 *and manner as the Secretary may reasonably require,*
 10 *including the information described in this sub-*
 11 *section.*

12 (2) *SIGNIFICANT IMPACT ON COMMUNITY BY*
 13 *OPIOID AND SUBSTANCE USE DISORDER-RELATED*
 14 *PROBLEMS.*—

15 (A) *DEMONSTRATION.*—*An eligible entity*
 16 *shall include in the application—*

17 (i) *information that demonstrates sig-*
 18 *nificant impact on the community by prob-*
 19 *lems related to opioid abuse or another sub-*
 20 *stance use disorder, by—*

21 (I) *identifying the counties, com-*
 22 *munities, regions, or local areas that*
 23 *have been significantly impacted and*
 24 *will be served through the grant (each*

1 referred to in this section as a “service
2 area”); and

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

7 (aa) 1999; and

8 (bb) 2016 or the latest year

9 for which data are available; and

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

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

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

21 (ii) the age-adjusted rate of drug over-
22 dose deaths, as determined by the Director
23 of the Centers for Disease Control and Pre-
24 vention;

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

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

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

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

21 (3) *ECONOMIC AND EMPLOYMENT CONDITIONS*
 22 *DEMONSTRATE ADDITIONAL FEDERAL SUPPORT NEED-*
 23 *ED.*—

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

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

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

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

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

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

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

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

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

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

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

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

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

21 *(1) SUBGRANTS AUTHORIZED.—*

22 *(A) IN GENERAL.—An eligible entity receiv-*
 23 *ing a grant under subsection (b)—*

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

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

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

16 (B) *EQUITABLE DISTRIBUTION.*—In making
17 subgrants under this subsection, an eligible enti-
18 ty shall ensure, to the extent practicable, the eq-
19 uitable distribution of subgrants, based on—

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

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

24 (C) *TIMING OF SUBGRANT FUNDS DISTRIBUTION.*—An eligible entity making subgrants
25

1 *under this subsection shall disburse subgrant*
2 *funds to a local board receiving a subgrant from*
3 *the eligible entity by the later of—*

4 *(i) the date that is 90 days after the*
5 *date on which the Secretary makes the*
6 *funds available to the eligible entity; or*

7 *(ii) the date that is 15 days after the*
8 *date that the eligible entity makes the*
9 *subgrant under subparagraph (A)(ii).*

10 *(2) SUBGRANT APPLICATION.—*

11 *(A) IN GENERAL.—A local board desiring to*
12 *receive a subgrant under this subsection from an*
13 *eligible entity shall submit an application at*
14 *such time and in such manner as the eligible en-*
15 *tity may reasonably require, including the infor-*
16 *mation described in this paragraph.*

17 *(B) CONTENTS.—Each application de-*
18 *scribed in subparagraph (A) shall include—*

19 *(i) an analysis of the estimated per-*
20 *formance of the local board in carrying out*
21 *the proposed services and activities under*
22 *the subgrant—*

23 *(I) based on—*

24 *(aa) primary indicators of*
25 *performance described in section*

1 116(c)(1)(A)(i) of the Workforce
2 Innovation and Opportunity Act
3 (29 U.S.C. 3141(c)(1)(A)(i), to as-
4 sess estimated effectiveness of the
5 proposed services and activities,
6 including the estimated number of
7 individuals with a substance use
8 disorder who may be served by the
9 proposed services 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 the
20 Centers for Disease Control and
21 Prevention;

22 (bb) data from the Center for
23 Behavioral Health Statistics and
24 Quality of the Substance Abuse

1 *and Mental Health Services Ad-*
2 *ministration;*

3 *(cc) State vital statistics;*

4 *(dd) municipal police de-*
5 *partment 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 the*
12 *workforce shortage in the professional area*
13 *to be addressed under the subgrant (which*
14 *may include substance use disorder treat-*
15 *ment and related services, non-addictive*
16 *pain therapy and pain management serv-*
17 *ices, mental health care treatment services,*
18 *emergency response services, or mental*
19 *health care), which shall include informa-*
20 *tion that can demonstrate such a shortage,*
21 *such as—*

22 *(I) the distance between—*

23 *(aa) communities affected by*
24 *opioid abuse or another substance*
25 *use disorder; and*

1 *(bb) facilities or professionals*
 2 *offering services in the profes-*
 3 *sional 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 or*
 8 *another substance use disorder, over-*
 9 *dose deaths, or nonfatal overdose emer-*
 10 *gencies in the community.*

11 *(e) SUBGRANT SERVICES AND ACTIVITIES.—*

12 *(1) IN GENERAL.—Each local board that receives*
 13 *a subgrant under subsection (d) shall carry out the*
 14 *services and activities described in this subsection*
 15 *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 workers*
 23 *(employed or underemployed), each of whom—*

24 *(i) is directly or indirectly affected by*
 25 *a high rate of a substance use disorder; and*

1 (ii) voluntarily confirms that the work-
2 er, or a friend or family member of the
3 worker, has a history of opioid abuse or an-
4 other substance use disorder.

5 (B) Workers, including dislocated workers,
6 individuals with barriers to employment, new
7 entrants in the workforce, or incumbent workers
8 (employed or underemployed), who—

9 (i) seek to transition to professions that
10 support individuals with a substance use
11 disorder or at risk for developing such dis-
12 order, such as professions that provide—

13 (I) substance use disorder treat-
14 ment and related services;

15 (II) services offered through pro-
16 viders of peer recovery support services;

17 (III) non-addictive pain therapy
18 and pain management services;

19 (IV) emergency response services;

20 or

21 (V) mental health care; and

22 (ii) need new or upgraded skills to bet-
23 ter serve such a population of struggling or
24 at-risk individuals.

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

5 (A) *ENGAGING EMPLOYERS.*—*Engaging*
6 *with employers to—*

7 (i) *learn about the skill and hiring re-*
8 *quirements of employers;*

9 (ii) *learn about the support needed by*
10 *employers to hire and retain program par-*
11 *ticipants, and other individuals with a sub-*
12 *stance use disorder, and the support needed*
13 *by such employers to obtain their commit-*
14 *ment to testing creative solutions to employ-*
15 *ing program participants and such individ-*
16 *uals;*

17 (iii) *connect employers and workers to*
18 *on-the-job or customized training programs*
19 *before or after layoff to help facilitate reem-*
20 *ployment;*

21 (iv) *connect employers with an edu-*
22 *cation provider to develop classroom in-*
23 *struction to complement on-the-job learning*
24 *for program participants and such individ-*
25 *uals;*

1 (v) help employers develop the cur-
2 riculum design of a work-based learning
3 program for program participants and such
4 individuals;

5 (vi) help employers employ program
6 participants or such individuals engaging
7 in a work-based learning program for a
8 transitional period before hiring such a pro-
9 gram participant or individual for full-time
10 employment of not less than 30 hours a
11 week; or

12 (vii) connect employers to program
13 participants receiving concurrent outpatient
14 treatment and job training services.

15 (B) SCREENING SERVICES.—Providing
16 screening services, which may include—

17 (i) using an evidence-based screening
18 method to screen each individual seeking
19 participation in the pilot program to deter-
20 mine whether the individual has a sub-
21 stance use disorder;

22 (ii) conducting an assessment of each
23 such individual to determine the services
24 needed for such individual to obtain or re-

tain employment, including an assessment of strengths and general work readiness; or

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

(C) *INDIVIDUAL TREATMENT AND EMPLOYMENT PLAN.*—Developing an individual treatment and employment plan for each program participant—

(i) in coordination, as appropriate, with other programs serving the participant such as the core programs within the workforce development system under the Workforce Innovation and Opportunity Act (29 U.S.C. 3101 et seq.); and

(ii) which shall include providing a case manager to work with each participant to develop the plan, which may include—

(I) identifying employment and career goals;

(II) exploring career pathways that lead to in-demand industries and sectors, as determined by the State board and the head of the State work-

1 force agency or, as applicable, the
2 Tribal entity;

3 (III) setting appropriate achieve-
4 ment objectives to attain the employ-
5 ment and career goals identified under
6 subclause (I); or

7 (IV) developing the appropriate
8 combination of services to enable the
9 participant to achieve the employment
10 and career goals identified under sub-
11 clause (I).

12 (D) *OUTPATIENT TREATMENT AND RECOV-*
13 *ERY CARE.*—*In the case of a participating part-*
14 *nership serving program participants described*
15 *in paragraph (2)(A) with a substance use dis-*
16 *order, providing individualized and group out-*
17 *patient treatment and recovery services for such*
18 *program participants that are offered during the*
19 *day and evening, and on weekends. Such treat-*
20 *ment and recovery services—*

21 (i) shall be based on a model that uti-
22 lizes combined behavioral interventions and
23 other evidence-based or evidence-informed
24 interventions; and

1 (ii) may include additional services
2 such as—

3 (I) health, mental health, addic-
4 tion, or other forms of outpatient treat-
5 ment that may impact a substance use
6 disorder and co-occurring conditions;

7 (II) drug testing for a current
8 substance use disorder prior to enroll-
9 ment in career or training services or
10 prior to employment;

11 (III) linkages to community serv-
12 ices, including services offered by part-
13 ner organizations designed to support
14 program participants; or

15 (IV) referrals to health care, in-
16 cluding referrals to substance use dis-
17 order treatment and mental health
18 services.

19 (E) *SUPPORTIVE SERVICES*.—Providing
20 supportive services, which shall include services
21 such as—

22 (i) coordinated wraparound services to
23 provide maximum support for program
24 participants to assist the program partici-
25 pants in maintaining employment and re-

1 *covery for not less than 12 months, as ap-*
2 *propriate;*

3 *(ii) assistance in establishing eligi-*
4 *bility for assistance under Federal, State,*
5 *Tribal, and local programs providing health*
6 *services, mental health services, vocational*
7 *services, housing services, transportation*
8 *services, social services, or services through*
9 *early childhood education programs (as de-*
10 *fin ed in section 103 of the Higher Edu-*
11 *cation Act of 1965 (20 U.S.C. 1003));*

12 *(iii) services offered through providers*
13 *of peer recovery support services;*

14 *(iv) networking and mentorship oppor-*
15 *tunities; or*

16 *(v) any supportive services determined*
17 *necessary by the local board.*

18 *(F) CAREER AND JOB TRAINING SERV-*
19 *ICES.—Offering career services and training*
20 *services, and related services, concurrently or se-*
21 *quentially with the services provided under sub-*
22 *paragraphs (B) through (E). Such services shall*
23 *include the following:*

1 *(i) Services provided to program par-*
2 *ticipants who are in a pre-employment*
3 *stage of the program, which may include—*

4 *(I) initial education and skills as-*
5 *sessments;*

6 *(II) traditional classroom train-*
7 *ing funded through individual training*
8 *accounts under chapter 3 of subtitle B*
9 *of title I of the Workforce Innovation*
10 *and Opportunity Act (29 U.S.C. 3171*
11 *et seq.);*

12 *(III) services to promote employ-*
13 *ability skills such as punctuality, per-*
14 *sonal maintenance skills, and profes-*
15 *sional conduct;*

16 *(IV) in-depth interviewing and*
17 *evaluation to identify employment bar-*
18 *riers and to develop individual em-*
19 *ployment plans;*

20 *(V) career planning that in-*
21 *cludes—*

22 *(aa) career pathways leading*
23 *to in-demand, high-wage jobs; and*

24 *(bb) job coaching, job match-*
25 *ing, and job placement services;*

1 (VI) provision of payments and
2 fees for employment and training-re-
3 lated applications, tests, and certifi-
4 cations; or

5 (VII) any other appropriate ca-
6 reer service or training service de-
7 scribed in section 134(c) of the Work-
8 force Innovation and Opportunity Act
9 (29 U.S.C. 3174(c)).

10 (ii) Services provided to program par-
11 ticipants during their first 6 months of em-
12 ployment to ensure job retention, which
13 may include—

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

17 (II) a continuation of skills train-
18 ing, and career and technical edu-
19 cation, described in clause (i) that is
20 conducted in collaboration with the
21 employers of such participants;

22 (III) mentorship services and job
23 retention support for such partici-
24 pants; or

1 (IV) *targeted training for man-*
2 *agers and workers working with such*
3 *participants (such as mentors), and*
4 *human resource representatives in the*
5 *business in which such participants*
6 *are employed.*

7 (iii) *Services to assist program partici-*
8 *pants in maintaining employment for not*
9 *less than 12 months, as appropriate.*

10 (G) *PROVEN AND PROMISING PRACTICES.—*
11 *Leading efforts in the service area to identify*
12 *and promote proven and promising strategies*
13 *and initiatives for meeting the needs of employ-*
14 *ers and program participants.*

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

17 (A) *more than 10 percent of the funds re-*
18 *ceived under a subgrant under subsection (d) for*
19 *the administrative costs of the partnership;*

20 (B) *more than 10 percent of the funds re-*
21 *ceived under such subgrant for the provision of*
22 *treatment and recovery services, as described in*
23 *paragraph (3)(D); and*

24 (C) *more than 10 percent of the funds re-*
25 *ceived under such subgrant for the provision of*

1 supportive services described in paragraph
2 (3)(E) to program participants.

3 (f) *PERFORMANCE ACCOUNTABILITY.*—

4 (1) *REPORTS.*—*The Secretary shall establish*
5 *quarterly reporting requirements for recipients of*
6 *grants and subgrants under this section that, to the*
7 *extent practicable, are based on the performance ac-*
8 *countability system under section 116 of the Work-*
9 *force Innovation and Opportunity Act (29 U.S.C.*
10 *3141) and, in the case of a grant awarded to an eligi-*
11 *ble entity described in subsection (a)(3)(C), section*
12 *166(h) of such Act (29 U.S.C. 3221(h)), including the*
13 *indicators described in subsection (c)(1)(A)(i) of such*
14 *section 116 and the requirements for local area per-*
15 *formance reports under subsection (d) of such section*
16 *116.*

17 (2) *EVALUATIONS.*—

18 (A) *AUTHORITY TO ENTER INTO AGREE-*
19 *MENTS.*—*The Secretary shall ensure that an*
20 *independent evaluation is conducted on the pilot*
21 *program carried out under this section to deter-*
22 *mine the impact of the program on employment*
23 *of individuals with substance use disorders. The*
24 *Secretary shall enter into an agreement with eli-*

1 *gible entities receiving grants under this section*
 2 *to pay for all or part of such evaluation.*

3 *(B) METHODOLOGIES TO BE USED.—The*
 4 *independent evaluation required under this*
 5 *paragraph shall use experimental designs using*
 6 *random assignment or, when random assignment*
 7 *is not feasible, other reliable, evidence-based re-*
 8 *search methodologies that allow for the strongest*
 9 *possible causal inferences.*

10 *(g) FUNDING.—*

11 *(1) COVERED FISCAL YEAR.—In this subsection,*
 12 *the term “covered fiscal year” means any of fiscal*
 13 *years 2019 through 2023.*

14 *(2) USING FUNDING FOR NATIONAL DISLOCATED*
 15 *WORKER GRANTS.—Subject to paragraph (4) and not-*
 16 *withstanding section 132(a)(2)(A) and subtitle D of*
 17 *the Workforce Innovation and Opportunity Act (29*
 18 *U.S.C. 3172(a)(2)(A), 3221 et seq.), the Secretary*
 19 *may use, to carry out the pilot program under this*
 20 *section for a covered fiscal year—*

21 *(A) funds made available to carry out sec-*
 22 *tion 170 of such Act (29 U.S.C. 3225) for that*
 23 *fiscal year;*

1 (B) funds made available to carry out sec-
 2 tion 170 of such Act that remain available for
 3 that fiscal year; and

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

6 (3) *AVAILABILITY OF FUNDS.*—Funds appro-
 7 priated under section 136(c) of such Act (29 U.S.C.
 8 3181(c)) and made available to carry out section 170
 9 of such Act for a fiscal year shall remain available
 10 for use under paragraph (2) for a subsequent fiscal
 11 year until expended.

12 (4) *LIMITATION.*—The Secretary may not use
 13 more than \$100,000,000 of the funds described in
 14 paragraph (2) for any covered fiscal year under this
 15 section.

16 ***Subtitle D—Peer Support Coun-***
 17 ***seling Program for Women Vet-***
 18 ***erans***

19 ***SEC. 8051. PEER SUPPORT COUNSELING PROGRAM FOR***
 20 ***WOMEN VETERANS.***

21 (a) *IN GENERAL.*—Section 1720F(j) of title 38, United
 22 States Code, is amended by adding at the end the following
 23 new paragraph:

24 “(4)(A) As part of the counseling program under this
 25 subsection, the Secretary shall emphasize appointing peer

1 *support counselors for women veterans. To the degree prac-*
2 *ticable, the Secretary shall seek to recruit women peer sup-*
3 *port counselors with expertise in—*

4 *“(i) female gender-specific issues and services;*

5 *“(ii) the provision of information about services*
6 *and benefits provided under laws administered by the*
7 *Secretary; or*

8 *“(iii) employment mentoring.*

9 *“(B) To the degree practicable, the Secretary shall em-*
10 *phasize facilitating peer support counseling for women vet-*
11 *erans who are eligible for counseling and services under sec-*
12 *tion 1720D of this title, have post-traumatic stress disorder*
13 *or suffer from another mental health condition, are homeless*
14 *or at risk of becoming homeless, or are otherwise at in-*
15 *creased risk of suicide, as determined by the Secretary.*

16 *“(C) The Secretary shall conduct outreach to inform*
17 *women veterans about the program and the assistance*
18 *available under this paragraph.*

19 *“(D) In carrying out this paragraph, the Secretary*
20 *shall coordinate with such community organizations, State*
21 *and local governments, institutions of higher education,*
22 *chambers of commerce, local business organizations, organi-*
23 *zations that provide legal assistance, and other organiza-*
24 *tions as the Secretary considers appropriate.*

1 “(E) *In carrying out this paragraph, the Secretary*
2 *shall provide adequate training for peer support counselors,*
3 *including training carried out under the national program*
4 *of training required by section 304(c) of the Caregivers and*
5 *Veterans Omnibus Health Services Act of 2010 (38 U.S.C.*
6 *1712A note).’’.*

7 (b) *FUNDING.—The Secretary of Veterans Affairs shall*
8 *carry out paragraph (4) of section 1720F(j) of title 38,*
9 *United States Code, as added by subsection (a), using funds*
10 *otherwise made available to the Secretary. No additional*
11 *funds are authorized to be appropriated by reason of such*
12 *paragraph.*

13 (c) *REPORT TO CONGRESS.—Not later than 2 years*
14 *after the date of the enactment of this Act, the Secretary*
15 *of Veterans Affairs shall submit to the Committees on Vet-*
16 *erans’ Affairs of the Senate and House of Representatives*
17 *a report on the peer support counseling program under sec-*
18 *tion 1720F(j) of title 38, United States Code, as amended*
19 *by this section. Such report shall include—*

20 (1) *the number of peer support counselors in the*
21 *program;*

22 (2) *an assessment of the effectiveness of the pro-*
23 *gram; and*

24 (3) *a description of the oversight of the program.*

1 ***Subtitle E—Treating Barriers to***
 2 ***Prosperity***

3 **SEC. 8061. SHORT TITLE.**

4 *This subtitle may be cited as the “Treating Barriers*
 5 *to Prosperity Act of 2018”.*

6 **SEC. 8062. DRUG ABUSE MITIGATION INITIATIVE.**

7 *(a) IN GENERAL.—Chapter 145 of title 40, United*
 8 *States Code, is amended by inserting after section 14509*
 9 *the following:*

10 **“§ 14510. Drug abuse mitigation initiative**

11 *“(a) IN GENERAL.—The Appalachian Regional Com-*
 12 *mission may provide technical assistance to, make grants*
 13 *to, enter into contracts with, or otherwise provide amounts*
 14 *to individuals or entities in the Appalachian region for*
 15 *projects and activities to address drug abuse, including*
 16 *opioid abuse, in the region, including projects and activi-*
 17 *ties—*

18 *“(1) to facilitate the sharing of best practices*
 19 *among States, counties, and other experts in the re-*
 20 *gion with respect to reducing such abuse;*

21 *“(2) to initiate or expand programs designed to*
 22 *eliminate or reduce the harm to the workforce and*
 23 *economic growth of the region that results from such*
 24 *abuse;*

1 “(3) to attract and retain relevant health care
2 services, businesses, and workers; and

3 “(4) to develop relevant infrastructure, including
4 broadband infrastructure that supports the use of tele-
5 medicine.

