

AMENDMENT NO. \_\_\_\_\_ Calendar No. \_\_\_\_\_

Purpose: In the nature of a substitute.

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

**S. 2680**

To address the opioid crisis.

Referred to the Committee on \_\_\_\_\_ and  
ordered to be printed

Ordered to lie on the table and to be printed

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

Viz:

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

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

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

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

Sec. 1. Short title; table of contents.

Sec. 2. Definitions.

**TITLE I—REAUTHORIZATION OF CURES FUNDING**

Sec. 101. State response to the opioid abuse crisis.

**TITLE II—RESEARCH AND INNOVATION**

Sec. 201. Advancing cutting-edge research.

Sec. 202. Pain research.

## 2

TITLE III—MEDICAL PRODUCTS AND CONTROLLED SUBSTANCES  
SAFETY

- Sec. 301. Clarifying FDA regulation of non-addictive pain products.
- Sec. 302. Clarifying FDA packaging authorities.
- Sec. 303. Strengthening FDA and CBP coordination and capacity.
- Sec. 304. Clarifying FDA post-market authorities.
- Sec. 305. Restricting entrance of illicit drugs.
- Sec. 306. First responder training.
- Sec. 307. Disposal of controlled substances of hospice patients.
- Sec. 308. GAO study and report on hospice safe drug management.
- Sec. 309. Delivery of a controlled substance by a pharmacy to be administered by injection or implantation.

## TITLE IV—TREATMENT AND RECOVERY

- Sec. 401. Comprehensive opioid recovery centers.
- Sec. 402. Program to support coordination and continuation of care for drug overdose patients.
- Sec. 403. Alternatives to opioids.
- Sec. 404. Building communities of recovery.
- Sec. 405. Peer support technical assistance center.
- Sec. 406. Medication-assisted treatment for recovery from addiction.
- Sec. 407. National recovery housing best practices.
- Sec. 408. Addressing economic and workforce impacts of the opioid crisis.
- Sec. 409. Youth prevention and recovery.
- Sec. 410. Plans of safe care.
- Sec. 411. Regulations relating to special registration for telemedicine.
- Sec. 412. National Health Service Corps behavioral and mental health professionals providing obligated service in schools and other community-based settings.
- Sec. 413. Loan repayment for substance use disorder treatment providers.
- Sec. 414. Protecting moms and infants.
- Sec. 415. Early interventions for pregnant women and infants.

## TITLE V—PREVENTION

- Sec. 501. Study on prescribing limits.
- Sec. 502. Programs for health care workforce.
- Sec. 503. Education and awareness campaigns.
- Sec. 504. Enhanced controlled substance overdoses data collection, analysis, and dissemination.
- Sec. 505. Preventing overdoses of controlled substances.
- Sec. 506. CDC surveillance and data collection for child, youth, and adult trauma.
- Sec. 507. Reauthorization of NASPER.
- Sec. 508. Jessie's law.
- Sec. 509. Development and dissemination of model training programs for substance use disorder patient records.
- Sec. 510. Communication with families during emergencies.
- Sec. 511. Prenatal and postnatal health.
- Sec. 512. Surveillance and education regarding infections associated with illicit drug use and other risk factors.
- Sec. 513. Task force to develop best practices for trauma-informed identification, referral, and support.

Sec. 514. Grants to improve trauma support services and mental health care for children and youth in educational settings.

Sec. 515. National Child Traumatic Stress Initiative.

1 **SEC. 2. DEFINITIONS.**

2 In this Act—

3 (1) the terms “Indian tribe” and “tribal organi-  
4 zation” have the meanings given such terms in sec-  
5 tion 4 of the Indian Self-Determination and Edu-  
6 cation Assistance Act (25 U.S.C. 5304); and

7 (2) the term “Secretary” means the Secretary  
8 of Health and Human Services, unless otherwise  
9 specified.

10 **TITLE I—REAUTHORIZATION OF**  
11 **CURES FUNDING**

12 **SEC. 101. STATE RESPONSE TO THE OPIOID ABUSE CRISIS.**

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

15 (1) in subsection (a)—

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

22 (B) by inserting “and Indian tribes” after  
23 “States”

24 (2) by striking subsection (b);

1           (3) by redesignating subsections (c) through (e)  
2 as subsections (b) through (d), respectively;

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

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

6           (A) in paragraph (1)—

7           (i) in the paragraph heading, by in-  
8 sserting “AND INDIAN TRIBE” after  
9 “STATE”

10           (ii) by striking “States for the pur-  
11 pose of addressing the opioid abuse crisis  
12 within such States” and inserting “States  
13 and Indian tribes for the purpose of ad-  
14 dressing the opioid abuse crisis within such  
15 States and Indian tribes”;

16           (iii) by inserting “or Indian tribes”  
17 after “preference to States”; and

18           (iv) by inserting before the period of  
19 the second sentence “or other Indian  
20 tribes, as applicable”;

21           (B) in paragraph (2)—

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

24           (ii) in subparagraph (A), by striking  
25 “State”;

1 (iii) in subparagraph (C), by inserting  
2 “preventing diversion of controlled sub-  
3 stances,” after “treatment programs,”;  
4 and

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

14 (6) in subsection (c), as so redesignated, by  
15 striking “subsection (c)” and inserting “subsection  
16 (b)”;

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

18 (A) in the matter preceding paragraph (1),  
19 by striking “the authorization of appropriations  
20 under subsection (b)” and inserting “subsection  
21 (h)”;

22 (B) in paragraph (1), by striking “sub-  
23 section (c)” and inserting “subsection (b)”;

24 (8) by inserting after subsection (d), as so re-  
25 designated, the following:

1 “(e) INDIAN TRIBES.—

2 “(1) DEFINITION.—For purposes of this sec-  
3 tion, the term ‘Indian tribe’ has the meaning given  
4 such term in section 4 of the Indian Self-Determina-  
5 tion and Education Assistance Act (25 U.S.C.  
6 5304).

7 “(2) APPROPRIATE MECHANISMS.—The Sec-  
8 retary, in consultation with Indian tribes, shall iden-  
9 tify and establish appropriate mechanisms for tribes  
10 to demonstrate or report the information as required  
11 under subsections (b), (c), and (d).

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

24 “(g) TECHNICAL ASSISTANCE.—The Secretary, in-  
25 cluding through the Tribal Training and Technical Assist-

1    ance Center of the Substance Abuse and Mental Health  
2    Services Administration, shall provide State agencies and  
3    Indian tribes, as applicable, with technical assistance con-  
4    cerning grant application and submission procedures  
5    under this section, award management activities, and en-  
6    hancing outreach and direct support to rural and under-  
7    served communities and providers in addressing the opioid  
8    crisis.

9           “(h) AUTHORIZATION OF APPROPRIATIONS.—For  
10   purposes of carrying out the grant program under sub-  
11   section (b), there are authorized to be appropriated  
12   \$500,000,000 for each of fiscal years 2019 through 2021,  
13   to remain available until expended.

14           “(i) SET ASIDE.—Of the amounts made available for  
15   each fiscal year to award grants under subsection (b) for  
16   a fiscal year, 5 percent of such amount for such fiscal year  
17   shall be made available to Indian tribes, and up to 15 per-  
18   cent of such amount for such fiscal year may be set aside  
19   for States with the highest age-adjusted rate of drug over-  
20   dose death based on the ordinal ranking of States accord-  
21   ing to the Director of the Centers for Disease Control and  
22   Prevention.”.

23           (b) CONFORMING AMENDMENT.—Section 1004(c) of  
24   the 21st Century Cures Act (Public Law 114–255) is  
25   amended by striking “, the FDA Innovation Account, or

1 the Account For the State Response to the Opioid Abuse  
2 Crisis” and inserting “or the FDA Innovation Account”.

3 **TITLE II—RESEARCH AND**  
4 **INNOVATION**

5 **SEC. 201. ADVANCING CUTTING-EDGE RESEARCH.**

6 Section 402(n)(1) of the Public Health Service Act  
7 (42 U.S.C. 282(n)(1)) is amended—

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

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

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

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

18 **SEC. 202. PAIN RESEARCH.**

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

21 (1) in paragraph (5)—

22 (A) in subparagraph (A), by striking “and  
23 treatment of pain and diseases and disorders  
24 associated with pain” and inserting “treatment,  
25 and management of pain and diseases and dis-

1 orders associated with pain, including informa-  
2 tion on best practices for utilization of non-  
3 pharmacologic treatments, non-addictive med-  
4 ical products, and other drugs approved, or de-  
5 vices approved or cleared, by the Food and  
6 Drug Administration”;

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

10 “(i) the symptoms and causes of pain,  
11 including the identification of relevant bio-  
12 markers and screening models;

13 “(ii) the diagnosis, prevention, treat-  
14 ment, and management of pain; and

15 “(iii) risk factors for, and early warn-  
16 ing signs of, substance use disorders; and”;  
17 and

18 (C) by striking subparagraphs (C) through  
19 (E) and inserting the following:

20 “(C) make recommendations to the Direc-  
21 tor of NIH—

22 “(i) to ensure that the activities of the  
23 National Institutes of Health and other  
24 Federal agencies are free of unnecessary  
25 duplication of effort;

1 “(ii) on how best to disseminate infor-  
2 mation on pain care; and

3 “(iii) on how to expand partnerships  
4 between public entities and private entities  
5 to expand collaborative, cross-cutting re-  
6 search.”;

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

9 (3) by inserting after paragraph (5) the fol-  
10 lowing:

11 “(6) REPORT.—The Director of NIH shall en-  
12 sure that recommendations and actions taken by the  
13 Director with respect to the topics discussed at the  
14 meetings described in paragraph (4) are included in  
15 appropriate reports to Congress.”.

