

# Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (P.L. 115-271):

## *A Section-by-Section Summary*

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## TITLE I—MEDICAID PROVISIONS TO ADDRESS THE OPIOID CRISIS

### **Sec. 1001. At-risk youth Medicaid protection**

This section specifies that a State Medicaid program may not terminate a juvenile's medical assistance eligibility because the juvenile is incarcerated. A State may suspend coverage while the juvenile is an inmate but must restore coverage upon release without requiring a new application, unless the individual no longer meets the eligibility requirements for medical assistance.

A "juvenile" is defined as an individual who: (1) is under 21 years of age; or (2) has aged out of the State's foster care system, was enrolled in the State plan while in foster care, and is under 26 years of age.

### **Sec. 1002. Health Insurance for Former Foster Youth**

Amends title XIX of the Social Security Act to ensure health insurance coverage continuity for former foster youth in any State they reside in until age 26.

This section requires the Sec. of HHS to issue guidance to State Medicaid programs on best practices for removing barriers and ensuring streamlined access to Medicaid coverage for former foster youth up to age 26, and conducting outreach and raising awareness among youth regarding Medicaid coverage options. The guidance shall include examples of States that have successfully extended Medicaid coverage to former foster youth up to age 26.

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

This section authorizes the Sec. of HHS, in consultation with AHRQ Director and Assistant Sec. for Mental Health and Substance Use, to conduct a 54-month (18-month planning grants + 36 month demonstration) demonstration project for States to increase the treatment capacity of providers participating under the State plan (or a waiver) to provide SUD treatment or recovery services under the plan or waiver.

### **Sec. 1004. Medicaid drug review and utilization**

Requires all State Medicaid programs to use drug utilization review activities to help combat the opioid crisis. States will be required to have State-determined limitations in place for opioid refills, monitor concurrent prescribing of opioids and other drugs (such as benzodiazepines and antipsychotics), and monitor antipsychotic prescribing for children. Individuals are exempt from the drug review and utilization requirements in this section if they are receiving hospice or palliative care, receiving cancer treatment, are in a long-term care facility, or if they fall into another exempted category as defined by the State.

### **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**

This section calls for Sec. of HHS to issue guidance to improve care for infants with neonatal abstinence syndrome (NAS) and their families. Guidance shall include:

- (1) the types of services, including post-discharge services and parenting supports, for families of babies with neonatal abstinence syndrome that States may cover under the Medicaid program under title XIX of the Social Security Act;
- (2) best practices from States with respect to innovative or evidence-based payment models that focus on prevention, screening, treatment, plans of safe care, and post-discharge services for mothers and fathers with substance use disorders and babies with neonatal abstinence syndrome that improve care and clinical outcomes;
- (3) recommendations for States on available financing options under the Medicaid program under title XIX of such Act and under the Children's Health Insurance Program under title XXI of such Act for Children's Health Insurance Program Health Services Initiative funds for parents with substance use disorders, infants with neonatal abstinence syndrome, and home visiting services; and
- (4) guidance and technical assistance to State Medicaid agencies regarding additional flexibilities and incentives related to screening, prevention, and post-discharge services, including parenting

supports.

This section also calls for a GAO study on gaps in coverage for pregnant women with substance use disorder under the Medicaid program under title XIX of the Social Security Act, and gaps in coverage for postpartum women with substance use disorder who had coverage during their pregnancy under the Medicaid program under such title.

#### **Sec. 1006. Medicaid health homes for opioid-use-disorder Medicaid enrollees**

This section allows the HHS Secretary to, at the request of the State with an SUD-focused State plan amendment, extend the application of the Federal medical assistance percentage (FMAP) to payments for the provision of health home services to SUD-eligible individuals under such State plan amendment, in addition to the first 8 fiscal year quarters the State plan amendment is in effect, for the subsequent 2 fiscal year quarters that the State plan amendment is in effect.

This section also calls for the HHS Secretary to make publicly available on the CMS website best practices for designing and implementing an SUD-focused State plan amendment, based on the experiences of States that have State plan amendments approved under this section that include SUD-eligible individuals.

#### **Sec. 1007. Caring Recovery for Infants and Babies**

This section amends section 1902(a) of the Social Security Act to clarify States' ability under Medicaid to provide care for infants with neonatal abstinence syndrome in residential pediatric recovery centers, as well as those centers' option to provide counseling or other services to mothers or caretakers provided those services are otherwise covered. 'residential pediatric recovery center' means a center or facility that furnishes items and services for which medical assistance is available under the State plan to infants with the diagnosis of neonatal abstinence syndrome without any other significant medical risk factors.

#### **Section 1008. Peer Support Enhancement and Evaluation Review**

This section calls for the Comptroller General to submit to Congress a report on the provision of peer support services under the Medicaid program.

#### **Section 1009. Medicaid substance use disorder treatment via telehealth**

This section directs the Centers for Medicare and Medicaid Services (CMS) to issue guidance to States on options for providing services via telehealth that address substance use disorders under Medicaid. This section requires the guidance to cover State options for federal reimbursement for substance use disorder services and treatment using telehealth including, services addressing high-risk individuals, provider education through a hub-and-spoke model, and options for providing telehealth services to students in school-based health centers.

This section also directs GAO to evaluate children's access to Medicaid services to treat substance use disorders, including options to improve access through telehealth.

Additionally, this section directs CMS to issue a report to Congress identifying best practices and potential solutions to barriers to furnishing services to children via telehealth to compare services delivered via telehealth to in-person.

#### **Section 1010. Enhancing patient access to non-opioid treatment options**

This section calls for the Centers on Medicare and Medicaid Services (CMS) to issue guidance on States' options for treating and managing beneficiaries' pain through non-opioid pain treatment and management options under Medicaid.

#### **Section 1011. Assessing barriers to opioid use disorder treatment**

This section calls for the Comptroller General to conduct a study and issue a report to Congress on the barriers to access to substance use disorder treatment medications under various drug distribution models,



such as buy-and-bill, as well as addressing options for state Medicaid programs to reduce or remove such barriers. GAO is directed to make recommendations, as appropriate.

#### **Section 1012. Help for moms and babies**

This section modifies the institutions for mental disease (IMD) exclusion for pregnant and postpartum women to address a subset of the prohibition on Medicaid from paying for otherwise coverable Medicaid services for certain adults while in institutions for mental disease (IMD). **This section amends section 1905(a) of the Social Security Act to ensure that pregnant and postpartum women receiving care for substance use disorders in an IMD can continue to receive other Medicaid-covered care outside of the IMD, such as prenatal services.**

#### **Section 1013. Securing flexibility to treat substance use disorders**

This section clarifies flexibilities around Medicaid's IMD exclusion where, in some cases, managed care plans may provide alternative services in lieu of other services that are not permitted under the State plan. This section allows managed care plans to cover treatment in an IMD for a certain number of days in a month in lieu of other types of services.

#### **Section 1014. MACPAC study and report on MAT utilization controls under State Medicaid programs**

This section calls for the Medicaid and CHIP Payment and Access Commission (MACPAC) to conduct a study on utilization management controls applied to medication-assisted treatment options in both fee-for-service and managed care Medicaid programs. MACPAC will publish a report of the findings within one year of enactment of this Act.

#### **Section 1015. Opioid addiction treatment programs enhancement**

This section requires the Secretary of HHS to publish a data book detailing, for State-by-State statistics on the prevalence and treatment of substance abuse disorder among Medicaid beneficiaries, including beneficiaries receiving treatment under fee-for-service and managed care arrangements. The data book must be issued within one year and use data from the Transformed Medicaid Statistical Information System (T-MSIS).

#### **Section 1016. Better data sharing to combat the opioid crisis**

This section clarifies States' ability to access and share data from prescription drug monitoring program (PDMP) databases, consistent with the parameters established in State law, including with providers and managed care entities, and in adherence to applicable security and privacy protections and laws.

#### **Section 1017. Report on innovative State initiatives and strategies to provide housing-related services and supports to individuals struggling with substance use disorders under Medicaid**

This section calls for the Secretary of HHS to issue a report on innovative State initiatives and covered housing-related services that State Medicaid programs may use to provide supports to Medicaid enrollees with substance use disorders who are experiencing homelessness or are at risk of homelessness.

#### **Section 1018. Technical assistance and support for innovative State strategies to provide housing-related supports under Medicaid**

This section directs HHS to provide technical assistance to States to develop and coordinate housing-related supports and services under Medicaid, either through State plans or waivers, and care coordination services, for Medicaid enrollees with substance use disorders.

### **TITLE II—MEDICARE PROVISIONS TO ADDRESS THE OPIOID CRISIS**

#### **Section 2001. Expanding the use of telehealth services for the treatment of opioid use disorder and other substance use disorders**

This section amends section 1834(m) of the Social Security Act to expand the use of telehealth services by eliminating certain statutory originating site requirements for telehealth services furnished to Medicare

beneficiaries for the treatment of substance use disorders and co-occurring mental health disorders, beginning July 1, 2019. This section allows payment for those services furnished via telehealth at originating sites, including a beneficiary's home, regardless of geographic location. A separate facility fee would not be provided if the originating site is the beneficiary's home.

#### **Section 2002. Comprehensive screenings for seniors**

This section requires the Medicare Initial Preventive Physical Examination (the "Welcome to Medicare" visit) and annual wellness visits include a review of the beneficiary's current opioid prescriptions and screening for potential substance use disorders, including a referral for treatment as appropriate.

#### **Section 2003. Every prescription conveyed securely**

This section requires prescriptions for a Schedule II, III, IV, or V Controlled Substance covered under a Part D prescription drug plan or Medicare Advantage Prescription Drug Plan (MA-PD) to be transmitted in accordance with an electronic prescription drug program starting by January 1, 2021. The Secretary of HHS may waive this requirement in certain defined cases, such as reasonable technological limitations. This section requires the Drug Enforcement Administration to update its regulations pertaining to how prescribers authenticate prescriptions using biometrics to keep up with changing technology.

#### **Sec. 2004. Requiring prescription drug plan sponsors under Medicare to establish drug management programs for at-risk beneficiaries**

Requires Medicare prescription drug plan (PDP) sponsors, for plan years beginning on or after January 1, 2021, to establish drug management programs for at-risk beneficiaries. Current law authorizes, but does not require, PDP sponsors to establish these programs.

#### **Sec. 2005. Medicare coverage of certain services furnished by opioid treatment programs**

This section amends section 1861 of the Social Security Act to **expand Medicare coverage to include SAMHSA-certified OTPs**. Medicare will pay OTPs through bundled payments made for services, including necessary medications, counseling, and testing. Treatment services are defined as:

- opioid agonist and antagonist treatment medications (including oral, injected, or implanted versions) that are approved by the FDA;
- dispensing and administration of such medications;
- substance use counseling by a professional;
- individual and group therapy with a physician or psychologist (or other mental health professional);
- toxicology testing, and
- other items and services that the HHS Secretary determines are appropriate (but in no event to include meals or transportation).

The Secretary of HHS shall pay an amount that is equal to 100 percent of a bundled payment for opioid use disorder treatment services to OTPs beginning on or January 1, 2020.

#### **Section 2006. Encouraging appropriate prescribing under Medicare for victims of opioid overdose**

This provision requires that CMS identify beneficiaries enrolled in Medicare Part D with a history of opioid-related overdose and include them in the definition of beneficiaries potentially at-risk for prescription drug abuse under the Part D Drug Management Program.

#### **Section 2007. Automatic escalation to external review under a Medicare part D drug management program for at-risk beneficiaries**

This section requires that a beneficiary enrolled in Medicare Part D who is identified as potentially at-risk for prescription drug misuse (or who is subsequently identified as at-risk) can automatically escalate an appeal of such designation to an external entity if the prescription drug plan affirms its own decision at the initial appeal level.

**Sec. 2008. Suspension of Payments by Medicare Prescription Drug Plans and MA-PD Plans Mending Investigations of Credible Allegations of Fraud by Pharmacies**

This section authorizes the suspension of payments to a pharmacy under the Medicare prescription drug benefit and Medicare Advantage prescription drug plans pending the investigation of a credible allegation of fraud by the pharmacy. A fraud hotline tip, without other evidence, may not be considered a credible allegation of fraud.

**TITLE III—FDA AND CONTROLLED SUBSTANCE PROVISIONS**

**Sec. 3001. Clarifying FDA regulation of non-addictive pain and addiction therapies**

Requires HHS Sec. to hold a public meeting on the challenges of developing non-addictive medical products for pain and addiction treatment. Calls for Sec. to issue guidance with respect to the expedited approval of certain drugs.

**Sec. 3002. Evidence-based opioid analgesic prescribing guidelines and report**

This section calls for the FDA Commissioner to develop (and periodically update) high-quality, evidence-based opioid analgesic prescribing guidelines for the indication-specific treatment of acute pain in the areas where such guidelines do not already exist. In developing the guidelines, the Commissioner of Food and Drugs shall conduct a public workshop, open to representatives of State medical societies and medical boards, various medical specialties including pain medicine specialty societies, patient groups, pharmacists, universities, and others; and provide a period for the submission of comments by the public.