6 “(b) *LIMITATION ON AVAILABLE AMOUNTS.*—Of the
7 cost of any activity eligible for a grant under this section—

8 “(1) not more than 50 percent may be provided
9 from amounts appropriated to carry out this section;
10 and

11 “(2) notwithstanding paragraph (1)—

12 “(A) in the case of a project to be carried
13 out in a county for which a distressed county
14 designation is in effect under section 14526, not
15 more than 80 percent may be provided from
16 amounts appropriated to carry out this section;
17 and

18 “(B) in the case of a project to be carried
19 out in a county for which an at-risk designation
20 is in effect under section 14526, not more than
21 70 percent may be provided from amounts ap-
22 propriated to carry out this section.

23 “(c) *SOURCES OF ASSISTANCE.*—Subject to subsection
24 (b), a grant provided under this section may be provided

1 *from amounts made available to carry out this section in*
 2 *combination with amounts made available—*

3 “(1) *under any other Federal program (subject*
 4 *to the availability of subsequent appropriations); or*
 5 “(2) *from any other source.*

6 “(d) *FEDERAL SHARE.—Notwithstanding any provi-*
 7 *sion of law limiting the Federal share under any other Fed-*
 8 *eral program, amounts made available to carry out this sec-*
 9 *tion may be used to increase that Federal share, as the Ap-*
 10 *palachian Regional Commission determines to be appro-*
 11 *priate.”.*

12 (b) *CLERICAL AMENDMENT.—The analysis for chapter*
 13 *145 of title 40, United States Code, is amended by inserting*
 14 *after the item relating to section 14509 the following:*

“14510. Drug abuse mitigation initiative.”.

15 ***Subtitle F—Pilot Program to Help***
 16 ***Individuals in Recovery From a***
 17 ***Substance Use Disorder Become***
 18 ***Stably Housed***

19 ***SEC. 8071. PILOT PROGRAM TO HELP INDIVIDUALS IN RE-***
 20 ***COVERY FROM A SUBSTANCE USE DISORDER***
 21 ***BECOME STABLY HOUSED.***

22 (a) *AUTHORIZATION OF APPROPRIATIONS.—There is*
 23 *authorized to be appropriated under this section such sums*
 24 *as may be necessary for each of fiscal years 2019 through*
 25 *2023 for assistance to States to provide individuals in re-*

1 *covery from a substance use disorder stable, temporary*
2 *housing for a period of not more than 2 years or until the*
3 *individual secures permanent housing, whichever is earlier.*

4 *(b) ALLOCATION OF APPROPRIATED AMOUNTS.—*

5 *(1) IN GENERAL.—The amounts appropriated or*
6 *otherwise made available to States under this section*
7 *shall be allocated based on a funding formula estab-*
8 *lished by the Secretary of Housing and Urban Devel-*
9 *opment (referred to in this section as the “Secretary”)*
10 *not later than 60 days after the date of enactment of*
11 *this Act.*

12 *(2) CRITERIA.—*

13 *(A) IN GENERAL.—The funding formula re-*
14 *quired under paragraph (1) shall ensure that*
15 *any amounts appropriated or otherwise made*
16 *available under this section are allocated to*
17 *States with an age-adjusted rate of drug overdose*
18 *deaths that is above the national overdose mor-*
19 *tality rate, according to the Centers for Disease*
20 *Control and Prevention.*

21 *(B) PRIORITY.—*

22 *(i) IN GENERAL.—Among such States,*
23 *priority shall be given to States with the*
24 *greatest need, as such need is determined by*
25 *the Secretary based on the following factors,*

1 *and weighting such factors as described in*
2 *clause (ii):*

3 *(I) The highest average rates of*
4 *unemployment based on data provided*
5 *by the Bureau of Labor Statistics for*
6 *calendar years 2013 through 2017.*

7 *(II) The lowest average labor force*
8 *participation rates based on data pro-*
9 *vided by the Bureau of Labor Statis-*
10 *tics for calendar years 2013 through*
11 *2017.*

12 *(III) The highest age-adjusted*
13 *rates of drug overdose deaths based on*
14 *data from the Centers for Disease Con-*
15 *trol and Prevention.*

16 *(ii) WEIGHTING.—The factors de-*
17 *scribed in clause (i) shall be weighted as fol-*
18 *lows:*

19 *(I) The rate described in clause*
20 *(i)(I) shall be weighted at 15 percent.*

21 *(II) The rate described in clause*
22 *(i)(II) shall be weighted at 15 percent.*

23 *(III) The rate described in clause*
24 *(i)(III) shall be weighted at 70 percent.*

1 (3) *DISTRIBUTION.*—Amounts appropriated or
2 otherwise made available under this section shall be
3 distributed according to the funding formula estab-
4 lished by the Secretary under paragraph (1) not later
5 than 30 days after the establishment of such formula.

6 (c) *USE OF FUNDS.*—

7 (1) *IN GENERAL.*—Any State that receives
8 amounts pursuant to this section shall expend at least
9 30 percent of such funds within one year of the date
10 funds become available to the grantee for obligation.

11 (2) *PRIORITY.*—Any State that receives amounts
12 pursuant to this section shall distribute such amounts
13 giving priority to entities with the greatest need and
14 ability to deliver effective assistance in a timely man-
15 ner.

16 (3) *ADMINISTRATIVE COSTS.*—Any State that re-
17 ceives amounts pursuant to this section may use up
18 to 5 percent of any grant for administrative costs.

19 (d) *RULES OF CONSTRUCTION.*—

20 (1) *IN GENERAL.*—Except as otherwise provided
21 by this section, amounts appropriated, or amounts
22 otherwise made available to States under this section
23 shall be treated as though such funds were community
24 development block grant funds under title I of the

1 *Housing and Community Development Act of 1974*
2 *(42 U.S.C. 5301 et seq.).*

3 (2) *NO MATCH.*—*No matching funds shall be re-*
4 *quired in order for a State to receive any amounts*
5 *under this section.*

6 (e) *AUTHORITY TO WAIVE OR SPECIFY ALTERNATIVE*
7 *REQUIREMENTS.*—

8 (1) *IN GENERAL.*—*In administering any*
9 *amounts appropriated or otherwise made available*
10 *under this section, the Secretary may waive or specify*
11 *alternative requirements to any provision under title*
12 *I of the Housing and Community Development Act of*
13 *1974 (42 U.S.C. 5301 et seq.) except for requirements*
14 *related to fair housing, nondiscrimination, labor*
15 *standards, the environment, and requirements that*
16 *activities benefit persons of low- and moderate-in-*
17 *come, upon a finding that such a waiver is necessary*
18 *to expedite or facilitate the use of such funds.*

19 (2) *NOTICE OF INTENT.*—*The Secretary shall*
20 *provide written notice of its intent to exercise the au-*
21 *thority to specify alternative requirements under*
22 *paragraph (1) to the Committee on Banking, Hous-*
23 *ing, and Urban Affairs of the Senate and the Com-*
24 *mittee on Financial Services of the House of Rep-*

1 *representatives not later than 15 business days before*
 2 *such exercise of authority occurs.*

3 (3) *NOTICE TO THE PUBLIC.*—*The Secretary*
 4 *shall provide written notice of its intent to exercise*
 5 *the authority to specify alternative requirements*
 6 *under paragraph (1) to the public via notice, on the*
 7 *internet website of the Department of Housing and*
 8 *Urban Development, and by other appropriate means,*
 9 *not later than 15 business days before such exercise of*
 10 *authority occurs.*

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

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

19 ***Subtitle G—Human Services***

20 ***SEC. 8081. SUPPORTING FAMILY-FOCUSED RESIDENTIAL*** 21 ***TREATMENT.***

22 (a) *DEFINITIONS.*—*In this section:*

23 (1) *FAMILY-FOCUSED RESIDENTIAL TREATMENT*
 24 *PROGRAM.*—*The term “family-focused residential*
 25 *treatment program” means a trauma-informed resi-*

1 *dential program primarily for substance use disorder*
2 *treatment for pregnant and postpartum women and*
3 *parents and guardians that allows children to reside*
4 *with such women or their parents or guardians dur-*
5 *ing treatment to the extent appropriate and applica-*
6 *ble.*

7 (2) *MEDICAID PROGRAM.*—*The term “Medicaid*
8 *program” means the program established under title*
9 *XIX of the Social Security Act (42 U.S.C. 1396 et*
10 *seq.).*

11 (3) *SECRETARY.*—*The term “Secretary” means*
12 *the Secretary of Health and Human Services.*

13 (4) *TITLE IV–E PROGRAM.*—*The term “title IV–*
14 *E program” means the program for foster care, pre-*
15 *vention, and permanency established under part E of*
16 *title IV of the Social Security Act (42 U.S.C. 670 et*
17 *seq.).*

18 (b) *GUIDANCE ON FAMILY-FOCUSED RESIDENTIAL*
19 *TREATMENT PROGRAMS.*—

20 (1) *IN GENERAL.*—*Not later than 180 days after*
21 *the date of enactment of this Act, the Secretary, in*
22 *consultation with divisions of the Department of*
23 *Health and Human Services administering substance*
24 *use disorder or child welfare programs, shall develop*
25 *and issue guidance to States identifying opportunities*

1 to support family-focused residential treatment pro-
2 grams for the provision of substance use disorder
3 treatment. Before issuing such guidance, the Secretary
4 shall solicit input from representatives of States,
5 health care providers with expertise in addiction med-
6 icine, obstetrics and gynecology, neonatology, child
7 trauma, and child development, health plans, recipi-
8 ents of family-focused treatment services, and other
9 relevant stakeholders.

10 (2) *ADDITIONAL REQUIREMENTS.*—The guidance
11 required under paragraph (1) shall include descrip-
12 tions of the following:

13 (A) *Existing opportunities and flexibilities*
14 under the Medicaid program, including under
15 waivers authorized under section 1115 or 1915 of
16 the Social Security Act (42 U.S.C. 1315, 1396n),
17 for States to receive Federal Medicaid funding
18 for the provision of substance use disorder treat-
19 ment for pregnant and postpartum women and
20 parents and guardians and, to the extent appli-
21 cable, their children, in family-focused residen-
22 tial treatment programs.

23 (B) *How States can employ and coordinate*
24 funding provided under the Medicaid program,
25 the title IV-E program, and other programs ad-

1 *ministered by the Secretary to support the provi-*
2 *sion of treatment and services provided by a*
3 *family-focused residential treatment facility such*
4 *as substance use disorder treatment and services,*
5 *including medication-assisted treatment, family,*
6 *group, and individual counseling, case manage-*
7 *ment, parenting education and skills develop-*
8 *ment, the provision, assessment, or coordination*
9 *of care and services for children, including nec-*
10 *essary assessments and appropriate interven-*
11 *tions, non-emergency transportation for nec-*
12 *essary care provided at or away from a program*
13 *site, transitional services and supports for fami-*
14 *lies leaving treatment, and other services.*

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

1 *nance payments for a child placed with a parent*
 2 *who is receiving treatment in a licensed residen-*
 3 *tial family-based treatment facility for a sub-*
 4 *stance use disorder) to support placing children*
 5 *with their parents in family-focused residential*
 6 *treatment programs.*

7 **SEC. 8082. IMPROVING RECOVERY AND REUNIFYING FAMI-**
 8 **LIES.**

9 *(a) FAMILY RECOVERY AND REUNIFICATION PROGRAM*
 10 *REPLICATION PROJECT.—Section 435 of the Social Secu-*
 11 *rity Act (42 U.S.C. 629e) is amended by adding at the end*
 12 *the following:*

13 *“(e) FAMILY RECOVERY AND REUNIFICATION PRO-*
 14 *GRAM REPLICATION PROJECT.—*

15 *“(1) PURPOSE.—The purpose of this subsection*
 16 *is to provide resources to the Secretary to support the*
 17 *conduct and evaluation of a family recovery and re-*
 18 *unification program replication project (referred to in*
 19 *this subsection as the ‘project’) and to determine the*
 20 *extent to which such programs may be appropriate*
 21 *for use at different intervention points (such as when*
 22 *a child is at risk of entering foster care or when a*
 23 *child is living with a guardian while a parent is in*
 24 *treatment). The family recovery and reunification*
 25 *program conducted under the project shall use a re-*

1 *covery coach model that is designed to help reunify*
2 *families and protect children by working with parents*
3 *or guardians with a substance use disorder who have*
4 *temporarily lost custody of their children.*

5 *“(2) PROGRAM COMPONENTS.—The family recov-*
6 *ery and reunification program conducted under the*
7 *project shall adhere closely to the elements and pro-*
8 *TOCOL determined to be most effective in other recovery*
9 *coaching programs that have been rigorously evalu-*
10 *ated and shown to increase family reunification and*
11 *protect children and, consistent with such elements*
12 *and protocol, shall provide such items and services*
13 *as—*

14 *“(A) assessments to evaluate the needs of the*
15 *parent or guardian;*

16 *“(B) assistance in receiving the appropriate*
17 *benefits to aid the parent or guardian in recov-*
18 *ery;*

19 *“(C) services to assist the parent or guard-*
20 *ian in prioritizing issues identified in assess-*
21 *ments, establishing goals for resolving such issues*
22 *that are consistent with the goals of the treat-*
23 *ment provider, child welfare agency, courts, and*
24 *other agencies involved with the parent or guard-*

1 *ian or their children, and making a coordinated*
2 *plan for achieving such goals;*

3 *“(D) home visiting services coordinated*
4 *with the child welfare agency and treatment pro-*
5 *vider involved with the parent or guardian or*
6 *their children;*

7 *“(E) case management services to remove*
8 *barriers for the parent or guardian to partici-*
9 *pate and continue in treatment, as well as to re-*
10 *engage a parent or guardian who is not partici-*
11 *pating or progressing in treatment;*

12 *“(F) access to services needed to monitor the*
13 *parent’s or guardian’s compliance with program*
14 *requirements;*

15 *“(G) frequent reporting between the treat-*
16 *ment provider, child welfare agency, courts, and*
17 *other agencies involved with the parent or guard-*
18 *ian or their children to ensure appropriate infor-*
19 *mation on the parent’s or guardian’s status is*
20 *available to inform decision-making; and*

21 *“(H) assessments and recommendations*
22 *provided by a recovery coach to the child welfare*
23 *caseworker responsible for documenting the par-*
24 *ent’s or guardian’s progress in treatment and re-*
25 *covery as well as the status of other areas identi-*

1 *fied in the treatment plan for the parent or*
2 *guardian, including a recommendation regard-*
3 *ing the expected safety of the child if the child*
4 *is returned to the custody of the parent or guard-*
5 *ian that can be used by the caseworker and a*
6 *court to make permanency decisions regarding*
7 *the child.*

8 *“(3) RESPONSIBILITIES OF THE SECRETARY.—*

9 *“(A) IN GENERAL.—The Secretary shall,*
10 *through a grant or contract with 1 or more enti-*
11 *ties, conduct and evaluate the family recovery*
12 *and reunification program under the project.*

13 *“(B) REQUIREMENTS.—In identifying 1 or*
14 *more entities to conduct the evaluation of the*
15 *family recovery and reunification program, the*
16 *Secretary shall—*

17 *“(i) determine that the area or areas*
18 *in which the program will be conducted*
19 *have sufficient substance use disorder treat-*
20 *ment providers and other resources (other*
21 *than those provided with funds made avail-*
22 *able to carry out the project) to successfully*
23 *conduct the program;*

24 *“(ii) determine that the area or areas*
25 *in which the program will be conducted*

1 *have enough potential program partici-*
2 *pants, and will serve a sufficient number of*
3 *parents or guardians and their children, so*
4 *as to allow for the formation of a control*
5 *group, evaluation results to be adequately*
6 *powered, and preliminary results of the*
7 *evaluation to be available within 4 years of*
8 *the program's implementation;*

9 “(iii) provide the entity or entities
10 *with technical assistance for the program*
11 *design, including by working with 1 or*
12 *more entities that are or have been involved*
13 *in recovery coaching programs that have*
14 *been rigorously evaluated and shown to in-*
15 *crease family reunification and protect chil-*
16 *dren so as to make sure the program con-*
17 *ducted under the project adheres closely to*
18 *the elements and protocol determined to be*
19 *most effective in such other recovery coach-*
20 *ing programs;*

21 “(iv) assist the entity or entities in se-
22 *curing adequate coaching, treatment, child*
23 *welfare, court, and other resources needed to*
24 *successfully conduct the family recovery and*

1 *reunification program under the project;*
2 *and*

3 “(v) *ensure the entity or entities will*
4 *be able to monitor the impacts of the pro-*
5 *gram in the area or areas in which it is*
6 *conducted for at least 5 years after parents*
7 *or guardians and their children are ran-*
8 *domly assigned to participate in the pro-*
9 *gram or to be part of the program’s control*
10 *group.*

11 “(4) *EVALUATION REQUIREMENTS.—*

12 “(A) *IN GENERAL.—The Secretary, in con-*
13 *sultation with the entity or entities conducting*
14 *the family recovery and reunification program*
15 *under the project, shall conduct an evaluation to*
16 *determine whether the program has been imple-*
17 *mented effectively and resulted in improvements*
18 *for children and families. The evaluation shall*
19 *have 3 components: a pilot phase, an impact*
20 *study, and an implementation study.*

21 “(B) *PILOT PHASE.—The pilot phase com-*
22 *ponent of the evaluation shall consist of the Sec-*
23 *retary providing technical assistance to the enti-*
24 *ty or entities conducting the family recovery and*

1 *reunification program under the project to en-*
2 *sure—*

3 “(i) *the program’s implementation ad-*
4 *heres closely to the elements and protocol de-*
5 *termined to be most effective in other recov-*
6 *ery coaching programs that have been rigor-*
7 *ously evaluated and shown to increase fam-*
8 *ily reunification and protect children; and*

9 “(ii) *random assignment of parents or*
10 *guardians and their children to be partici-*
11 *pants in the program or to be part of the*
12 *program’s control group is being carried*
13 *out.*

14 “(C) *IMPACT STUDY.—The impact study*
15 *component of the evaluation shall determine the*
16 *impacts of the family recovery and reunification*
17 *program conducted under the project on the par-*
18 *ents and guardians and their children partici-*
19 *pating in the program. The impact study compo-*
20 *nent shall—*

21 “(i) *be conducted using an experi-*
22 *mental design that uses a random assign-*
23 *ment research methodology;*

24 “(ii) *consistent with previous studies of*
25 *other recovery coaching programs that have*

1 *been rigorously evaluated and shown to in-*
2 *crease family reunification and protect chil-*
3 *dren, measure outcomes for parents and*
4 *guardians and their children over multiple*
5 *time periods, including for a period of 5*
6 *years; and*

7 *“(iii) include measurements of family*
8 *stability and parent, guardian, and child*
9 *safety for program participants and the*
10 *program control group that are consistent*
11 *with measurements of such factors for par-*
12 *ticipants and control groups from previous*
13 *studies of other recovery coaching programs*
14 *so as to allow results of the impact study to*
15 *be compared with the results of such prior*
16 *studies, including with respect to compari-*
17 *sons between program participants and the*
18 *program control group regarding—*

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 maltreatment);*

3 “(V) *parental or guardian treat-*
4 *ment persistence and engagement;*

5 “(VI) *parental or guardian sub-*
6 *stance use;*

7 “(VII) *juvenile delinquency;*

8 “(VIII) *cost; and*

9 “(IX) *other measurements agreed*
10 *upon by the Secretary and the entity*
11 *or entities operating the family recov-*
12 *ery and reunification program under*
13 *the project.*

14 “(D) *IMPLEMENTATION STUDY.—The imple-*
15 *mentation study component of the evaluation*
16 *shall be conducted concurrently with the conduct*
17 *of the impact study component and shall include,*
18 *in addition to such other information as the Sec-*
19 *retary may determine, descriptions and analyses*
20 *of—*

21 “(i) *the adherence of the family recov-*
22 *ery and reunification program conducted*
23 *under the project to other recovery coaching*
24 *programs that have been rigorously evalu-*

1 *ated and shown to increase family reunifi-*
2 *cation 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 publish*
8 *on an internet website maintained by the Sec-*
9 *retary the following information:*

10 *“(i) A report on the pilot phase compo-*
11 *nent 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 States*
23 *and the Federal government), or other*
24 *outcomes, or if the program did not*
25 *produce such outcomes, an analysis of*

1 *why the replication of the program did*
2 *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 prie.