16 **TITLE III—MEDICAL PRODUCTS**  
17 **AND CONTROLLED SUB-**  
18 **STANCES SAFETY**

19 **SEC. 301. CLARIFYING FDA REGULATION OF NON-ADDICT-**  
20 **IVE PAIN PRODUCTS.**

21 (a) PUBLIC MEETINGS.—Not later than 1 year after  
22 the date of enactment of this Act, the Secretary, acting  
23 through the Commissioner of Food and Drugs, shall hold  
24 not less than one public meeting to address the challenges

1 and barriers of developing non-addictive medical products  
2 intended to treat pain or addiction, which may include—

3 (1) the manner by which the Secretary may in-  
4 corporate the risks of misuse and abuse of a con-  
5 trolled substance (as defined in section 102 of the  
6 Controlled Substances Act (21 U.S.C. 802) into the  
7 risk benefit assessments under subsections (d) and  
8 (e) of section 505 of the Federal Food, Drug, and  
9 Cosmetic Act (21 U.S.C. 355), section 510(k) of  
10 such Act (21 U.S.C. 360(k)), or section 515(c) of  
11 such Act (21 U.S.C. 360e(c)), as applicable;

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

22 (3) the evidentiary standards and the develop-  
23 ment of opioid sparing data for inclusion in the la-  
24 beling of medical products; and



1           (C) considers pain, pain control, or pain  
2           management in assessing whether a disease or  
3           condition is a serious or life-threatening disease  
4           or condition;

5           (2) the methods by which sponsors may evalu-  
6           ate acute and chronic pain, endpoints for non-addict-  
7           ive medical products intended to treat pain, the  
8           manner in which endpoints and evaluations of effi-  
9           cacy will be applied across and within review divi-  
10          sions, taking into consideration the etiology of the  
11          underlying disease, and the manner in which spon-  
12          sors may use surrogate endpoints, intermediate  
13          endpoints, and real world evidence;

14          (3) the manner in which the Food and Drug  
15          Administration will assess evidence to support the  
16          inclusion of opioid sparing data in the labeling of  
17          non-addictive medical products intended to treat  
18          pain, including—

19                (A) data collection methodologies, includ-  
20                ing the use of novel clinical trial designs (con-  
21                sistent with section 3021 of the 21st Century  
22                Cures Act (Public Law 114–255)) and real  
23                world evidence (consistent with section 505F of  
24                the Federal Food, Drug, and Cosmetic Act (21

1 U.S.C. 355g)), as appropriate, to support prod-  
2 uct labeling;

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

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

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

16 (E) the appropriate format to submit such  
17 data results to the Secretary; and

18 (4) the circumstances under which the Food  
19 and Drug Administration considers misuse and  
20 abuse of a controlled substance (as defined in sec-  
21 tion 102 of the Controlled Substances Act (21  
22 U.S.C. 802) in making the risk benefit assessment  
23 under paragraphs (2) and (4) of subsection (d) of  
24 section 505 of the Federal Food, Drug, and Cos-  
25 metic Act (21 U.S.C. 355) and in finding that a

1 drug is unsafe under paragraph (1) or (2) of sub-  
2 section (e) of such section.

3 (c) DEFINITIONS.—In this section—

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

12 (2) the term “opioid sparing” means reducing,  
13 replacing, or avoiding the use of opioids or other  
14 controlled substances.

15 **SEC. 302. CLARIFYING FDA PACKAGING AUTHORITIES.**

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

20 “(4) PACKAGING AND DISPOSAL.—The Sec-  
21 retary may require a risk evaluation mitigation  
22 strategy for a drug for which there is a serious risk  
23 of an adverse drug experience described in subpara-  
24 graph (B) or (C) of subsection (b)(1), taking into  
25 consideration the factors described in subparagraphs

1 (C) and (D) of subsection (f)(2) and in consultation  
2 with other relevant Federal agencies with authorities  
3 over drug packaging, which may include requiring  
4 that—

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

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

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

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

23 and

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

1                   “(iii) patients with functional needs;  
2                   and”.

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

7           (1) in paragraph (1)—

8                   (A) by redesignating subparagraph (B) as  
9                   subparagraph (C); and

10                   (B) inserting after subparagraph (A) the  
11                   following:

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

15           (2) in paragraph (2)—

16                   (A) in subparagraph (A), by striking  
17                   “and” at the end;

18                   (B) by redesignating subparagraph (B) as  
19                   subparagraph (C); and

20                   (C) by inserting after subparagraph (A)  
21                   the following:

22                           “(B) shall permit packaging systems and  
23                   safe disposal packaging or safe disposal systems  
24                   that are different from those required for the

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

3 **SEC. 303. STRENGTHENING FDA AND CBP COORDINATION**  
4 **AND CAPACITY.**

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

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

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

1 (A) facility upgrades and improved capac-  
2 ity in order to increase and improve inspection  
3 and detection capabilities, which may include,  
4 as the Secretary determines appropriate—

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

10 (ii) the construction of, or upgrades  
11 to, laboratory capacity for purposes of de-  
12 tection and testing of imported goods;

13 (iii) upgrades to the security of import  
14 facilities; and

15 (iv) innovative technology and equip-  
16 ment to facilitate improved and near-real-  
17 time information sharing between the Food  
18 and Drug Administration, the Department  
19 of Homeland Security, and the United  
20 States Postal Service; and

21 (B) innovative technology, including con-  
22 trolled substance detection and testing equip-  
23 ment and other applicable technology, in order  
24 to collaborate with United States Customs and  
25 Border Protection to share near-real-time infor-

1           mation, including information about test re-  
2           sults, as appropriate.

3           (2) INNOVATIVE TECHNOLOGY.—Any tech-  
4           nology used in accordance with paragraph (1)(B)  
5           shall be interoperable with technology used by other  
6           relevant Federal agencies, including the United  
7           States Customs and Border Protection, as the Sec-  
8           retary determines appropriate.

9           (c) REPORT.—Not later than 6 months after the date  
10          of enactment of this Act, the Secretary, in consultation  
11          with the Secretary of Homeland Security and the Post-  
12          master General of the United States Postal Service, shall  
13          report to the relevant committees of Congress on the im-  
14          plementation of this section, including a summary of  
15          progress made towards near-real-time information sharing  
16          and the interoperability of such technologies.

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

21       **SEC. 304. CLARIFYING FDA POST-MARKET AUTHORITIES.**

22          Section 505–1(b)(1)(E) of the Federal Food, Drug,  
23          and Cosmetic Act (21 U.S.C. 355–1(b)(1)(E)) is amended  
24          by striking “of the drug” and inserting “of the drug,  
25          which may include reduced effectiveness under the condi-

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

4 **SEC. 305. RESTRICTING ENTRANCE OF ILLICIT DRUGS.**

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

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



1 (iv) and by adding at the end the fol-  
2 lowing:

3 “(C) the person has been convicted of a  
4 felony for conduct relating to the importation  
5 into the United States of any drug or controlled  
6 substance (as defined in section 102 of the Con-  
7 trolled Substances Act).”.

8 (2) PROHIBITED ACT.—Section 301(cc) of the  
9 Federal Food, Drug, and Cosmetic Act (21 U.S.C.  
10 331(cc)) is amended by inserting “or a drug” after  
11 “food”.

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

15 (1) by striking the second sentence;

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

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

1 samples or otherwise that the article is a counterfeit  
2 drug, such article shall be refused admission.”;

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

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

14 **SEC. 306. FIRST RESPONDER TRAINING.**

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

17 (1) in subsection (c)—

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

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

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

23 “(4) train and provide resources for first re-  
24 sponders and members of other key community sec-  
25 tors on safety around fentanyl, carfentanil, and

1 other dangerous licit and illicit drugs to protect  
2 themselves from exposure to such drugs and respond  
3 appropriately when exposure occurs.”;

4 (2) in subsection (d), by striking “and mecha-  
5 nisms for referral to appropriate treatment for an  
6 entity receiving a grant under this section” and in-  
7 serting “mechanisms for referral to appropriate  
8 treatment, and safety around fentanyl, carfentanil,  
9 and other dangerous licit and illicit drugs”;

10 (3) in subsection (f)—

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

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

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

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

20 (4) in subsection (g), by striking “\$12,000,000  
21 for each of fiscal years 2017 through 2021” and in-  
22 serting “\$36,000,000 for each of fiscal years 2019  
23 through 2023”.

1 **SEC. 307. DISPOSAL OF CONTROLLED SUBSTANCES OF HOS-**  
2 **PICE PATIENTS.**

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

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

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

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

14 “(iii) if—

15 “(I) the employee is—

16 “(aa) the physician of the hospice pa-  
17 tient; and

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

19 and

20 “(II) the hospice patient no longer requires  
21 the controlled substance because the plan of  
22 care of the hospice patient has been modified.

23 “(B) In this paragraph:

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

1           “(I) is employed by, or is acting pursuant  
2           to arrangements made with, a qualified hospice  
3           program; and

4           “(II) is licensed or certified to perform  
5           such employment, or such activities arranged by  
6           the qualified hospice program, in accordance  
7           with applicable State law.

8           “(ii) The terms ‘hospice care’ and ‘hospice pro-  
9           gram’ have the meanings given those terms in sec-  
10          tion 1861(dd) of the Social Security Act (42 U.S.C.  
11          1395x(dd)).

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

14          “(iv) The term ‘qualified hospice program’  
15          means a hospice program that—

16               “(I) has written policies and procedures for  
17               employees of the hospice program to use when  
18               assisting in the disposal of the controlled sub-  
19               stances of a hospice patient in a circumstance  
20               described in clause (i), (ii), or (iii) of subpara-  
21               graph (A);

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

24                       “(aa) provides a copy of the written  
25                       policies and procedures to the hospice pa-

1           tient or hospice patient representative and  
2           the family of the hospice patient;

3                   “(bb) discusses the policies and proce-  
4           dures with the hospice patient or hospice  
5           patient’s representative and the hospice  
6           patient’s family in a language and manner  
7           that such individuals understand to ensure  
8           that such individuals are informed regard-  
9           ing the safe disposal of controlled sub-  
10          stances; and

11                   “(cc) documents in the clinical record  
12          of the hospice patient that the written poli-  
13          cies and procedures were provided and dis-  
14          cussed with the hospice patient or hospice  
15          patient’s representative; and

16                   “(III) at the time when an employee of the  
17          hospice program assists in the disposal of con-  
18          trolled substances of a hospice patient, docu-  
19          ments in the clinical record of the hospice pa-  
20          tient a list of all controlled substances disposed  
21          of.

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

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

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

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

14 (d) STATE AND LOCAL AUTHORITY.—Nothing in this  
15 section or the amendments made by this section shall be  
16 construed to prevent a State or local government from im-  
17 posing additional controls or restrictions relating to the  
18 regulation of the disposal of controlled substances in hos-  
19 pice care or hospice programs.

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

22 (a) STUDY.—

23 (1) IN GENERAL.—The Comptroller General of  
24 the United States (in this section referred to as the  
25 “Comptroller General”) shall conduct a study on the

1 requirements applicable to and challenges of hospice  
2 programs with regard to the management and dis-  
3 posal of controlled substances in the home of an in-  
4 dividual.