Not later than one year after enactment of this Act, the Commissioner shall submit to the House Committee on Energy and Commerce Senate Committee on Health, Education, Labor, and Pensions, and post on the FDA website, a report on how the guidelines will be utilized to protect the public health.

**Sec. 3012. Notification, Non-Distribution, and Recall of Controlled Substances**

This section authorizes the Secretary of HHS, upon a determination that the use or consumption of, or exposure to, a drug may present an imminent or substantial hazard to public health, to issue an order requiring any person who distributes the drug to immediately cease distribution of the drug.

**Sec. 3013. Single Source Pattern of Imported Illegal Drugs**

If the Secretary of HHS identifies a pattern of adulterated or misbranded drugs being offered for import from the same manufacturer, distributor, or importer, this section authorizes the Secretary to treat all drugs being offered for import from such manufacturer, distributor, or importer as adulterated or misbranded unless otherwise demonstrated.

**Section 3014. Strengthening FDA and CBP coordination and capacity**

This section enhances coordination between FDA and the U.S. Customs and Border Protection (CBP), including through a memorandum of understanding between such agencies. This section authorizes activities to improve facilities, technologies such as controlled substance detection and testing equipment, and inspection capacity, and improve coordination and response to illegal controlled substances and drug imports, including at sites of import. The Secretary of (HHS), in consultation with the Secretary of Homeland Security and the Post-Master General of the United States Postal Service (USPS), shall report to Congress within 6 months on the implementation of such actions.

**Section 3022. Restricting entrance of illegal drugs**

This section requires the FDA Commissioner to develop and periodically update a mutually-agreed upon list of controlled substances that the Secretary will refer to CBP when such substances are offered for import through international mail and appear to violate applicable laws. Not later than 9 months after the enactment of this bill, the FDA Commissioner and Secretary of Homeland Security shall report to Congress on the implementation of this agreement. This section authorizes FDA to debar a person from importing an FDA-regulated product into the US if they have been convicted of a felony related to importation of illegal drugs or controlled substances. Additionally, this section clarifies when FDA will treat certain illicit articles that are

being imported or offered for import as drugs.

### Section 3032. Safety-enhancing packaging and disposal features

This section clarifies the FDA's authority to require drug manufacturers to package certain opioids to allow for a set treatment duration (e.g. a blister pack with a 3 or 7-day supply) and takes into consideration patients with functional limitations. This provision also clarifies FDA's authorities to require manufacturers to give patients safe options to dispose of unused opioids, such as safe disposal packaging or safe disposal systems for purposes of rendering unused drugs non-retrievable.

This section requires a report by the Government Accountability Office (GAO) on the effectiveness of site-of-use, in-home controlled substance disposal products and packaging technologies, reference standards with respect to controlled substance disposal products and packaging technologies, and any recommendations for improvement including federal oversight and methods to ensure effectiveness of such products and technologies.

### Sec. 3041. Clarifying FDA Post-market Authorities

This section clarifies FDA's post-market authorities for drugs, such as opioids, which may have reduced efficacy over time, by modifying the definition of an adverse drug experience to include such situations. This section also authorizes new information related to reduced effectiveness to be included in the requirements for additional studies of a drug that the Secretary of HHS determines should be included in the label. This section also requires FDA to issue guidance regarding post-market studies or clinical trials with respect to the potential reduction in effectiveness, and how FDA may apply requirements related to new safety or effectiveness information related to the use of controlled substances for pain treatment.

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

Amends provision that passed in the Comprehensive Addiction and Recovery Act (CARA) of 2016 that allows nurse practitioners (NPs) and physician assistants (PAs) to prescribe buprenorphine by **striking the sunset of 2021 for NPs/PAs to become "qualifying practitioners" and eliminating any time limitation.**

**Expands definition of "qualifying practitioner" to include "nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, certified nurse midwife, or physician assistant."** Sets time limit of Oct. 1, 2018-Oct. 1, 2023 for clinical nurse specialist, certified registered nurse anesthetist, or certified nurse midwife to be considered a qualified practitioner.

Calls for Sec. of HHS to submit report to Congress that assesses the care provided by qualifying practitioners. The report will include recommendations on future applicable patient number levels and limits.

Allows qualifying practitioners to treat up to 100 patients (instead of 30) if:

- not sooner than 1 year after the date on which the practitioner submitted the initial notification, the practitioner submits a second notification to the HHS Secretary of the need and intent of the practitioner to treat up to 100 patients;
- the practitioner holds additional credentialing (board certification in addiction medicine or addiction psychiatry by the American Board of Addiction Medicine, the American Board of Medical Specialties, or the American Osteopathic Association or certification by the American Board of Addiction Medicine, or the American Society of Addiction Medicine); or
- the practitioner provides MAT in a qualified practice setting.

Allows qualifying practitioners to treat up to 275 patients if they meet the requirements in 42 CFR Part 8, Subpart F (Authorization to Increase Patient Limit to 275 Patients), such as:

- having maintained the 100-patient limit waiver for at least 1 year

- additional credentialing (board certification in addiction medicine or addiction psychiatry by the American Board of Addiction Medicine, the American Board of Medical Specialties, or the American Osteopathic Association or certification by the American Board of Addiction Medicine, or the American Society of Addiction Medicine) or provides medication-assisted treatment (MAT) utilizing covered medications in a qualified practice setting
- not having his or her enrollment and billing privileges in the Medicare program revoked

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

This section amends Section 303 of the Controlled Substance Act related to practitioners dispensing narcotic drugs for narcotic treatment. **The term “qualifying physician” is amended by adding that it includes those physicians who graduated in good standing from an accredited school of allopathic medicine or osteopathic medicine** in the U.S. and successfully completed a medical residency that included at least 24 hours of training on treating patients with opiate dependence.

This section also calls for the Secretary of HHS to consider ways to ensure that an adequate number of physicians who are qualified to dispense narcotics and who have a specialty in pediatrics, or the treatment of children or of adolescents, are granted a waiver to treat children and adolescents with substance use disorders.

#### **Sec. 3203. Grants to Enhance Access to Substance Use Disorder Treatment**

This section authorizes the Sec. of HHS to establish a grant program for accredited schools of allopathic or osteopathic medicine and teaching hospitals in the U.S. to develop curricula on treating patients with opiate dependence. This section authorizes \$4 million for each of FY 2019-2023.

#### **Sec. 3204. Delivery of a Controlled Substance by a Pharmacy to be Administered by Injection or Implantation**

This section adds to the Controlled Substances Act that implantable or injectable controlled substances are allowed for the purposes of maintenance or detoxification treatment to be delivered by a pharmacy to an administering practitioner while maintaining proper controls, such as storage and record keeping.

#### **Sec. 3212. Programs and Materials for Training on Certain Circumstances under which a Pharmacist May Decline to Fill a Prescription**

Requires HHS Secretary, in consultation with the DEA Administrator, CDC Director, and Assistant Secretary for Mental Health and Substance Use, to develop and disseminate training programs and materials on: (1) the circumstances under which a pharmacist may refuse to fill a controlled substance prescription suspected to be fraudulent, forged, or indicative of abuse or diversion; and (2) federal requirements related to such refusal.

#### **Sec. 3222. Disposal of Controlled Substance of a Deceased Hospice Patient by Employees of a Qualified Hospice Program**

This section amends the Controlled Substances Act to allow hospice employees to safely dispose of medications after the death of a patient.

#### **Sec. 3223. GAO Study and Report on Hospice Safe Drug Management**

This section calls for the Comptroller General to conduct a study on the requirements for hospice programs to dispose of controlled substances.

#### **Sec. 3232. Regulations Relating to a Special Registration for Telemedicine**

This section aims to clarify telemedicine waivers. Federal law permits the Attorney General to issue a special registration to health care providers to prescribe controlled substances via telemedicine in legitimate emergency situations, such as a lack of access to an in-person specialist. The waiver process has never been implemented through regulation, and some patients do not have the emergency access they need to treatment. This bill directs the Attorney General, within 1 year of enactment of this Act, to promulgate interim final regulations to implement the waiver.

### **Sec. 3241. Controlled Substance Analogues**

This section outlines that in determining whether a controlled substance analogue was intended for human consumption, the following factors may be considered: (1) The marketing, advertising, and labeling of the substance; (2) The known efficacy or usefulness of the substance for the marketed, advertised, or labeled purpose; (3) The difference between the price at which the substance is sold and the price at which the substance it is purported to be or advertised as is normally sold; (4) The diversion of the substance from legitimate channels and the clandestine importation, manufacture, or distribution of the substance; (5) Whether the defendant knew or should have known the substance was intended to be consumed by injection, inhalation, ingestion, or any other immediate means; and (6) Any controlled substance analogue that is manufactured, formulated, sold, distributed, or marketed with the intent to avoid the provisions of existing drug laws.

For purposes of this section, evidence that a substance was not marketed, advertised, or labeled for human consumption, by itself, shall not be sufficient to establish that the substance was not intended for human consumption.

### **Chapter 6—Access to Increased Drug Disposal (Sec. 3251-3260)**

This section authorizes the Attorney General to award grants to 5 States to enable them to increase the number of entities (narcotic treatment program, a hospital or clinic with an on-site pharmacy, a retail pharmacy, or a reverse distributor) that are authorized to collect controlled substances.

A State desiring a covered grant shall submit to the Attorney General an application that, at a minimum—

- (1) identifies the single State agency that oversees pharmaceutical care and will be responsible for complying with the requirements of the grant;

- (2) details a plan to increase participation rates of eligible collectors as authorized collectors; and
- (3) describes how the State will select eligible collectors to be served under the grant.

A State that receives a covered grant, and any subrecipient of the grant, may use the grant amounts only for the costs of installation, maintenance, training, purchasing, and disposal of controlled substances associated with the participation of eligible collectors as authorized collectors.

This chapter (Section 3260) authorizes such sums as necessary for this grant program.

### **Chapter 7 — Using Data to Prevent Opioid Diversion Section (3271 – 3274)**

This chapter increase transparency in use of the Automated Reports and Consolidated Ordering System (ARCOS) by providing drug manufacturers and distributors with access to anonymized information through ARCOS to help drug manufacturers and distributors identify, report, and stop suspicious orders of opioids, which will in turn reduce diversion rates. The provisions further mandate that DEA share information with regulatory, licensing, attorneys general and law enforcement agencies of states on a semi-annual basis related to amounts, outliers, and trends of distributor and pharmacy registrants. The provisions also establish civil and criminal fines for drug manufacturers and distributors who fail to consider the ARCOS data when determining whether an order for opioids is suspicious and increases civil and criminal penalties for drug manufacturers and distributors who fail to report suspicious orders and keep accurate records.

### **Chapter 8 – Opioid Quota Reform Section (3281 – 3282)**

These provisions establish mandatory factors for DEA to consider when setting annual opioid quotas, including diversion, abuse, overdose deaths, and public health impacts. It requires DEA to explain public health benefits if DEA approves any increase in annual opioid quota.

### **Chapter 9 – Preventing Drug Diversion Section (3291 – 3292)**

These provisions require registrants to design systems to identify and report suspicious orders of opioids. They also require DEA to establish a database for the collection of all suspicious orders reported by all registrants, and to share suspicious order information with the States.

## **TITLE IV—OFFSETS**

### **Sec. 4001-4004**

This title outlines offsets for this Act related to Medicaid managed care, group health plan reporting, religious exemptions from health coverage responsibility, and reporting of biological and biosimilar products.

## **TITLE V—OTHER MEDICAID PROVISIONS**

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

This section requires CMS to expand its core set of adult health quality measures for Medicaid-eligible adults to include measures specific to “behavioral health.” A State Medicaid program must report on these measures annually.

### **Sec. 5012. MACPAC exploratory study and report on institutions for mental diseases requirements and practices under Medicaid**

This section directs the Medicaid and CHIP Payment and Access Commission (MACPAC) to conduct a study on institutions for mental disease (IMD) that receive Medicaid reimbursement. The study will report on the requirements and standards that some State Medicaid programs have for IMDs. MACPAC, considering input from stakeholders, will summarize the findings and make recommendations on improvements and best practices and data collection. The report would be due no later than January 2020.

### **Sec. 5022. Ensuring access to mental health and substance use disorder services for children and pregnant women under the Children’s Health Insurance Program**

This section would require State Children’s Health Insurance Programs (CHIP) to cover mental health benefits, including substance use disorder services, for pregnant women and children. In addition, States will not be allowed to impose financial or utilization limits on mental health/SUD treatment that are lower than limits placed on physical health treatment.