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 FAMILY*
20 *SERVICES.*—Section 471(e)(10) of the Social Security Act
21 (42 U.S.C. 671(e)(10)), as added by section 50711(a)(2) of
22 division E of Public Law 115–123, is amended—

23 (1) in subparagraph (A), by inserting “, nor
24 shall the provision of such services or programs be
25 construed to permit the State to reduce medical or

1 *other assistance available to a recipient of such serv-*
2 *ices or programs” after “under this Act”; and*

3 *(2) by adding at the end the following:*

4 *“(C) PAYER OF LAST RESORT.—In carrying*
5 *out its responsibilities to ensure access to services*
6 *or programs under this subsection, the State*
7 *agency shall not be considered to be a legally lia-*
8 *ble third party for purposes of satisfying a fi-*
9 *nancial commitment for the cost of providing*
10 *such services or programs with respect to any in-*
11 *dividual for whom such cost would have been*
12 *paid for from another public or private source*
13 *but for the enactment of this subsection (except*
14 *that whenever considered necessary to prevent a*
15 *delay in the receipt of appropriate early inter-*
16 *vention services by a child or family in a timely*
17 *fashion, funds provided under section 474(a)(6)*
18 *may be used to pay the provider of services or*
19 *programs pending reimbursement from the pub-*
20 *lic or private source that has ultimate responsi-*
21 *bility for the payment).”.*

22 *(c) EFFECTIVE DATE.—The amendments made by sub-*
23 *section (b) shall take effect as if included in section 50711*
24 *of division E of Public Law 115–123.*

1 **SEC. 8083. BUILDING CAPACITY FOR FAMILY-FOCUSED RES-**
2 **IDENTIAL TREATMENT.**

3 (a) *DEFINITIONS.—In this section:*

4 (1) *ELIGIBLE ENTITY.—The term “eligible enti-*
5 *ty” means a State, county, local, or tribal health or*
6 *child welfare agency, a private nonprofit organiza-*
7 *tion, a research organization, a treatment service pro-*
8 *vider, an institution of higher education (as defined*
9 *under section 101 of the Higher Education Act of*
10 *1965 (20 U.S.C. 1001)), or another entity specified by*
11 *the Secretary.*

12 (2) *FAMILY-FOCUSED RESIDENTIAL TREATMENT*
13 *PROGRAM.—The term “family-focused residential*
14 *treatment program” means a trauma-informed resi-*
15 *dential program primarily for substance use disorder*
16 *treatment for pregnant and postpartum women and*
17 *parents and guardians that allows children to reside*
18 *with such women or their parents or guardians dur-*
19 *ing treatment to the extent appropriate and applica-*
20 *ble.*

21 (3) *SECRETARY.—The term “Secretary” means*
22 *the Secretary of Health and Human Services.*

23 (b) *SUPPORT FOR THE DEVELOPMENT OF EVIDENCE-*
24 *BASED FAMILY-FOCUSED RESIDENTIAL TREATMENT PRO-*
25 *GRAMS.—*

1 (1) *AUTHORITY TO AWARD GRANTS.*—*The Sec-*
2 *retary shall award grants to eligible entities for pur-*
3 *poses of developing, enhancing, or evaluating family-*
4 *focused residential treatment programs to increase the*
5 *availability of such programs that meet the require-*
6 *ments for promising, supported, or well-supported*
7 *practices specified in section 471(e)(4)(C) of the So-*
8 *cial Security Act (42 U.S.C. 671(e)(4)(C))) (as added*
9 *by the Family First Prevention Services Act enacted*
10 *under title VII of division E of Public Law 115–123).*

11 (2) *EVALUATION REQUIREMENT.*—*The Secretary*
12 *shall require any evaluation of a family-focused resi-*
13 *dential treatment program by an eligible entity that*
14 *uses funds awarded under this section for all or part*
15 *of the costs of the evaluation be designed to assist in*
16 *the determination of whether the program may qual-*
17 *ify as a promising, supported, or well-supported prac-*
18 *tice in accordance with the requirements of such sec-*
19 *tion 471(e)(4)(C).*

20 (c) *AUTHORIZATION OF APPROPRIATIONS.*—*There is*
21 *authorized to be appropriated to the Secretary to carry out*
22 *this section, \$20,000,000 for fiscal year 2019, which shall*
23 *remain available through fiscal year 2023.*

1 ***Subtitle H—Reauthorizing and Ex-***
 2 ***tending Grants for Recovery***
 3 ***From Opioid Use Programs***

4 ***SEC. 8091. SHORT TITLE.***

5 *This subtitle may be cited as the “Reauthorizing and*
 6 *Extending Grants for Recovery from Opioid Use Programs*
 7 *Act of 2018” or the “REGROUP Act of 2018”.*

8 ***SEC. 8092. REAUTHORIZATION OF THE COMPREHENSIVE***
 9 ***OPIOID ABUSE GRANT PROGRAM.***

10 *Section 1001(a)(27) of the Omnibus Crime Control*
 11 *and Safe Streets Act of 1968 (34 U.S.C. 10261(a)(27)) is*
 12 *amended by striking “through 2021” and inserting “and*
 13 *2018, and \$330,000,000 for each of fiscal years 2019*
 14 *through 2023”.*

15 ***Subtitle I—Fighting Opioid Abuse***
 16 ***in Transportation***

17 ***SEC. 8101. SHORT TITLE.***

18 *This subtitle may be cited as the “Fighting Opioid*
 19 *Abuse in Transportation Act”.*

20 ***SEC. 8102. ALCOHOL AND CONTROLLED SUBSTANCE TEST-***
 21 ***ING OF MECHANICAL EMPLOYEES.***

22 *(a) IN GENERAL.—Not later than 2 years after the*
 23 *date of enactment of this Act, the Secretary of Transpor-*
 24 *tation shall publish a rule in the Federal Register revising*
 25 *the regulations promulgated under section 20140 of title 49,*

1 *United States Code, to cover all employees of railroad car-*
2 *riers who perform mechanical activities.*

3 (b) *DEFINITION OF MECHANICAL ACTIVITIES.*—*For*
4 *the purposes of the rule under subsection (a), the Secretary*
5 *shall define the term “mechanical activities” by regulation.*

6 **SEC. 8103. DEPARTMENT OF TRANSPORTATION PUBLIC**
7 **DRUG AND ALCOHOL TESTING DATABASE.**

8 (a) *IN GENERAL.*—*Subject to subsection (c), the Sec-*
9 *retary of Transportation shall—*

10 (1) *not later than March 31, 2019, establish and*
11 *make publicly available on its website a database of*
12 *the drug and alcohol testing data reported by employ-*
13 *ers for each mode of transportation; and*

14 (2) *update the database annually.*

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

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

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

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

1 (4) *the number of individuals who refused test-*
 2 *ing.*

3 (c) *COMMERCIALLY SENSITIVE DATA.—The Depart-*
 4 *ment of Transportation shall not release any commercially*
 5 *sensitive data or personally identifiable data furnished by*
 6 *an employer under this section unless the data is aggregated*
 7 *or otherwise in a form that does not identify the employer*
 8 *providing the data.*

9 (d) *SAVINGS CLAUSE.—Nothing in this section may*
 10 *be construed as limiting or otherwise affecting the require-*
 11 *ments of the Secretary of Transportation to adhere to re-*
 12 *quirements applicable to confidential business information*
 13 *and sensitive security information, consistent with applica-*
 14 *ble law.*

15 **SEC. 8104. GAO REPORT ON DEPARTMENT OF TRANSPOR-**
 16 **TATION'S COLLECTION AND USE OF DRUG**
 17 **AND ALCOHOL TESTING DATA.**

18 (a) *IN GENERAL.—Not later than 2 years after the*
 19 *date the Department of Transportation public drug and al-*
 20 *cohol testing database is established under section 8103, the*
 21 *Comptroller General of the United States shall—*

22 (1) *review the Department of Transportation*
 23 *Drug and Alcohol Testing Management Information*
 24 *System; and*

1 (2) *submit to the Committee on Commerce,*
2 *Science, and Transportation of the Senate and the*
3 *Committee on Transportation and Infrastructure of*
4 *the House of Representatives a report on the review,*
5 *including recommendations under subsection (c).*

6 (b) *CONTENTS.—The report under subsection (a) shall*
7 *include—*

8 (1) *a description of the process the Department*
9 *of Transportation uses to collect and record drug and*
10 *alcohol testing data submitted by employers for each*
11 *mode of transportation;*

12 (2) *an assessment of whether and, if so, how the*
13 *Department of Transportation uses the data described*
14 *in paragraph (1) in carrying out its responsibilities;*
15 *and*

16 (3) *an assessment of the Department of Trans-*
17 *portation public drug and alcohol testing database*
18 *under section 8103.*

19 (c) *RECOMMENDATIONS.—The report under subsection*
20 *(a) may include recommendations regarding—*

21 (1) *how the Department of Transportation can*
22 *best use the data described in subsection (b)(1);*

23 (2) *any improvements that could be made to the*
24 *process described in subsection (b)(1);*

1 (3) *whether and, if so, how the Department of*
 2 *Transportation public drug and alcohol testing data-*
 3 *base under section 8103 could be made more effective;*
 4 *and*

5 (4) *such other recommendations as the Comp-*
 6 *troller General considers appropriate.*

7 **SEC. 8105. TRANSPORTATION WORKPLACE DRUG AND AL-**
 8 **COHOL TESTING PROGRAM; ADDITION OF**
 9 **FENTANYL AND OTHER SUBSTANCES.**

10 (a) *MANDATORY GUIDELINES FOR FEDERAL WORK-*
 11 *PLACE DRUG TESTING PROGRAMS.—*

12 (1) *IN GENERAL.—Not later than 180 days after*
 13 *the date of enactment of this Act, the Secretary of*
 14 *Health and Human Services shall—*

15 (A) *determine whether a revision of the*
 16 *Mandatory Guidelines for Federal Workplace*
 17 *Drug Testing Programs to expand the opiate cat-*
 18 *egory on the list of authorized substance testing*
 19 *to include fentanyl is justified, based on the reli-*
 20 *ability and cost-effectiveness of available testing;*
 21 *and*

22 (B) *consider whether to include with the de-*
 23 *termination under subparagraph (A) a separate*
 24 *determination on whether a revision of the Man-*
 25 *datory Guidelines for Federal Workplace Drug*

1 *Testing Programs to expand the list of sub-*
2 *stances authorized for testing to include any*
3 *other drugs or other substances listed in schedule*
4 *I and II of section 202 of the Controlled Sub-*
5 *stances Act (21 U.S.C. 812) is justified based on*
6 *the criteria described in subparagraph (A).*

7 (2) *REVISION OF GUIDELINES.*—*If an expansion*
8 *of the substance list is determined to be justified*
9 *under paragraph (1), the Secretary of Health and*
10 *Human Services shall—*

11 (A) *notify the Committee on Commerce,*
12 *Science, and Transportation of the Senate and*
13 *the Committee on Transportation and Infra-*
14 *structure of the House of Representatives of the*
15 *determination; and*

16 (B) *publish in the Federal Register, not*
17 *later than 18 months after the date of the deter-*
18 *mination under that paragraph, a final notice of*
19 *the revision of the Mandatory Guidelines for*
20 *Federal Workplace Drug Testing Programs to ex-*
21 *pand the list of substances authorized to be tested*
22 *to include the substance or substances determined*
23 *to be justified for inclusion.*

24 (3) *REPORT.*—*If an expansion of the substance*
25 *list is determined not to be justified under paragraph*

1 (1), the Secretary of Health and Human Services
2 shall submit to the Committee on Commerce, Science,
3 and Transportation of the Senate and the Committee
4 on Transportation and Infrastructure of the House of
5 Representatives a report explaining, in detail, the
6 reasons the expansion of the list of authorized sub-
7 stances is not justified.

8 (b) *DEPARTMENT OF TRANSPORTATION DRUG-TESTING*
9 *PANEL.*—If an expansion is determined to be justified
10 under subsection (a)(1), the Secretary of Transportation
11 shall publish in the Federal Register, not later than 18
12 months after the date the final notice is published under
13 subsection (a)(2), a final rule revising part 40 of title 49,
14 Code of Federal Regulations, to include such substances in
15 the Department of Transportation’s drug-testing panel, con-
16 sistent with the Mandatory Guidelines for Federal Work-
17 place Drug Testing Programs as revised by the Secretary
18 of Health and Human Services under subsection (a).

19 (c) *SAVINGS PROVISION.*—Nothing in this section may
20 be construed as—

21 (1) delaying the publication of the notices de-
22 scribed in sections 8106 and 8107 of this Act until the
23 Secretary of Health and Human Services makes a de-
24 termination or publishes a notice under this section;
25 or

1 (2) *limiting or otherwise affecting any authority*
 2 *of the Secretary of Health and Human Services or the*
 3 *Secretary of Transportation to expand the list of au-*
 4 *thorized substance testing to include an additional*
 5 *substance.*

6 **SEC. 8106. STATUS REPORTS ON HAIR TESTING GUIDE-**
 7 **LINES.**

8 (a) *IN GENERAL.*—Not later than 60 days after the
 9 *date of enactment of this Act, and annually thereafter until*
 10 *the date that the Secretary of Health and Human Services*
 11 *publishes in the Federal Register a final notice of scientific*
 12 *and technical guidelines for hair testing in accordance with*
 13 *section 5402(b) of the Fixing America’s Surface Transpor-*
 14 *tation Act (Public Law 114-94; 129 Stat. 1312), the Sec-*
 15 *retary of Health and Human Services shall submit to the*
 16 *Committee on Commerce, Science, and Transportation of*
 17 *the Senate and the Committee on Transportation and In-*
 18 *frastructure of the House of Representatives a report on—*

19 (1) *the status of the hair testing guidelines;*

20 (2) *an explanation for why the hair testing*
 21 *guidelines have not been issued; and*

22 (3) *an estimated date of completion of the hair*
 23 *testing guidelines.*

24 (b) *REQUIREMENT.*—To the extent practicable and
 25 *consistent with the objective of the hair testing described in*

1 subsection (a) to detect illegal or unauthorized use of sub-
 2 stances by the individual being tested, the final notice of
 3 scientific and technical guidelines under that subsection, as
 4 determined by the Secretary of Health and Human Serv-
 5 ices, shall eliminate the risk of positive test results, of the
 6 individual being tested, caused solely by the drug use of oth-
 7 ers and not caused by the drug use of the individual being
 8 tested.

9 **SEC. 8107. MANDATORY GUIDELINES FOR FEDERAL WORK-**
 10 **PLACE DRUG TESTING PROGRAMS USING**
 11 **ORAL FLUID.**

12 (a) *DEADLINE.*—Not later than December 31, 2018, the
 13 Secretary of Health and Human Services shall publish in
 14 the Federal Register a final notice of the Mandatory Guide-
 15 lines for Federal Workplace Drug Testing Programs using
 16 Oral Fluid, based on the notice of proposed mandatory
 17 guidelines published in the Federal Register on May 15,
 18 2015 (94 FR 28054).

19 (b) *REQUIREMENT.*—To the extent practicable and
 20 consistent with the objective of the testing described in sub-
 21 section (a) to detect illegal or unauthorized use of substances
 22 by the individual being tested, the final notice of scientific
 23 and technical guidelines under that subsection, as deter-
 24 mined by the Secretary of Health and Human Services,
 25 shall eliminate the risk of positive test results, of the indi-

1 *vidual being tested, caused solely by the drug use of others*
 2 *and not caused by the drug use of the individual being test-*
 3 *ed.*

4 *(c) RULE OF CONSTRUCTION.—Nothing in this section*
 5 *may be construed as requiring the Secretary of Health and*
 6 *Human Services to reissue a notice of proposed mandatory*
 7 *guidelines to carry out subsection (a).*

8 **SEC. 8108. ELECTRONIC RECORDKEEPING.**

9 *(a) DEADLINE.—Not later than 1 year after the date*
 10 *of enactment of this Act, the Secretary of Health and*
 11 *Human Services shall—*

12 *(1) ensure that each certified laboratory that re-*
 13 *quests approval for the use of completely paperless*
 14 *electronic Federal Drug Testing Custody and Control*
 15 *Forms from the National Laboratory Certification*
 16 *Program’s Electronic Custody and Control Form sys-*
 17 *tems receives approval for those completely paperless*
 18 *electronic forms instead of forms that include any*
 19 *combination of electronic traditional handwritten sig-*
 20 *natures executed on paper forms; and*

21 *(2) establish a deadline for a certified laboratory*
 22 *to request approval under paragraph (1).*

23 *(b) SAVINGS CLAUSE.—Nothing in this section may be*
 24 *construed as limiting or otherwise affecting any authority*
 25 *of the Secretary of Health and Human Services to grant*

1 approval to a certified laboratory for use of completely
 2 paperless electronic Federal Drug Testing Custody and
 3 Control Forms, including to grant approval outside of the
 4 process under subsection (a).

5 (c) *ELECTRONIC SIGNATURES.*—Not later than 18
 6 months after the date of the deadline under subsection
 7 (a)(2), the Secretary of Transportation shall issue a final
 8 rule revising part 40 of title 49, Code of Federal Regula-
 9 tions, to authorize, to the extent practicable, the use of elec-
 10 tronic signatures or digital signatures executed to electronic
 11 forms instead of traditional handwritten signatures exe-
 12 cuted on paper forms.

13 **SEC. 8109. STATUS REPORTS ON COMMERCIAL DRIVER'S LI-**
 14 **CENSE DRUG AND ALCOHOL CLEARING-**
 15 **HOUSE.**

16 (a) *IN GENERAL.*—Not later than 60 days after the
 17 date of enactment of this Act, and annually thereafter until
 18 the compliance date, the Administrator of the Federal Motor
 19 Carrier Safety Administration shall submit to the Com-
 20 mittee on Commerce, Science, and Transportation of the
 21 Senate and the Committee on Transportation and Infra-
 22 structure of the House of Representatives a status report
 23 on implementation of the final rule for the Commercial
 24 Driver's License Drug and Alcohol Clearinghouse (81 FR
 25 87686), including—

1 (1) *an updated schedule, including benchmarks,*
 2 *for implementing the final rule as soon as practicable,*
 3 *but not later than the compliance date; and*

4 (2) *a description of each action the Federal*
 5 *Motor Carrier Safety Administration is taking to im-*
 6 *plement the final rule before the compliance date.*

7 (b) *DEFINITION OF COMPLIANCE DATE.—In this sec-*
 8 *tion, the term “compliance date” means the earlier of—*

9 (1) *January 6, 2020; or*

10 (2) *the date that the national clearinghouse re-*
 11 *quired under section 31306a of title 49, United States*
 12 *Code, is operational.*

13 ***Subtitle J—Eliminating Kickbacks*** 14 ***in Recovery***

15 ***SEC. 8121. SHORT TITLE.***

16 *This subtitle may be cited as the “Eliminating Kick-*
 17 *backs in Recovery Act of 2018”.*

18 ***SEC. 8122. CRIMINAL PENALTIES.***

19 (a) *IN GENERAL.—Chapter 11 of title 18, United*
 20 *States Code, is amended by inserting after section 219 the*
 21 *following:*

1 **“§ 220. *Illegal remunerations for referrals to recovery***
2 ***homes, clinical treatment facilities, and***
3 ***laboratories***

4 “(a) *OFFENSE.—Except as provided in subsection (b),*
5 *whoever, with respect to services covered by a health care*
6 *benefit program, in or affecting interstate or foreign com-*
7 *merce, knowingly and willfully—*

8 “(1) *solicits or receives any remuneration (in-*
9 *cluding any kickback, bribe, or rebate) directly or in-*
10 *directly, overtly or covertly, in cash or in kind, in re-*
11 *turn for referring a patient or patronage to a recov-*
12 *ery home, clinical treatment facility, or laboratory; or*

13 “(2) *pays or offers any remuneration (including*
14 *any kickback, bribe, or rebate) directly or indirectly,*
15 *overtly or covertly, in cash or in kind—*

16 “(A) *to induce a referral of an individual*
17 *to a recovery home, clinical treatment facility, or*
18 *laboratory; or*

19 “(B) *in exchange for an individual using*
20 *the services of that recovery home, clinical treat-*
21 *ment facility, or laboratory,*

22 *shall be fined not more than \$200,000, imprisoned not more*
23 *than 10 years, or both, for each occurrence.*

24 “(b) *APPLICABILITY.—Subsection (a) shall not apply*
25 *to—*

1 “(1) a discount or other reduction in price ob-
2 tained by a provider of services or other entity under
3 a health care benefit program if the reduction in price
4 is properly disclosed and appropriately reflected in
5 the costs claimed or charges made by the provider or
6 entity;