5 (2) CONTENTS.—In conducting the study under  
6 paragraph (1), the Comptroller General shall in-  
7 clude—

8 (A) an overview of challenges encountered  
9 by hospice programs regarding the disposal of  
10 controlled substances, such as opioids, in a  
11 home setting, including any key changes in poli-  
12 cies, procedures, or best practices for the dis-  
13 posal of controlled substances over time; and

14 (B) a description of Federal requirements,  
15 including requirements under the Medicare pro-  
16 gram, for hospice programs regarding the dis-  
17 posal of controlled substances in a home set-  
18 ting, and oversight of compliance with those re-  
19 quirements.

20 (b) REPORT.—Not later than 18 months after the  
21 date of enactment of this Act, the Comptroller General  
22 shall submit to Congress a report containing the results  
23 of the study conducted under subsection (a), together with  
24 recommendations, if any, for such legislation and adminis-

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

3 **SEC. 309. DELIVERY OF A CONTROLLED SUBSTANCE BY A**  
4 **PHARMACY TO BE ADMINISTERED BY INJEC-**  
5 **TION OR IMPLANTATION.**

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

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

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

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

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

1           “(A) the practitioner who issued the pre-  
2           scription is a qualifying practitioner authorized  
3           under, and acting within the scope of that sec-  
4           tion; and

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

7           “(3) the pharmacy and the practitioner are au-  
8           thorized to conduct the activities specified in this  
9           section under the law of the State in which such ac-  
10          tivities take place;

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

14          “(5) except as provided in subsection (b), the  
15          controlled substance is to be administered only to  
16          the patient named on the prescription not later than  
17          14 days after the date of receipt of the controlled  
18          substance by the practitioner; and

19          “(6) notwithstanding any exceptions under sec-  
20          tion 307, the prescribing practitioner, and the prac-  
21          titioner administering the controlled substance, as  
22          applicable, maintain complete and accurate records  
23          of all controlled substances delivered, received, ad-  
24          ministered, or otherwise disposed of under this sec-  
25          tion, including the persons to whom controlled sub-

1 stances were delivered and such other information as  
2 may be required by regulations of the Attorney Gen-  
3 eral.

4 “(b) MODIFICATION OF NUMBER OF DAYS BEFORE  
5 WHICH CONTROLLED SUBSTANCE SHALL BE ADMINIS-  
6 TERED.—

7 “(1) INITIAL 2-YEAR PERIOD.—During the 2-  
8 year period beginning on the date of enactment of  
9 this section, the Attorney General, in coordination  
10 with the Secretary, may reduce the number of days  
11 described in subsection (a)(5) if the Attorney Gen-  
12 eral determines that such reduction will—

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

14 “(B) protect the public health.

15 “(2) MODIFICATIONS AFTER SUBMISSION OF  
16 REPORT.—After the date on which the report de-  
17 scribed in subsection (c) is submitted, the Attorney  
18 General, in coordination with the Secretary, may  
19 modify the number of days described in subsection  
20 (a)(5).

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

24 (b) STUDY AND REPORT.—Not later than 2 years  
25 after the date of enactment of this section, the Comp-

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

5 (c) TECHNICAL AND CONFORMING AMENDMENT.—

6 The table of contents for the Comprehensive Drug Abuse  
7 Prevention and Control Act of 1970 is amended by insert-  
8 ing after the item relating to section 309 the following:

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

9 **TITLE IV—TREATMENT AND**  
10 **RECOVERY**

11 **SEC. 401. COMPREHENSIVE OPIOID RECOVERY CENTERS.**

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

17 (b) GRANT PERIOD.—

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

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

1 under this paragraph, the Secretary shall consider  
2 the data submitted under subsection (h).

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

8 (d) APPLICATION.—

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

13 (2) SUBMISSION OF APPLICATION.—In order to  
14 be eligible for a grant under subsection (a), an enti-  
15 ty shall submit an application to the Secretary at  
16 such time and in such manner as the Secretary may  
17 require. Such application shall include—

18 (A) evidence that such entity carries out,  
19 or is capable of coordinating with other entities  
20 to carry out, the activities described in sub-  
21 section (g); and

22 (B) such other information as the Sec-  
23 retary may require.

24 (e) PRIORITY.—In awarding grants under subsection  
25 (a), the Secretary shall give priority to eligible entities lo-

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

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

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

18 (1) TREATMENT AND RECOVERY SERVICES.—

19 Each Center shall—

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

1           esses for reviewing patient placement in treat-  
2           ment settings;

3                   (B) provide the full continuum of treat-  
4           ment services, including—

5                           (i) all drugs approved by the Food  
6                           and Drug Administration to treat sub-  
7                           stance use disorders, pursuant to Federal  
8                           and State law;

9                           (ii) medically supervised withdrawal  
10                          management that includes patient evalua-  
11                          tion, stabilization, and readiness for and  
12                          entry into treatment;

13                          (iii) counseling provided by a program  
14                          counselor or other certified professional  
15                          who is licensed and qualified by education,  
16                          training, or experience to assess the psy-  
17                          chological and sociological background of  
18                          patients, to contribute to the appropriate  
19                          treatment plan for the patient, and to  
20                          monitor patient progress;

21                          (iv) treatment, as appropriate, for pa-  
22                          tients with co-occurring substance use and  
23                          mental disorders;

1 (v) testing, as appropriate, for infec-  
2 tions commonly associated with illicit drug  
3 use;

4 (vi) residential rehabilitation, and out-  
5 patient and intensive outpatient programs;

6 (vii) recovery housing;

7 (viii) community-based and peer re-  
8 covery support services;

9 (ix) job training, job placement assist-  
10 ance, and continuing education assistance  
11 to support reintegration into the work-  
12 force; and

13 (x) other best practices to provide the  
14 full continuum of treatment and services,  
15 as determined by the Secretary;

16 (C) ensure that all programs covered by  
17 the Center include medication-assisted treat-  
18 ment, as appropriate, and do not exclude indi-  
19 viduals receiving medication-assisted treatment  
20 from any service;

21 (D) periodically conduct patient assess-  
22 ments to support sustained and clinically sig-  
23 nificant recovery, as defined by the Assistant  
24 Secretary for Mental Health and Substance  
25 Use;

1           (E) administer an onsite pharmacy and  
2 provide toxicology services, for purposes of car-  
3 rying out this section; and

4           (F) operate a secure, confidential, and  
5 interoperable electronic health information sys-  
6 tem.

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

10           (A) training and supervising outreach  
11 staff, as appropriate, to work with State and  
12 local health departments, health care providers,  
13 the Indian Health Service, State and local edu-  
14 cational agencies, schools funded by the Indian  
15 Bureau of Education, institutions of higher  
16 education, State and local workforce develop-  
17 ment boards, State and local community action  
18 agencies, public safety officials, first respond-  
19 ers, Indian tribes, child welfare agencies, as ap-  
20 propriate, and other community partners and  
21 the public, including patients, to identify and  
22 respond to community needs;

23           (B) ensuring that the entities described in  
24 subparagraph (A) are aware of the services of  
25 the Center; and

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

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

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

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

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

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

1 grant, including providing the full continuum of  
2 services described in subsection (g)(1)(B).

3 (i) PRIVACY.—The provisions of this section, includ-  
4 ing with respect to data reporting and program oversight,  
5 shall be subject to all applicable Federal and State privacy  
6 laws.

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

11 (k) REPORTS TO CONGRESS.—

12 (1) PRELIMINARY REPORT.—Not later than 3  
13 years after the date of the enactment of this Act, the  
14 Secretary shall submit to Congress a preliminary re-  
15 port that analyzes data submitted under subsection  
16 (h).

17 (2) FINAL REPORT.—Not later than 2 year  
18 after submitting the preliminary report required  
19 under paragraph (1), the Secretary shall submit to  
20 Congress a final report that includes—

21 (A) an evaluation of the effectiveness of  
22 the comprehensive services provided by the Cen-  
23 ters established or operated pursuant to this  
24 section on health outcomes of the population of  
25 individuals with substance use disorder who re-

1           ceive services from the Center, which shall in-  
2           clude an evaluation of the effectiveness of serv-  
3           ices for treatment and recovery support and to  
4           reduce relapse, recidivism, and overdose; and

5                   (B) recommendations, as appropriate, re-  
6           garding ways to improve Federal programs re-  
7           lated to substance use disorders, which may in-  
8           clude dissemination of best practices for the  
9           treatment of substance use disorders to health  
10          care professionals.

11 **SEC. 402. PROGRAM TO SUPPORT COORDINATION AND**  
12                   **CONTINUATION OF CARE FOR DRUG OVER-**  
13                   **DOSE PATIENTS.**

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

16                   (1) emergency treatment of known or suspected  
17          drug overdose;

18                   (2) the use of recovery coaches, as appropriate,  
19          to encourage individuals who experience a non-fatal  
20          overdose to seek treatment for substance use dis-  
21          order and to support coordination and continuation  
22          of care;

23                   (3) coordination and continuation of care and  
24          treatment, including, as appropriate, through refer-  
25          rals, of individuals after an opioid overdose; and

1           (4) the provision of overdose reversal medica-  
2           tion, as appropriate.

3           (b) GRANT ESTABLISHMENT AND PARTICIPATION.—

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

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

13                 (A) a State alcohol or drug agency; or

14                 (B) an entity that offers treatment or  
15                 other services for individuals in response to, or  
16                 following, drug overdoses or a drug overdose, in  
17                 consultation with a State alcohol and drug  
18                 agency.

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

23                 (A) evidence that such eligible entity car-  
24                 ries out, or is capable of contracting and coordi-

1 nating with other community entities to carry  
2 out, the activities described in paragraph (4);

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

8 (C) such additional information as the Sec-  
9 retary may require.

10 (4) USE OF GRANT FUNDS.—An eligible entity  
11 awarded a grant under this section shall use such  
12 grant funds to—

13 (A) hire or utilize recovery coaches to help  
14 support recovery, including by—

15 (i) connecting patients to a continuum  
16 of care services, such as—

17 (I) treatment and recovery sup-  
18 port programs;

19 (II) programs that provide non-  
20 clinical recovery support services;

21 (III) peer support networks;

22 (IV) recovery community organi-  
23 zations;

1 (V) health care providers, includ-  
2 ing physicians and other providers of  
3 behavioral health and primary care;

4 (VI) educational and vocational  
5 schools;

6 (VII) employers;

7 (VIII) housing services; and

8 (IX) child welfare agencies;

9 (ii) providing education on overdose  
10 prevention and overdose reversal to pa-  
11 tients and families, as appropriate;

12 (iii) providing follow-up services for  
13 patients after an overdose to ensure con-  
14 tinued recovery and connection to support  
15 services;

16 (iv) collecting and evaluating outcome  
17 data for patients receiving recovery coach-  
18 ing services; and

19 (v) providing other services the Sec-  
20 retary determines necessary to help ensure  
21 continued connection with recovery support  
22 services;

23 (B) establish policies and procedures that  
24 address the provision of overdose reversal medi-  
25 cation, the administration of all drugs approved

1 by the Food and Drug Administration to treat  
2 substance use disorder, and subsequent continu-  
3 ation of, or referral to, evidence-based treat-  
4 ment for patients with a substance use disorder  
5 who have experienced a non-fatal drug over-  
6 dose, in order to support long-term treatment,  
7 prevent relapse, and reduce recidivism and fu-  
8 ture overdose; and

9 (C) establish integrated models of care for  
10 individuals who have experienced a non-fatal  
11 drug overdose which may include patient as-  
12 sessment, follow up, and transportation to and  
13 from treatment facilities.