### **Sec. 5032. Promoting State innovations to ease transitions integration to the community for certain individuals**

This section requires CMS to convene a stakeholder workgroup in order to develop best practices for States to: (1) ease the health care transition of inmates released from public institutions (such as by ensuring continuity of health insurance or Medicaid coverage), and (2) implement transitional measures within 30 days of an inmate’s release. The CMS must also issue a letter to States outlining opportunities for Medicaid demonstration waivers based on identified best practices to improve care transitions for certain individuals who are soon-to-be former inmates of a public institution.

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

This section requires Medicaid providers to check the prescription drug monitoring program (PDMP) before prescribing a Schedule II controlled substance. This provision encourages Medicaid providers to integrate PDMP usage into their clinical workflow. The provision also establishes standard criteria that a PDMP must meet to be counted as a qualified PDMP and requires state Medicaid programs to report to CMS on PDMP data and information.

### **Sec. 5052. State Option to Provide Medicaid Coverage for Certain Individuals with Substance Use Disorders Who are Patients in Certain Institutions for Mental Diseases**

This section temporarily (from October 1, 2019 through September 30, 2023) allows States to apply to receive federal Medicaid payment for services provided in institutions for mental diseases (IMDs) and for other medically necessary services for enrollees (aged 21 to 64) with substance use disorders. Services may be covered for a total of up to 30 days in a 12-month period for an eligible enrollee.

An eligible IMD must follow reliable, evidence-based practices, and offer at least 2 forms of medication-assisted treatment for substance use disorders on site, including, in the case of medication-assisted treatment

for opioid use disorder, at least 1 antagonist and 1 partial agonist.

#### **TITLE VI—OTHER MEDICARE PROVISIONS**

##### **Sec. 6001. Testing of Incentive Payments for Behavioral Health Providers for Adoption and Use of Certified Electronic Health Record Technology**

This section specifies that the Center for Medicare and Medicaid Innovation (CMMI) may test models to provide incentive payments to MH/SUD providers for adopting and using electronic health records technology to improve the quality and coordination of care.

##### **Sec. 6012. Study on Abuse-Deterrent Opioid Formulations Access Barriers under Medicare**

This section requires the Sec. of HHS to report to Congress on the adequacy of access to abuse-deterrent opioid formulations for individuals with chronic pain enrolled in a prescription drug plan under Medicare or Medicare Advantage (MA). The report must account for any barriers preventing enrollees from accessing such formulations under Medicare or MA.

##### **Sec. 6021. Provision of Information Regarding Opioid Use and Pain Management as Part of Medicare & You Handbook**

This section requires the “Medicare & You” handbook to include information about educational resources on opioid use and pain management, as well as a description of alternative, non-opioid pain management treatments covered by Medicare.

##### **Sec. 6032. Action Plan on Recommendations for Changes under Medicare and Medicaid to Prevent Opioid Addictions and Enhance Access to Medication-Assisted Treatment**

This section calls for the Secretary of HHS, in collaboration with the Pain Management Best Practices Inter-Agency Task Force (established in CARA Sec. 101b), to establish an action plan, including studies, reports to Congress authored by HHS, as well as meetings with stakeholders, for the purpose of addressing the opioid crisis.

##### **Sec. 6042. Opioid Use Disorder Treatment Demonstration Program**

This section calls for the Secretary of HHS to implement a 4-year demonstration program to increase access of Medicare beneficiaries to opioid use disorder treatment services. A maximum of 20,000 beneficiaries may participate in the program at any time. In order to participate in the program, an applicable beneficiary shall agree to receive opioid use disorder treatment services from a participating provider. Participation under the program shall not affect coverage of or payment for any other item or service under this title for the applicable beneficiary.

##### **Sec. 6052. Grants to Provide Technical Assistance to Outlier Prescribers of Opioids**

Requires CMS to award grants, contracts, or cooperative agreements to qualifying organizations (an organization that has demonstrated experience providing technical assistance to health care professionals on a State or regional basis, or a quality improvement entity) in order to support efforts to curb outlier prescribers of opioids under the Medicare prescription drug benefit and Medicare Advantage prescription drug plans. This section makes available \$75 million from the Supplementary Medical Insurance Trust Fund for the purpose of such education.

##### **Sec. 6062. Electronic Prior Authorization for Covered Part D Drugs**

This section requires electronic prescription programs to enable the secure transmittal of prior authorization requests for covered drugs. Fax, proprietary payer portals that do not meet standards defined by the Secretary, and electronic forms will not be treated as an electronic submission for the purpose of electronic prior authorization.

##### **Sec. 6063. Program Integrity Transparency Measures Under Medicare Parts C and D**

This section requires CMS to establish a secure online portal to allow: (1) data sharing between the Secretary, Medicare Advantage plans, Medicare prescription drug benefit plans, and other eligible entities (e.g. Medicare



drug integrity contractor); and (2) referrals by such plans of substantiated fraud, waste, or abuse in order to initiate or assist investigations by eligible contracted entities.

**Sec. 6064. Expanding Eligibility for Medication Therapy Management Programs Under Part D**

Establishes individuals who are identified as at-risk beneficiaries for prescription drug abuse as qualifying participants in medication therapy management programs beginning January 1, 2021.

**Section 6065. Commit to opioid medical prescriber accountability and safety for seniors**

This section requires the Secretary of HHS, no later than two years after the date of enactment, to annually notify prescribers that they have been identified as an outlier prescriber of opioids compared to other prescribers in their specialty and geographic area. The Secretary may exclude the following individuals and prescribers from the analysis: (1) individuals receiving hospice services; (2) individuals with a cancer diagnosis; and (3) prescribers who are subjects of an investigation by the Inspector General. The Secretary may expand notifications to concurrent prescriptions used in combination with opioids that are considered to have adverse side effects when used in such combination.

**Section 6066. No additional funds authorized**

No additional funds are authorized to be appropriated to carry out the sections in Subtitle G (Sec. 6061-6066).

**Sec. 6072. Medicare Payment Advisory Commission Report on Opioid Payment, Adverse Incentives, and Data under the Medicare Program**

This section calls for the Medicare Payment Advisory Commission to submit to Congress a report on: 1) how Medicare pays for opioid and non-opioid pain management treatments; 2) incentives under the hospital inpatient prospective payment system for prescribing opioids and non-opioids; and 3) how opioid use is tracked and monitored through Medicare claims data and other mechanisms.

**Sec. 6073. No Additional Funds Authorized**

This section notes that no funds are authorized to be appropriated for carrying out subtitle H of this Act.

**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**

This section calls for the Secretary of HHS to review payments under the Medicare prospective payment system for opioids and non-opioid alternatives for pain management in order to ensure that there aren't financial incentives to use opioids instead of non-opioid alternatives.

**Sec. 6083. Expanding Access under the Medicare Program to Addiction Treatment in Federally Qualified Health Centers (FQHC) and Rural Health Clinics**

This section authorizes additional Medicare payments to be made to federal qualified health centers (FQHCs) and rural health clinics that have a DATA-waivered physician or practitioner to treat substance use disorders. This section authorizes \$6 million for FQHCs, to remain available until expended, and \$2 million for rural health clinics, to remain available until expended.

**Sec. 6084. Studying the Availability of Supplemental Benefits Designed to Treat or Prevent Substance Use Disorders under Medicare Advantage Plans**

This section requires the Secretary of HHS to submit to Congress a report on the availability of supplemental health care benefits to treat or prevent substance use disorders under Medicare Advantage plans. The report will review Medicare Advantage coverage of MAT, counseling, peer supports, or other treatments; non-opioid alternatives to treat pain; challenges of offering supplemental benefits related to SUD treatment; the impact of increasing the applicable rebate percentage for plans offering SUD treatment; and ways to improve coverage for SUD treatment.

**Sec. 6085. Clinical Psychologist Services Models under the Center for Medicare and Medicaid Innovation; GAO Study and Report**

The Center for Medicare and Medicaid Innovation tests innovative payment and service delivery models to reduce program expenditures. This section expands the criteria of CMI testing models to include: supporting ways to familiarize individuals with their coverage for qualified psychologist services; and exploring ways to avoid unnecessary hospitalization or emergency department visits for mental health and behavioral health services through a 24/7 help line that may help inform individuals about the availability of treatment options, including psychologist services.

This section also requires the Comptroller General to conduct and submit to Congress a study on mental and behavioral health services under the Medicare program. The report will include information about services furnished by psychiatrists, clinical psychologists, and other professionals, and ways that Medicare beneficiaries familiarize themselves about the availability of Medicare payment for qualified psychologist services.

**Sec. 6086. Todd Graham Pain Management Study**

This section authorizes the Secretary of HHS to conduct a study and submit to Congress a report analyzing best practices and payment/coverage for pain management services under Medicare.

**Sec. 6092. Developing Guidance on Pain Management and Opioid Use Disorder Prevention for Hospitals Receiving Payment under Part A of the Medicare Program**

This section calls for the Secretary of HHS to develop and publish on the CMS website 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 Programs**

This section establishes a technical expert panel for the purposes of reviewing quality measures related to opioids and opioid use disorders under the Medicare program.

**Sec. 6094. Technical Expert Panel on Reducing Surgical Setting Opioid Use; Data Collection on Perioperative Opioid Use**

This section establishes a technical expert panel to provide recommendations on reducing opioid use in inpatient and outpatient surgical settings and on best practices for pain management.

**Sec. 6095. Requiring the Posting and Periodic Update of Opioid Prescribing Guidance for Medicare Beneficiaries**

This section requires the Secretary of HHS to post on the CMS website all guidance published by HHS on/after January 1, 2016 on prescribing of opioids for individuals covered under Medicare Part A or Part B. The guidance shall be updated periodically.

**Section 6102. Requiring Medicare Advantage plans and part D prescription drug plans to include information on risks associated with opioids and coverage of nonpharmacological therapies and nonopioid medications or devices used to treat pain**

This provision requires MA plans, for plan year 2021 and each subsequent plan year, to provide information to beneficiaries on the risks associated with prolonged opioid use and coverage of nonpharmacological therapies, devices, and non-opioid medications. It allows plans the flexibility to target this information to a specific subset of enrollees, such as those prescribed an opioid in the previous two years. It also allows for the information to be provided via either electronic or postal mail.

**Section 6103. Requiring Medicare Advantage plans and prescription drug plans to provide information on the safe disposal of prescription drugs**

This section requires plans, after January 1, 2021, that provide in-home risk assessments to ensure that during such assessment information is provided to Medicare beneficiaries on the safe disposal of prescription drugs that are controlled substances. After January 1, 2021, plans are also required through their MTM Programs to provide enrollees information on cost-effective means for safe disposal of controlled substances.

#### **Section 6104. Revising measures used under the Hospital Consumer Assessment of Healthcare Providers and Systems survey relating to pain management**

This section requires that starting in 2020, the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey may not include questions about communication by hospital staff with an individual about pain unless such questions take into account whether a patient experiencing pain was informed about the risks of opioids and about non-opioid alternatives for pain management.

#### **Section 6111. Fighting the opioid epidemic with sunshine**

This provision enhances the CMS-run Open Payments, or “sunshine” program, by expanding the types of professionals for whom a drug and device manufacturer are required to report when the manufacturer provides something of value to include: physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, and certified nurse midwives. The bill sunsets the prohibition that prevents inclusion of the unique identification number, known as the National Provider Identifier, for all professionals and other entities displayed on the CMS Open Payments website.

### **TITLE VII—PUBLIC HEALTH PROVISIONS**

#### **Sec. 7001. Report on Effects on Public Health of Synthetic Drug Use**

Requires the Sec. of HHS, in coordination with the Surgeon General, to submit a report to Congress on the effects of psychoactive substances, including synthetic drug use, among adolescents and young adults.

#### **Section 7002. First responder training**

This section expands the First Responder grant program authorized by the Comprehensive Addiction and Recovery Act of 2016 (CARA), which was designed to allow first responders to administer a drug or device, like naloxone, to treat an opioid overdose, to include training on safety around fentanyl, carfentanil, and other dangerous licit and illicit drugs. This section authorizes \$36 million for each of FY 2019-2023 (the original authorization level in CARA was \$12 million).

#### **Section 7011. Pilot program for public health laboratories to detect fentanyl and other synthetic opioids**

This section authorizes the Sec. of HHS to establish a grant program to federal, State, and local agencies to improve coordination between public health laboratories and laboratories operated by law enforcement agencies, such as Customs and Border Protection (CBP) and the Drug Enforcement Administration (DEA), to improve detection of synthetic opioids, including fentanyl and its analogues. This section authorizes \$15 million for each of FY 2019- 2023.

#### **Sec. 7021. Establishment of Substance Use Disorder Information Dashboard**

This section calls for the Secretary of HHS, in consultation with the Director of the Office of National Drug Control Policy (ONDCP), to establish and periodically update a public information dashboard that coordinates information on programs within HHS related to the reduction of substance use disorders, including opioid use disorders; provide publicly available data on SUDs; provide regional and population-specific SUD prevention and treatment strategy data; provide recommendations on alternatives to controlled substances for pain management; provide guidelines and best practices for health care providers regarding SUD treatment.