7 “(2) a payment made by an employer to an em-
8 ployee or independent contractor (who has a bona fide
9 employment or contractual relationship with such em-
10 ployer) for employment, if the employee’s payment is
11 not determined by or does not vary by—

12 “(A) the number of individuals referred to
13 a particular recovery home, clinical treatment
14 facility, or laboratory;

15 “(B) the number of tests or procedures per-
16 formed; or

17 “(C) the amount billed to or received from,
18 in part or in whole, the health care benefit pro-
19 gram from the individuals referred to a par-
20 ticular recovery home, clinical treatment facility,
21 or laboratory;

22 “(3) a discount in the price of an applicable
23 drug of a manufacturer that is furnished to an appli-
24 cable beneficiary under the Medicare coverage gap

1 *discount program under section 1860D–14A(g) of the*
2 *Social Security Act (42 U.S.C. 1395w–114a(g));*

3 “(4) *a payment made by a principal to an agent*
4 *as compensation for the services of the agent under a*
5 *personal services and management contract that meets*
6 *the requirements of section 1001.952(d) of title 42,*
7 *Code of Federal Regulations, as in effect on the date*
8 *of enactment of this section;*

9 “(5) *a waiver or discount (as defined in section*
10 *1001.952(h)(5) of title 42, Code of Federal Regula-*
11 *tions, or any successor regulation) of any coinsurance*
12 *or copayment by a health care benefit program if—*

13 “(A) *the waiver or discount is not routinely*
14 *provided; and*

15 “(B) *the waiver or discount is provided in*
16 *good faith;*

17 “(6) *a remuneration described in section*
18 *1128B(b)(3)(I) of the Social Security Act (42 U.S.C.*
19 *1320a–7b(b)(3)(I));*

20 “(7) *a remuneration made pursuant to an alter-*
21 *native payment model (as defined in section*
22 *1833(z)(3)(C) of the Social Security Act) or pursuant*
23 *to a payment arrangement used by a State, health in-*
24 *surance issuer, or group health plan if the Secretary*
25 *of Health and Human Services has determined that*

1 *such arrangement is necessary for care coordination*
 2 *or value-based care; or*

3 *“(8) any other payment, remuneration, discount,*
 4 *or reduction as determined by the Attorney General,*
 5 *in consultation with the Secretary of Health and*
 6 *Human Services, by regulation.*

7 *“(c) REGULATIONS.—The Attorney General, in con-*
 8 *sultation with the Secretary of Health and Human Serv-*
 9 *ices, may promulgate regulations to clarify the exceptions*
 10 *described in subsection (b).*

11 *“(d) PREEMPTION.—*

12 *“(1) FEDERAL LAW.—This section shall not*
 13 *apply to conduct that is prohibited under section*
 14 *1128B of the Social Security Act (42 U.S.C. 1320a–*
 15 *7b).*

16 *“(2) STATE LAW.—Nothing in this section shall*
 17 *be construed to occupy the field in which any provi-*
 18 *sions of this section operate to the exclusion of State*
 19 *laws on the same subject matter.*

20 *“(e) DEFINITIONS.—In this section—*

21 *“(1) the terms ‘applicable beneficiary’ and ‘ap-*
 22 *plicable drug’ have the meanings given those terms in*
 23 *section 1860D–14A(g) of the Social Security Act (42*
 24 *U.S.C. 1395w–114a(g));*

1 “(2) the term ‘clinical treatment facility’ means
 2 a medical setting , other than a hospital, that pro-
 3 vides detoxification, risk reduction, outpatient treat-
 4 ment and care, residential treatment, or rehabilita-
 5 tion for substance use, pursuant to licensure or cer-
 6 tification under State law;

7 “(3) the term ‘health care benefit program’ has
 8 the meaning given the term in section 24(b);

9 “(4) the term ‘laboratory’ has the meaning given
 10 the term in section 353 of the Public Health Service
 11 Act (42 U.S.C. 263a); and

12 “(5) the term ‘recovery home’ means a shared
 13 living environment that is, or purports to be, free
 14 from alcohol and illicit drug use and centered on peer
 15 support and connection to services that promote sus-
 16 tained recovery from substance use disorders.”.

17 (b) CLERICAL AMENDMENT.—The table of sections for
 18 chapter 11 of title 18, United States Code, is amended by
 19 inserting after the item related to section 219 the following:

 “220. Illegal remunerations for referrals to recovery homes, clinical treatment fa-
 cilities, and laboratories.”.

20 ***Subtitle K—Substance Abuse*** 21 ***Prevention***

22 **SEC. 8201. SHORT TITLE.**

23 This subtitle may be cited as the “Substance Abuse
 24 Prevention Act of 2018”.

1 **SEC. 8202. REAUTHORIZATION OF THE OFFICE OF NA-**
 2 **TIONAL DRUG CONTROL POLICY.**

3 (a) *OFFICE OF NATIONAL DRUG CONTROL POLICY RE-*
 4 *AUTHORIZATION 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 para-*
 9 *graph (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 Law*
 14 *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.*—

19 (1) *IN GENERAL.*—*Section 714 of the Office of*
 20 *National Drug Control Policy Reauthorization Act of*
 21 *1998 (21 U.S.C. 1711) is amended by striking “such*
 22 *sums as may be necessary for each of fiscal years*
 23 *2006 through 2010” and inserting “\$18,400,000 for*
 24 *each of fiscal years 2018 through 2023”.*

25 (2) *REPEAL OF TERMINATION.*—*The Office of*
 26 *National Drug Control Policy Reauthorization Act of*

1 1998 (21 U.S.C. 1701 *et seq.*) is amended by striking
2 section 715 (21 U.S.C. 1712).

3 **SEC. 8203. REAUTHORIZATION OF THE DRUG-FREE COMMU-**
4 **NITIES PROGRAM.**

5 (a) *REVIVAL OF NATIONAL NARCOTICS LEADERSHIP*
6 *ACT OF 1988.*—

7 (1) *IN GENERAL.*—Chapter 2 of the National
8 *Narcotics Leadership Act of 1988 (21 U.S.C. 1521 et*
9 *seq.), except for subchapter II (21 U.S.C. 1541 et*
10 *seq.), as in effect on September 29, 1997, and as*
11 *amended by the laws described in paragraph (2), is*
12 *revived and restored.*

13 (2) *LAWS DESCRIBED.*—The laws described in
14 this paragraph are:

15 (A) *Public Law 107–82 (115 Stat. 814).*

16 (B) *The Office of National Drug Control*
17 *Policy Reauthorization Act of 2006 (Public Law*
18 *109–469: 120 Stat. 3502), as amended by para-*
19 *graph (4).*

20 (3) *AMENDMENT TO TERMINATION PROVISION.*—
21 *Section 1009 of the National Narcotics Leadership*
22 *Act of 1988 (21 U.S.C. 1056) is amended by inserting*
23 *“and sections 1021 through 1035” after “section*
24 *1007”.*

25 (4) *TECHNICAL CORRECTION.*—

1 (A) *IN GENERAL.*—*Title VIII of the Office*
 2 *of National Drug Control Policy Reauthorization*
 3 *Act of 2006 (Public Law 109–469; 120 Stat.*
 4 *3535) is amended by striking “Drug-Free Com-*
 5 *munities Act of 1997” each place it appears and*
 6 *inserting “National Narcotics Leadership Act of*
 7 *1988”.*

8 (B) *EFFECTIVE DATE.*—*The amendments*
 9 *made by subparagraph (A) shall take effect as*
 10 *though enacted as part of the Office of National*
 11 *Drug Control Policy Reauthorization Act of*
 12 *2006 (Public Law 109–469; 120 Stat. 3502).*

13 (b) *AMENDMENT TO NATIONAL NARCOTICS LEADER-*
 14 *SHIP ACT OF 1988.*—*Chapter 2 of subtitle A of title I of*
 15 *the National Narcotics Leadership Act of 1988 (21 U.S.C.*
 16 *1521 et seq.) is amended—*

17 (1) *in section 1022 (21 U.S.C. 1522), by striking*
 18 *“substance abuse” each place it appears and inserting*
 19 *“substance use and misuse”;*

20 (2) *in section 1023 (21 U.S.C. 1523), by striking*
 21 *paragraph (9) and inserting the following:*

22 “(9) *SUBSTANCE USE AND MISUSE.*—*The term*
 23 *‘substance use and misuse’ means—*

24 “(A) *the illegal use or misuse of drugs, in-*
 25 *cluding substances for which a listing is effect*

1 *under any of schedules I through V under section*
2 *202 of the Controlled Substances Act (21 U.S.C.*
3 *812);*

4 *“(B) the misuse of inhalants or over-the-*
5 *counter drugs; or*

6 *“(C) the use of alcohol, tobacco, or other re-*
7 *lated product as such use is prohibited by State*
8 *or local law.”;*

9 *(3) in section 1024 (21 U.S.C. 1524), by striking*
10 *subsections (a) and (b) and inserting the following:*

11 *“(a) IN GENERAL.—There is authorized to be appro-*
12 *priated to the Office of National Drug Control Policy to*
13 *carry out this chapter \$99,000,000 for each of fiscal years*
14 *2018 through 2023.*

15 *“(b) ADMINISTRATIVE COSTS.—Not more than 8 per-*
16 *cent of the funds appropriated to carry out this chapter*
17 *may be used by the Office of National Drug Control Policy*
18 *to pay administrative costs associated with the responsibil-*
19 *ities of the Office under this chapter.”;*

20 *(4) in subchapter I (21 U.S.C. 1531 et seq.)—*

21 *(A) by striking “substance abuse” each*
22 *place it appears and inserting “substance use*
23 *and misuse”; and*

1 (B) in section 1032(b)(1)(A) (21 U.S.C.
2 1532(b)(1)(A)), by striking clause (iii) and in-
3 serting the following:

4 “(iii) *RENEWAL GRANTS.*—Subject to
5 clause (iv), the Administrator may award a
6 renewal grant to a grant recipient under
7 this subparagraph for each fiscal year of the
8 4-fiscal-year period following the first fiscal
9 year for which the initial additional grant
10 is awarded in an amount not to exceed the
11 following:

12 “(I) For the first and second fiscal
13 years of the 4-fiscal-year period, the
14 amount of the non-Federal funds, in-
15 cluding in-kind contributions, raised
16 by the coalition for the applicable fis-
17 cal year is not less than 125 percent of
18 the amount awarded.

19 “(II) For the third and fourth fis-
20 cal years of the 4-fiscal-year period, the
21 amount of the non-Federal funds, in-
22 cluding in-kind contributions, raised
23 by the coalition for the applicable fis-
24 cal year is not less than 150 percent of
25 the amount awarded.”; and

1 (5) by striking subchapter II (21 U.S.C. 1541 et
2 seq.).

3 **SEC. 8204. REAUTHORIZATION OF THE NATIONAL COMMU-**
4 **NITY ANTI-DRUG COALITION INSTITUTE.**

5 Section 4 of Public Law 107–82 (21 U.S.C. 1521 note)
6 is amended to read as follows:

7 **“SEC. 4. AUTHORIZATION FOR NATIONAL COMMUNITY**
8 **ANTIDRUG COALITION INSTITUTE.**

9 “(a) *IN GENERAL.*—The Director shall, using amounts
10 authorized to be appropriated by subsection (d), make a
11 competitive grant to provide for the continuation of the Na-
12 tional Community Anti-drug Coalition Institute.

13 “(b) *ELIGIBLE ORGANIZATIONS.*—An organization eli-
14 gible for the grant under subsection (a) is any national non-
15 profit organization that represents, provides technical as-
16 sistance and training to, and has special expertise and
17 broad, national-level experience in community antidrug
18 coalitions under this subchapter.

19 “(c) *USE OF GRANT AMOUNT.*—The organization that
20 receives the grant under subsection (a) shall continue a Na-
21 tional Community Anti-Drug Coalition Institute to—

22 “(1) provide education, training, and technical
23 assistance for coalition leaders and community teams,
24 with emphasis on the development of coalitions serv-
25 ing economically disadvantaged areas;

1 “(2) develop and disseminate evaluation tools,
 2 mechanisms, and measures to better assess and docu-
 3 ment coalition performance measures and outcomes;
 4 and

5 “(3) bridge the gap between research and prac-
 6 tice by translating knowledge from research into prac-
 7 tical information.

8 “(d) *AUTHORIZATION OF APPROPRIATIONS.—The Di-*
 9 *rector shall, using amounts authorized to be appropriated*
 10 *by section 1032 of the National Narcotics Leadership Act*
 11 *of 1988 (15 U.S.C. 1532), make a grant of \$2 million under*
 12 *subsection (a), for each of the fiscal years 2018 through*
 13 *2023.”.*

14 **SEC. 8205. REAUTHORIZATION OF THE HIGH-INTENSITY**
 15 **DRUG TRAFFICKING AREA PROGRAM.**

16 *Section 707 of the Office of National Drug Control Pol-*
 17 *icy Reauthorization Act of 1998 (21 U.S.C. 1706) is amend-*
 18 *ed—*

19 (1) *in subsection (f), by striking “no Federal”*
 20 *and all that follows through “programs.” and insert-*
 21 *ing the following: “not more than a total of 5 percent*
 22 *of Federal funds appropriated for the Program are*
 23 *expended for substance use disorder treatment pro-*
 24 *grams and drug prevention programs.”;*

25 (2) *in subsection (p)—*

1 (A) in paragraph (4), by striking “and” at
2 the end;

3 (B) in paragraph (5), by striking the period
4 at the end and inserting “; and”; and

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

6 “(6) \$280,000,000 for each of fiscal years 2018
7 through 2023.”; and

8 (3) in subsection (q)—

9 (A) by striking paragraph (2) and inserting
10 the following:

11 “(2) *REQUIRED USES.*—The funds used under
12 paragraph (1) shall be used to ensure the safety of
13 neighborhoods and the protection of communities, in-
14 cluding the prevention of the intimidation of wit-
15 nesses of illegal drug distribution and related activi-
16 ties and the establishment of, or support for, pro-
17 grams that provide protection or assistance to wit-
18 nesses in court proceedings.”; and

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

20 “(3) *BEST PRACTICE MODELS.*—The Director
21 shall work with *HIDTAs* to develop and maintain
22 best practice models to assist State, local, and Tribal
23 governments in addressing witness safety, relocation,
24 financial and housing assistance, or any other serv-
25 ices related to witness protection or assistance in

5 *Section 1001(a)(25)(A) of title I of the Omnibus Crime*
6 *Control and Safe Streets Act of 1968 (34 U.S.C.*
7 *10261(a)(25)(A)) is amended by striking “Except as pro-*
8 *vided” and all that follows and inserting the following:*
9 *“Except as provided in subparagraph (C), there is author-*
10 *ized to be appropriated to carry out part EE \$75,000,000*
11 *for each of fiscal years 2018 through 2023.”.*

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

19 “(1) GRANTS AUTHORIZED.—The Director may
20 make a grant to a nonprofit organization for the pur-
21 pose of providing training and technical assistance to
22 drug courts.

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1 *this subsection \$2,000,000 for each of fiscal years*
2 *2018 through 2023.”.*

3 **SEC. 8208. DRUG OVERDOSE RESPONSE STRATEGY.**

4 *Section 707 of the Office of National Drug Control Pol-*
5 *icy Reauthorization Act of 1998 (21 U.S.C. 1706) is amend-*
6 *ed by adding at the end the following:*

7 *“(r) DRUG OVERDOSE RESPONSE STRATEGY IMPLE-*
8 *MENTATION.—The Director may use funds appropriated to*
9 *carry out this section to implement a drug overdose re-*
10 *sponse strategy in high intensity drug trafficking areas on*
11 *a nationwide basis by—*

12 *“(1) coordinating multi-disciplinary efforts to*
13 *prevent, reduce, and respond to drug overdoses, in-*
14 *cluding the uniform reporting of fatal and non-fatal*
15 *overdoses to public health and safety officials;*

16 *“(2) increasing data sharing among public safe-*
17 *ty and public health officials concerning drug-related*
18 *abuse trends, including new psychoactive substances,*
19 *and related crime; and*

20 *“(3) enabling collaborative deployment of preven-*
21 *tion, intervention, and enforcement resources to ad-*
22 *dress substance use addiction and narcotics traf-*
23 *ficking.”.*

1 **SEC. 8209. PROTECTING LAW ENFORCEMENT OFFICERS**
2 **FROM ACCIDENTAL EXPOSURE.**

3 *Section 707 of the Office of National Drug Control Pol-*
4 *icy Reauthorization Act of 1998 (21 U.S.C. 1706), as*
5 *amended by section 8208, is amended by adding at the end*
6 *the following:*

7 “(s) **SUPPLEMENTAL GRANTS.**—*The Director is au-*
8 *thorized to use not more than \$10,000,000 of the amounts*
9 *otherwise appropriated to carry out this section to provide*
10 *supplemental competitive grants to high intensity drug*
11 *trafficking areas that have experienced high seizures of*
12 *fentanyl and new psychoactive substances for the purposes*
13 *of—*

14 “(1) *purchasing portable equipment to test for*
15 *fentanyl and other substances;*

16 “(2) *training law enforcement officers and other*
17 *first responders on best practices for handling*
18 *fentanyl and other substances; and*

19 “(3) *purchasing protective equipment, including*
20 *overdose reversal drugs.”.*

21 **SEC. 8210. COPS ANTI-METH PROGRAM.**

22 *Section 1701 of title I of the Omnibus Crime Control*
23 *and Safe Streets Act of 1968 (34 U.S.C. 10381) is amend-*
24 *ed—*

25 (1) *by redesignating subsection (k) as subsection*
26 *(l); and*

1 (2) by inserting after subsection (j) the following:

2 “(k) *COPS ANTI-METH PROGRAM.*—The Attorney
3 General shall use amounts otherwise appropriated to carry
4 out this section for a fiscal year (beginning with fiscal year
5 2019) to make competitive grants, in amounts of not less
6 than \$1,000,000 for such fiscal year, to State law enforce-
7 ment agencies with high seizures of precursor chemicals, fin-
8 ished methamphetamine, laboratories, and laboratory dump
9 seizures for the purpose of locating or investigating illicit
10 activities, such as precursor diversion, laboratories, or
11 methamphetamine traffickers.”.