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

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

21 (B) withdrawal and detoxification services  
22 that include patient evaluation, stabilization,  
23 and preparation for treatment of substance use  
24 disorder, including treatment described in sub-  
25 paragraph (A), as appropriate; or

1 (C) mental health services provided by a  
2 program counselor, social worker, therapist, or  
3 other certified professional who is licensed and  
4 qualified by education, training, or experience  
5 to assess the psychosocial background of pa-  
6 tients, to contribute to the appropriate treat-  
7 ment plan for patients with substance use dis-  
8 order, and to monitor patient progress.

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

13 (A) The eligible entity is a critical access  
14 hospital (as defined in section 1861(mm)(1) of  
15 the Social Security Act (42 U.S.C.  
16 1395x(mm)(1))), a low volume hospital (as de-  
17 fined in section 1886(d)(12)(C)(i) of such Act  
18 (42 U.S.C. 1395ww(d)(12)(C)(i))), or a sole  
19 community hospital (as defined in section  
20 1886(d)(5)(D)(iii) of such Act (42 U.S.C.  
21 1395ww(d)(5)(D)(iii))).

22 (B) The eligible entity is located in a State  
23 with an age-adjusted rate of drug overdose  
24 deaths that is above the national overdose mor-

1           tality rate, as determined by the Director of the  
2           Centers for Disease Control and Prevention.

3           (C) The eligible entity demonstrates that  
4           recovery coaches will be placed in both health  
5           care settings and community settings.

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

9           (c) DEFINITIONS.—In this section:

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

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

14               (B) who has completed training from, and  
15               is determined to be in good standing by, a re-  
16               covery services organization capable of con-  
17               ducting such training and making such deter-  
18               mination.

19          (2) RECOVERY COMMUNITY ORGANIZATION.—  
20          The term “recovery community organization” has  
21          the meaning given such term in section 547(a) of  
22          the Public Health Service Act (42 U.S.C. 290ee-  
23          2(a)).

24          (3) STATE ALCOHOL AND DRUG AGENCY.—The  
25          term “State alcohol and drug agency” means the

1 principal agency of a State that is responsible for  
2 carrying out the block grant for prevention and  
3 treatment of substance abuse under subpart II of  
4 part B of title XIX of the Public Health Service Act  
5 (42 U.S.C. 300x-21 et seq.)

6 (d) REPORTING REQUIREMENTS.—

7 (1) REPORTS BY GRANTEES.—Each eligible en-  
8 tity awarded a grant under this section shall submit  
9 to the Secretary an annual report for each year for  
10 which the entity has received such grant that in-  
11 cludes information on—

12 (A) the number of individuals treated by  
13 the entity for non-fatal overdoses, including the  
14 number of non-fatal overdoses where overdose  
15 reversal medication was administered;

16 (B) the number of individuals administered  
17 medication-assisted treatment by the entity;

18 (C) the number of individuals referred by  
19 the entity to other treatment facilities after a  
20 non-fatal overdose, the types of such other fa-  
21 cilities, and the number of such individuals ad-  
22 mitted to such other facilities pursuant to such  
23 referrals; and

24 (D) the frequency and number of patients  
25 with reoccurrences, including readmissions for

1 non-fatal overdoses and evidence of relapse re-  
2 lated to substance use disorder.

3 (2) REPORT BY SECRETARY.—Not later than 5  
4 years after the date of enactment of this Act, the  
5 Secretary shall submit to Congress a report that in-  
6 cludes an evaluation of the effectiveness of the grant  
7 program carried out under this section with respect  
8 to long term health outcomes of the population of in-  
9 dividuals who have experienced a drug overdose, the  
10 percentage of patients treated or referred to treat-  
11 ment by grantees, and the frequency and number of  
12 patients who experienced relapse, were readmitted  
13 for treatment, or experienced another overdose.

14 (e) PRIVACY.—The requirements of this section, in-  
15 cluding with respect to data reporting and program over-  
16 sight, shall be subject to all applicable Federal and State  
17 privacy laws.

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

22 **SEC. 403. ALTERNATIVES TO OPIOIDS.**

23 (a) IN GENERAL.—The Secretary shall, directly or  
24 through grants to, or contracts with, public and private  
25 entities, provide technical assistance to hospitals and other

1 acute care settings on alternatives to opioids for pain man-  
2 agement. The technical assistance provided shall be for the  
3 purpose of—

4 (1) utilizing information from acute care pro-  
5 viders including emergency departments and other  
6 providers that have successfully implemented alter-  
7 natives to opioids programs, promoting non-addictive  
8 protocols and medications while appropriately lim-  
9 iting the use of opioids;

10 (2) identifying or facilitating the development of  
11 best practices on the use of alternatives to opioids,  
12 which may include pain-management strategies that  
13 involve non-addictive medical products, non-pharma-  
14 cologic treatments, and technologies or techniques to  
15 identify patients at-risk for opioid use disorder;

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

21 (4) disseminating information on the use of al-  
22 ternatives to opioids to providers in acute care set-  
23 tings, which may include emergency departments,  
24 outpatient clinics, critical access hospitals, and Fed-  
25 erally qualified health centers; and

1           (5) collecting data and reporting on health out-  
2 comes associated with the use of alternatives to  
3 opioids.

4           (b) AUTHORIZATION OF APPROPRIATIONS.—There is  
5 authorized to be appropriated to carry out this section  
6 such sums as may be necessary for each of fiscal years  
7 2019 through 2023.

8 **SEC. 404. BUILDING COMMUNITIES OF RECOVERY.**

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

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

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

15           “(1) mobilizes resources within and outside of  
16 the recovery community, which may include through  
17 a peer support network, to increase the prevalence  
18 and quality of long-term recovery from substance  
19 use disorders; and

20           “(2) is wholly or principally governed by people  
21 in recovery for substance use disorders who reflect  
22 the community served.

23           “(b) GRANTS AUTHORIZED.—The Secretary shall  
24 award grants to recovery community organizations to en-

1 able such organizations to develop, expand, and enhance  
2 recovery services.

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

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

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

11 “(2) may be used to—

12 “(A) build connections between recovery  
13 networks, including between recovery commu-  
14 nity organizations and peer support networks,  
15 and with other recovery support services, in-  
16 cluding—

17 “(i) behavioral health providers;

18 “(ii) primary care providers and phy-  
19 sicians;

20 “(iii) educational and vocational  
21 schools;

22 “(iv) employers;

23 “(v) housing services;

24 “(vi) child welfare agencies; and

1                   “(vii) other recovery support services  
2                   that facilitate recovery from substance use  
3                   disorders, including non-clinical community  
4                   services;

5                   “(B) reduce the stigma associated with  
6                   substance use disorders; and

7                   “(C) conduct outreach on issues relating to  
8                   substance use disorders and recovery, includ-  
9                   ing—

10                   “(i) identifying the signs of substance  
11                   use disorder;

12                   “(ii) the resources available to individ-  
13                   uals with substance use disorder and to  
14                   families of an individual with a substance  
15                   use disorder, including programs that men-  
16                   tor and provide support services to chil-  
17                   dren;

18                   “(iii) the resources available to help  
19                   support individuals in recovery; and

20                   “(iv) related medical outcomes of sub-  
21                   stance use disorders, the potential of ac-  
22                   quiring an infection commonly associated  
23                   with illicit drug use, and neonatal absti-  
24                   nence syndrome among infants exposed to  
25                   opioids during pregnancy.



1 (B) resources to assist individuals with a  
2 substance use disorder, or resources for families  
3 of an individual with a substance use disorder;  
4 and

5 (C) best practices for the delivery of recov-  
6 ery support services;

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

10 (3) data collection to support research, includ-  
11 ing for translational research;

12 (4) capacity building; and

13 (5) evaluation and improvement, as necessary,  
14 of the effectiveness of such services provided by re-  
15 covery community organizations (as defined in sec-  
16 tion 547 of the Public Health Service Act).

17 (c) BEST PRACTICES.—The Center established under  
18 subsection (a) shall periodically issue best practices for use  
19 by recovery community organizations and peer support  
20 networks.

21 (d) RECOVERY COMMUNITY ORGANIZATION.—In this  
22 section, the term “recovery community organization” has  
23 the meaning given such term in section 547 of the Public  
24 Health Service Act.

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

5 **SEC. 406. MEDICATION-ASSISTED TREATMENT FOR RECOV-**  
6 **ERY FROM ADDICTION.**

7 (a) WAIVERS FOR MAINTENANCE OR DETOXIFICA-  
8 TION TREATMENT.—Section 303(g)(2)(G)(ii) of the Con-  
9 trolled Substances Act (21 U.S.C. 823(g)(2)(G)(ii)) is  
10 amended by adding at the end the following:

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

21 “(aa) included not less than 24 hours  
22 of training on treating and managing opi-  
23 ate-dependent patients; and

24 “(bb) included, at a minimum—

1                   “(AA) the training described in  
2                   items (aa) through (gg) of subclause  
3                   (IV); and

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

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

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

1 **SEC. 407. NATIONAL RECOVERY HOUSING BEST PRACTICES.**  
2

3 (a) **BEST PRACTICES.**—The Secretary, in consulta-  
4 tion with the Secretary for Housing and Urban Develop-  
5 ment, patients with a history of opioid use disorder, and  
6 other stakeholders, which may include State accrediting  
7 entities and reputable providers of, and analysts of, recov-  
8 ery housing services, shall identify or facilitate the devel-  
9 opment of best practices, which may include model laws  
10 for implementing suggested minimum standards, for oper-  
11 ating recovery housing.