#### **Section 7022. Interdepartmental Substance Use Disorder Coordinating Committee**

This section requires the Secretary of HHS, in coordination with the Director of the Office of National Drug Control Policy (ONDCP), to establish an interdepartmental committee to coordinate federal activities related to substance use disorders. Federal members will include the Secretary of HHS, who shall serve as the Chair

of the Committee; Attorney General; Secretary of Labor; Secretary of Housing and Urban Development; Secretary of Education; Secretary of Veterans Affairs; Commissioner of Social Security; Assistant Secretary for Mental Health and Substance Use; Director of National Drug Control Policy; representatives of other Federal agencies that support or conduct activities or programs related to substance use disorders, as determined appropriate by the Secretary. There will also be 15 non-federal members of the Committee, and **two of those members will be State alcohol and drug agency directors.**

The Committee's duties include:

- (1) identify areas for improved Federal coordination of substance use-related activities
- (2) identify and provide to the Secretary recommendations for improving Federal programs for the prevention and treatment of, and recovery from, substance use disorders
- (3) analyze substance use disorder prevention and treatment strategies in different regions of and populations in the United States and evaluate the extent to which Federal substance use disorder prevention and treatment strategies are aligned with State and local substance use disorder prevention and treatment strategies;
- (4) make recommendations to the Secretary regarding any appropriate changes with respect to the activities and strategies described in paragraphs (1) through (3);
- (5) make recommendations to the Secretary regarding public participation in decisions relating to substance use disorders and the process by which public feedback can be better integrated into such decisions; and
- (6) make recommendations to ensure that substance use disorder research, services, supports, and prevention activities of the Department of Health and Human Services and other Federal agencies are not unnecessarily duplicative.

The Committee will meet twice per year, and will publish an annual report on the HHS website any findings from its activities. The Committee will sunset 6 years after it is established.

### **Section 7023. National milestones to measure success in curtailing the opioid crisis**

This provision requires the Secretary of HHS, in coordination with the DEA Administrator and ONDCP Director, to develop or identify existing national indicators (or "milestones") to measure success in curtailing the opioid crisis, with the goal of significantly reversing the incidence and prevalence of opioid misuse and abuse and opioid-related morbidity and mortality in the United States within 5 years of enactment.

The national milestones under shall include the following:

- (1) Not fewer than 10 indicators or metrics to accurately and expediently measure progress in meeting the goal described in subsection (a), which shall, as appropriate, include, indicators or metrics related to—
  - (A) the number of fatal and non-fatal opioid overdoses;
  - (B) the number of emergency room visits related to opioid misuse and abuse;
  - (C) the number of individuals in sustained recovery from opioid use disorder;
  - (D) the number of infections associated with illicit drug use, such as HIV, viral hepatitis, and infective endocarditis, and available capacity for treating such infections;
  - (E) the number of providers prescribing medication-assisted treatment for opioid use disorders, including in primary care settings, community health centers, jails, and prisons;
  - (F) the number of individuals receiving treatment for opioid use disorder; and
  - (G) additional indicators or metrics, as appropriate, such as metrics pertaining to specific populations, including women and children, American Indians and Alaskan Natives, individuals living in rural and non-urban areas, and justice-involved populations, that would further clarify the progress made in addressing the opioid crisis.
- (2) A reasonable goal, such as a percentage decrease or other specified metric, and annual targets to help achieve that goal.

### **Section 7024. Study on prescribing limits**

This section requires HHS, in consultation with the Attorney General (AG), to submit to Congress a report on the impact of federal and state laws and regulations that limit the length, quantity, or dosage of opioid

prescriptions.

### Section 7031. National Recovery Housing Best Practices

This section amends part D of title V of the Public Health Service Act to **authorize the Sec. of HHS to identify or facilitate the development of best practices for operating recovery housing.** The Sec. will identify/develop these best practices in consultation with relevant divisions of HHS, including the Substance Abuse and Mental Health Services Administration, the Office of Inspector General, the Indian Health Service, and the Centers for Medicare & Medicaid Services, the Secretary of Housing and Urban Development; directors or commissioners, as applicable, of State health departments, tribal health departments, State Medicaid programs, and State insurance agencies; representatives of health insurance issuers; national accrediting entities and reputable providers of, and analysts of, recovery housing services, including Indian tribes, tribal organizations, and tribally designated housing entities that provide recovery housing services; individuals with a history of substance use disorder; other stakeholders identified by the Sec. of HHS; and the Attorney General.

In identifying/developing best practices, the Secretary shall identify or develop indicators, which may include indicators related to: unusual billing practices; average lengths of stays; excessive levels of drug testing (in terms of cost or frequency); and unusually high levels of recidivism.

**Best practices will be disseminated by the Sec. of HHS to State agencies** (which may include the provision of technical assistance to State agencies seeking to adopt or implement such best practices); Indian tribes, tribal organizations, and tribally designated housing entities; the Attorney General; the Secretary of Labor; the Secretary of Housing and Urban Development; State and local law enforcement agencies; health insurance issuers; recovery housing entities; and the public.

The term “recovery housing” is defined in this section as shared living environment free from alcohol and illicit drug use and centered on peer support and connection to services that promote sustained recovery from substance use disorders. This section authorizes \$3 million for each of FY 2019-2021.

### Section 7041. Unique research initiatives

This section amends section 402(n)(1) of the Public Health Service Act to allow the National Institutes of Health (NIH) to use its “other transactions authority” for high impact cutting-edge research that fosters scientific creativity and increases fundamental biological understanding leading to the prevention, diagnosis, or treatment of diseases and disorders, or research urgently required to respond to a public health threat.

### Section 7042. Pain research

This section amends section 409J(b) of the Public Health Service Act to update the scope of the Interagency Pain Research Coordinating Committee to identify risk factors for, and early warning signs of, substance use disorders, and summarize advances in pain care research supported or conducted by the federal government, including information on best practices for the utilization of non-pharmacologic treatments, non-addictive medical products, and other drugs approved, or devices approved or cleared, by the Food and Drug Administration.

### Sec. 7051. Inclusion of Opioid Addiction History in Patient Records

Calls for HHS to develop/identify best practices on the circumstances under which OUD information, only at a patient’s request, be prominently displayed on medical records (including EHR). Best practices will be disseminated to health care providers and State agencies.

In identifying or facilitating the development of best practices the Secretary, in consultation with appropriate stakeholders, shall consider the following:

- (1) The potential for addiction relapse or overdose, including overdose death, when opioid medications are prescribed to a patient recovering from opioid use disorder.
- (2) The benefits of displaying information about a patient’s opioid use disorder history in a manner similar to

other potentially lethal medical concerns, including drug allergies and contraindications.

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

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

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

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

### **Sec. 7052. Communication with Families During Emergencies**

This section authorizes the Sec. of HHS to annually notify health care providers regarding permitted disclosures during health emergencies, including overdoses, of certain health information to families, caregivers, and health care providers.

### **Section 7053. Development and dissemination of model training programs for substance use disorder patient records**

This provision requires HHS to identify model programs and materials to better train and educate providers, patients and families regarding the permitted uses and disclosures of patient records related to treatment for substance use disorders.

This section authorizes \$4,000,000 for fiscal year 2019; \$2,000,000 for each of fiscal years 2020-2021; and \$1,000,000 for each of fiscal years 2022-2023.

### **Section 7061. Report on addressing maternal and infant health in the opioid crisis**

This section requires the Secretary of HHS to issue a report to Congress offering recommendations for pain management practices during pregnancy and for prevention, identification, and reduction of opioid and other substance use disorders during pregnancy.

### **Section 7062: Protecting Moms and Infants**

This section calls for the Sec. of HHS to submit to Congress a report on the implementation of the Final Strategy of the Protecting Our Infants Act of 2015 (P.L. 114–91) relating to prenatal opioid use, including neonatal abstinence syndrome (NAS).

Additionally, this section **changes the authorization of the Residential Treatment Program for Pregnant and Postpartum Women within the Substance Abuse and Mental Health Services Administration (SAMHSA) from \$16,900,000 for each of FY 2017-2021 to \$29,931,000 for each of FY 2019-2023.**

### **Section 7063: Early Interventions Pregnant Women and Infants**

This section amends section 515(b) of the Public Health Service Act by requiring the CDC to develop educational materials for clinicians to use with pregnant women for shared decision-making regarding pain management during pregnancy.

This section also amends Section 507(b) of the Public Health Service Act by requiring the Director of the Center for Substance Abuse Treatment (CSAT) within SAMHSA to include in their duties:

- in cooperation with the Secretary of HHS, implement and disseminate the recommendations in the Protecting Our Infants Act: Final Strategy final report from 2017; and
- in cooperation with relevant stakeholders, support public-private partnerships to assist with education about, and support with respect to, substance use disorder for pregnant women and health care providers who treat pregnant women and babies.

### Section 7064. Prenatal and postnatal health

This section amends section 317L of the Public Health Service Act to authorize the Director of the CDC to collect and analyze data on neonatal abstinence syndrome and other outcomes related to prenatal substance abuse and misuse, including prenatal opioid abuse and misuse.

### Sec. 7065. Plans of Safe Care

This section amends section 105(a) of the Child Abuse Prevention and Treatment Act (CAPTA) by adding that the Sec. of HHS is authorized to make **grants to States for the purpose of assisting child welfare agencies, social services agencies, substance use disorder treatment agencies, hospitals with labor and delivery units, medical staff, public health and mental health agencies, and maternal and child health agencies to facilitate collaboration in developing, updating, implementing, and monitoring plans of safe care.**

A State's application for this grant shall describe:

- (I) the impact of substance use disorder in the State
- (II) the challenges the State faces in developing, implementing, and monitoring plans of safe care
- (III) the State's lead agency for the grant program and **how that agency will coordinate with relevant State entities and programs, including the substance use disorder treatment agency**, child welfare agency, hospitals with labor and delivery units, health care providers, the public health and mental health agencies, programs funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) that provide substance use disorder treatment for women, the State Medicaid program, the State agency administering the block grant program under title V of the Social Security Act, the State agency administering the programs funded under part C of the Individuals with Disabilities Education Act, the maternal, infant, and early childhood home visiting program under section 511 of the Social Security Act, the State judicial system, and other agencies, as determined by the Secretary, and Indian Tribes and tribal organizations, as appropriate, to implement the activities under this paragraph;
- (IV) how the State will monitor local development and implementation of plans of safe care, including how the State will monitor to ensure plans of safe care address differences between substance use disorder and medically supervised substance use, including for the treatment of a substance use disorder;
- (V) if applicable, how the State plans to utilize funding authorized under part E of title IV of the Social Security Act to assist in carrying out any plan of safe care for mental health and substance use prevention and treatment services and in-home parent skill-based programs, and for children with a parent in a licensed residential family-based treatment facility for substance abuse; and
- (VI) an assessment of the treatment and other services and programs available in the State to effectively carry out any plan of safe care developed, including identification of needed treatment, and other services and programs to ensure the well-being of young children and their families affected by substance use disorder.

Allowable uses of grant funds, which may be carried out by the State directly, or through grants or subgrants, contracts, or cooperative agreements, may include:

- (i) Improving State and local systems with respect to the development and implementation of plans of safe care
- (ii) Developing policies, procedures, or protocols in consultation and coordination with health professionals, public and private health facilities, and substance use disorder treatment agencies to ensure that— (I) appropriate notification to child protective services is made in a timely manner; (II) a plan of safe care is in place before the infant is discharged from the birth or health care facility; and (III) such health and related agency professionals are trained on how to follow such protocols and are aware of the supports that may be provided under a plan of safe care.
- (iii) Training health professionals and health system leaders, child welfare workers, substance use disorder treatment agencies, and other related professionals such as home visiting agency staff and law enforcement in relevant topics including— (I) State mandatory reporting laws and the referral and process requirements for notification to child protective services when child abuse or neglect reporting is not mandated; (II) the co-occurrence of pregnancy and substance use

- disorder, and implications of prenatal exposure; (III) the clinical guidance about treating substance use disorder in pregnant and postpartum women; (IV) appropriate screening and interventions for infants affected by substance use disorder, withdrawal symptoms, or a fetal alcohol spectrum disorder; and (V) appropriate multigenerational strategies to address the mental health needs of the parent and child together.
- (iv) Establishing partnerships, agreements, or memoranda of understanding between the lead agency and other entities to facilitate the implementation of, and compliance with, areas which may include— (I) developing a comprehensive, multi-disciplinary assessment and intervention process for infants, pregnant women, and their families who are affected by substance use disorder, withdrawal symptoms, or a fetal alcohol spectrum disorder, that includes meaningful engagement with and takes into account the unique needs of each family and addresses differences between medically supervised substance use, including for the treatment of substance use disorder, and substance use disorder; (II) ensuring that treatment approaches for serving infants, pregnant women, and perinatal and postnatal women whose infants may be affected by substance use, withdrawal symptoms, or a fetal alcohol spectrum disorder, are designed to, where appropriate, keep infants with their mothers during both inpatient and outpatient treatment; and (III) increasing access to all evidence-based medication-assisted treatment approved by the Food and Drug Administration (FDA), behavioral therapy, and counseling services for the treatment of substance use disorders, as appropriate.
  - (v) Developing and updating systems of technology for improved data collection and monitoring, including existing electronic medical records, to measure the outcomes achieved through the plans of safe care, including monitoring systems to meet the requirements of this Act and submission of performance measures.