12 **SEC. 8211. COPS ANTI-HEROIN TASK FORCE PROGRAM.**

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

16 (1) by redesignating subsection (l), as so redesign-
17 ated by section 8210, as subsection (m); and

18 (2) by inserting after subsection (k), as added by
19 section 8210, the following:

20 “(l) *COPS ANTI-HEROIN TASK FORCE PROGRAM.*—The
21 Attorney General shall use amounts otherwise appropriated
22 to carry out this section, or other amounts as appropriated,
23 for a fiscal year (beginning with fiscal year 2019) to make
24 competitive grants to State law enforcement agencies in
25 States with high per capita rates of primary treatment ad-

1 *missions, for the purpose of locating or investigating illicit*
 2 *activities, through Statewide collaboration, relating to the*
 3 *distribution of heroin, fentanyl, or carfentanil or relating*
 4 *to the unlawful distribution of prescription opioids.”.*

5 **SEC. 8212. COMPREHENSIVE ADDICTION AND RECOVERY**
 6 **ACT EDUCATION AND AWARENESS.**

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

10 **“SEC. 709. SERVICES FOR FAMILIES AND PATIENTS IN CRI-**
 11 **SIS.**

12 *“(a) IN GENERAL.—The Secretary of Health and*
 13 *Human Services may make grants to entities that focus on*
 14 *addiction and substance use disorders and specialize in*
 15 *family and patient services, advocacy for patients and fam-*
 16 *ilies, and educational information.*

17 *“(b) ALLOWABLE USES.—A grant awarded under this*
 18 *section may be used for nonprofit national, State, or local*
 19 *organizations that engage in the following activities:*

20 *“(1) Expansion of resource center services with*
 21 *professional, clinical staff that provide, for families*
 22 *and individuals impacted by a substance use dis-*
 23 *order, support, access to treatment resources, brief as-*
 24 *sessments, medication and overdose prevention edu-*
 25 *cation, compassionate listening services, recovery sup-*

1 *port or peer specialists, bereavement and grief sup-*
2 *port, and case management.*

3 *“(2) Continued development of health informa-*
4 *tion technology systems that leverage new and upcom-*
5 *ing technology and techniques for prevention, inter-*
6 *vention, and filling resource gaps in communities*
7 *that are underserved.*

8 *“(3) Enhancement and operation of treatment*
9 *and recovery resources, easy-to-read scientific and evi-*
10 *dence-based education on addiction and substance use*
11 *disorders, and other informational tools for families*
12 *and individuals impacted by a substance use disorder*
13 *and community stakeholders, such as law enforcement*
14 *agencies.*

15 *“(4) Provision of training and technical assist-*
16 *ance to State and local governments, law enforcement*
17 *agencies, health care systems, research institutions,*
18 *and other stakeholders.*

19 *“(5) Expanding upon and implementing edu-*
20 *cational information using evidence-based informa-*
21 *tion on substance use disorders.*

22 *“(6) Expansion of training of community stake-*
23 *holders, law enforcement officers, and families across*
24 *a broad-range of addiction, health, and related topics*

1 *on substance use disorders, local issues and commu-*
 2 *nity-specific issues related to the drug epidemic.*

3 *“(7) Program evaluation.”.*

4 **SEC. 8213. REIMBURSEMENT OF SUBSTANCE USE DISORDER**
 5 **TREATMENT PROFESSIONALS.**

6 *Not later than January 1, 2020, the Comptroller Gen-*
 7 *eral of the United States shall submit to Congress a report*
 8 *examining how substance use disorder services are reim-*
 9 *bursed.*

10 **SEC. 8214. SOBRIETY TREATMENT AND RECOVERY TEAMS**
 11 **(START).**

12 *Title V of the Public Health Service Act (42 U.S.C.*
 13 *290dd et seq.) is amended by adding at the end the fol-*
 14 *lowing:*

15 **“SEC. 550. SOBRIETY TREATMENT AND RECOVERY TEAMS.**

16 *“(a) IN GENERAL.—The Secretary may make grants*
 17 *to States, units of local government, or tribal governments*
 18 *to establish or expand Sobriety Treatment And Recovery*
 19 *Team (referred to in this section as ‘START’) or other simi-*
 20 *lar programs to determine the effectiveness of pairing social*
 21 *workers or mentors with families that are struggling with*
 22 *a substance use disorder and child abuse or neglect in order*
 23 *to help provide peer support, intensive treatment, and child*
 24 *welfare services to such families.*

1 “(b) *ALLOWABLE USES.*—A grant awarded under this
2 section may be used for one or more of the following activi-
3 ties:

4 “(1) *Training eligible staff, including social*
5 *workers, social services coordinators, child welfare*
6 *specialists, substance use disorder treatment profes-*
7 *sionals, and mentors.*

8 “(2) *Expanding access to substance use disorder*
9 *treatment services and drug testing.*

10 “(3) *Enhancing data sharing with law enforce-*
11 *ment agencies, child welfare agencies, substance use*
12 *disorder treatment providers, judges, and court per-*
13 *sonnel.*

14 “(4) *Program evaluation and technical assist-*
15 *ance.*

16 “(c) *PROGRAM REQUIREMENTS.*—A State, unit of
17 local government, or tribal government receiving a grant
18 under this section shall—

19 “(1) *serve only families for which—*

20 “(A) *there is an open record with the child*
21 *welfare agency; and*

22 “(B) *substance use disorder was a reason*
23 *for the record or finding described in paragraph*
24 *(1); and*

1 “(2) coordinate any grants awarded under this
 2 section with any grant awarded under section 437(f)
 3 of the Social Security Act focused on improving out-
 4 comes for children affected by substance abuse.

5 “(d) *TECHNICAL ASSISTANCE.*—The Secretary may re-
 6 serve not more than 5 percent of funds provided under this
 7 section to provide technical assistance on the establishment
 8 or expansion of programs funded under this section from
 9 the National Center on Substance Abuse and Child Wel-
 10 fare.”.

11 **SEC. 8215. PROVIDER EDUCATION.**

12 Not later than 60 days after the date of enactment of
 13 this Act, the Attorney General, in consultation with the Sec-
 14 retary of Health and Human Services, shall complete the
 15 plan related to medical registration coordination required
 16 by Senate Report 114–239, which accompanied the Veterans
 17 Care Financial Protection Act of 2017 (Public Law 115–
 18 131; 132 Stat. 334).

19 **SEC. 8216. DEFINITIONS.**

20 Section 702 of the Office of National Drug Control Pol-
 21 icy Reauthorization Act of 1998 (21 U.S.C. 1701) is amend-
 22 ed—

- 23 (1) by striking paragraphs (5), (12), and (13);
- 24 (2) by redesignating paragraph (11) as para-
 25 graph (17);

1 (3) by redesignating paragraphs (9) and (10) as
2 paragraphs (14) and (15), respectively;

3 (4) by redesignating paragraphs (6), (7), and (8)
4 as paragraphs (10), (11), and (12), respectively;

5 (5) by redesignating paragraphs (1), (2), (3),
6 and (4) as paragraphs (3), (4), (5), and (6), respec-
7 tively;

8 (6) by inserting before paragraph (3), as so re-
9 designated, the following:

10 “(1) AGENCY.—The term ‘agency’ has the mean-
11 ing given the term ‘executive agency’ in section 102
12 of title 31, United States Code.

13 “(2) APPROPRIATE CONGRESSIONAL COMMIT-
14 TEES.—

15 “(A) IN GENERAL.—The term ‘appropriate
16 congressional committees’ means—

17 “(i) the Committee on the Judiciary,
18 the Committee on Appropriations, and the
19 Committee on Health, Education, Labor,
20 and Pensions of the Senate; and

21 “(ii) the Committee on Oversight and
22 Government Reform, the Committee on the
23 Judiciary, the Committee on Energy and
24 Commerce, and the Committee on Appro-
25 priations of the House of Representatives.

1 “(B) *SUBMISSION TO CONGRESS.*—Any sub-
2 mission to Congress shall mean submission to the
3 appropriate congressional committees.”;

4 (7) by amending paragraph (3), as so redesign-
5 ated, to read as follows:

6 “(3) *DEMAND REDUCTION.*—The term ‘demand
7 reduction’ means any activity conducted by a Na-
8 tional Drug Control Program Agency, other than an
9 enforcement activity, that is intended to reduce or
10 prevent the use of drugs or support, expand, or pro-
11 vide treatment and recovery efforts, including—

12 “(A) education about the dangers of illicit
13 drug use;

14 “(B) services, programs, or strategies to pre-
15 vent substance use disorder, including evidence-
16 based education campaigns, community-based
17 prevention programs, collection and disposal of
18 unused prescription drugs, and services to at-risk
19 populations to prevent or delay initial use of an
20 illicit drug;

21 “(C) substance use disorder treatment;

22 “(D) support for long-term recovery from
23 substance use disorders;

24 “(E) drug-free workplace programs;

1 “(F) drug testing, including the testing of
2 employees;

3 “(G) interventions for illicit drug use and
4 dependence;

5 “(H) expanding availability of access to
6 health care services for the treatment of substance
7 use disorders;

8 “(I) international drug control coordination
9 and cooperation with respect to activities de-
10 scribed in this paragraph;

11 “(J) pre- and post-arrest criminal justice
12 interventions such as diversion programs, drug
13 courts, and the provision of evidence-based treat-
14 ment to individuals with substance use disorders
15 who are arrested or under some form of criminal
16 justice supervision, including medication assisted
17 treatment;

18 “(K) other coordinated and joint initiatives
19 among Federal, State, local, and Tribal agencies
20 to promote comprehensive drug control strategies
21 designed to reduce the demand for, and the avail-
22 ability of, illegal drugs;

23 “(L) international illicit drug use edu-
24 cation, prevention, treatment, recovery, research,

1 *rehabilitation activities, and interventions for il-*
2 *licit drug use and dependence; and*

3 “(M) *research related to illicit drug use and*
4 *any of the activities described in this para-*
5 *graph.*”;

6 (8) *by inserting after paragraph (6), as so redes-*
7 *ignated, the following:*

8 “(7) *EMERGING DRUG THREAT.—The term*
9 *‘emerging drug threat’ means the occurrence of a new*
10 *and growing trend in the use of an illicit drug or*
11 *class of drugs, including rapid expansion in the sup-*
12 *ply of or demand for such drug.*

13 “(8) *ILLICIT DRUG USE; ILLICIT DRUGS; ILLEGAL*
14 *DRUGS.—The terms ‘illicit drug use’, ‘illicit drugs’,*
15 *and ‘illegal drugs’ include the illegal or illicit use of*
16 *prescription drugs.*

17 “(9) *LAW ENFORCEMENT.—The term ‘law en-*
18 *forcement’ or ‘drug law enforcement’ means all efforts*
19 *by a Federal, State, local, or Tribal government agen-*
20 *cy to enforce the drug laws of the United States or*
21 *any State, including investigation, arrest, prosecu-*
22 *tion, and incarceration or other punishments or pen-*
23 *alties.*”;

24 (9) *by amending paragraph (11), as so redesign-*
25 *ated, to read as follows:*

1 “(11) *NATIONAL DRUG CONTROL PROGRAM AGEN-*
 2 *CY.—The term ‘National Drug Control Program*
 3 *Agency’ means any agency (or bureau, office, inde-*
 4 *pendent agency, board, division, commission, subdivi-*
 5 *sion, unit, or other component thereof) that is respon-*
 6 *sible for implementing any aspect of the National*
 7 *Drug Control Strategy, including any agency that re-*
 8 *ceives Federal funds to implement any aspect of the*
 9 *National Drug Control Strategy, but does not include*
 10 *any agency that receives funds for drug control activ-*
 11 *ity solely under the National Intelligence Program or*
 12 *the Joint Military Intelligence Program.’”;*

13 (10) *in paragraph (12), as so redesignated—*

14 (A) *by inserting “or ‘Strategy’” before*
 15 *“means”; and*

16 (B) *by inserting “, including any report,*
 17 *plan, or strategy required to be incorporated into*
 18 *or issued concurrently with such strategy” before*
 19 *the period at the end;*

20 (11) *by inserting after paragraph (12), as so re-*
 21 *designated, the following:*

22 “(13) *NONPROFIT ORGANIZATION.—The term*
 23 *‘nonprofit organization’ means an organization that*
 24 *is described in section 501(c)(3) of the Internal Rev-*

1 *enue Code of 1986 and exempt from tax under section*
 2 *501(a) of such Code.”;*

3 *(12) in paragraph (14), as so redesignated, by*
 4 *striking “Unless the context clearly indicates other-*
 5 *wise, the” and inserting “The”;*

6 *(13) by inserting after paragraph (15), as so re-*
 7 *designated, the following:*

8 *“(16) SUBSTANCE USE DISORDER TREATMENT.—*
 9 *The term ‘substance use disorder treatment’ means an*
 10 *evidence-based, professionally directed, deliberate, and*
 11 *planned regimen including evaluation, observation,*
 12 *medical monitoring, and rehabilitative services and*
 13 *interventions such as pharmacotherapy, behavioral*
 14 *therapy, and individual and group counseling, on an*
 15 *inpatient or outpatient basis, to help patients with*
 16 *substance use disorder reach recovery.”; and*

17 *(14) in paragraph (17), as so redesignated—*

18 *(A) by redesignating subparagraphs (B),*
 19 *(C), (D), and (E), as subparagraphs (C), (D),*
 20 *(E), and (F), respectively;*

21 *(B) by inserting after subparagraph (A) the*
 22 *following:*

23 *“(B) domestic law enforcement;”;*

24 *(C) in subparagraph (E), as so redesign-*
 25 *ated, by striking “and” at the end;*

1 (D) in subparagraph (F), as so redesign-
 2 nated, by striking the period at the end and in-
 3 serting a semicolon; and

4 (E) by adding at the end the following:

5 “(G) activities to prevent the diversion of
 6 drugs for their illicit use; and

7 “(H) research related to any of the activi-
 8 ties described in this paragraph.”.

9 **SEC. 8217. AMENDMENTS TO ADMINISTRATION OF THE OF-**
 10 **FICE.**

11 (a) *RESPONSIBILITIES OF OFFICE*.—Section 703(a) of
 12 the Office of National Drug Control Policy Reauthorization
 13 Act of 1998 (21 U.S.C. 1702(a)) is amended—

14 (1) by striking paragraph (1) and inserting the
 15 following:

16 “(1) lead the national drug control effort, includ-
 17 ing coordinating with the National Drug Control
 18 Program Agencies;”;

19 (2) in paragraph (2), by inserting before the
 20 semicolon the following: “, including the National
 21 Drug Control Strategy”;

22 (3) in paragraph (3), by striking “and” at the
 23 end; and

1 (4) by striking paragraph (4) and all that fol-
2 lows through “the National Academy of Sciences.”
3 and inserting the following:

4 “(4) evaluate the effectiveness of national drug
5 control policy efforts, including the National Drug
6 Control Program Agencies’ program, by developing
7 and applying specific goals and performance meas-
8 urements and monitoring the agencies’ program-level
9 spending;

10 “(5) identify and respond to emerging drug
11 threats related to illicit drug use;

12 “(6) administer the Drug-Free Communities
13 Program, the High-Intensity Drug Trafficking Areas
14 Program, and other grant programs directly author-
15 ized to be administered by the Office in furtherance
16 of the National Drug Control Strategy; and

17 “(7) facilitate broad-scale information sharing
18 and data standardization among Federal, State, and
19 local entities to support the national drug control ef-
20 forts.”.

21 (b) *ETHICS GUIDELINES*.—Section 703(d) of the Office
22 of National Drug Control Policy Reauthorization Act of
23 1998 (21 U.S.C. 1702(d)) is amended by adding at the end
24 the following:

1 “(4) *ETHICS GUIDELINES.*—*The Director shall*
2 *establish written guidelines setting forth the criteria*
3 *to be used in determining whether a gift or donation*
4 *should be declined under this subsection because the*
5 *acceptance of the gift or donation would—*

6 “(A) *reflect unfavorably upon the ability of*
7 *the Director or the Office, or any employee of the*
8 *Office, to carry out responsibilities or official du-*
9 *ties under this chapter in a fair and objective*
10 *manner; or*

11 “(B) *compromise the integrity or the ap-*
12 *pearance of integrity of programs or services*
13 *provided under this chapter or of any official in-*
14 *volved in those programs or services.*

15 “(5) *REGISTRY OF GIFTS.*—*The Director shall*
16 *maintain a list of—*

17 “(A) *the source and amount of each gift or*
18 *donation accepted by the Office; and*

19 “(B) *the source and amount of each gift or*
20 *donation accepted by a contractor to be used in*
21 *its performance of a contract for the Office.*

22 “(6) *REPORT TO CONGRESS.*—*The Director shall*
23 *include in the annual assessment under section 706(g)*
24 *a copy of the registry maintained under paragraph*
25 *(5).”.*

1 (c) *APPOINTMENT OF DIRECTOR AND DEPUTY DIREC-*
 2 *TOR.—Section 704(a) of the Office of National Drug Con-*
 3 *trol Policy Reauthorization Act of 1998 (21 U.S.C. 1703(a))*
 4 *is amended—*

5 (1) *in paragraph (1), by striking subparagraphs*
 6 *(A), (B), and (C), and inserting the following:*

7 “(A) *DIRECTOR.—*

8 “(i) *IN GENERAL.—There shall be at*
 9 *the head of the Office a Director who shall*
 10 *hold the same rank and status as the head*
 11 *of an executive department listed in section*
 12 *101 of title 5, United States Code.*

13 “(ii) *APPOINTMENT.—The Director*
 14 *shall be appointed by the President, by and*
 15 *with the advice and consent of the Senate,*
 16 *and shall serve at the pleasure of the Presi-*
 17 *dent.*

18 “(B) *DEPUTY DIRECTOR.—There shall be a*
 19 *Deputy Director who shall report directly to the*
 20 *Director, and who shall be appointed by the*
 21 *President, and shall serve at the pleasure of the*
 22 *President.*

23 “(C) *COORDINATORS.—The following coor-*
 24 *dinators shall be appointed by the Director:*

1 “(i) *Performance Budget Coordinator,*
2 *as described in section 704(c)(4).*

3 “(ii) *Interdiction Coordinator, as de-*
4 *scribed in section 711.*

5 “(iii) *Emerging and Continuing*
6 *Threats Coordinator, as described in section*
7 *709.*

8 “(iv) *State, Local, and Tribal Affairs*
9 *Coordinator, to carry out the activities de-*
10 *scribed in section 704(j).*

11 “(v) *Demand Reduction Coordinator,*
12 *as described in subparagraph (D).*

13 “(D) *DEMAND REDUCTION COORDINATOR.—*
14 *The Director shall designate or appoint a United*
15 *States Demand Reduction Coordinator to be re-*
16 *sponsible for the activities described in section*
17 *702(3). The Director shall determine whether the*
18 *coordinator position is a noncareer appointee in*
19 *the Senior Executive Service or a career ap-*
20 *pointee in a position at level 15 of the General*
21 *Schedule (or equivalent).’;*

22 *(2) in paragraph (5), by striking “such official”*
23 *and inserting “such officer or employee”; and*

24 *(3) by adding at the end the following:*

1 “(6) *PROHIBITION ON THE USE OF FUNDS FOR*
 2 *BALLOT INITIATIVES.*—No funds authorized under this
 3 title may be obligated for the purpose of expressly ad-
 4 vocating the passage or defeat of a State or local bal-
 5 lot initiative.”.

6 (d) *CONSULTATION.*—Section 704(b) of the Office of
 7 National Drug Control Policy Reauthorization Act of 1998
 8 (21 U.S.C. 1703(b)) is amended—

9 (1) in paragraph (19), by striking “; and” and
 10 inserting a semicolon;

11 (2) in paragraph (20), by striking the period at
 12 the end and inserting “; and”; and

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

14 “(21) in order to formulate the national drug
 15 control policies, goals, objectives, and priorities—

16 “(A) shall consult with and assist—

17 “(i) State and local governments;

18 “(ii) National Drug Control Program
 19 Agencies;

20 “(iii) each committee, working group,
 21 council, or other entity established under
 22 this chapter, as appropriate;

23 “(iv) the public;

24 “(v) appropriate congressional com-
 25 mittees; and

1 “(vi) any other person in the discretion
2 of the Director; and

3 “(B) may—

4 “(i) establish advisory councils;

5 “(ii) acquire data from agencies; and

6 “(iii) request data from any other enti-
7 ty.”.