12 (b) **DISSEMINATION.**—The Secretary shall dissemi-  
13 nate the best practices identified or developed under sub-  
14 section (a) to—

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

18 (2) Indian tribes and tribally designated hous-  
19 ing entities;

20 (3) recovery housing entities; and

21 (4) the public, as appropriate.

22 (c) **REQUIREMENTS.**—In identifying or facilitating  
23 the development of best practices under subsection (a), the  
24 Secretary, in consultation with appropriate stakeholders,  
25 shall consider how recovery housing is able to support re-  
26 covery and prevent relapse, recidivism, or overdose (in-

1 cluding overdose death), including by improving access  
2 and adherence to treatment, including medication-assisted  
3 treatment.

4 (d) RULE OF CONSTRUCTION.—Nothing in this sec-  
5 tion shall be construed to provide the Secretary with the  
6 authority to require States to adhere to minimum stand-  
7 ards in the State oversight of recovery housing.

8 (e) DEFINITIONS.—In this section—

9 (1) the term “recovery housing” means a  
10 shared living environment free from alcohol and il-  
11 licit drug use and centered on peer support and con-  
12 nection to services that promote sustained recovery  
13 from substance use disorders; and

14 (2) the term “tribally designated housing enti-  
15 ty” has the meaning given such term in the section  
16 4 of the Native American Housing Assistance and  
17 Self-Determination Act of 1996 (25 U.S.C. 4103).

18 **SEC. 408. ADDRESSING ECONOMIC AND WORKFORCE IM-**

19 **PACTS OF THE OPIOID CRISIS.**

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

22 (1) WIOA DEFINITIONS.—The terms “core pro-  
23 gram”, “individual with a barrier to employment”,  
24 “local area”, “local board”, “one-stop operator”,  
25 “outlying area”, “State”, “State board”, and “sup-

1 portive services” have the meanings given the terms  
2 in section 3 of the Workforce Innovation and Oppor-  
3 tunity Act (29 U.S.C. 3102).

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

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

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

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

14 (A) a State workforce agency;

15 (B) an outlying area; or

16 (C) a Tribal entity.

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

19 (A) evidenced by a written contract or  
20 agreement; and

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

24 (i) The eligible entity.

25 (ii) A treatment provider.

1 (iii) An employer or industry organi-  
2 zation.

3 (iv) An education provider.

4 (v) A legal service or law enforcement  
5 organization.

6 (vi) A faith-based or community-based  
7 organization.

8 (vii) Other State or local agencies, in-  
9 cluding counties or local government.

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

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

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

18 (B) enrolls with the applicable partici-  
19 pating partnership to receive any of the services  
20 described in subsection (e)(3).

21 (6) SECRETARY.—The term “Secretary” means  
22 the Secretary of Labor.

23 (7) STATE WORKFORCE AGENCY.—The term  
24 “State workforce agency” means the lead State  
25 agency with responsibility for the administration of

1 a program under chapter 2 or 3 of subtitle B of title  
2 I of the Workforce Innovation and Opportunity Act  
3 (29 U.S.C. 3161 et seq., 3171 et seq.).

4 (8) SUBSTANCE USE DISORDER.—The term  
5 “substance use disorder” has the meaning given  
6 such term by the Assistant Secretary for Mental  
7 Health and Substance Use.

8 (9) TREATMENT PROVIDER.—The term “treat-  
9 ment provider”—

10 (A) means a health care provider that—

11 (i) offers services for treating sub-  
12 stance use disorders and is licensed in ac-  
13 cordance with applicable State law to pro-  
14 vide such services; and

15 (ii) accepts health insurance for such  
16 services, including coverage under title  
17 XIX of the Social Security Act (42 U.S.C.  
18 1396 et seq.); and

19 (B) may include—

20 (i) a nonprofit provider of peer recov-  
21 ery support services, as defined by the  
22 State involved in regulation or guidance;

23 (ii) a community health care provider;

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

4 (iv) an Indian health program (as de-  
5 fined in section 3 of the Indian Health  
6 Care Improvement Act (25 U.S.C. 1603)),  
7 including an Indian health program that  
8 serves an urban center (as defined in such  
9 section); and

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

14 (10) TRIBAL ENTITY.—The term “Tribal enti-  
15 ty” includes any Indian tribe, tribal organization,  
16 Indian-controlled organization serving Indians, Na-  
17 tive Hawaiian organization, or Alaska Native entity,  
18 as such terms are defined or used in section 166 of  
19 the Workforce Innovation and Opportunity Act (29  
20 U.S.C. 3221).

21 (b) PILOT PROGRAM AND GRANTS AUTHORIZED.—

22 (1) IN GENERAL.—The Secretary, in consulta-  
23 tion with the Secretary of Health and Human Serv-  
24 ices, shall carry out a pilot program to address eco-  
25 nomic and workforce impacts associated with a high

1 rate of a substance use disorder. In carrying out the  
2 pilot program, the Secretary shall make grants, on  
3 a competitive basis, to eligible entities to enable such  
4 entities to make subgrants to local boards to address  
5 the economic and workforce impacts associated with  
6 a high rate of a substance use disorder.

7 (2) GRANT AMOUNTS.—The Secretary shall  
8 make each such grant in an amount that is not less  
9 than \$500,000, and not more than \$5,000,000, for  
10 a fiscal year.

11 (c) GRANT APPLICATIONS.—

12 (1) IN GENERAL.—An eligible entity applying  
13 for a grant under this section shall submit an appli-  
14 cation to the Secretary at such time and in such  
15 form and manner as the Secretary may reasonably  
16 require, including the information described in this  
17 subsection.

18 (2) SIGNIFICANT IMPACT ON COMMUNITY BY  
19 OPIOID AND SUBSTANCE USE DISORDER-RELATED  
20 PROBLEMS.—

21 (A) DEMONSTRATION.—An eligible entity  
22 shall include in the application—

23 (i) information that demonstrates sig-  
24 nificant impact on the community by prob-

1           lems related to opioid abuse or another  
2           substance use disorder, by—

3                   (I) identifying the counties, com-  
4                   munities, regions, or local areas that  
5                   have been significantly impacted and  
6                   will be served through the grant (each  
7                   referred to in this section as a “serv-  
8                   ice area”); and

9                   (II) demonstrating for each such  
10                  service area, an increase equal to or  
11                  greater than the national increase in  
12                  such problems, between—

13                           (aa) 1999; and

14                           (bb) 2016 or the latest year  
15                          for which data are available; and

16                   (ii) a description of how the eligible  
17                   entity will prioritize support for signifi-  
18                   cantly impacted service areas described in  
19                   clause (i)(I).

20                  (B) INFORMATION.—To meet the require-  
21                  ments described in subparagraph (A)(i)(II), the  
22                  eligible entity may use information including  
23                  data on—

1 (i) the incidence or prevalence of  
2 opioid abuse and other substance use dis-  
3 orders;

4 (ii) the age-adjusted rate of drug  
5 overdose deaths, as determined by the Di-  
6 rector of the Centers for Disease Control  
7 and Prevention;

8 (iii) the rate of non-fatal hospitaliza-  
9 tions related to opioid abuse or another  
10 substance use disorder;

11 (iv) the number of arrests or convic-  
12 tions, or a relevant law enforcement sta-  
13 tistic, that reasonably shows an increase in  
14 opioid abuse or another substance use dis-  
15 order; or

16 (v) in the case of an eligible entity de-  
17 scribed in subsection (a)(3)(C), other alter-  
18 native relevant data as determined appro-  
19 priate by the Secretary.

20 (C) SUPPORT FOR STATE STRATEGY.—The  
21 eligible entity may include in the application in-  
22 formation describing how the proposed services  
23 and activities are aligned with the State, out-  
24 lying area, or Tribal strategy, as applicable, for  
25 addressing problems described in subparagraph

1 (A) in specific service areas or across the State,  
2 outlying area, or Tribal land.

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

6 (A) DEMONSTRATION.—An eligible entity  
7 shall include in the application information that  
8 demonstrates that a high rate of a substance  
9 use disorder has caused, or is coincident to—

10 (i) an economic or employment down-  
11 turn in the service area; or

12 (ii) persistent economically depressed  
13 conditions in such service area.

14 (B) INFORMATION.—To meet the require-  
15 ments of subparagraph (A), an eligible entity  
16 may use information including—

17 (i) documentation of any layoff, an-  
18 nounced future layoff, legacy industry de-  
19 cline, decrease in an employment or labor  
20 market participation rate, or economic im-  
21 pact, whether or not the result described in  
22 this clause is overtly related to a high rate  
23 of a substance use disorder;

24 (ii) documentation showing decreased  
25 economic activity related to, caused by, or

1 contributing to a high rate of a substance  
2 use disorder, including a description of  
3 how the service area has been impacted, or  
4 will be impacted, by such a decrease;

5 (iii) information on economic indica-  
6 tors, labor market analyses, information  
7 from public announcements, and demo-  
8 graphic and industry data;

9 (iv) information on rapid response ac-  
10 tivities (as defined in section 3 of the  
11 Workforce Innovation and Opportunity Act  
12 (29 U.S.C. 3102)) that have been or will  
13 be conducted, including demographic data  
14 gathered by employer or worker surveys or  
15 through other methods;

16 (v) data or documentation, beyond an-  
17 ecdotal evidence, showing that employers  
18 face challenges filling job vacancies due to  
19 a lack of skilled workers able to pass a  
20 drug test; or

21 (vi) any additional relevant data or in-  
22 formation on the economy, workforce, or  
23 another aspect of the service area to sup-  
24 port the application.

1 (d) SUBGRANT AUTHORIZATION AND APPLICATION  
2 PROCESS.—

3 (1) SUBGRANTS AUTHORIZED.—

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

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

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

16 (iii) in the case of an eligible entity  
17 described in subsection (a)(3)(C), shall use  
18 the remaining grant funds to carry out the  
19 services and activities described in sub-  
20 section (e).

21 (B) EQUITABLE DISTRIBUTION.—In mak-  
22 ing subgrants under this subsection, an eligible  
23 entity shall ensure, to the extent practicable,  
24 the equitable distribution of subgrants, based  
25 on—

1 (i) geography (such as urban and  
2 rural distribution); and

3 (ii) significantly impacted service  
4 areas as described in subsection (c)(2).

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

11 (i) the date that is 90 days after the  
12 date on which the Secretary makes the  
13 funds available to the eligible entity; or

14 (ii) the date that is 15 days after the  
15 date that the eligible entity makes the  
16 subgrant under subparagraph (A)(ii).