Each State that receives funds under this grant program shall submit an annual report to the Secretary of HHS that includes the number of infants who experienced removal associated with parental substance use; the number who experienced removal and subsequently are reunified with parents, and the length of time between such removal and reunification; the number who are referred to community providers without a child protection case; the number who receive services while in the care of their birth parents; the number who receive post-reunification services within 1 year after a reunification has occurred; and the number who experienced a return to out-of-home care within 1 year after reunification.

The Secretary shall submit an annual report to Congress that includes the information from the annual State reports, and recommendations or observations on the challenges, successes, and lessons derived from implementation of the grant program.

This section authorizes the Secretary of HHS to provide written guidance and technical assistance to support States in complying with and implementing this Plans of Safe Care.

The authority under this section shall sunset on September 30, 2023.

#### **Sec. 7071. Loan Repayment Program for Substance Use Disorder Treatment Workforce**

This section authorizes the Sec. of HHS, acting through the Administrator of the Health Resources and Services Administration (HRSA), to carry out a loan repayment program for individuals who complete a period of service in a substance use disorder treatment job in a mental health professional shortage area or a county where the drug overdose death rate is higher than the national average. Any individual receiving payments under this program shall agree to an annual commitment to full-time employment, with no more than 1 year passing between any 2 years of covered employment. The repayment program shall pay one-sixth of the principal and interest on any eligible loan for each year of service; the maximum total amount of repayment by the program is \$250,000 per individual.

This section also requires the Sec. of HHS to submit to Congress, within 5 years of enactment of this Act, a report on the number and location of borrowers who have qualified for loan repayments, and the impact of the loan repayment program on SUD treatment employees. This section authorizes \$25 million for each of



FY 2019-2028.

### **Sec. 7072. Clarification regarding service in schools and other community-based settings**

This section allows mental and behavioral health providers participating in the National Health Service Corps (NHSC) scholarship program to provide care at a school or other community-based setting located in a health professional shortage area as part of their obligated service requirements.

### **Section 7073. Programs for health care workforce**

This section amends section 759 of the Public Health Service Act to require education and training in pain care grant recipients to develop comprehensive education and training plans that include information on the dangers of opioid misuse, early warning signs of opioid use disorders, safe disposal options, and other innovative deactivation mechanisms. This section also requires pain care education and training grantees to include alternatives to opioid pain treatment, such as non-addictive and non-opioid pain treatments, and non-pharmacologic medical products. In addition, this section updates section 756 of the Public Health Service Act in order for mental and “behavioral health” education and training grantees to support trauma-informed care.

### **Sec. 7081. Program to Support Emergency Room Discharge and Care Coordination for Drug Overdose Patients**

This section authorizes the Sec. of HHS to identify or facilitate the development of best practices for:

- (1) emergency treatment of known or suspected drug overdose;
- (2) the use of recovery coaches, as appropriate, to encourage individuals who experience a non-fatal overdose to seek treatment for substance use disorder and to support coordination and continuation of care;
- (3) coordination and continuation of care and treatment, including, as appropriate, through referrals, of individuals after a drug overdose; and
- (4) the provision or prescribing of overdose reversal medication, as appropriate.

This section also authorizes the Secretary of HHS to establish a grant program to support the implementation of programs for the care and treatment of patients who have survived an overdose. **Eligible applicants include: a State substance abuse agency; an Indian Tribe or tribal organization; or an entity that offers treatment or other services for individuals in response to a drug overdose, such as an emergency department, in consultation with a State substance abuse agency.**

Required uses of the grant funds include: (A) To hire or utilize recovery coaches by connecting patients to a continuum of services (e.g. treatment programs, recovery support programs, employers, housing services, etc.); providing education on overdose prevention and reversal to patients and families; providing follow-up services to ensure connection to support services; collecting and evaluating outcome data for patients receiving recovery coaching services, including culturally appropriate services; (B) To establish policies and procedures that address the provision of overdose reversal medication, all FDA-approved medications for the treatment of substance use disorders, and all licensed biological products to treat substance use disorder, and; (C) To establish integrated models of care for individuals who have experienced a non-fatal drug overdose, which may include patient assessment, follow up, and transportation to treatment facilities.

Allowable uses of grant funds include the provision—directly, or through contractual arrangements—of: all FDA-approved/cleared drugs or devices and biological products to treat substance use disorders or reverse overdose; (B) withdrawal and detoxification services that include patient evaluation, stabilization, and preparation for treatment of substance use disorder; or (C) mental health services provided by a certified professional.

Grantees shall be required to submit to the Secretary of HHS an annual report on the number of individuals treated onsite, the number of individuals administered medication-assisted treatment by the entity; the number of individuals referred by the entity to other treatment facilities after a non-fatal overdose, the types of such other facilities, and the number of such individuals admitted to such other facilities pursuant to such referrals; and the frequency and number of patients with reoccurrences, including readmissions for non-fatal

overdoses and evidence of relapse related to substance use disorder. Not later than 5 years after enactment of this Act, the Secretary shall submit to Congress a report on the program that includes an evaluation of its effectiveness.

A “recovery coach” is defined in this section as someone with knowledge of, or experience with, recovery from a substance use disorder, and who has completed training from a recovery services organization.

This section authorizes \$10 million for each of FY 2019-2023.

#### **Section 7091. Emergency Department Alternatives to Opioids Demonstration Project**

This section authorizes the Secretary of HHS to provide demonstration grants to hospitals and emergency departments to develop, implement, or study alternatives to opioids for pain management. Grants under shall be used to: (A) target treatment approaches for painful conditions; (B) train providers and other hospital personnel on protocols or best practices related to the use and prescription of opioids and alternatives to opioids for pain management in the emergency department; and (C) develop or continue strategies to provide alternatives to opioids, as appropriate.

This section also authorizes the Secretary to identify or facilitate the development of best practices on alternatives to opioids for pain management and provide technical assistance to hospitals and other acute care settings on alternatives to opioids for pain management. The technical assistance provided shall be for the purpose of:

- utilizing information from grant recipients that have successfully implemented alternatives to opioids programs;
- identifying or facilitating the development of best practices on the use of alternatives to opioids, which may include pain management strategies that involve non-addictive medical products, non-pharmacologic treatments, and technologies or techniques to identify patients at risk for opioid use disorder;
- identifying or facilitating the development of best practices on the use of alternatives to opioids that target common painful conditions and include certain patient populations, such as geriatric patients, pregnant women, and children;
- disseminating information on the use of alternatives to opioids to providers in acute care settings, which may include emergency departments, outpatient clinics, critical access hospitals, and Federally qualified health centers, Indian Health Service Health Facilities, and tribal hospitals.

Grantees shall submit an annual progress report to the Sec. of HHS, and the Secretary shall submit to Congress—not later than 1 year after the completion of the demonstration project—a report on the program’s results.

This section authorizes \$10 million for each of FY 2019-2021.

#### **Sec. 7101. Establishment of Regional Centers of Excellence in Substance Use Disorder Education**

This section authorizes the Secretary of HHS to designate and support Regional Centers of Excellence in SUD Education to enhance and improve how health professionals are educated about substance use prevention, treatment, and recovery.

To be eligible to receive a cooperative agreement, an entity shall:

- (1) be an accredited entity that offers education to students in various health professions, such as a teaching hospital, a medical school, a certified behavioral health clinic; or any other health professions school, school of public health, or Cooperative Extension Program at institutions of higher education, engaged in the prevention, treatment, or recovery of substance use disorders;
- (2) demonstrate community engagement and partnerships with community stakeholders, including entities that train health professionals, mental health counselors, social workers, peer recovery specialists, substance

use treatment programs, community health centers, physician offices, certified behavioral health clinics, research institutions, and law enforcement; and  
(3) submit to the Secretary an application.

Grantees shall develop, evaluate, and distribute evidence-based resources on prevention, treatment, and recovery for substance use disorders. Such resources may include information on:

- (1) the neurology and pathology of substance use disorders;
- (2) advancements in the treatment of substance use disorders;
- (3) techniques and best practices to support recovery from substance use disorders;
- (4) strategies for the prevention and treatment of, and recovery from substance use disorders across patient populations; and
- (5) other relevant topics.

The Secretary shall evaluate each project carried out by a Regional Center of Excellence in Substance Use Disorder Education and shall disseminate the findings with respect to each such evaluation to appropriate public and private entities.

This section authorizes \$4 million for each of FY 2019-2023.

### **Sec. 7102. Youth Prevention and Recovery**

This section amends section 514 of the Public Health Service Act, related to substance use disorder treatment services for children and adolescents. The statute is amended by replacing “children and adolescents” with “children, adolescents, and young adults.”

This section also authorizes the Sec. of HHS, in consultation with the Sec. of Education, to award **3-year competitive grants to eligible entities—in coordination with State agencies responsible for carrying out substance use disorder prevention and treatment programs—to carry out evidence-based or promising programs for:**

- **prevention of substance use by children, adolescents, and young adults;**
- **recovery support services for children, adolescents, and young adults, which may include counseling, job training, linkages to community-based services, family support groups, peer mentoring, and recovery coaching; or**
- **treatment or referrals for treatment of substance use disorders, which may include the use of medication-assisted treatment, as appropriate.**

Eligible entities for the grant program include: a local educational agency (LEA) that is seeking to establish or expand substance use prevention and recovery support services at one or more high schools; a State educational agency; an institution of higher education; a recovery program at an institution of higher education; a local board or one-stop operator; or a nonprofit organization, excluding a school; a State, political subdivision of a State, Indian tribe, or tribal organization; or a high school or dormitory service high school students that receives funding from a Bureau of Indian Education.

Additionally, this section authorizes the Secretary of HHS, in consultation with the Sec. of Education and other heads of agencies, including the Assistant Secretary for Mental Health and Substance Use and the Administrator of the Health Resources and Services Administration (HRSA), to establish a resource center to provide technical support to grantees.

This section also authorizes the Secretary of HHS, in consultation with the Secretary of Education, to identify or facilitate the development of evidence-based **best practices for the prevention of substance use by children, adolescents, and young adults**, including for specific populations such as youth in foster care, homeless youth, out-of-school youth, and youth at risk of trafficking. The best practices shall address: (i) primary prevention; (ii) appropriate recovery support services; (iii) appropriate use of medication-assisted

treatment, and ways of overcoming barriers to the use of medication-assisted treatment; and (iv) efficient and effective communication, which may include the use of social media, to maximize outreach efforts.

The Sec. of HHS, in consultation with Secretary of Education, shall disseminate the best practices to local educational agencies, schools and dorms funded by the Bureau of Indian Education, higher education institutions, recovery programs in higher education settings, local boards, one-stop operators, and nonprofit organizations.

This section authorizes \$10 million for each of FY 2019-2023.

#### **Section 7111. Information from National Mental Health and Substance Use Policy Laboratory**

This section amends section 501A(b) of the Public Health Service Act to authorize the National Mental Health and Substance Use Policy Laboratory to issue and periodically update guidance for entities applying for grants from the Substance Abuse and Mental Health Services Administration (SAMHSA) in order to:

- (A) encourage the implementation and replication of evidence-based practices; and
- (B) provide technical assistance to applicants for funding, including with respect to justifications for programs and activities.

#### **Sec. 7121. Comprehensive Opioid Recovery Centers**

This section authorizes the Sec. of HHS to establish a grant program to develop at least 10 Comprehensive Opioid Recovery Centers (CORCs). Eligible applicants are entities that offer treatment and other services for individuals with a substance use disorder. Grants will last 3-5 years and may be renewed on a competitive basis. CORCs shall, at a minimum, provide, either directly or by contracting with other entities:

- Community outreach
  - Train and supervise outreach staff to work with State and local health departments, health care providers, the Indian Health Service, State and local educational agencies, schools funded by the Indian Bureau of Education, institutions of higher education, State and local workforce development boards, State and local community action agencies, public safety officials, first responders, Indian Tribes, child welfare agencies, as appropriate, and other community partners and the public, including patients, to identify and respond to community needs.
  - Disseminate and make available online evidence-based resources that educate professionals and the public on opioid use disorder and other substance use disorders, including co-occurring mental and substance use disorders.
- Intake, evaluations, and periodic patient assessments meet the individualized clinical needs of patients, including by reviewing patient placement in treatment settings to support recovery
- All FDA-approved drugs and devices for substance use disorder treatment or overdose reversal
- Withdrawal management, including detoxification
- Counseling
- Treatment for patients with co-occurring mental and substance use disorders
- Testing for infectious diseases
- Case management
- Residential rehabilitation
- Recovery housing
- Community-based peer recovery support
- Job training and placement
- On-site pharmacy
- Establish and operate a secure and confidential electronic health information system
- Family support services (e.g. child care, family counseling, and parenting interventions)

Grantees shall submit to the Secretary no later than 90 days after the end of the first grant year, and annually thereafter, data on programs and activities funded by the grant, health outcome of service recipients, and

retention rate of program participants. Not later than 3 years after enactment of this Act, the Secretary shall submit to Congress a preliminary report that analyzes grantees' data, and not later than 2 years after that, the Secretary shall submit a final report to Congress.