8 (e) NATIONAL DRUG CONTROL PROGRAM BUDGET.—
9 Section 704(c) of the Office of National Drug Control Policy
10 Reauthorization Act of 1998 (21 U.S.C. 1703(c)) is amend-
11 ed—

12 (1) in paragraph (2)—

13 (A) in subparagraph (A), by striking
14 “paragraph (1)(C);” and inserting the following:
15 “paragraph (1)(C) and include—

16 “(i) the funding level for each National
17 Drug Control Program agency; and

18 “(ii) alternative funding structures
19 that could improve progress on achieving
20 the goals fo the National Drug Control
21 Strategy; and”;

22 (B) in subparagraph (B), strike “the Presi-
23 dent; and” and inserting “the President and
24 Congress.”; and

25 (C) by striking subparagraph (C);

1 (2) in paragraph (3)(E), by striking clause (ii)
2 and inserting the following:

3 “(ii) CERTIFICATION.—The Director
4 shall—

5 “(I) review each budget submis-
6 sion submitted under subparagraph
7 (A);

8 “(II) based on the review under
9 clause (i), make a determination as to
10 whether the budget submission of a Na-
11 tional Drug Control Program agency
12 includes the funding levels and initia-
13 tives described in subparagraph (B);
14 and

15 “(III) submit to the appropriate
16 congressional committees—

17 “(aa) a written statement
18 that either—

19 “(AA) certifies that the
20 budget submission includes
21 sufficient funding; or

22 “(BB) decertifies the
23 budget submission as not in-
24 cluding sufficient funding;

1 “(bb) a copy of the descrip-
2 tion made under subparagraph
3 (B); and

4 “(cc) the budget recommenda-
5 tions made under subsection
6 (b)(8).”; and

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

8 “(5) *PERFORMANCE-BUDGET COORDINATOR.*—

9 “(A) *DESIGNATION.*—The Director shall
10 designate or appoint a United States Perform-
11 ance-Budget Coordinator to—

12 “(i) ensure the Director has sufficient
13 information necessary to analyze the per-
14 formance of each National Drug Control
15 Program Agency, the impact Federal fund-
16 ing has had on the goals in the Strategy,
17 and the likely contributions to the goals of
18 the Strategy based on funding levels of each
19 National Drug Control Program Agency, to
20 make an independent assessment of the
21 budget request of each agency under this
22 subsection;

23 “(ii) advise the Director on agency
24 budgets, performance measures and targets,
25 and additional data and research needed to

1 *make informed policy decisions under this*
 2 *section and section 706; and*

3 “(iii) *other duties as may be deter-*
 4 *mined by the Director with respect to meas-*
 5 *uring or assessing performance or agency*
 6 *budgets.*

7 “(B) *DETERMINATION OF POSITION.—The*
 8 *Director shall determine whether the coordinator*
 9 *position is a noncareer appointee in the Senior*
 10 *Executive Service or a career appointee in a po-*
 11 *sition at level 15 of the General Schedule (or*
 12 *equivalent).*

13 “(6) *BUDGET ESTIMATE OR REQUEST SUBMIS-*
 14 *SION TO CONGRESS.—Whenever the Director submits*
 15 *any budget estimate or request to the President or the*
 16 *Office of Management and Budget, the Director shall*
 17 *concurrently transmit to the appropriate congres-*
 18 *sional committees a detailed statement of the budg-*
 19 *etary needs of the Office to execute its mission based*
 20 *on the good-faith assessment of the Director.”.*

21 “(f) *POWERS AND RESPONSIBILITIES OF THE DIREC-*
 22 *TOR.—Section 704 of the Office of National Drug Control*
 23 *Policy Reauthorization Act of 1998 (21 U.S.C. 1703) is*
 24 *amended—*

25 *(1) in subsection (d)(8)—*

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

3 (B) in subparagraph (E)—

4 (i) in clause (i)—

5 (I) by striking “Congress, includ-
6 ing to the Committees on Appropria-
7 tions of the Senate and the House of
8 Representatives, the authorizing com-
9 mittees for the Office,” and inserting
10 “the appropriate congressional com-
11 mittees”; and

12 (II) by striking “or agencies”;

13 (ii) in clause (ii)—

14 (I) by striking “Congress” and in-
15 serting “the appropriate congressional
16 committees”; and

17 (II) by adding “and” at the end;

18 and

19 (iii) by adding at the end the fol-
20 lowing:

21 “(iii) funds may only be used for—

22 “(I) expansion of demand reduc-
23 tion activities;

24 “(II) interdiction of illicit drugs
25 on the high seas, in United States ter-

1 *ritorial waters, and at United States*
2 *ports of entry by officers and employ-*
3 *ees of National Drug Control Program*
4 *Agencies and domestic and foreign law*
5 *enforcement officers;*

6 *“(III) accurate assessment and*
7 *monitoring of international drug pro-*
8 *duction and interdiction programs and*
9 *policies;*

10 *“(IV) activities to facilitate and*
11 *enhance the sharing of domestic and*
12 *foreign intelligence information among*
13 *National Drug Control Program Agen-*
14 *cies related to the production and traf-*
15 *ficking of drugs in the United States*
16 *and foreign countries; and*

17 *“(V) research related to any of*
18 *these activities.”;*

19 *(2) in subsection (e)(2)(A), by striking “Notwith-*
20 *standing any other provision of law” and inserting*
21 *“Subject to the availability of appropriations”; and*

22 *(3) by adding at the end the following:*

23 *“(i) MODEL ACTS PROGRAM.—*

1 “(1) *IN GENERAL.*—*The Director shall provide*
2 *for or shall enter into an agreement with a nonprofit*
3 *organization to—*

4 “(A) *advise States on establishing laws and*
5 *policies to address illicit drug use issues; and*

6 “(B) *revise such model State drug laws and*
7 *draft supplementary model State laws to take*
8 *into consideration changes in illicit drug use*
9 *issues in the State involved.*

10 “(2) *AUTHORIZATION OF APPROPRIATIONS.*—
11 *There is authorized to be appropriated to carry out*
12 *this subsection \$1,250,000 for each of fiscal years*
13 *2018 through 2023.*

14 “(j) *STATE, LOCAL, AND TRIBAL AFFAIRS COORDI-*
15 *NATOR.*—*The Director shall designate or appoint a United*
16 *States State, Local, and Tribal Affairs Coordinator to per-*
17 *form the duties of the Office outlined in this section and*
18 *706 and such other duties as may be determined by the Di-*
19 *rector with respect to coordination of drug control efforts*
20 *between agencies and State, local, and Tribal governments.*
21 *The Director shall determine whether the coordinator posi-*
22 *tion is a noncareer appointee in the Senior Executive Serv-*
23 *ice or a career appointee in a position at level 15 of the*
24 *General Schedule (or equivalent).*

1 “(k) *HARM REDUCTION PROGRAMS* .—When devel-
 2 oping the national drug control policy, any policy of the
 3 Director, including policies relating to syringe exchange
 4 programs for intravenous drug users, shall be based on the
 5 best available medical and scientific evidence regarding the
 6 effectiveness of such policy in promoting individual health
 7 and preventing the spread of infectious disease and the im-
 8 pact of such policy on drug addiction and use. In making
 9 any policy relating to harm reduction programs, the Direc-
 10 tor shall consult with the National Institutes of Health and
 11 the National Academy of Sciences.”.

12 (g) *ACCOUNTING OF FUNDS EXPENDED*.—Section 705
 13 of the Office of National Drug Control Policy Reauthoriza-
 14 tion Act of 1998 (21 U.S.C. 1704(d)), as amended by section
 15 8207 is further amended—

16 (1) by amending subsection (d) to read as fol-
 17 lows:

18 “(d) *ACCOUNTING OF FUNDS EXPENDED*.—

19 “(1) *IN GENERAL*.—Not later than February 1 of
 20 each year, in accordance with guidance issued by the
 21 Director, the head of each National Drug Control Pro-
 22 gram Agency shall submit to the Director a detailed
 23 accounting of all funds expended by the agency for
 24 National Drug Control Program activities during the
 25 previous fiscal year and shall ensure such detailed ac-

1 *counting is authenticated for the previous fiscal year*
 2 *by the Inspector General for such agency prior to the*
 3 *submission to the Director as frequently as deter-*
 4 *mined by the Inspector General but not less frequently*
 5 *that every 3 years.*

6 “(2) *SUBMISSION TO CONGRESS.—The Director*
 7 *shall submit to Congress not later than April 1 of*
 8 *each year the information submitted to the Director*
 9 *under paragraph (1).”*; and

10 (2) *by adding at the end the following:*

11 “(f) *TRACKING SYSTEM FOR FEDERALLY FUNDED*
 12 *GRANT PROGRAMS.—*

13 “(1) *ESTABLISHMENT.—The Director, or the*
 14 *head of an agency designated by the Director, in co-*
 15 *ordination with the Secretary of Health and Human*
 16 *Services, shall track federally-funded grant programs*
 17 *to—*

18 “(A) *ensure the public has electronic access*
 19 *to information identifying:*

20 “(i) *all drug control grants and perti-*
 21 *nent identifying information for each grant;*

22 “(ii) *any available performance*
 23 *metrics, evaluations, or other information*
 24 *indicating the effectiveness of such pro-*
 25 *grams;*

1 “(B) facilitate efforts to identify duplica-
2 tion, overlap, or gaps in funding to provide in-
3 creased accountability of Federally-funded grants
4 for substance use disorder treatment, prevention,
5 and enforcement; and

6 “(C) identify barriers in the grant applica-
7 tion process impediments that applicants cur-
8 rently have in the grant application process with
9 applicable agencies.

10 “(2) NATIONAL DRUG CONTROL AGENCIES.—The
11 head of each National Drug Control Program Agency
12 shall provide to the Director a complete list of all
13 drug control program grant programs and any other
14 relevant information for inclusion in the system de-
15 veloped under paragraph (1) and annually update
16 such list.

17 “(3) UPDATING EXISTING SYSTEMS.—The Direc-
18 tor may meet the requirements of this subsection by
19 utilizing, updating, or improving existing Federal in-
20 formation systems to ensure they meet the require-
21 ments of this subsection.

22 “(4) REPORT.—Not later than 3 years after the
23 date of enactment of this subsection, the Comptroller
24 General of the United States shall submit to Congress

1 *a report examining implementation of this sub-*
 2 *section.”.*

3 *(h) TECHNICAL AND CONFORMING AMENDMENT.—Sec-*
 4 *tion 1105 of the Office of National Drug Control Policy Re-*
 5 *authorization Act of 2006 (21 U.S.C. 1701 note) is repealed.*

6 **SEC. 8218. EMERGING THREATS COMMITTEE, PLAN, AND**
 7 **MEDIA CAMPAIGN.**

8 *(a) IN GENERAL.—Section 709 of the Office of Na-*
 9 *tional Drug Control Policy Reauthorization Act of 1998 (21*
 10 *U.S.C. 1708) is amended to read as follows:*

11 **“SEC. 709. EMERGING THREATS COMMITTEE, PLAN, AND**
 12 **MEDIA CAMPAIGN.**

13 *“(a) EMERGING THREATS COORDINATOR.—The Direc-*
 14 *tor shall designate or appoint a United States Emerging*
 15 *and Continuing Threats Coordinator to perform the duties*
 16 *of that position described in this section and such other du-*
 17 *ties as may be determined by the Director. The Director*
 18 *shall determine whether the coordinator position is a non-*
 19 *career appointee in the Senior Executive Service or a career*
 20 *appointee in a position at level 15 of the General Schedule*
 21 *(or equivalent).*

22 *“(b) EMERGING THREATS COMMITTEE.—*

23 *“(1) IN GENERAL.—The Emerging Threats Com-*
 24 *mittee shall—*

1 “(A) monitor evolving and emerging drug
2 threats in the United States;

3 “(B) identify and discuss evolving and
4 emerging drug trends in the United States using
5 the criteria required to be established under
6 paragraph (6);

7 “(C) assist in the formulation of and over-
8 see implementation of any plan described in sub-
9 section (d);

10 “(D) provide such other advice to the Coor-
11 dinator and Director concerning strategy and
12 policies for emerging drug threats and trends as
13 the Committee determines to be appropriate; and

14 “(E) disseminate and facilitate the sharing
15 with Federal, State, local, and Tribal officials
16 and other entities as determined by the Director
17 of pertinent information and data relating to—

18 “(i) recent trends in drug supply and
19 demand;

20 “(ii) fatal and nonfatal overdoses;

21 “(iii) demand for and availability of
22 evidence-based substance use disorder treat-
23 ment, including the extent of the unmet
24 treatment need, and treatment admission
25 trends;

1 “(iv) recent trends in drug interdic-
 2 tion, supply, and demand from State, local,
 3 and Tribal law enforcement agencies; and

4 “(v) other subject matter as determined
 5 necessary by the Director.

6 “(2) CHAIRPERSON.—The Director shall des-
 7 ignate one of the members of the Emerging Threats
 8 Committee to serve as Chairperson.

9 “(3) MEMBERS.—The Director shall appoint
 10 other members of the Committee, which shall in-
 11 clude—

12 “(A) representatives from National Drug
 13 Control Program Agencies or other agencies;

14 “(B) representatives from State, local, and
 15 Tribal governments; and

16 “(C) representatives from other entities as
 17 designated by the Director.

18 “(4) MEETINGS.—The members of the Emerging
 19 Threats Committee shall meet, in person and not
 20 through any delegate or representative, not less fre-
 21 quently than once per calendar year, before June 1.
 22 At the call of the Director or the Chairperson, the
 23 Emerging Threats Committee may hold additional
 24 meetings as the members may choose.

1 “(5) *CONTRACT, AGREEMENT, AND OTHER AU-*
 2 *THORITY.—The Director may award contracts, enter*
 3 *into interagency agreements, manage individual*
 4 *projects, and conduct other activities in support of the*
 5 *identification of emerging drug threats and in sup-*
 6 *port of the development, implementation, and assess-*
 7 *ment of any Emerging Threat Response Plan.*

8 “(6) *CRITERIA TO IDENTIFY EMERGING DRUG*
 9 *THREATS.—Not later than 180 days after the date on*
 10 *which the Committee first meets, the Committee shall*
 11 *develop and recommend to the Director criteria to be*
 12 *used to identify an emerging drug threat or the termi-*
 13 *nation of an emerging drug threat designation based*
 14 *on information gathered by the Committee, statistical*
 15 *data, and other evidence.*

16 “(c) *DESIGNATION.—*

17 “(1) *IN GENERAL.—The Director, in consultation*
 18 *with the Coordinator, the Committee, and the head of*
 19 *each National Drug Control Program Agency, may*
 20 *designate an emerging drug threat in the United*
 21 *States.*

22 “(2) *STANDARDS FOR DESIGNATION.—The Direc-*
 23 *tor, in consultation with the Coordinator, shall pro-*
 24 *mulgate and make publicly available standards by*
 25 *which a designation under paragraph (1) and the ter-*

1 *mination of such designation may be made. In devel-*
2 *oping such standards, the Director shall consider the*
3 *recommendations of the committee and other criteria*
4 *the Director considers to be appropriate.*

5 “(3) *PUBLIC STATEMENT REQUIRED.*—*The Di-*
6 *rector shall publish a public written statement on the*
7 *portal of the Office explaining the designation of an*
8 *emerging drug threat or the termination of such des-*
9 *ignation and shall notify the appropriate congres-*
10 *sional committees of the availability of such statement*
11 *when a designation or termination of such designa-*
12 *tion has been made.*

13 “(d) *PLAN.*—

14 “(1) *PUBLIC AVAILABILITY OF PLAN.*—*Not later*
15 *than 90 days after making a designation under sub-*
16 *section (c), the Director shall publish and make pub-*
17 *licly available an Emerging Threat Response Plan*
18 *and notify the President and the appropriate congres-*
19 *sional committees of such plan’s availability.*

20 “(2) *TIMING.*—*Concurrently with the annual*
21 *submissions under section 706(g), the Director shall*
22 *update the plan and report on implementation of the*
23 *plan, until the Director issues the public statement re-*
24 *quired under subsection (c)(3) to terminate the emerg-*
25 *ing drug threat designation.*

1 “(3) *CONTENTS OF AN EMERGING THREAT RE-*
2 *SPONSE PLAN.—The Director shall include in the*
3 *plan required under this subsection—*

4 “(A) *a comprehensive strategic assessment*
5 *of the emerging drug threat, including the cur-*
6 *rent availability of, demand for, and effectiveness*
7 *of evidence-based prevention, treatment, and en-*
8 *forcement programs and efforts to respond to the*
9 *emerging drug threat;*

10 “(B) *comprehensive, research-based, short-*
11 *and long-term, quantifiable goals for addressing*
12 *the emerging drug threat, including for reducing*
13 *the supply of the drug designated as the emerg-*
14 *ing drug threat and for expanding the avail-*
15 *ability and effectiveness of evidence-based sub-*
16 *stance use disorder treatment and prevention*
17 *programs to reduce the demand for the emerging*
18 *drug threat;*

19 “(C) *performance measures pertaining to*
20 *the plan’s goals, including quantifiable and*
21 *measurable objectives and specific targets;*

22 “(D) *the level of funding needed to imple-*
23 *ment the plan, including whether funding is*
24 *available to be reprogrammed or transferred to*
25 *support implementation of the plan or whether*

1 *additional appropriations are necessary to im-*
2 *plement the plan;*

3 “(E) *an implementation strategy for the*
4 *media campaign under subsection (f), including*
5 *goals as described under subparagraph (B) of*
6 *this paragraph and performance measures, objec-*
7 *tives, and targets, as described under subpara-*
8 *graph (C) of this paragraph; and*

9 “(F) *any other information necessary to in-*
10 *form the public of the status, progress, or re-*
11 *sponse of an emerging drug threat.*

12 “(4) *IMPLEMENTATION.—*

13 “(A) *IN GENERAL.—Not later than 120*
14 *days after the date on which a designation is*
15 *made under subsection (c), the Director, in con-*
16 *sultation with the President, the appropriate*
17 *congressional committees, and the head of each*
18 *National Drug Control Program Agency, shall*
19 *issue guidance on implementation of the plan de-*
20 *scribed in this subsection to the National Drug*
21 *Control Program Agencies and any other rel-*
22 *evant agency determined to be necessary by the*
23 *Director.*

24 “(B) *COORDINATOR’S RESPONSIBILITIES.—*

25 *The Coordinator shall—*

1 “(i) direct the implementation of the
2 plan among the agencies identified in the
3 plan, State, local, and Tribal governments,
4 and other relevant entities;

5 “(ii) facilitate information-sharing be-
6 tween agencies identified in the plan, State,
7 local, and Tribal governments, and other
8 relevant entities; and

9 “(iii) monitor implementation of the
10 plan by coordinating the development and
11 implementation of collection and reporting
12 systems to support performance measure-
13 ment and adherence to the plan by agencies
14 identified in plan, where appropriate.

15 “(C) *REPORTING.*—Not later than 180 days
16 after the date on which a designation is made
17 under subsection (c) and in accordance with sub-
18 paragraph (A), the head of each agency identi-
19 fied in the plan shall submit to the Coordinator
20 a report on implementation of the plan.

21 “(e) *EVALUATION OF MEDIA CAMPAIGN.*—Upon des-
22 ignation of an emerging drug threat, the Director shall
23 evaluate whether a media campaign would be appropriate
24 to address that threat.

25 “(f) *NATIONAL ANTI-DRUG MEDIA CAMPAIGN.*—

1 “(1) *IN GENERAL.*—*The Director shall, to the ex-*
2 *tent feasible and appropriate, conduct a national*
3 *anti-drug media campaign (referred to in this subtitle*
4 *as the ‘national media campaign’) in accordance with*
5 *this subsection for the purposes of—*

6 “(A) *preventing substance abuse among peo-*
7 *ple in the United States;*

8 “(B) *educating the public about the dangers*
9 *and negative consequences of substance use and*
10 *abuse, including patient and family education*
11 *about the characteristics and hazards of sub-*
12 *stance abuse and methods to safeguard against*
13 *substance use, to include the safe disposal of pre-*
14 *scription medications;*

15 “(C) *supporting evidence-based prevention*
16 *programs targeting the attitudes, perception, and*
17 *beliefs of persons concerning substance use and*
18 *intentions to initiate or continue such use;*

19 “(D) *encouraging individuals affected by*
20 *substance use disorders to seek treatment and*
21 *providing such individuals with information*
22 *on—*

23 “(i) *how to recognize addiction issues;*

24 “(ii) *what forms of evidence-based*
25 *treatment options are available; and*

1 “(iii) *how to access such treatment;*

2 “(E) *combating the stigma of addiction and*
3 *substance use disorders, including the stigma of*
4 *treating such disorders with medication-assisted*
5 *treatment therapies; and*

6 “(F) *informing the public about the dangers*
7 *of any drug identified by the Director as an*
8 *emerging drug threat as appropriate.*

9 “(2) *USE OF FUNDS.—*

10 “(A) *IN GENERAL.—*Amounts made avail-
11 *able to carry out this subsection for the national*
12 *media campaign may only be used for the fol-*
13 *lowing:*

14 “(i) *The purchase of media time and*
15 *space, including the strategic planning for,*
16 *tracking, and accounting of, such purchases.*

17 “(ii) *Creative and talent costs, con-*
18 *sistent with subparagraph (B)(i).*

19 “(iii) *Advertising production costs,*
20 *which may include television, radio, inter-*
21 *net, social media, and other commercial*
22 *marketing venues.*

23 “(iv) *Testing and evaluation of adver-*
24 *tising.*

1 “(v) *Evaluation of the effectiveness of*
2 *the national media campaign.*

3 “(vi) *Costs of contracts to carry out ac-*
4 *tivities authorized by this subsection.*

5 “(vii) *Partnerships with professional*
6 *and civic groups, community-based organi-*
7 *zations, including faith-based organizations,*
8 *and government organizations related to the*
9 *national media campaign.*

10 “(viii) *Entertainment industry out-*
11 *reach, interactive outreach, media projects*
12 *and activities, public information, news*
13 *media outreach, and corporate sponsorship*
14 *and participation.*

15 “(ix) *Operational and management ex-*
16 *penses.*

17 “(B) *SPECIFIC REQUIREMENTS.—*

18 “(i) *CREATIVE SERVICES.—In using*
19 *amounts for creative and talent costs under*
20 *subparagraph (A)(ii), the Director shall use*
21 *creative services donated at no cost to the*
22 *Government wherever feasible and may only*
23 *procure creative services for advertising—*

1 “(I) responding to high-priority
2 or emergent campaign needs that can-
3 not timely be obtained at no cost; or

4 “(II) intended to reach a minor-
5 ity, ethnic, or other special audience
6 that cannot reasonably be obtained at
7 no cost.