17 (2) SUBGRANT APPLICATION.—

18 (A) IN GENERAL.—A local board desiring  
19 to receive a subgrant under this subsection  
20 from an eligible entity shall submit an applica-  
21 tion at such time and in such and manner as  
22 the eligible entity may reasonably require, in-  
23 cluding the information described in this para-  
24 graph.

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

3 (i) an analysis of the estimated per-  
4 formance of the local board in carrying out  
5 the proposed services and activities under  
6 the subgrant—

7 (I) based on—

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

20 (bb) the record of the local  
21 board in serving individuals with  
22 a barrier to employment; and

23 (cc) the ability of the local  
24 board to establish a participating  
25 partnership; and

1 (II) which may include or uti-  
2 lize—

3 (aa) data from the National  
4 Center for Health Statistics of  
5 the Centers for Disease Control  
6 and Prevention;

7 (bb) data from the Center  
8 for Behavioral Health Statistics  
9 and Quality of the Substance  
10 Abuse and Mental Health Serv-  
11 ices Administration;

12 (cc) State vital statistics;

13 (dd) municipal police depart-  
14 ment records;

15 (ee) reports from local coro-  
16 ners; or

17 (ff) other relevant data; and

18 (ii) in the case of a local board pro-  
19 posing to serve a population described in  
20 subsection (e)(2)(B), a demonstration of  
21 the workforce shortage in the professional  
22 area to be addressed under the subgrant  
23 (which may include substance use disorder  
24 treatment and related services, non-addict-  
25 ive pain therapy and pain management

1 services, mental health care treatment  
2 services, emergency response services, or  
3 mental health care), which shall include in-  
4 formation that can demonstrate such a  
5 shortage, such as—

6 (I) the distance between—

7 (aa) communities affected by  
8 opioid abuse or another sub-  
9 stance use disorder; and

10 (bb) facilities or profes-  
11 sionals offering services in the  
12 professional area; or

13 (II) the maximum capacity of fa-  
14 cilities or professionals to serve indi-  
15 viduals in an affected community, or  
16 increases in arrests related to opioid  
17 or another substance use disorder,  
18 overdose deaths, or nonfatal overdose  
19 emergencies in the community.

20 (e) SUBGRANT SERVICES AND ACTIVITIES.—

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

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

5           (A) Workers, including dislocated workers,  
6 individuals with barriers to employment, new  
7 entrants in the workforce, or incumbent work-  
8 ers (employed or underemployed), each of  
9 whom—

10           (i) are directly or indirectly affected  
11 by a high rate of a substance use disorder;  
12 and

13           (ii) voluntarily confirms that the  
14 worker, or a friend or family member of  
15 the worker, has a history of opioid abuse  
16 or another substance use disorder.

17           (B) Workers, including dislocated workers,  
18 individuals with barriers to employment, new  
19 entrants in the workforce, or incumbent work-  
20 ers (employed or underemployed), who—

21           (i) seek to transition to professions  
22 that support individuals with a substance  
23 use disorder or at risk for developing such  
24 disorder, such as professions that pro-  
25 vide—

1 (I) substance use disorder treat-  
2 ment and related services;

3 (II) peer recovery support serv-  
4 ices described in subsection  
5 (a)(9)(B)(i);

6 (III) non-addictive pain therapy  
7 and pain management services;

8 (IV) emergency response services;

9 or

10 (V) mental health care; and

11 (ii) need new or upgraded skills to  
12 better serve such a population of strug-  
13 gling or at-risk individuals.

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

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

20 (i) learn about the skill and hiring re-  
21 quirements of employers;

22 (ii) learn about the support needed by  
23 employers to hire and retain program par-  
24 ticipants, and other individuals with a sub-  
25 stance use disorder, and the support need-

1 ed by such employers to obtain their com-  
2 mitment to testing creative solutions to  
3 employing program participants and such  
4 individuals;

5 (iii) connect employers and workers to  
6 on-the-job or customized training programs  
7 before or after layoff to help facilitate re-  
8 employment;

9 (iv) connect employers with an edu-  
10 cation provider to develop classroom in-  
11 struction to complement on-the-job learn-  
12 ing for program participants and such in-  
13 dividuals;

14 (v) help employers develop the cur-  
15 riculum design of a work-based learning  
16 program for program participants and  
17 such individuals;

18 (vi) help employers employ program  
19 participants or such individuals engaging  
20 in a work-based learning program for a  
21 transitional period before hiring such a  
22 program participant or individual for full-  
23 time employment of not less than 30 hours  
24 a week; or

1 (vii) connect employers to program  
2 participants receiving concurrent out-  
3 patient treatment and job training services.

4 (B) SCREENING SERVICES.—Providing  
5 screening services, which may include—

6 (i) using an evidence-based screening  
7 method to screen each individual seeking  
8 participation in the pilot program to deter-  
9 mine whether the individual has a sub-  
10 stance use disorder;

11 (ii) conducting an assessment of each  
12 such individual to determine the services  
13 needed for such individual to obtain or re-  
14 tain employment, including an assessment  
15 of strengths and general work readiness; or

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

20 (C) INDIVIDUAL TREATMENT AND EM-  
21 PLOYMENT PLAN.—Developing an individual  
22 treatment and employment plan for each pro-  
23 gram participant—

24 (i) in coordination, as appropriate,  
25 with other programs serving the partici-

1           pant such as the core programs within the  
2           workforce development system under the  
3           Workforce Innovation and Opportunity Act  
4           (29 U.S.C. 3101 et seq.); and

5           (ii) which shall include providing a  
6           case manager to work with each partici-  
7           pant to develop the plan, which may in-  
8           clude—

9                   (I) identifying employment and  
10                   career goals;

11                   (II) exploring career pathways  
12                   that lead to in-demand industries and  
13                   sectors, as determined by the State  
14                   board and the head of the State work-  
15                   force agency or, as applicable, the  
16                   Tribal entity;

17                   (III) setting appropriate achieve-  
18                   ment objectives to attain the employ-  
19                   ment and career goals identified  
20                   under subclause (I); or

21                   (IV) developing the appropriate  
22                   combination of services to enable the  
23                   participant to achieve the employment  
24                   and career goals identified under sub-  
25                   clause (I).

1 (D) OUTPATIENT TREATMENT AND RECOV-  
2 ERY CARE.—In the case of a participating part-  
3 nership serving program participants described  
4 in paragraph (2)(A) with a substance use dis-  
5 order, providing individualized and group out-  
6 patient treatment and recovery services for such  
7 program participants that are offered during  
8 the day and evening, and on weekends. Such  
9 treatment and recovery services—

10 (i) shall be based on a model that uti-  
11 lizes combined behavioral interventions and  
12 other evidence-based or evidence-informed  
13 interventions; and

14 (ii) may include additional services  
15 such as—

16 (I) health, mental health, addic-  
17 tion, or other forms of outpatient  
18 treatment that may impact a sub-  
19 stance use disorder and co-occurring  
20 conditions;

21 (II) drug testing for a current  
22 substance use disorder prior to enroll-  
23 ment in career or training services or  
24 prior to employment;

1 (III) linkages to community serv-  
2 ices, including services offered by  
3 partner organizations designed to sup-  
4 port program participants; or

5 (IV) referrals to health care, in-  
6 cluding referrals to substance use dis-  
7 order treatment and mental health  
8 services.

9 (E) SUPPORTIVE SERVICES.—Providing  
10 supportive services, which shall include services  
11 such as—

12 (i) coordinated wraparound services to  
13 provide maximum support for program  
14 participants to assist the program partici-  
15 pants in maintaining employment and re-  
16 covery for not less than 12 months, as ap-  
17 propriate;

18 (ii) assistance in establishing eligi-  
19 bility for assistance under Federal, State,  
20 Tribal, and local programs providing  
21 health services, mental health services, vo-  
22 cational services, housing services, trans-  
23 portation services, social services, or serv-  
24 ices through early childhood education pro-  
25 grams (as defined in section 103 of the

1 Higher Education Act of 1965 (20 U.S.C.  
2 1003));

3 (iii) peer recovery support services de-  
4 scribed in subsection (a)(9)(B)(i);

5 (iv) networking and mentorship op-  
6 portunities; or

7 (v) any supportive services determined  
8 necessary by the local board.

9 (F) CAREER AND JOB TRAINING SERV-  
10 ICES.—Offering career services and training  
11 services, and related services, concurrently or  
12 sequentially with the services provided under  
13 subparagraphs (B) through (E). Such services  
14 shall include the following:

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

18 (I) initial education and skills as-  
19 sessments;

20 (II) traditional classroom train-  
21 ing funded through individual training  
22 accounts under chapter 3 of subtitle B  
23 of title I of the Workforce Innovation  
24 and Opportunity Act (29 U.S.C. 3171  
25 et seq.);

1 (III) services to promote employ-  
2 ability skills such as punctuality, per-  
3 sonal maintenance skills, and profes-  
4 sional conduct;

5 (IV) in-depth interviewing and  
6 evaluation to identify employment bar-  
7 riers and to develop individual em-  
8 ployment plans;

9 (V) career planning that in-  
10 cludes—

11 (aa) career pathways leading  
12 to in-demand, high-wage jobs;  
13 and

14 (bb) job coaching, job  
15 matching, and job placement  
16 services;

17 (VI) provision of payments and  
18 fees for employment and training-re-  
19 lated applications, tests, and certifi-  
20 cations; or

21 (VII) any other appropriate ca-  
22 reer service or training service de-  
23 scribed in section 134(c) of the Work-  
24 force Innovation and Opportunity Act  
25 (29 U.S.C. 3174(c)).

1 (ii) Services provided to program par-  
2 ticipants during their first 6 months of  
3 employment to ensure job retention, which  
4 may include—

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

8 (II) a continuation of skills train-  
9 ing, and career and technical edu-  
10 cation, described in clause (i) that is  
11 conducted in collaboration with the  
12 employers of such participants;

13 (III) mentorship services and job  
14 retention support for such partici-  
15 pants; or

16 (IV) targeted training for man-  
17 agers and workers working with such  
18 participants (such as mentors), and  
19 human resource representatives in the  
20 business in which such participants  
21 are employed.

22 (iii) Services to assist program partici-  
23 pants in maintaining employment for not  
24 less than 12 months, as appropriate.

1 (G) PROVEN AND PROMISING PRAC-  
2 TICES.—Leading efforts in the service area to  
3 identify and promote proven and promising  
4 strategies and initiatives for meeting the needs  
5 of employers and program participants.