This section authorizes \$10 million for each of FY 2019-2023.

#### **Section 7131. CDC Surveillance and Data Collection for Child, Youth, and Adult Trauma**

This section calls for the for Director of the CDC, in cooperation with the States, to collect and report data on adverse childhood experiences through the Behavioral Risk Factor Surveillance System (BRFSS), the Youth Risk Behavior Surveillance System, and other relevant surveys.

This section authorizes \$2 million for each of FY 2019-2023.

#### **Section 7132. Task Force to Develop Best Practices for Trauma-Informed Identification, Referral, and Support**

This section establishes an Interagency Task Force on Trauma-Informed Care. Members would include heads of the following agencies: CMS, SAMHSA, AHRQ, CDC, IHS, VA, NIH, FDA, HRSA, DoD, Office of Minority Health, ACF, ASPE, OCR within HHS, OJJDP, and others. The Assistant Secretary for MH & SU would be the Chairperson of the task force.

The task force shall identify, evaluate, and make recommendations to the general public as well as the Secretaries of Education, HHS, Labor, Interior, the AG, and Congress regarding:

- A set of evidence-based, evidence-informed, and promising best practices with respect to the identification of infants, children, youth, and their families who have experienced or at risk of experiencing trauma, and the referral and implementation of trauma-informed practices and supports.
- A national strategy on how the task force will collaborate and implement a coordinated approach
- Existing federal grant programs to disseminate best practices on, provide training in, or deliver services through, trauma informed practices.

The Task Force shall develop best practices based on these considerations.

This section authorizes such sums as may be necessary for each of FY 2019 through 2022.

#### **Section 7133. National Child Traumatic Stress Initiative**

Authorizes \$63,887,000 for each of FY 2019-2023 for the National Child Traumatic Stress Initiative.

#### **Section 7134. Grants to Improve Trauma Support Services and Mental Health Care for Children and Youth in Educational Settings**

This section authorizes the Secretary of HHS, in coordination with the Assistant Secretary for MH and SU, to award grants, or enter into contracts or cooperative agreements with, State educational agencies, local educational agencies, Indian Tribes or their tribal educational agencies, a school operated by the Bureau of Indian Education, a Regional Corporation, or a Native Hawaiian educational organization, for the purpose of increasing student access to evidence-based trauma support services and mental health care by developing innovative initiatives, activities, or programs to link local school systems with local trauma-informed support and mental health systems, including those under the Indian Health Service. The program would **connect eligible entities with local trauma-informed support and mental health systems.**

Grant/contract/cooperative agreement funds shall be used for any of the following:

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

- (2) To implement schoolwide positive behavioral interventions and supports, or other trauma-informed models of support.
- (3) To provide trauma-related professional development to teachers, teacher assistants, school leaders, specialized instructional support personnel, and mental health professionals
- (4) Services at a full-service community school that focuses on trauma-informed supports, which may include a full-time site coordinator
- (5) Engaging families and communities in efforts to increase awareness of child and youth trauma, which may include sharing best practices with law enforcement regarding trauma-informed care and working with mental health professionals to provide interventions, as well as longer term coordinated care within the community for children and youth who have experienced trauma and their families.
- (6) To provide technical assistance to school systems and mental health agencies.
- (7) To evaluate the effectiveness of the program in increasing student access to evidence-based trauma support services and mental health care.
- (8) To establish partnerships with or provide subgrants to Head Start agencies, public and private preschool programs, child care programs (including home-based providers), or other entities in order to provide, develop, or improve prevention, screening, referral, and treatment and support services to young children and their families.

This section authorizes \$50 million for each of FY 2019 through 2023.

#### **Sec. 7135. Recognizing Early Childhood Trauma Related to Substance Abuse**

This section calls for the Sec. of HHS to disseminate information, resources, and technical assistance to early child care and education providers and professionals working with young children on: (1) ways to properly recognize children who may be impacted by trauma related to substance abuse by a family member or other adult; and (2) how to respond appropriately in order to provide for the safety and well-being of young children and their families.

The information, resources, and technical assistance shall:

- (1) educate early childhood care and education providers and professionals working with young children on understanding and identifying the early signs and risk factors of children who might be impacted by trauma due to exposure to substance abuse;
- (2) suggest age-appropriate communication tools, procedures, and practices for trauma-informed care, including ways to prevent or mitigate the effects of trauma;
- (3) provide options for responding to children impacted by trauma due to exposure to substance abuse that consider the needs of the child and family, including recommending resources and referrals for evidence-based services to support such family; and
- (4) promote whole-family and multi-generational approaches to prevent separation and support reunification of families whenever possible and in the best interest of the child.

#### **Sec. 7152. Reauthorization and Expansion of Program of Surveillance and Education Regarding Infections Associated with Illicit Drug Use and Other Risk Factors**

This section authorizes the Sec. of HHS to provide for (directly and through grants) programs for the following:

- (1) To cooperate with the States and Indian tribes in implementing or maintaining a surveillance system to determine the incidence of infections commonly associated with illicit drug use, including infections commonly associated with injection drug use such as viral hepatitis, HIV, and infective endocarditis, and to assist the States in determining the prevalence of such infections.
- (2) To identify, counsel, and offer testing to individuals who are at risk of infections as a result of injection drug use, receiving blood transfusions prior to July 1992, or other risk factors.
- (3) To provide appropriate referrals for counseling, testing, and medical treatment of individuals, and to ensure, to the extent practicable, the provision of appropriate follow-up services.

(4) To develop and disseminate public information and education programs for the detection and control of infections.

(5) To improve the education, training, and skills of health professionals in the detection and control of infections and the coordination of treatment of addiction and infectious diseases, with priority given to substance use disorder treatment providers, pediatricians and other primary care providers, obstetrician-gynecologists, infectious diseases clinicians, and HIV clinicians.

This section authorizes \$40 million for each of FY 2019-2023.

#### **Sec. 7151. Building Communities of Recovery**

This section amends the Building Communities of Recovery (BCOR) program that was first authorized in the Comprehensive Addiction and Recovery Act (CARA) of 2016 by redefining “recovery community organization” as an organization that mobilizes resources within and outside of the recovery community, including through a peer support network. This section authorizes \$5 million for each of FY 2019-2023.

#### **Sec. 7152: Peer Support Technical Assistance Center**

Authorizes Sec. of HHS, acting through the Assistant Secretary for MH and SU, to establish or operate a National Peer-Run Training and Technical Assistance Center for Addiction Recovery Support. The Center shall provide technical assistance and support to recovery community organizations and peer support networks, including assistance related to:

- training on identifying—
  - signs of substance use disorder;
  - resources to assist individuals with a substance use disorder, or resources for families of an individual with a substance use disorder; and
  - best practices for the delivery of recovery support services;
- the provision of translation services, interpretation, or other such services for clients with limited English-speaking proficiency;
- data collection to support research, including for translational research;
- capacity building; and
- evaluation and improvement, as necessary, of the effectiveness of such services provided by recovery community organizations (as defined in section 547 of the Public Health Service Act).

The TA Center established under section shall periodically issue best practices for use by recovery community organizations and peer support networks.

Authorizes \$1 million for each of FY 2019-2023.

#### **Sec. 7161. Preventing Overdoses of Controlled Substances**

This section authorizes the Director of the CDC to carry out certain controlled substances overdose prevention and surveillance activities in order to improve data collection and integration into physician clinical workflow so that timely, complete, and accurate information will get into the hands of providers and dispensers so that they can make the best clinical decisions for their patients. This section authorizes \$496 million for each of FY 2019-2023 to be used for the purposes of carrying out this section, as well as section 399O of the Public Health Service Act (controlled substance monitoring program), and section 102 of the Comprehensive Addiction and Recovery Act of 2016 (opioid awareness campaign).

#### **Sec. 7162. Prescription Drug Monitoring Program**

This section amends the Public Health Service Act’s Prescription Drug Monitoring Program (PDMP). Each fiscal year, the Secretary of HHS, acting through the Director of the Centers for Disease Control and Prevention (CDC), shall support States for the purpose of improving the efficiency and use of PDMPs, including establishment of, maintenance of, and improvements to a PDMP. States must demonstrate that they have enacted legislation or regulations to provide for the implementation of the PDMP; and to permit

the imposition of appropriate penalties for the unauthorized use and disclosure of information maintained by the PDMP.

The Secretary shall encourage a State to implement strategies that improve the reporting of dispensing in the State of a controlled substance to an ultimate user so the reporting occurs not later than 24 hours after the dispensing event; the consultation of the PDMP by each prescribing practitioner, or their designee, in the State before initiating treatment with a controlled substance, or any substance as required by the State to be reported to the PDMP, and over the course of ongoing treatment for each prescribing event; the consultation of the PDMP before dispensing a controlled substance, or any substance as required by the State to be reported to the PDMP; the proactive notification to a practitioner when patterns indicative of controlled substance misuse by a patient, including opioid misuse, are detected; the availability of data in the PDMP to other States, as allowable under State law; and the availability of nonidentifiable information to the Centers for Disease Control and Prevention (CDC) for surveillance, epidemiology, statistical research, or educational purposes.

A State receiving support under this section shall establish a program to notify practitioners and dispensers of information that will help to identify and prevent the unlawful diversion or misuse of controlled substances; and may, to the extent permitted under State law, notify the appropriate authorities responsible for carrying out drug diversion investigations if the State determines that information in the PDMP maintained by the State indicates an unlawful diversion or abuse of a controlled substance.

A State shall report on interoperability with PDMPs of other States and Federal agencies, where appropriate, intrastate interoperability with health information technology systems such as electronic health records, health information exchanges, and e-prescribing, where appropriate, and whether or not the State provides automatic, up-to-date, or daily information about a patient when a practitioner requests information about a patient. A State shall also provide the Secretary with aggregate nonidentifiable data.

#### **Section 7171. Review of substance use disorder treatment providers receiving Federal funding**

This section calls for the Secretary of Health and Human Services (HHS) to conduct a review of all entities that receive Federal funding for the purpose of providing substance use disorder treatment services. The review shall direct such entities to provide the following information:

- (1) The length of time the entity has provided substance use disorder treatment services and the geographic area served by the entity.
- (2) A detailed analysis of the patient population served by the entity, including but not limited to the number of patients, types of diagnosed substance use disorders and the demographic information of such patients, including sex, race, ethnicity, and socioeconomic status.
- (3) Detailed information on the types of substance use disorders for which the entity has the experience, capability, and capacity to provide such services.
- (4) An analysis of how the entity handles patients requiring treatment for a substance use disorder that the organization is not able to treat.
- (5) An analysis of what is needed in order to improve the entity's ability to meet the addiction treatment needs of the communities served by that entity.
- (6) Based on the identified needs of the communities served, a description of unmet needs and inadequate services and how such needs and services could be better addressed to treat individuals with methamphetamine, cocaine, including crack cocaine, heroin, opioid, and other substance use disorders.

Not later than 2 years after the date of the enactment of this Act, the Secretary shall develop and submit to Congress a plan to direct appropriate resources to entities that provide substance use disorder treatment services in order to address inadequacies in services or funding identified through the survey.

#### **Section 7181. State Response to the Opioid Abuse Crisis**



This section amends section 1003 of the 21<sup>st</sup> Century Cures Act would reauthorize and modify Section 1003 of the 21<sup>st</sup> Century Cures Act of 2016 (“Account for the state response to the opioid abuse crisis”) that established within the Department of Health and Human Services (HHS) an opioid grant program for States (the State Targeted Response to the Opioid Crisis [STR] grant program). **This section would authorize \$500 million for each of FY 2019-2021, which would remain available until expended.**

This section would authorize a **5% set-aside for Indian tribes**. It would also authorize a **15% set-aside for States with the highest age-adjusted opioid-related mortality rate** based on the ordinal ranking of States according to the Centers for Disease Control and Prevention (CDC).

The Secretary of HHS, including through SAMHSA’s Tribal Training and Technical Assistance Center, shall provide State agencies and Indian tribes, as applicable, with **technical assistance on grant application and submission procedures, award management activities, and enhancing outreach and direct support to rural and underserved communities and providers in addressing the opioid crisis.**

Additionally, this section **calls for the Secretary of HHS to submit an annual report** to the Senate Committee in Health, Education, Labor, and Pensions (HELP) and the House Committee on Energy and Commerce that summarizes the activities of grant recipients.