8 “(ii) *TESTING AND EVALUATION OF AD-*
9 *VERTISING.—In using amounts for testing*
10 *and evaluation of advertising under sub-*
11 *paragraph (A)(iv), the Director shall test*
12 *all advertisements prior to use in the na-*
13 *tional media campaign to ensure that the*
14 *advertisements are effective with the target*
15 *audience and meet industry-accepted stand-*
16 *ards. The Director may waive this require-*
17 *ment for advertisements using no more than*
18 *10 percent of the purchase of advertising*
19 *time purchased under this subsection in a*
20 *fiscal year and no more than 10 percent of*
21 *the advertising space purchased under this*
22 *subsection in a fiscal year, if the advertise-*
23 *ments respond to emergent and time-sen-*
24 *sitive campaign needs or the advertisements*

1 *will not be widely utilized in the national*
2 *media campaign.*

3 “(iii) *CONSULTATION.—For the plan-*
4 *ning of the campaign under paragraph (1),*
5 *the Director may consult with—*

6 “(I) *the head of any appropriate*
7 *National Drug Control Program Agen-*
8 *cy;*

9 “(II) *experts on the designated*
10 *drug;*

11 “(III) *State, local, and Tribal*
12 *government officials and relevant agen-*
13 *cies;*

14 “(IV) *communications profes-*
15 *sionals;*

16 “(V) *the public; and*

17 “(VI) *appropriate congressional*
18 *committees.*

19 “(iv) *EVALUATION OF EFFECTIVENESS*
20 *OF NATIONAL MEDIA CAMPAIGN.—In using*
21 *amounts for the evaluation of the effective-*
22 *ness of the national media campaign under*
23 *subparagraph (A)(v), the Director shall—*

24 “(I) *designate an independent en-*
25 *tity to evaluate by April 20 of each*

1 *year the effectiveness of the national*
2 *media campaign based on data from—*

3 *“(aa) the Monitoring the Fu-*
4 *ture Study published by the De-*
5 *partment of Health and Human*
6 *Services;*

7 *“(bb) the National Survey on*
8 *Drug Use and Health; and*

9 *“(cc) other relevant studies or*
10 *publications, as determined by the*
11 *Director, including tracking and*
12 *evaluation data collected accord-*
13 *ing to marketing and advertising*
14 *industry standards; and*

15 *“(II) ensure that the effectiveness*
16 *of the national media campaign is*
17 *evaluated in a manner that enables*
18 *consideration of whether the national*
19 *media campaign has contributed to*
20 *changes in attitude or behaviors among*
21 *the target audience with respect to sub-*
22 *stance use and such other measures of*
23 *evaluation as the Director determines*
24 *are appropriate.*

1 “(3) *ADVERTISING.*—*In carrying out this sub-*
2 *section, the Director shall ensure that sufficient funds*
3 *are allocated to meet the stated goals of the national*
4 *media campaign.*

5 “(4) *RESPONSIBILITIES AND FUNCTIONS UNDER*
6 *THE PROGRAM.*—

7 “(A) *IN GENERAL.*—*The Director shall de-*
8 *termine the overall purposes and strategy of the*
9 *national media campaign.*

10 “(B) *DIRECTOR.*—

11 “(i) *IN GENERAL.*—*The Director shall*
12 *approve—*

13 “(I) *the strategy of the national*
14 *media campaign;*

15 “(II) *all advertising and pro-*
16 *motional material used in the national*
17 *media campaign; and*

18 “(III) *the plan for the purchase of*
19 *advertising time and space for the na-*
20 *tional media campaign.*

21 “(ii) *IMPLEMENTATION.*—*The Director*
22 *shall be responsible for implementing a fo-*
23 *cused national media campaign to meet the*
24 *purposes set forth in paragraph (1) and*
25 *shall ensure—*

1 “(I) information disseminated
2 through the campaign is accurate and
3 scientifically valid; and

4 “(II) the campaign is designed
5 using strategies demonstrated to be the
6 most effective at achieving the goals
7 and requirements of paragraph (1),
8 which may include—

9 “(aa) a media campaign, as
10 described in paragraph (2);

11 “(bb) local, regional, or pop-
12 ulation specific messaging;

13 “(cc) the development of
14 websites to publicize and dissemi-
15 nate information;

16 “(dd) conducting outreach
17 and providing educational re-
18 sources for parents;

19 “(ee) collaborating with law
20 enforcement agencies; and

21 “(ff) providing support for
22 school-based public health edu-
23 cation classes to improve teen
24 knowledge about the effects of sub-
25 stance use.

1 “(5) *PROHIBITIONS.*—None of the amounts made
2 available under paragraph (2) may be obligated or
3 expended for any of the following:

4 “(A) *To supplant current anti-drug commu-*
5 *nity-based coalitions.*

6 “(B) *To supplant pro bono public service*
7 *time donated by national and local broadcasting*
8 *networks for other public service campaigns.*

9 “(C) *For partisan political purposes, or to*
10 *express advocacy in support of or to defeat any*
11 *clearly identified candidate, clearly identified*
12 *ballot initiative, or clearly identified legislative*
13 *or regulatory proposal.*

14 “(D) *To fund advertising that features any*
15 *elected officials, persons seeking elected office,*
16 *cabinet level officials, or other Federal officials*
17 *employed pursuant to section 213 of Schedule C*
18 *of title 5, Code of Federal Regulations.*

19 “(E) *To fund advertising that does not con-*
20 *tain a primary message intended to reduce or*
21 *prevent substance use.*

22 “(F) *To fund advertising containing a pri-*
23 *mary message intended to promote support for*
24 *the national media campaign or private sector*
25 *contributions to the national media campaign.*

1 “(6) *MATCHING REQUIREMENT.*—

2 “(A) *IN GENERAL.*—Amounts made avail-
3 able under paragraph (2) for media time and
4 space shall be matched by an equal amount of
5 non-Federal funds for the national media cam-
6 paign, or be matched with in-kind contributions
7 of the same value.

8 “(B) *NO-COST MATCH ADVERTISING DIRECT*
9 *RELATIONSHIP REQUIREMENT.*—The Director
10 shall ensure that not less than 85 percent of no-
11 cost match advertising directly relates to sub-
12 stance abuse prevention consistent with the spe-
13 cific purposes of the national media campaign.

14 “(C) *NO-COST MATCH ADVERTISING NOT DI-*
15 *RECTLY RELATED.*—The Director shall ensure
16 that no-cost match advertising that does not di-
17 rectly relate to substance abuse prevention con-
18 sistent with the purposes of the national media
19 campaign includes a clear anti-drug message.
20 Such message is not required to be the primary
21 message of the match advertising.

22 “(7) *FINANCIAL AND PERFORMANCE ACCOUNT-*
23 *ABILITY.*—The Director shall cause to be performed—

1 “(A) audits and reviews of costs of the na-
2 tional media campaign pursuant to section 4706
3 of title 41, United States Code; and

4 “(B) an audit to determine whether the
5 costs of the national media campaign are allow-
6 able under chapter 43 of title 41, United States
7 Code.

8 “(8) *REPORT TO CONGRESS.*—*The Director shall*
9 *submit on an annual basis a report to Congress that*
10 *describes—*

11 “(A) the strategy of the national media
12 campaign and whether specific objectives of the
13 national media campaign were accomplished;

14 “(B) steps taken to ensure that the national
15 media campaign operates in an effective and ef-
16 ficient manner consistent with the overall strat-
17 egy and focus of the national media campaign;

18 “(C) plans to purchase advertising time
19 and space;

20 “(D) policies and practices implemented to
21 ensure that Federal funds are used responsibly to
22 purchase advertising time and space and elimi-
23 nate the potential for waste, fraud, and abuse;

1 “(E) all contracts entered into with a cor-
2 poration, partnership, or individual working on
3 behalf of the national media campaign;

4 “(F) the results of any financial audit of
5 the national media campaign;

6 “(G) a description of any evidence used to
7 develop the national media campaign;

8 “(H) specific policies and steps imple-
9 mented to ensure compliance with this section;

10 “(I) a detailed accounting of the amount of
11 funds obligated during the previous fiscal year
12 for carrying out the national media campaign,
13 including each recipient of funds, the purpose of
14 each expenditure, the amount of each expendi-
15 ture, any available outcome information, and
16 any other information necessary to provide a
17 complete accounting of the funds expended; and

18 “(J) a review and evaluation of the effec-
19 tiveness of the national media campaign strategy
20 for the past year.

21 “(9) *REQUIRED NOTICE FOR COMMUNICATION*
22 *FROM THE OFFICE.*—Any communication, including
23 an advertisement, paid for or otherwise disseminated
24 by the Office directly or through a contract awarded
25 by the Office shall include a prominent notice inform-

1 *ing the audience that the communication was paid*
 2 *for by the Office.*

3 “(g) *AUTHORIZATION OF APPROPRIATIONS.—There is*
 4 *authorized to be appropriated to the Office to carry out this*
 5 *section, \$25,000,000 for each of fiscal years 2018 through*
 6 *2023.”.*

7 (b) *TECHNICAL AND CONFORMING AMENDMENT.—Sub-*
 8 *section (a) of section 203 of the Office of National Drug*
 9 *Control Policy Reauthorization Act of 2006 (21 U.S.C.*
 10 *1708a) is repealed.*

11 **SEC. 8219. DRUG INTERDICTION.**

12 (a) *REPEAL.—This first section 711 of the Office of*
 13 *National Drug Control Policy Reauthorization Act of 1998*
 14 *(21 U.S.C. 1710) is repealed.*

15 (b) *AMENDMENTS.—Section 711 of the Office of Na-*
 16 *tional Drug Control Policy Reauthorization Act of 1998 (21*
 17 *U.S.C. 1710), as added by Public Law 109–469 (120 Stat.*
 18 *3507), is amended—*

19 (1) *in subsection (a)—*

20 (A) *in paragraph (1)—*

21 (i) *by striking “The United” and in-*
 22 *serting “The Director shall designate or ap-*
 23 *point an appointee in the Senior Executive*
 24 *Service or an appointee in a position at*

1 *level 15 of the General Schedule (or equiva-*
2 *lent) as the United”; and*

3 *(ii) by striking “shall” and inserting*
4 *“to”;*

5 *(B) in paragraph (2)(B)—*

6 *(i) by striking “March 1” and insert-*
7 *ing “September 1”; and*

8 *(ii) by striking “paragraph (3)” and*
9 *inserting “paragraph (4)”;*

10 *(C) in paragraph (3)—*

11 *(i) by striking “also, at his discre-*
12 *tion,”; and*

13 *(ii) by striking “the Office of Supply*
14 *Reduction for that purpose” and inserting*
15 *“assist in carrying out such responsibil-*
16 *ities”; and*

17 *(D) in paragraph (4)—*

18 *(i) in subparagraph (B), by striking*
19 *“The United” and inserting “Before sub-*
20 *mission of the National Drug Control Strat-*
21 *egy or annual assessment required under*
22 *section 706, as applicable, the United”;*

23 *(ii) by striking subparagraphs (C) and*
24 *(E);*

1 (iii) by redesignating subparagraph
2 (D) as subparagraph (C);

3 (iv) in subparagraph (C), as so rededesignated—
4

5 (I) in the matter preceding clause
6 (i)—

7 (aa) by striking “March 1”
8 and inserting “September 1”;

9 (bb) by inserting “the Direc-
10 tor, acting through” before “the
11 United States”;

12 (cc) by inserting a comma
13 after “Coordinator”;

14 (dd) by striking “a report on
15 behalf of the Director”; and

16 (ee) by striking “, which
17 shall include” and inserting “a
18 report that”;

19 (II) by redesignating clauses (i),
20 (ii), and (iii) as subclauses (I), (II),
21 and (III), and adjusting the margins
22 accordingly;

23 (III) by inserting before subclause
24 (I), as so redesignated, the following:

25 “(i) includes—”;

1 (IV) in clause (i), as so redesign-
2 nated—

3 (aa) in subclause (I), as so
4 redesignated, by inserting “, in-
5 cluding information about how
6 each National Drug Control Pro-
7 gram agency conducting drug
8 interdiction activities is engaging
9 with relevant international part-
10 ners” after “Plan”;

11 (bb) in subclause (II), as so
12 redesignated, by striking “, as
13 well as” and inserting “and”;

14 (cc) in subclause III, as so
15 redesignated—

16 (AA) by striking “, as
17 well as” and inserting
18 “and”; and

19 (BB) by striking the pe-
20 riod at the end and inserting
21 “; and”; and

22 (V) by adding at the end the fol-
23 lowing:

24 “(ii) may include recommendations for
25 changes to existing agency authorities or

1 *laws governing interagency relationships.”;*

2 *and*

3 *(v) by adding at the end the following:*

4 “(D) *CLASSIFIED ANNEX*.—*Each report re-*
5 *quired to be submitted under subparagraph (C)*
6 *shall be in unclassified form, but may include a*
7 *classified annex.”;*

8 *(2) in subsection (b)—*

9 *(A) in paragraph (1)(B), by inserting “and*
10 *how to strengthen international partnerships to*
11 *better achieve the goals of that plan” after “that*
12 *plan”;*

13 *(B) in paragraph (2)—*

14 *(i) in the paragraph heading, by strik-*
15 *ing “CHAIRMAN” and inserting “CHAIR-*
16 *PERSON”;* *and*

17 *(ii) by striking “chairman” and in-*
18 *serting “Chairperson”;*

19 *(C) in paragraph (3)—*

20 *(i) by striking “prior to March 1” and*
21 *inserting “before June 1”;*

22 *(ii) by striking “either” each place it*
23 *appears;*

24 *(iii) by striking “current chairman”*
25 *and inserting “Chairperson”; and*

1 (iv) by striking “they” and inserting
2 “the members”; and

3 (D) in paragraph (4)—

4 (i) by striking “chairman” each place
5 it appears and inserting “Chairperson”;

6 (ii) in the first sentence, by striking “a
7 report”;

8 (iii) by inserting “a report” after
9 “committees”; and

10 (iv) by striking the second sentence and
11 inserting the following: “The report required
12 under this paragraph shall be in unclassi-
13 fied form, but may include a classified
14 annex.”; and

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

16 “(c) INTERNATIONAL COORDINATION.—The Director
17 may facilitate international drug control coordination ef-
18 forts.”.

19 **SEC. 8220. GAO AUDIT.**

20 Not later than 4 years after the date of enactment of
21 this Act, and every 4 years thereafter, the Comptroller Gen-
22 eral of the United States shall—

23 (1) conduct an audit relating to the programs
24 and operations of—

25 (A) the Office; and

1 (B) certain programs within the Office, in-
2 cluding—

3 (i) the High Intensity Drug Traf-
4 ficking Areas Program;

5 (ii) the Drug-Free Communities Pro-
6 gram; and

7 (iii) the campaign under section 709(f)
8 of the Office of National Drug Control Pol-
9 icy Reauthorization Act of 1998 (21 U.S.C.
10 1708(f)); and

11 (2) submit to the Director and the appropriate
12 congressional committees a report containing an eval-
13 uation of and recommendations on the—

14 (A) policies and activities of the programs
15 and operations subject to the audit;

16 (B) economy, efficiency, and effectiveness in
17 the administration of the reviewed programs and
18 operations; and

19 (C) policy or management changes needed
20 to prevent and detect fraud and abuse in such
21 programs and operations.

22 **SEC. 8221. NATIONAL DRUG CONTROL STRATEGY.**

23 (a) *IN GENERAL.*—Section 706 of the Office of Na-
24 tional Drug Control Policy Reauthorization Act of 1998 (21
25 U.S.C. 1705) is amended to read as follows:

1 **“SEC. 706. NATIONAL DRUG CONTROL STRATEGY.**

2 “(a) *IN GENERAL.*—

3 “(1) *STATEMENT OF DRUG POLICY PRIOR-*
4 *ITIES.*—*The Director shall release a statement of drug*
5 *control policy priorities in the calendar year of a*
6 *Presidential inauguration following the inauguration,*
7 *but not later than April 1.*

8 “(2) *NATIONAL DRUG CONTROL STRATEGY SUB-*
9 *MITTED BY THE PRESIDENT.*—*Not later than the first*
10 *Monday in February following the year in which the*
11 *term of the President commences, and every 2 years*
12 *thereafter, the President shall submit to Congress a*
13 *National Drug Control Strategy.*

14 “(b) *DEVELOPMENT OF THE NATIONAL DRUG CON-*
15 *TROL STRATEGY.*—

16 “(1) *PROMULGATION.*—*The Director shall pro-*
17 *mulgate the National Drug Control Strategy, which*
18 *shall set forth a comprehensive plan to reduce illicit*
19 *drug use and the consequences of such illicit drug use*
20 *in the United States by limiting the availability of*
21 *and reducing the demand for illegal drugs and pro-*
22 *moting prevention, early intervention, treatment, and*
23 *recovery support for individuals with substance use*
24 *disorders.*

25 “(2) *STATE AND LOCAL COMMITMENT.*—*The Di-*
26 *rector shall seek the support and commitment of*

1 *State, local, and Tribal officials in the formulation*
2 *and implementation of the National Drug Control*
3 *Strategy.*

4 “(3) *STRATEGY BASED ON EVIDENCE.—The Di-*
5 *rector shall ensure the National Drug Control Strat-*
6 *egy is based on the best available evidence regarding*
7 *the policies that are most effective in reducing the de-*
8 *mand for and supply of illegal drugs.*

9 “(4) *PROCESS FOR DEVELOPMENT AND SUBMIS-*
10 *SION OF NATIONAL DRUG CONTROL STRATEGY.—In*
11 *developing and effectively implementing the National*
12 *Drug Control Strategy, the Director—*

13 “(A) *shall consult with—*

14 “(i) *the heads of the National Drug*
15 *Control Program Agencies;*

16 “(ii) *each Coordinator listed in section*
17 *704;*

18 “(iii) *the Interdiction Committee and*
19 *the Emerging Threats Committee;*

20 “(iv) *the appropriate congressional*
21 *committees and any other committee of ju-*
22 *risdiction;*

23 “(v) *State, local, and Tribal officials;*

24 “(vi) *private citizens and organiza-*
25 *tions, including community and faith-based*

1 *organizations, with experience and expertise*
 2 *in demand reduction;*

3 “(vii) *private citizens and organiza-*
 4 *tions with experience and expertise in sup-*
 5 *ply reduction; and*

6 “(viii) *appropriate representatives of*
 7 *foreign governments; and*

8 “(B) *in satisfying the requirements of sub-*
 9 *paragraph (A), shall ensure, to the maximum ex-*
 10 *tent possible, that State, local, and Tribal offi-*
 11 *cials and relevant private organizations commit*
 12 *to support and take steps to achieve the goals*
 13 *and objectives of the National Drug Control*
 14 *Strategy.*

15 “(c) *CONTENTS OF THE NATIONAL DRUG CONTROL*
 16 *STRATEGY.—*

17 “(1) *IN GENERAL.—The National Drug Control*
 18 *Strategy submitted under subsection (a)(2) shall in-*
 19 *clude the following:*

20 “(A) *A mission statement detailing the*
 21 *major functions of the National Drug Control*
 22 *Program.*

23 “(B) *Comprehensive, research-based, long-*
 24 *range, quantifiable goals for reducing illicit drug*

1 *use, and the consequences of illicit drug use in*
2 *the United States.*

3 “(C) *Annual quantifiable and measurable*
4 *objectives and specific targets to accomplish long-*
5 *term quantifiable goals that the Director deter-*
6 *mines may be achieved during each year begin-*
7 *ning on the date on which the National Drug*
8 *Control Strategy is submitted.*

9 “(D) *A 5-year projection for the National*
10 *Drug Control Program and budget priorities.*

11 “(E) *A review of international, State, local,*
12 *and private sector drug control activities to en-*
13 *sure that the United States pursues coordinated*
14 *and effective drug control at all levels of govern-*
15 *ment.*

16 “(F) *A description of how each goal estab-*
17 *lished under subparagraph (B) will be achieved,*
18 *including for each goal—*

19 “(i) *a list of each relevant National*
20 *Drug Control Program Agency and each*
21 *such agency’s related programs, activities,*
22 *and available assets and the role of each*
23 *such program, activity, and asset in achiev-*
24 *ing such goal;*

1 “(ii) a list of relevant stakeholders and
2 each such stakeholder’s role in achieving
3 such goal;

4 “(iii) an estimate of Federal funding
5 and other resources needed to achieve such
6 goal;

7 “(iv) a list of each existing or new co-
8 ordinating mechanism needed to achieve
9 such goal; and

10 “(v) a description of the Office’s role in
11 facilitating the achievement of such goal.