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

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

11 (B) more than 10 percent of the funds re-  
12 ceived under such subgrant for the provision of  
13 treatment and recovery services, as described in  
14 paragraph (3)(D); and

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

19 (f) PERFORMANCE ACCOUNTABILITY.—

20 (1) REPORTS.—The Secretary shall establish  
21 quarterly reporting requirements for recipients of  
22 grants and subgrants under this section that, to the  
23 extent practicable, are based on the performance ac-  
24 countability system under section 116 of the Work-  
25 force Innovation and Opportunity Act (29 U.S.C.

1 3141) and, in the case of a grant awarded to an eli-  
2 gible entity described in subsection (a)(3)(C), section  
3 166(h) of such Act ( 29 U.S.C. 3221(h)), including  
4 the indicators described in subsection (c)(1)(A)(i) of  
5 such section 116 and the requirements for local area  
6 performance reports under subsection (d) of such  
7 section 116.

8 (2) EVALUATIONS.—

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

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

25 (g) FUNDING.—

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

4           (2) USING FUNDING FOR NATIONAL DIS-  
5           LOCATED WORKER GRANTS.—Subject to paragraph  
6           (4) and notwithstanding section 132(a)(2)(A) and  
7           subtitle D of the Workforce Innovation and Oppor-  
8           tunity Act (29 U.S.C. 3172(a)(2)(A), 3221 et seq.),  
9           the Secretary may use, to carry out the pilot pro-  
10          gram under this section for a covered fiscal year—

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

14                   (B) funds made available to carry out sec-  
15                   tion 170 of such Act that remain available for  
16                   that fiscal year; and

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

19          (3) AVAILABILITY OF FUNDS.—Funds appro-  
20          priated under section 136(c) of such Act (29 U.S.C.  
21          3181(c)) and made available to carry out section  
22          170 of such Act for a fiscal year shall remain avail-  
23          able for use under paragraph (2) for a subsequent  
24          fiscal year until expended.

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

5 **SEC. 409. YOUTH PREVENTION AND RECOVERY.**

6           (a) SUBSTANCE ABUSE TREATMENT SERVICES FOR  
7 CHILDREN, ADOLESCENTS, AND YOUNG ADULTS.—Sec-  
8 tion 514 of the Public Health Service Act (42 U.S.C.  
9 290bb-7) is amended—

10           (1) in the section heading, by striking “**CHIL-**  
11 **DREN AND ADOLESCENTS**” and inserting “**CHIL-**  
12 **DREN, ADOLESCENTS, AND YOUNG ADULTS**”;

13           (2) in subsection (a)(2), by striking “children,  
14 including” and inserting “children, adolescents, and  
15 young adults, including”; and

16           (3) by striking “children and adolescents” each  
17 place it appears and inserting “children, adolescents,  
18 and young adults”.

19           (b) YOUTH PREVENTION AND RECOVERY INITIA-  
20 TIVE.—

21           (1) IN GENERAL.—The Secretary, in consulta-  
22 tion with Secretary of Education, shall administer a  
23 program to provide support for communities to sup-  
24 port the prevention, treatment, and recovery of sub-

1       stance use disorders for children, adolescents, and  
2       young adults.

3               (2) DEFINITIONS.—In this subsection:

4                       (A) ELIGIBLE ENTITY.—The term “eligible  
5       entity” means—

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

10                              (ii) a State educational agency;

11                              (iii) an institution of higher education  
12       (or consortia of such institutions), which  
13       may include a recovery program at an in-  
14       stitution of higher education;

15                              (iv) a local board or one-stop oper-  
16       ator;

17                              (v) a nonprofit organization with ap-  
18       propriate expertise in providing services or  
19       programs for children, adolescents, or  
20       young adults, excluding a school;

21                              (vi) a State, political subdivision of a  
22       State, Indian Tribe, or tribal organization;  
23       or

24                              (vii) a high school or dormitory serv-  
25       ing high school students that receives

1 funding from the Bureau of Indian Edu-  
2 cation.

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

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

11 (D) HIGH SCHOOL.—The term “high  
12 school” has the meaning given such term in  
13 section 8101 of the Elementary and Secondary  
14 Education Act of 1965 (20 U.S.C. 7801).

15 (E) HOMELESS YOUTH.—The term “home-  
16 less youth” has the meaning given the term  
17 “homeless children or youths” in section 725 of  
18 the McKinney-Vento Homeless Assistance Act  
19 (42 U.S.C. 11434a);

20 (F) INSTITUTION OF HIGHER EDU-  
21 CATION.—The term “institution of higher edu-  
22 cation” has the meaning given such term in  
23 section 101 of the Higher Education Act of  
24 1965 (20 U.S.C. 1001) and includes a “post-

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

3 (G) LOCAL EDUCATIONAL AGENCY.—The  
4 term “local educational agency” has the mean-  
5 ing given the term in section 8101 of the Ele-  
6 mentary and Secondary Education Act of 1965  
7 (20 U.S.C. 7801).

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

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

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

20 (i) to help children, adolescents, or  
21 young adults who are recovering from sub-  
22 stance use disorders to initiate, stabilize,  
23 and maintain healthy and productive lives  
24 in the community; and

1 (ii) that includes peer-to-peer support  
2 delivered by individuals with lived experi-  
3 ence in recovery, and communal activities  
4 to build recovery skills and supportive so-  
5 cial networks.

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

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

13 (A) identify or facilitate the development of  
14 evidence-based best practices for prevention of  
15 substance misuse and abuse by children, adoles-  
16 cents, and young adults, including for specific  
17 populations such as youth in foster care, home-  
18 less youth, out-of-school youth, and youth who  
19 are at risk of or have experienced trafficking  
20 that address—

21 (i) primary prevention;

22 (ii) appropriate recovery support serv-  
23 ices;

24 (iii) appropriate use of medication-as-  
25 sisted treatment for such individuals, if ap-

1 plicable, and ways of overcoming barriers  
2 to the use of medication-assisted treatment  
3 in such population; and

4 (iv) efficient and effective communica-  
5 tion, which may include the use of social  
6 media, to maximize outreach efforts;

7 (B) disseminate such best practices to  
8 State educational agencies, local educational  
9 agencies, schools and dormitories funded by the  
10 Bureau of Indian Education, institutions of  
11 higher education, recovery programs at institu-  
12 tions of higher education, local boards, one-stop  
13 operators, family and youth homeless providers,  
14 and nonprofit organizations, as appropriate;

15 (C) conduct a rigorous evaluation of each  
16 grant funded under this subsection, particularly  
17 its impact on the indicators described in para-  
18 graph (8)(B); and

19 (D) provide technical assistance for grant-  
20 ees under this subsection.

21 (4) GRANTS AUTHORIZED.—The Secretary, in  
22 consultation with the Secretary of Education, shall  
23 award 3-year grants, on a competitive basis, to eligi-  
24 ble entities to enable such entities, in coordination  
25 with Indian tribes, if applicable, and State agencies

1 responsible for carrying out substance use disorder  
2 prevention and treatment programs, to carry out evi-  
3 dence-based programs for—

4 (A) prevention of substance misuse and  
5 abuse by children, adolescents, and young  
6 adults, which may include primary prevention;

7 (B) recovery support services for children,  
8 adolescents, and young adults, which may in-  
9 clude counseling, job training, linkages to com-  
10 munity-based services, family support groups,  
11 peer mentoring, and recovery coaching; or

12 (C) treatment or referrals for treatment of  
13 substance use disorders, which may include the  
14 use of medication-assisted treatment, as appro-  
15 priate.

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

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

25 (A) a description of—

1 (i) the impact of substance use dis-  
2 orders in the population that will be served  
3 by the grant program;

4 (ii) how the eligible entity has solie-  
5 ited input from relevant stakeholders,  
6 which may include faculty, teachers, staff,  
7 families, students, and experts in sub-  
8 stance use prevention and treatment in de-  
9 veloping such application;

10 (iii) the goals of the proposed project,  
11 including the intended outcomes;

12 (iv) how the eligible entity plans to  
13 use grant funds for evidence-based activi-  
14 ties, in accordance with this subsection to  
15 prevent, provide recovery support for, or  
16 treat substance use disorders amongst  
17 such individuals, or a combination of such  
18 activities; and

19 (v) how the eligible entity will collabo-  
20 rate with relevant partners, which may in-  
21 clude State educational agencies, local edu-  
22 cational agencies, institutions of higher  
23 education, juvenile justice agencies, preven-  
24 tion and recovery support providers, local  
25 service providers, including substance use

1 disorder treatment programs, providers of  
2 mental health services, youth serving orga-  
3 nizations, family and youth homeless pro-  
4 viders, child welfare agencies, and primary  
5 care providers, in carrying out the grant  
6 program; and

7 (B) an assurance that the eligible entity  
8 will participate in the evaluation described in  
9 paragraph (3)(C).

10 (7) PRIORITY.—In awarding grants under this  
11 subsection, the Secretary shall give priority to eligi-  
12 ble entities that propose to use grant funds for ac-  
13 tivities that meet the criteria described in subclauses  
14 (I) and (II) of section 8101(21)(A)(i) of the Elemen-  
15 tary and Secondary Education Act (20 U.S.C.  
16 7801(21)(A)(i)).

17 (8) REPORTS TO THE SECRETARY.—Each eligi-  
18 ble entity awarded a grant under this subsection  
19 shall submit to the Secretary, a report at such time  
20 and in such manner as the Secretary may require.  
21 Such report shall include—

22 (A) a description of how the eligible entity  
23 used grant funds, in accordance with this sub-  
24 section, including the number of children, ado-

1           lescents, and young adults reached through pro-  
2           gramming; and

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

7                   (i) indicators of student success,  
8           which, if the eligible entity is an edu-  
9           cational institution, shall include student  
10          well-being and academic achievement;

11                  (ii) substance use disorders amongst  
12          children, adolescents, and young adults, in-  
13          cluding the number of overdoses and  
14          deaths amongst children, adolescents, and  
15          young adults during the grant period; and

16                  (iii) other indicators, as the Secretary  
17          determines appropriate.

18           (9) REPORT TO CONGRESS.—The Secretary  
19          shall, not later than October 1, 2022, submit a re-  
20          port to the Committee on Health, Education, Labor,  
21          and Pensions of the Senate, and the Committee on  
22          Energy and Commerce and the Committee on Edu-  
23          cation and the Workforce of the House of Rep-  
24          resentatives, a report summarizing the effectiveness  
25          of the grant program under this subsection, based

1 on the information submitted in reports required  
2 under paragraph (8).

3 (10) AUTHORIZATION OF APPROPRIATIONS.—

4 There is authorized to be appropriated, such sums  
5 as may be necessary to carry out this subsection for  
6 each of fiscal years 2019 through 2023.