#### **Section 7182. Report on investigations regarding parity in mental health and substance use disorder benefits**

This section requires the Assistant Secretary of Labor of the Employee Benefits Security Administration, in collaboration with the Administrator of the Centers for Medicare & Medicaid Services (CMS) and the Secretary of the Treasury, to provide additional information in annual reports to Congress on mental health parity compliance, including information on which agencies are conducting investigations and information about any coordination with State regulators.

#### **Section 7183. CAREER Act**

This section authorizes the Sec. of HHS, in consultation with the Sec. of Labor, to continue or establish a grant program to support individuals in substance use disorder treatment and recovery to live independently and participate in the workforce. An eligible applicant is an entity that offers treatment or recovery services for individuals with substance use disorders, and partners with one or more local or State stakeholders, which may include local employers, community organizations, the local workforce development board, local and State governments, and Indian Tribes or tribal organizations, to support recovery, independent living, and participation in the workforce.

Grant funds shall be used for one or more of the following activities:

- (1) Hire case managers, care coordinators, providers of peer recovery support services, or other professionals, to provide services that support treatment, recovery, and rehabilitation, and prevent relapse, recidivism, and overdose, including by encouraging the development and strengthening of daily living skills, and the use of counseling, care coordination, and other services, as appropriate, to support recovery from substance use disorders.
- (2) Implement or utilize innovative technologies, which may include the use of telemedicine.
- (3) In coordination with the lead State agency with responsibility for a workforce investment activity or local board, provide short-term prevocational training services, and training services that are directly linked to the employment opportunities in the local area or the planning region.

This section authorizes \$5 million for each of FY 2019-2023.

### **TITLE VIII—MISCELLANEOUS**

#### **Section 8002. Customs fees**

This section amends section 13031(b)(9) of the Consolidated Omnibus Reconciliation Act of 1985 to establish a new \$1 fee on Inbound Express Mail Service items, to be split between U.S. Customs and Border Protection (CBP) and the U.S. Postal Service (USPS), for customs processing associated with the new requirements.

### **Section 8003. Mandatory advance electronic information for postal shipments**

This section amends section 343(a)(3)(K) of the Trade Act of 2002 to require USPS to transmit advance electronic data (AED) to CBP on merchandise arriving to the United States through the international mail and mandates that the agencies meet specific and detailed requirements regarding the transmission of AED – including that USPS transmit AED on at least 70 percent of international mail shipments by December 31, 2018 (including 100 percent of shipments from China), and 100 percent by December 31, 2020. This provision provides limited authority to exclude a country from the AED requirement if the CBP Commissioner determines that a country: (1) lacks the capacity to collect and transmit AED; (2) is a low risk for shipments that violate relevant U.S. laws; and (3) has low volumes of mail shipments that can be effectively screened for compliance with U.S. laws through an alternate means.

This section requires USPS to refuse shipments for which AED is not furnished after December 31, 2020, unless the agencies determine that remedial action, including other law enforcement initiatives or the failure to provide the AED, is warranted. This provision also authorizes the agencies, with the concurrence of the Secretary of State and in coordination with other Federal agencies, as appropriate, to undertake capacity building to enhance the capacity of foreign postal operators to gather and provide AED to the United States.

This section also establishes rigorous oversight mechanisms to ensure that the agencies are accountable to Congress. These accountability measures include: (1) a joint strategic plan detailing specific performance measures for achieving transmission of AED and for the percentage of targeted mail presented by USPS to CBP for inspection; (2) biannual requirements to report to Congress on the progress made in achieving the transmission of AED; and (3) annual reporting requirements on mandates established by Congress. This provision also requires the Government Accountability Office to: (1) report on the agencies' progress in achieving the legislative mandates, including an assessment of the quality of AED transmitted to CBP and the ability of USPS to present targeted shipments to CBP for inspection; and (2) make recommendations to improve USPS's compliance with the new requirements.

### **Section 8004. International postal agreements**

This section directs the State Department to secure any needed changes to international postal agreements to ensure that the United States is not in violation of those agreements. The provision further directs the State Department to consult with Congress before entering into any international postal agreement related to the ability of the United States to secure AED from foreign postal operators and to expeditiously conclude any new international postal agreement that would improve the ability of the United States to secure AED from foreign postal operators.

### **Section 8005. Cost recoupment**

This section requires USPS, to the extent practicable and permitted by law, to ensure that all costs associated with complying with this Act are charged directly to foreign shippers or foreign postal operators and clarifies that any recovery of costs under this section shall not be considered revenue for purposes of subchapter I and II of chapter 36 of title 39, United States Code.

### **Section 8006. Development of technology to detect illicit narcotics**

This section directs the Commissioner of CBP and the Postmaster General, in coordination with the heads of other Federal agencies as appropriate, to collaborate to identify and develop technology that will improve the detection of synthetic opioids, as well as other narcotics and psychoactive substances, entering the United States by mail.

**Section 8007. Civil Penalties for postal shipments**

This section establishes civil penalties if USPS accepts international mail shipments without AED after December 31, 2020 and provides the CBP Commissioner with discretion to modify the penalties upon making certain findings, including if USPS has a low error rate in compliance with this Act; is cooperating with CBP; or has taken remedial action to prevent future violations. If CBP determines that there is an ongoing lack of compliance by USPS, it may impose civil penalties until corrective action is taken.

**Section 8008. Report on violations of arrival, reporting, entry, and clearance requirements and falsity or lack of manifest**

This section requires the Commissioner of CBP to submit to the appropriate congressional committees an annual report providing information related to the effectiveness of the issuance of penalties for violations of sections 436 and 584 of the Tariff Act of 1930, as amended.

**Section 8009. Effective date; regulations**

This section provides that the changes made by this Act, other than amendments made by Section 8002, shall take effect on the date of the enactment of this Act and that regulations necessary to carry out this Act shall be prescribed not later than one year after the date of enactment of this Act.

**Section 8023. Unfair or deceptive acts or practices with respect to substance use disorder treatment service and products**

This section states that unfair or deceptive acts with respect to substance use disorder treatment services or substance use disorder treatment products are subject to civil penalties for first time violations by the Federal Trade Commission (FTC).

**Section 8041. Addressing economic and workforce impacts of the opioid crisis**

This provision authorizes the Department of Labor to award dislocated worker grants to states through the Workforce Innovation and Opportunity Act to support local workforce boards and local partnerships in tackling shortages in substance use disorder and mental health treatment workforce. Grants are targeted to provide coordinated job training and treatment services to individuals in affected communities with opioid or substance use disorder, and to support the treatment workforce in significantly impacted areas.

**Sec. 8051. Peer Support Counseling Program for Women Veterans**

This section calls for the Secretary of the VA to emphasize appointing peer support counselors for women veterans, and to recruit female peer support counselors who have expertise in gender-specific issues and services, the provision of information about services and benefits provided under laws administered by the VA, and employment mentoring.

**Section 8061. Drug Abuse Mitigation Initiative**

This section allows the Appalachian Regional Commission to support projects and activities addressing substance use, including opioid use. Projects and activities may include those that:

- facilitate the sharing of best practices among states, counties, and other experts in the region with respect to reducing drug abuse;
- initiate or expand programs designed to eliminate or reduce the harm to the workforce and economic growth of the region that results from drug abuse;
- attract and retain relevant health care services, businesses, and workers; and
- develop relevant infrastructure, including broadband infrastructure that supports the use of telemedicine.

**Section 8071. Pilot Program to help individuals in recovery from a substance use disorder become stably housed**

This section authorizes as such sums as may be necessary for each of FY 2019-2023 to assist States in the provision of stable, temporary (no more than 2 years) housing for individuals in recovery from a substance

use disorder. Amounts appropriated under this section shall be distributed according to the funding formula established by the Secretary of HUD.

### **Section 8081. Supporting Family-Focused Residential Treatment**

This section authorizes the Sec. of HHS, in consultation with the HHS divisions administering substance use disorder or child welfare programs, to develop and issue guidance to States identifying opportunities to support family-focused residential treatment. Before issuing such guidance, the Secretary shall solicit input from representatives of States, health care providers with expertise in addiction medicine, obstetrics and gynecology, neonatology, child trauma, and child development, health plans, recipients of family-focused treatment services, and other relevant stakeholders.

This guidance shall include descriptions of:

(A) Existing opportunities and flexibilities under the Medicaid program, including under waivers authorized under section 1115 or 1915 of the Social Security Act (42 U.S.C. 1315, 1396n), for States to receive Federal Medicaid funding for the provision of substance use disorder treatment for pregnant and postpartum women and parents and guardians and, to the extent applicable, their children, in family-focused residential treatment programs.

(B) How States can employ and coordinate funding provided under the Medicaid program, the title IV-E program, and other programs administered by the Secretary to support the provision of treatment and services provided by a family-focused residential treatment facility such as substance use disorder treatment and services, including medication-assisted treatment, family, group, and individual counseling, case management, parenting education and skills development, the provision, assessment, or coordination of care and services for children, including necessary assessments and appropriate interventions, nonemergency transportation for necessary care provided at or away from a program site, transitional services and supports for families leaving treatment, and other services.

(C) How States can employ and coordinate funding provided under the Medicaid program and the title IV-E program to provide foster care maintenance payments for a child placed with a parent who is receiving treatment in a licensed residential family-based treatment facility for a substance use disorder) to support placing children with their parents in family-focused residential treatment programs.

### **Sec. 8082. Improving recovery and reunifying families**

This section provides \$15 million to the Sec. of HHS to replicate a “recovery coach” program for parents who have temporarily lost custody of their children due to parental substance use, with the goal of reunifying families. This will allow HHS to determine whether the program can be replicated in another State and yield the same results. The family reunification program shall provide services such as:

(A) assessments to evaluate the needs of the parent or guardian;

(B) assistance in receiving the appropriate benefits to aid the parent or guardian in recovery;

(C) services to assist the parent or guardian in prioritizing issues identified in assessments, establishing goals for resolving such issues that are consistent with the goals of the treatment provider, child welfare agency, courts, and other agencies involved with the parent or guardian or their children, and making a coordinated plan for achieving such goals;

(D) home visiting services coordinated with the child welfare agency and treatment provider involved with the parent or guardian or their children;

(E) case management services to remove barriers for the parent or guardian to participate and continue in treatment, as well as to re-engage a parent or guardian who is not participating or progressing in treatment;

(F) access to services needed to monitor the parent’s or guardian’s compliance with program requirements;

(G) frequent reporting between the treatment provider, child welfare agency, courts, and other agencies involved with the parent or guardian or their children to ensure appropriate information on the parent’s or guardian’s status is available to inform decision-making; and

(H) assessments and recommendations provided by a recovery coach to the child welfare caseworker responsible for documenting the parent’s or guardian’s progress in treatment and recovery as well as the

status of other areas identified in the treatment plan for the parent or guardian, including a recommendation regarding the expected safety of the child if the child is returned to the custody of the parent or guardian that can be used by the caseworker and a court to make permanency decisions regarding the child.

This section requires an evaluation of the program by the Secretary.

This section authorizes \$15 million for FY 2019 for this project, which shall remain available through FY 2026.

This section also clarifies that the provision of new prevention services paid for through the Family First Prevention Services Act will not supplant services funded by other programs.

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

As enacted in the Family First Prevention Services Act, beginning in FY 2019, States are eligible for federal matching funds for maintenance costs when an at-risk child is placed in family-focused residential treatment, as well when the child is placed in foster care. In FY 2020, States will also be eligible to receive funding to provide evidence-based substance use prevention and treatment services to families with children at risk of entering foster care, even if the child is not placed in, or eligible for, federally-funded foster care.

This section authorizes the Sec. of HHS to award grants to State, county, local, or tribal health or child welfare agencies, a private nonprofit organization, a research organization, a treatment service provider, or an institution of higher education, for purposes of developing, enhancing, or evaluating family-focused residential treatment programs to increase the availability of such programs that meet the requirements for promising, supported, or well-supported practices specified in section 471(e)(4)(C) of the Social Security Act.

This provision authorizes \$20 million in funding for HHS to award to states to develop, enhance, or evaluate family-focused treatment programs to increase the number of evidence-based programs that will later qualify for funding under Family First Prevention Services Act.

### **Section 8092. Reauthorization of the Comprehensive Opioid Abuse Grant Program**

This section reauthorizes the Comprehensive Opioid Abuse Program (COAP), which was last authorized in the Comprehensive Addiction and Recovery Act (CARA) of 2016. This section authorizes \$330 million for each of FY 2019-2023.

### **Section 8102. Alcohol and controlled substance testing of mechanical employees**

This provision requires the Secretary of Transportation to publish a rule to apply drug and controlled substance testing requirements to all employees of railroad carriers who perform mechanical activities.

### **Section 8103. Department of Transportation public drug and alcohol testing database**

This section requires the Secretary of Transportation to establish and make publicly available on its website a database of drug and alcohol testing data reported by employers for each mode of transportation and to update the database annually, while protecting commercially sensitive data and ensuring individual employers and employees are not identified.