12 “(G) For each year covered by the Strategy,
13 a performance evaluation plan for each goal es-
14 tablished under subparagraph (B) for each Na-
15 tional Drug Control Program Agency, includ-
16 ing—

17 “(i) specific performance measures for
18 each National Drug Control Program Agen-
19 cy;

20 “(ii) annual and, to the extent prac-
21 ticable, quarterly objectives and targets for
22 each performance measure; and

23 “(iii) an estimate of Federal funding
24 and other resources needed to achieve each
25 performance objective and target.

1 “(H) A list identifying existing data
2 sources or a description of data collection needed
3 to evaluate performance, including a description
4 of how the Director will obtain such data.

5 “(I) A list of any anticipated challenges to
6 achieving the National Drug Control Strategy
7 goals and planned actions to address such chal-
8 lenges.

9 “(J) A description of how each goal estab-
10 lished under subparagraph (B) was determined,
11 including—

12 “(i) a description of each required con-
13 sultation and a description of how such con-
14 sultation was incorporated; and

15 “(ii) data, research, or other informa-
16 tion used to inform the determination to es-
17 tablish the goal.

18 “(K) A description of the current prevalence
19 of illicit drug use in the United States, including
20 both the availability of illicit drugs and the
21 prevalence of substance use disorders.

22 “(L) Such other statistical data and infor-
23 mation as the Director considers appropriate to
24 demonstrate and assess trends relating to illicit
25 drug use, the effects and consequences of illicit

1 *drug use (including the effects on children), sup-*
2 *ply reduction, demand reduction, drug-related*
3 *law enforcement, and the implementation of the*
4 *National Drug Control Strategy.*

5 *“(M) A systematic plan for increasing data*
6 *collection to enable real time surveillance of drug*
7 *control threats, developing analysis and moni-*
8 *toring capabilities, and identifying and address-*
9 *ing policy questions related to the National Drug*
10 *Control Strategy and Program, which shall in-*
11 *clude—*

12 *“(i) a list of policy-relevant questions*
13 *for which the Director and each National*
14 *Drug Control Program Agency intends to*
15 *develop evidence to support the National*
16 *Drug Control Program and Strategy;*

17 *“(ii) a list of data the Director and*
18 *each National Drug Control Program Agen-*
19 *cy intends to collect, use, or acquire to fa-*
20 *cilitate the use of evidence in drug control*
21 *policymaking and monitoring;*

22 *“(iii) a list of methods and analytical*
23 *approaches that may be used to develop evi-*
24 *dence to support the National Drug Control*
25 *Program and Strategy and related policy;*

1 “(iv) a list of any challenges to devel-
2 oping evidence to support policymaking, in-
3 cluding any barriers to accessing, collecting,
4 or using relevant data;

5 “(v) a description of the steps the Di-
6 rector and the head of each National Drug
7 Control Program Agency will take to effec-
8 tuate the plan; and

9 “(vi) any other relevant information as
10 determined by the Director.

11 “(N) A plan to expand treatment of sub-
12 stance use disorders, which shall—

13 “(i) identify unmet needs for treatment
14 for substance use disorders and a strategy
15 for closing the gap between available and
16 needed treatment;

17 “(ii) describe the specific roles and re-
18 sponsibilities of the relevant National Drug
19 Control Programs for implementing the
20 plan;

21 “(iii) identify the specific resources re-
22 quired to enable the relevant National Drug
23 Control Agencies to implement that strat-
24 egy; and

1 “(iv) identify the resources, including
2 private sources, required to eliminate the
3 unmet need for evidence-based substance use
4 disorder treatment.

5 “(2) CONSULTATION.—In developing the plan re-
6 quired under paragraph (1), the Director shall con-
7 sult with the following:

8 “(A) The public.

9 “(B) Any evaluation or analysis units and
10 personnel of the Office.

11 “(C) Office officials responsible for imple-
12 menting privacy policy.

13 “(D) Office officials responsible for data
14 governance.

15 “(E) The appropriate congressional com-
16 mittees.

17 “(F) Any other individual or entity as de-
18 termined by the Director.

19 “(3) ADDITIONAL STRATEGIES.—

20 “(A) IN GENERAL.—The Director shall in-
21 clude in the National Drug Control Strategy the
22 additional strategies described under this para-
23 graph and shall comply with the following:

24 “(i) Provide a copy of the additional
25 strategies to the appropriate congressional

1 *committees and to the Committee on Armed*
2 *Services and the Committee on Homeland*
3 *Security of the House of Representatives,*
4 *and the Committee on Homeland Security*
5 *and Governmental Affairs and the Com-*
6 *mittee on Armed Services of the Senate.*

7 *“(ii) Issue the additional strategies in*
8 *consultation with the head of each relevant*
9 *National Drug Control Program Agency,*
10 *any relevant official of a State, local, or*
11 *Tribal government, and the government of*
12 *other relevant countries.*

13 *“(iii) Not change any existing agency*
14 *authority or construe any strategy described*
15 *under this paragraph to amend or modify*
16 *any law governing interagency relationship*
17 *but may include recommendations about*
18 *changes to such authority or law.*

19 *“(iv) Present separately from the rest*
20 *of any strategy described under this para-*
21 *graph any information classified under cri-*
22 *teria established by an Executive order, or*
23 *whose public disclosure, as determined by*
24 *the Director or the head of any relevant Na-*
25 *tional Drug Control Program Agency,*

1 *would be detrimental to the law enforcement*
2 *or national security activities of any Fed-*
3 *eral, State, local, or Tribal agency.*

4 “(B) *REQUIREMENT FOR SOUTHWEST BOR-*
5 *DER COUNTERNARCOTICS STRATEGY.—*

6 “(i) *PURPOSES.—The Southwest Bor-*
7 *der Counternarcotics Strategy shall—*

8 “(I) *set forth the Government’s*
9 *strategy for preventing the illegal traf-*
10 *ficking of drugs across the inter-*
11 *national border between the United*
12 *States and Mexico, including through*
13 *ports of entry and between ports of*
14 *entry on that border;*

15 “(II) *state the specific roles and*
16 *responsibilities of the relevant National*
17 *Drug Control Program Agencies for*
18 *implementing that strategy; and*

19 “(III) *identify the specific re-*
20 *sources required to enable the relevant*
21 *National Drug Control Program Agen-*
22 *cies to implement that strategy.*

23 “(ii) *SPECIFIC CONTENT RELATED TO*
24 *DRUG TUNNELS BETWEEN THE UNITED*
25 *STATES AND MEXICO.—The Southwest Bor-*

1 *der Counternarcotics Strategy shall in-*
2 *clude—*

3 “(I) *a strategy to end the con-*
4 *struction and use of tunnels and sub-*
5 *terranean passages that cross the inter-*
6 *national border between the United*
7 *States and Mexico for the purpose of il-*
8 *legal trafficking of drugs across such*
9 *border; and*

10 “(II) *recommendations for crimi-*
11 *nal penalties for persons who construct*
12 *or use such a tunnel or subterranean*
13 *passage for such a purpose.*

14 “(C) *REQUIREMENT FOR NORTHERN BOR-*
15 *DER COUNTERNARCOTICS STRATEGY.—*

16 “(i) *PURPOSES.—The Northern Border*
17 *Counternarcotics Strategy shall—*

18 “(I) *set forth the strategy of the*
19 *Federal Government for preventing the*
20 *illegal trafficking of drugs across the*
21 *international border between the*
22 *United States and Canada, including*
23 *through ports of entry and between*
24 *ports of entry on the border;*

1 “(II) state the specific roles and
2 responsibilities of each relevant Na-
3 tional Drug Control Program Agency
4 for implementing the strategy;

5 “(III) identify the specific re-
6 sources required to enable the relevant
7 National Drug Control Program Agen-
8 cies to implement the strategy;

9 “(IV) be designed to promote, and
10 not hinder, legitimate trade and travel;
11 and

12 “(V) reflect the unique nature of
13 small communities along the inter-
14 national border between the United
15 States and Canada, ongoing coopera-
16 tion and coordination with Canadian
17 law, enforcement authorities, and vari-
18 ations in the volumes of vehicles and
19 pedestrians crossing through ports of
20 entry along the international border
21 between the United States and Canada.

22 “(ii) *SPECIFIC CONTENT RELATED TO*
23 *CROSS-BORDER INDIAN RESERVATIONS.—*
24 *The Northern Border Counternarcotics*
25 *Strategy shall include—*

1 “(I) a strategy to end the illegal
2 trafficking of drugs to or through In-
3 dian reservations on or near the inter-
4 national border between the United
5 States and Canada; and

6 “(II) recommendations for addi-
7 tional assistance, if any, needed by
8 Tribal law enforcement agencies relat-
9 ing to the strategy, including an eval-
10 uation of Federal technical and finan-
11 cial assistance, infrastructure capacity
12 building, and interoperability defi-
13 ciencies.

14 “(4) *CLASSIFIED INFORMATION.*—Any contents
15 of the National Drug Control Strategy that involve
16 information properly classified under criteria estab-
17 lished by an Executive order shall be presented to
18 Congress separately from the rest of the National
19 Drug Control Strategy.

20 “(5) *SELECTION OF DATA AND INFORMATION.*—
21 In selecting data and information for inclusion in the
22 Strategy, the Director shall ensure—

23 “(A) the inclusion of data and information
24 that will permit analysis of current trends
25 against previously compiled data and informa-

1 *tion where the Director believes such analysis en-*
2 *hances long-term assessment of the National*
3 *Drug Control Strategy; and*

4 *“(B) the inclusion of data and information*
5 *to permit a standardized and uniform assess-*
6 *ment of the effectiveness of drug treatment pro-*
7 *grams in the United States.*

8 *“(d) SUBMISSION OF REVISED STRATEGY.—The Presi-*
9 *dent may submit to Congress a revised National Drug Con-*
10 *trol Strategy that meets the requirements of this section—*

11 *“(1) at any time, upon a determination of the*
12 *President, in consultation with the Director, that the*
13 *National Drug Control Strategy in effect is not suffi-*
14 *ciently effective; or*

15 *“(2) if a new President or Director takes office.*

16 *“(e) FAILURE OF DIRECTOR TO SUBMIT NATIONAL*
17 *DRUG CONTROL STRATEGY.—If the Director does not sub-*
18 *mit a National Drug Control Strategy to Congress in ac-*
19 *cordance with subsection (a)(2), not later than five days*
20 *after the first Monday in February following the year in*
21 *which the term of the President commences, the Director*
22 *shall send a notification to the appropriate congressional*
23 *committees—*

24 *“(1) explaining why the Strategy was not sub-*
25 *mitted; and*

1 “(2) specifying the date by which the Strategy
2 will be submitted.

3 “(f) *DRUG CONTROL DATA DASHBOARD*.—

4 “(1) *IN GENERAL*.—The Director shall collect
5 and disseminate, as appropriate, such information as
6 the Director determines is appropriate, but not less
7 than the information described in this subsection. The
8 data shall be publicly available in a machine-readable
9 format on the online portal of the Office, and to the
10 extent practicable on the Drug Control Data Dash-
11 board.

12 “(2) *ESTABLISHMENT*.—The Director shall pub-
13 lish to the online portal of the office in a machine-
14 readable, sortable, and searchable format, or to the ex-
15 tent practicable, establish and maintain a data dash-
16 board on the online portal of the Office to be known
17 as the ‘Drug Control Data Dashboard’. To the extent
18 practicable, when establishing the Drug Control Dash-
19 board, the Director shall ensure the user interface of
20 the dashboard is constructed with modern design
21 standards. To the extent practicable, the data made
22 available on the dashboard shall be publicly available
23 in a machine-readable format and searchable by year,
24 agency, drug, and location.

1 “(3) *DATA.*—*The data included in the Drug*
2 *Control Data Dashboard shall be updated quarterly to*
3 *the extent practicable, but not less frequently than an-*
4 *nually and shall include, at a minimum, the fol-*
5 *lowing:*

6 “(A) *For each substance identified by the*
7 *Director as having a significant impact on the*
8 *prevalence of illicit drug use—*

9 “(i) *data sufficient to show the quan-*
10 *tities of such substance available in the*
11 *United States, including—*

12 “(I) *the total amount seized and*
13 *disrupted in the calendar year and*
14 *each of the previous 3 calendar years,*
15 *including to the extent practicable the*
16 *amount seized by State, local, and*
17 *Tribal governments;*

18 “(II) *the known and estimated*
19 *flows into the United States from all*
20 *sources in the calendar year and each*
21 *of the previous 3 calendar years;*

22 “(III) *the total amount of known*
23 *flows that could not be interdicted or*
24 *disrupted in the calendar year and*
25 *each of the previous 3 calendar years;*

1 “(IV) the known and estimated
2 levels of domestic production in the
3 calendar year and each of the previous
4 three calendar years, including the lev-
5 els of domestic production if the drug
6 is a prescription drug, as determined
7 under the Federal Food, Drug, and
8 Cosmetic Act, for which a listing is in
9 effect under section 202 of the Con-
10 trolled Substances Act (21 U.S.C. 812);

11 “(V) the average street price for
12 the calendar year and the highest
13 known street price during the pre-
14 ceding 10-year period; and

15 “(VI) to the extent practicable, re-
16 lated prosecutions by State, local, and
17 Tribal governments;

18 “(ii) data sufficient to show the fre-
19 quency of use of such substance, including—

20 “(I) use of such substance in the
21 workplace and productivity lost by
22 such use;

23 “(II) use of such substance by
24 arrestees, probationers, and parolees;

1 “(III) *crime and criminal activ-*
2 *ity related to such substance;*

3 “(IV) *to the extent practicable, re-*
4 *lated prosecutions by State, local, and*
5 *Tribal governments;*

6 “(B) *For the calendar year and each of the*
7 *previous three years data sufficient to show,*
8 *disaggregated by State and, to the extent feasible,*
9 *by region within a State, county, or city, the fol-*
10 *lowing:*

11 “(i) *The number of fatal and non-fatal*
12 *overdoses caused by each drug identified*
13 *under subparagraph (A)(i).*

14 “(ii) *The prevalence of substance use*
15 *disorders.*

16 “(iii) *The number of individuals who*
17 *have received substance use disorder treat-*
18 *ment, including medication assisted treat-*
19 *ment, for a substance use disorder, includ-*
20 *ing treatment provided through publicly-fi-*
21 *nanced health care programs.*

22 “(iv) *The extent of the unmet need for*
23 *substance use disorder treatment, including*
24 *the unmet need for medication-assisted*
25 *treatment.*

1 “(C) *Data sufficient to show the extent of*
2 *prescription drug diversion, trafficking, and*
3 *misuse in the calendar year and each of the pre-*
4 *vious 3 calendar years.*

5 “(D) *Any quantifiable measures the Direc-*
6 *tor determines to be appropriate to detail*
7 *progress toward the achievement of the goals of*
8 *the National Drug Control Strategy.*

9 “(g) *DEVELOPMENT OF AN ANNUAL NATIONAL DRUG*
10 *CONTROL ASSESSMENT.—*

11 “(1) *TIMING.—Not later than the first Monday*
12 *in February of each year, the Director shall submit*
13 *to the President, Congress, and the appropriate con-*
14 *gressional committees, a report assessing the progress*
15 *of each National Drug Control Program Agency to-*
16 *ward achieving each goal, objective, and target con-*
17 *tained in the National Drug Control Strategy appli-*
18 *cable to the prior fiscal year.*

19 “(2) *PROCESS FOR DEVELOPMENT OF THE AN-*
20 *NUAL ASSESSMENT.—Not later than November 1 of*
21 *each year, the head of each National Drug Control*
22 *Program Agency shall submit, in accordance with*
23 *guidance issued by the Director, to the Director an*
24 *evaluation of progress by the agency with respect to*
25 *the National Drug Control Strategy goals using the*

1 *performance measures for the agency developed under*
2 *this title, including progress with respect to—*

3 “(A) *success in achieving the goals of the*
4 *National Drug Control Strategy;*

5 “(B) *success in reducing domestic and for-*
6 *ign sources of illegal drugs;*

7 “(C) *success in expanding access to and in-*
8 *creasing the effectiveness of substance use dis-*
9 *order treatment;*

10 “(D) *success in protecting the borders of the*
11 *United States (and in particular the South-*
12 *western border of the United States) from pene-*
13 *tration by illegal narcotics;*

14 “(E) *success in reducing crime associated*
15 *with drug use in the United States;*

16 “(F) *success in reducing the negative health*
17 *and social consequences of drug use in the*
18 *United States;*

19 “(G) *implementation of evidence-based sub-*
20 *stance use disorder treatment and prevention*
21 *programs in the United States and improve-*
22 *ments in the adequacy and effectiveness of such*
23 *programs; and*

24 “(H) *success in increasing the prevention of*
25 *illicit drug use.*

1 “(3) *CONTENTS OF THE ANNUAL ASSESSMENT.*—

2 *The Director shall include in the annual assessment*
3 *required under paragraph (1)—*

4 “(A) *a summary of each evaluation received*
5 *by the Director under paragraph (2);*

6 “(B) *a summary of the progress of each Na-*
7 *tional Drug Control Program Agency toward the*
8 *National Drug Control Strategy goals of the*
9 *agency using the performance measures for the*
10 *agency developed under this chapter;*

11 “(C) *an assessment of the effectiveness of*
12 *each National Drug Control Program Agency*
13 *and program in achieving the National Drug*
14 *Control Strategy for the previous year, including*
15 *a specific evaluation of whether the applicable*
16 *goals, measures, objectives, and targets for the*
17 *previous year were met; and*

18 “(D) *the assessments required under this*
19 *subsection shall be based on the Performance*
20 *Measurement System.”.*

21 (b) *TECHNICAL AND CONFORMING AMENDMENTS.*—

22 (1) *Section 704(b) of the Office of National Drug*
23 *Control Policy Reauthorization Act of 1998 (21*
24 *U.S.C. 1703(b)) is amended—*

1 (A) by striking paragraphs (13) and (17);

2 and

3 (B) in paragraph (14)(A), by striking

4 “paragraph (13)” and inserting “section

5 706(g)(2)”.

6 (2) *The Office of National Drug Control Policy*

7 *Reauthorization Act of 2006 (Public Law 109–469;*

8 *120 Stat. 3502)* is amended by striking sections 1110

9 and 1110A.

10 **SEC. 8222. TECHNICAL AND CONFORMING AMENDMENTS TO**

11 **THE OFFICE OF NATIONAL DRUG CONTROL**

12 **POLICY REAUTHORIZATION ACT OF 1998.**

13 *The Office of National Drug Control Policy Reauthor-*

14 *ization Act of 1998 (21 U.S.C. 1701 et seq.)* is amended—

15 (1) by striking section 703(b) (21 U.S.C.

16 1702(b));

17 (2) in section 704 (21 U.S.C. 1703)—

18 (A) in subsection (c)—

19 (i) in paragraph (3)(C)—

20 (I) in the matter before clause (i),

21 by inserting “requests a level of fund-

22 ing that will not enable achievement of

23 the goals of the National Drug Control

24 Strategy, including” after “request

25 that”;

1 (II) in clause (iii)—

2 (aa) by striking “drug treat-
3 ment” and inserting “substance
4 use disorder prevention and treat-
5 ment”; and

6 (bb) by striking the semicolon
7 at the end and inserting “; and”;

8 (III) by striking clauses (iv), (vi),
9 and (vii);

10 (IV) by redesignating clause (v)
11 as clause (iv); and

12 (V) in clause (iv), as so redesign-
13 ated, by striking the semicolon and
14 inserting a period;

15 (ii) in paragraph (4)(A), by striking
16 “\$1,000,000” and inserting “\$5,000,000 or
17 10 percent of a specific program or ac-
18 count”; and

19 (B) in subsection (f)—

20 (i) by striking the first paragraph (5);
21 and

22 (ii) by striking the second paragraph
23 (4); and

24 (3) by striking section 708 (21 U.S.C. 1707).

1 ***Subtitle L—Budgetary Effects***

2 ***SEC. 8231. BUDGETARY EFFECT.***

3 *(a) IN GENERAL.—The budgetary effects of this Act*
4 *shall not be entered on either PAYGO scorecard maintained*
5 *pursuant to section 4(d) of the Statutory Pay-As-You-Go*
6 *Act of 2010 (2 U.S.C. 933(d)).*

7 *(b) SENATE PAYGO SCORECARDS.—The budgetary ef-*
8 *fects of this Act shall not be entered on any PAYGO score-*
9 *card maintained for purposes of section 4106 of H. Con.*
10 *Res. 71 (115th Congress).*

Attest:

Clerk.

115TH CONGRESS
2^D SESSION

H.R. 6

HOUSE AMENDMENT TO
SENATE AMENDMENT