### **Section 8104. GAO report on Department of Transportation's collection and use of drug and alcohol testing data**

This section requires the GAO to review Department of Transportation's Drug and Alcohol Testing Information Management System and to submit a report to Congress on the review, including potential recommendations for improvement.

### **Section 8105. Transportation Workplace Drug and Alcohol Testing Program; addition of fentanyl and other substances**

This section requires the Secretary of HHS to determine, within 6 months, whether the inclusion of fentanyl on the panel of drugs authorized for testing is justified and—if justified—requires the Secretary to issue a revision to HHS mandatory guidelines to include fentanyl on the testing panel. This provision requires the Secretary of HHS to consider whether to include any other drugs or other substances in its determination on the expansion of the drug testing panel. It requires, if the Secretary of HHS justifies the inclusion of fentanyl, or any other drug or substance, and revises the guidelines, the Secretary of Transportation to publish a final rule adding fentanyl or such other drug or substance to Department of Transportation’s testing panel.

#### **Section 8106. Status reports on hair testing guidelines**

This section requires the Secretary of HHS to report to Congress on the status of the final notice for the statutorily-required scientific and technical guidelines for hair testing, within 60 days of enactment of this bill and every year thereafter, until the agency publishes a final notice of guidelines for hair testing. It also includes a provision to address positive test results, of the individual being tested, caused solely by the drug use of others and not caused by the drug use of the individual being tested.

#### **Section 8107. Mandatory Guidelines for Federal Workplace Drug Testing Programs using Oral Fluid**

This section requires the Secretary of HHS to publish a final notice of mandatory guidelines for oral fluid testing not later than December 31, 2018, based on the notice of proposed mandatory guidelines published in 2015. It also includes a provision to address positive test results, of the individual being tested, caused solely by the drug use of others and not caused by the drug use of the individual being tested.

#### **Section 8108. Electronic recordkeeping**

This provision requires the HHS, not later than 1 year from the date of enactment of this bill, to ensure each certified laboratory that requests the use of paperless electronic chain of custody forms receives approval. It also requires the Secretary of Transportation, not later than 30 months from the date of enactment of this bill, to issue a final rule authorizing the use of electronic signatures for all paperless chain of custody forms under part 40 of title 49, Code of Federal Regulations.

#### **Section 8109. Status reports on Commercial Driver’s License Drug and Alcohol Clearinghouse**

This provision requires the Federal Motor Carrier Safety Administration to submit a report to Congress on the implementation of the final rule for the Commercial Driver’s Drug and Alcohol Clearinghouse, within 60 days of enactment of this bill and every year thereafter, until January 6, 2020 or such rule is fully implemented.

#### **Section 8122. Criminal penalties**

This provision makes it illegal to knowingly and willfully pay or receive kickbacks in return for referring a patient to a recovery home or clinical treatment facilities. Those found guilty shall be fined up to \$200,000 or 10 years in prison, or both. Provides common sense exceptions for legitimate referrals, including ensuring legitimate entities can continue to refer patients to reputable treatment providers, similar to those that are applicable in Medicare and Medicaid.

#### **Section 8202. Reauthorization of the Office of National Drug Control Policy**

This section authorizes \$18,400,000 for each of FY 2018-2023 for the Office of National Drug Control Policy (ONDCP). This section also repeals the termination of ONDCP in section 715 of the ONDCP Reauthorization Act of 1998.

#### **Section 8203. Reauthorization of the Drug-Free Communities Program**

This section authorizes \$99 million for each of FY 2018-2023 for the Drug-Free Communities (DFC) program.

#### **8204. Reauthorization of the National Community Anti-Drug Coalition Institute**

This section reauthorizes the National Community Anti-Drug Coalition Institute to: (1) provide education, training, and technical assistance for coalition leaders and community teams, with emphasis on the development of coalitions serving economically disadvantaged areas; (2) develop and disseminate evaluation tools, mechanisms, and measures to better assess and document coalition performance measures and outcomes; and (3) bridge the gap between research and practice by translating knowledge from research into practical information.

This section authorizes \$2 million for each of FY 2018-2023.

#### **Section 8205. Reauthorization of the High-Intensity Drug Trafficking Area Program**

This section reauthorizes the High-Intensity Drug Trafficking Area (HIDTA) program at \$280 million for each of FY 2018-2023. This section adds that the ONDCP Director shall work with HIDTAs to develop and maintain best practice models to assist State, local, and Tribal governments in addressing witness safety, relocation, financial and housing assistance, or any other services related to witness protection or assistance in cases of illegal drug distribution and related activities. The Director shall ensure dissemination of the best practice models to each HIDTA.

#### **Section 8206. Reauthorization of Drug Court Program**

This section authorizes \$75 million for each of FY 2018-2023 for the drug court program.

#### **Section 8207. Drug Court Training and Technical Assistance**

This section authorizes the Director of ONDCP make a grant to a nonprofit organization for the purpose of providing training and technical assistance to drug courts. This section authorizes \$2 million for each of FY 2018-2023.

#### **Section 8208. Drug Overdose Response Strategy**

This section authorizes the Director of ONDCP to use HIDTA funds to implement a drug overdose response strategy in high intensity drug trafficking areas on a nationwide basis by:

- (1) coordinating multi-disciplinary efforts to prevent, reduce, and respond to drug overdoses, including the uniform reporting of fatal and non-fatal overdoses to public health and safety officials;
- (2) increasing data sharing among public safety and public health officials concerning drug-related abuse trends, including new psychoactive substances, and related crime; and
- (3) enabling collaborative deployment of prevention, intervention, and enforcement resources to address substance use addiction and narcotics trafficking.

#### **Section 8209. Protecting Law Enforcement Officers from Accidental Exposure**

This section authorizes the ONDCP Director to use up to \$10,000,000 of the amounts appropriated to carry out the HIDTA program to provide supplemental competitive grants to high intensity drug trafficking areas that have experienced high seizures of fentanyl and new psychoactive substances for the purposes of:

- (1) purchasing portable equipment to test for fentanyl and other substances;
- (2) training law enforcement officers and other first responders on best practices for handling fentanyl and other substances; and
- (3) purchasing protective equipment, including overdose reversal drugs.

#### **Section 8210. COPS Anti-Meth Program**

This section authorizes the Attorney General to make competitive grants to State law enforcement agencies with high seizures of precursor chemicals, finished methamphetamine, laboratories, and laboratory dump seizures for the purpose of locating or investigating illicit activities, such as precursor diversion, laboratories, or methamphetamine traffickers.

#### **Section 8211. COPS Anti-Heroin Task Force Program**

This section authorizes the Attorney General to make competitive grants to State law enforcement agencies in States with high per capita rates of primary treatment admissions, for the purpose of locating or investigating illicit activities, through Statewide collaboration, relating to the distribution of heroin, fentanyl, or carfentanil or relating to the unlawful distribution of prescription opioids.

### **Section 8212. Comprehensive Addiction and Recovery Act Education and Awareness**

This section amends the Comprehensive Addiction and Recovery Act of 2016 (CARA) by adding an authorization for the Sec. of HHS to make grants to entities that focus on addiction and specialize in family and patient services, advocacy for patients and families, and educational information.

Allowable uses of funds include:

- (1) Expansion of resource center services with professional, clinical staff that provide, for families and individuals impacted by a substance use disorder, support, access to treatment resources, brief assessments, medication and overdose prevention education, compassionate listening services, recovery support or peer specialists, bereavement and grief support, and case management.
- (2) Continued development of health information technology systems that leverage new and upcoming technology and techniques for prevention, intervention, and filling resource gaps in communities that are underserved.
- (3) Enhancement and operation of treatment and recovery resources, easy-to-read scientific and evidence-based education on addiction and substance use disorders, and other informational tools for families and individuals impacted by a substance use disorder and community stakeholders, such as law enforcement agencies.
- (4) Provision of training and technical assistance to State and local governments, law enforcement agencies, health care systems, research institutions, and other stakeholders.
- (5) Expanding upon and implementing educational information using evidence-based information on substance use disorders.
- (6) Expansion of training of community stakeholders, law enforcement officers, and families across a broad-range of addiction, health, and related topics on substance use disorders, local issues and community-specific issues related to the drug epidemic.
- (7) Program evaluation.

### **Section 8213. Reimbursement of Substance Use Disorder Treatment Professionals**

This section authorizes the Comptroller General to submit to Congress a report on how substance use disorder services are reimbursed.

### **Section 8214. Sobriety Treatment and Recovery Teams (START)**

This section authorizes the Sec. of HHS to make grants to States, units of local government, or tribal governments to establish or expand Sobriety Treatment and Recovery Team (START) or other similar program to determine the effectiveness of pairing social workers or mentors with families that are struggling with a substance use disorder and child abuse or neglect in order to help provide peer support, intensive treatment, and child welfare services to such families.

Allowable uses of grant funds:

- (1) Training eligible staff, including social workers, social services coordinators, child welfare specialists, substance use disorder treatment professionals, and mentors.
- (2) Expanding access to substance use disorder treatment services and drug testing.
- (3) Enhancing data sharing with law enforcement agencies, child welfare agencies, substance use disorder treatment providers, judges, and court personnel.
- (4) Program evaluation and technical assistance.

### **Section 8215. Provider Education**



This section authorizes the Attorney General, in consultation with the Secretary of Health and Human Services (HHS), to complete the plan related to medical registration coordination required by Senate Report 114-239, which accompanied the Veterans Care Financial Protection Act of 2017.

### Section 8216. Definitions

This section amends section 702 of the Office of National Drug Control Policy Reauthorization Act of 1998 by amending the types of activities that count as “demand reduction” to include:

- (A) education about the dangers of illicit drug use;
- (B) services, programs, or strategies to prevent substance use disorder, including evidence-based education campaigns, community-based prevention programs, collection and disposal of unused prescription drugs, and services to at-risk populations to prevent or delay initial use of an illicit drug;
- (C) substance use disorder treatment;
- (D) support for long-term recovery from substance use disorders;
- (E) drug-free workplace programs;
- (F) drug testing, including the testing of employees;
- (G) interventions for illicit drug use and dependence;
- (H) expanding availability of access to health care services for the treatment of substance use disorders;
- (I) international drug control coordination and cooperation with respect to activities described in this paragraph;
- (J) pre- and post-arrest criminal justice interventions such as diversion programs, drug courts, and the provision of evidence-based treatment to individuals with substance use disorders who are arrested or under some form of criminal justice supervision, including medication assisted treatment;
- (K) other coordinated and joint initiatives among Federal, State, local, and Tribal agencies to promote comprehensive drug control strategies designed to reduce the demand for, and the availability of, illegal drugs;
- (L) international illicit drug use education, prevention, treatment, recovery, research, rehabilitation activities, and interventions for illicit drug use and dependence; and
- (M) research related to illicit drug use.

This section also amends the definitions of emerging drug threat; illicit drug use; law enforcement; National Drug Control Agency; nonprofit organization. The term “substance use disorder treatment” is also redefined as, “an evidence-based, professionally directed, deliberate, and planned regimen including evaluation, observation, medical monitoring, and rehabilitative services and interventions such as pharmacotherapy, behavioral therapy, and individual and group counseling, on an inpatient or outpatient basis, to help patients with substance use disorder reach recovery.”

### Section 8217. Amendments to Administration of the Office

This section amends section 703(a) of the ONDCP Reauthorization Act of 1998. The amendments relate to: establishing written ethics guidelines; registry of gifts accepted by ONDCP; establishing a Demand Reduction Coordinator position; basing harm reduction policies on the best available science; and more.

### Section 8218. Emerging Threats Committee, Plan, and Media Campaign

This section authorizes the Director of ONDCP to designate/appoint a United States Emerging and Continuing Threats Coordinator to perform the duties of that position described in this section and such other duties as may be determined by the Director. The Director shall determine whether the coordinator position is a noncareer appointee in the Senior Executive Service or a career appointee in a position at level 15 of the General Schedule. This section also authorizes the creation of an Emerging Threats Committee.

This section also authorizes the ONDCP Director to conduct a national anti-drug media campaign to educate the public.

This section authorizes \$25 million for each of FY 2018-2023.

**Section 8219. Drug Interdiction**

This section amends section 711 of the ONDCP Reauthorization Act of 1998.

**Section 8220. GAO Audit**

This section authorizes the Comptroller General to conduct an audit every 4 years relating to programs and operations of ONDCP.

**Section 8221. National Drug Control Strategy**

This section amends section 706 of the ONDCP Reauthorization Act of 1998 to reflect that: The ONDCP Director shall release a statement of drug control policy priorities in the calendar year of a Presidential inauguration following the inauguration, but not later than April 1; not later than the first Monday in February following the year in which the term of the President commences, and every 2 years thereafter, the President shall submit to Congress a National Drug Control Strategy.

This section also outlines the development, contents, and promulgation of the National Drug Control Strategy.