7 **SEC. 410. PLANS OF SAFE CARE.**

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

11 “(7) GRANTS TO STATES TO IMPROVE AND CO-  
12 ORDINATE THEIR RESPONSE TO ENSURE THE SAFE-  
13 TY, PERMANENCY, AND WELL-BEING OF INFANTS  
14 AFFECTED BY SUBSTANCE USE.—

15 “(A) PROGRAM AUTHORIZED.—The Sec-  
16 retary shall make grants to States for the pur-  
17 pose of assisting child welfare agencies, social  
18 services agencies, substance use disorder treat-  
19 ment agencies, hospitals with labor and delivery  
20 units, medical staff, public health and mental  
21 health agencies, and maternal and child health  
22 agencies to facilitate collaboration in developing,  
23 updating, implementing, and monitoring plans  
24 of safe care described in section  
25 106(b)(2)(B)(iii).

1 “(B) DISTRIBUTION OF FUNDS.—

2 “(i) RESERVATIONS.—Of the amounts  
3 appropriated under subparagraph (H), the  
4 Secretary shall reserve—

5 “(I) no more than 3 percent for  
6 the purposes described in subpara-  
7 graph (G); and

8 “(II) up to 3 percent for grants  
9 to Indian tribes and tribal organiza-  
10 tions to address the needs of infants  
11 born with, and identified as being af-  
12 fected by, substance abuse or with-  
13 drawal symptoms resulting from pre-  
14 natal drug exposure or a fetal alcohol  
15 spectrum disorder and their families  
16 or caregivers, which to the extent  
17 practicable, shall be consistent with  
18 the uses of funds described under sub-  
19 paragraph (D).

20 “(ii) ALLOTMENTS TO STATES AND  
21 TERRITORIES.—The Secretary shall allot  
22 the amount appropriated under subpara-  
23 graph (H) that remains after application  
24 of clause (i) to each States that applies for

1           such a grant, in an amount equal to the  
2           sum of—

3                   “(I) \$500,000; and

4                   “(II) an amount that bears the  
5                   same relationship to any funds appro-  
6                   priated under subparagraph (H) and  
7                   remaining after application of clause  
8                   (i), as the number of live births in the  
9                   State in the previous calendar year  
10                  bears to the number of live births in  
11                  all States in such year.

12                  “(iii) RATABLE REDUCTION.—If the  
13                  amount appropriated under subparagraph  
14                  (H) is insufficient to satisfy the require-  
15                  ments of clause (ii), the Secretary shall  
16                  ratably reduce each allotment to a State.

17                  “(C) APPLICATION.—A State desiring a  
18                  grant under this paragraph shall submit an ap-  
19                  plication to the Secretary at such time and in  
20                  such manner as the Secretary may require.  
21                  Such application shall include—

22                   “(i) a description of—

23                   “(I) the impact of substance use  
24                   disorder in such State, including with  
25                   respect to the substance or class of

1 substances with the highest incidence  
2 of abuse in the previous year in such  
3 State, including—

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

6 “(bb) the aggregate rate of  
7 births in the State of infants af-  
8 fected by substance abuse or  
9 withdrawal symptoms or a fetal  
10 alcohol spectrum disorder (as de-  
11 termined by hospitals, insurance  
12 claims, claims submitted to the  
13 State Medicaid program, or other  
14 records), if available and to the  
15 extent practicable; and

16 “(cc) the number of infants  
17 identified, for whom a plan of  
18 safe care was developed, and for  
19 whom a referral was made for  
20 appropriate services, as reported  
21 under section 106(d)(18);

22 “(II) the challenges the State  
23 faces in developing, implementing, and  
24 monitoring plans of safe care in ac-

1 cordance with section  
2 106(b)(2)(B)(iii);  
3 “(III) the State’s lead agency for  
4 the grant program and how that agen-  
5 cy will coordinate with relevant State  
6 entities and programs, including the  
7 child welfare agency, the substance  
8 use disorder treatment agency, hos-  
9 pitals with labor and delivery units,  
10 health care providers, the public  
11 health and mental health agencies,  
12 programs funded by the Substance  
13 Abuse and Mental Health Services  
14 Administration that provide substance  
15 use disorder treatment for women, the  
16 State Medicaid program, the State  
17 agency administering the block grant  
18 program under title V of the Social  
19 Security Act (42 U.S.C. 701 et seq.),  
20 the State agency administering the  
21 programs funded under part C of the  
22 Individuals with Disabilities Edu-  
23 cation Act (20 U.S.C. 1431 et seq.),  
24 the maternal, infant, and early child-  
25 hood home visiting program under

1 section 511 of the Social Security Act  
2 (42 U.S.C. 711), the State judicial  
3 system, and other agencies, as deter-  
4 mined by the Secretary, and Indian  
5 tribes and tribal organizations, as ap-  
6 propriate;

7 “(IV) how the State will monitor  
8 local development and implementation  
9 of plans of safe care, in accordance  
10 with section 106(b)(2)(B)(iii)(II), in-  
11 cluding how the State will monitor to  
12 ensure plans of safe care address dif-  
13 ferences between substance use dis-  
14 order and medically supervised sub-  
15 stance use, including for the treat-  
16 ment of a substance use disorder;

17 “(V) how the State meets the re-  
18 quirements of section 1927 of the  
19 Public Health Service Act (42 U.S.C.  
20 300x-27);

21 “(VI) how the State plans to uti-  
22 lize funding authorized under part E  
23 of title IV of the Social Security Act  
24 (42 U.S.C. 670 et seq.) to assist in  
25 carrying out any plan of safe care, in-

1 cluding such funding authorized under  
2 section 471(e) of such Act (as in ef-  
3 fect on October 1, 2018) for mental  
4 health and substance abuse prevention  
5 and treatment services and in-home  
6 parent skill-based programs and fund-  
7 ing authorized under such section  
8 472(j) (as in effect on October 1,  
9 2018) for children with a parent in a  
10 licensed residential family-based treat-  
11 ment facility for substance abuse; and  
12 “(VII) an assessment of the  
13 treatment and other services and pro-  
14 grams available in the State, to effec-  
15 tively carry out any plan of safe care  
16 developed, including identification of  
17 needed treatment, and other services  
18 and programs to ensure the wellbeing  
19 of young children and their families  
20 affected by substance use disorder,  
21 such as programs carried out under  
22 part C of the Individuals with Disabil-  
23 ities Education Act and comprehen-  
24 sive early childhood development serv-

1                   ices and programs such as Head Start  
2                   programs;

3                   “(ii) a description of how the State  
4                   plans to use funds for activities described  
5                   in subparagraph (D) for the purposes of  
6                   ensuring State compliance with require-  
7                   ments under clauses (ii) and (iii) of section  
8                   106(b)(2)(B); and

9                   “(iii) an assurance that the State  
10                  will—

11                   “(I) comply with this Act and  
12                   parts B and E of title IV of the Social  
13                   Security Act (42 U.S.C. 621 et seq.,  
14                   670 et seq.); and

15                   “(II) comply with requirements  
16                   to refer a child identified as sub-  
17                   stance-exposed to early intervention  
18                   services as required pursuant to a  
19                   grant under part C of the Individuals  
20                   with Disabilities Education Act (20  
21                   U.S.C. 1431 et seq.).

22                   “(D) USES OF FUNDS.—Funds awarded to  
23                   a State under this paragraph may be used for  
24                   the following activities, which may be carried

1 out by the State directly, or through grants or  
2 subgrants, contracts, or cooperative agreements:

3 “(i) Improving State and local sys-  
4 tems with respect to the development and  
5 implementation of plans of safe care,  
6 which—

7 “(I) shall include parent and  
8 caregiver engagement, as required  
9 under section 106(b)(2)(B)(iii)(I), re-  
10 garding available treatment and serv-  
11 ice options, which may include re-  
12 sources available for pregnant,  
13 perinatal, and postnatal women; and

14 “(II) may include activities such  
15 as—

16 “(aa) developing policies,  
17 procedures, or protocols for the  
18 administration or development of  
19 evidence-based and validated  
20 screening tools for infants who  
21 may be affected by substance use  
22 withdrawal symptoms or a fetal  
23 alcohol spectrum disorder and  
24 pregnant, perinatal, and post-  
25 natal women whose infants may

1 be affected by substance use  
2 withdrawal symptoms or a fetal  
3 alcohol spectrum disorder;

4 “(bb) improving assessments  
5 used to determine the needs of  
6 the infant and family;

7 “(cc) improving ongoing  
8 case management services; and

9 “(dd) improving access to  
10 treatment services, which may be  
11 prior to the pregnant woman’s  
12 delivery date.

13 “(ii) Developing policies, procedures,  
14 or protocols in consultation and coordina-  
15 tion with health professionals, public and  
16 private health facilities, and substance use  
17 disorder treatment agencies to ensure  
18 that—

19 “(I) appropriate notification to  
20 child protective services is made in a  
21 timely manner;

22 “(II) a plan of safe care is in  
23 place, in accordance with section  
24 106(b)(2)(B)(iii), before the infant is

1 discharged from the birth or health  
2 care facility; and

3 “(III) such health and related  
4 agency professionals are trained on  
5 how to follow such protocols and are  
6 aware of the supports that may be  
7 provided under a plan of safe care.

8 “(iii) Training health professionals  
9 and health system leaders, child welfare  
10 workers, substance use disorder treatment  
11 agencies, and other related professionals  
12 such as home visiting agency staff and law  
13 enforcement in relevant topics including—

14 “(I) State mandatory reporting  
15 laws and the referral and process and  
16 requirements for notification to child  
17 protective services when child abuse or  
18 neglect reporting is not mandated;

19 “(II) the co-occurrence of preg-  
20 nancy and substance use disorder, and  
21 implications of prenatal exposure;

22 “(III) the clinical guidance about  
23 treating substance use disorder in  
24 pregnant and postpartum women;



1 clause (ii) of this subparagraph, in areas  
2 which may include—

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

17 “(II) ensuring that treatment ap-  
18 proaches for serving infants, pregnant  
19 women, and perinatal and postnatal  
20 women whose infants may be affected  
21 by substance use, withdrawal symp-  
22 toms, or a fetal alcohol spectrum dis-  
23 order, are designed to, where appro-  
24 priate, keep infants with their moth-

1                   ers during both inpatient and out-  
2                   patient treatment; and

3                   “(III) increasing access to all evi-  
4                   dence-based medication-assisted treat-  
5                   ment approved by the Food and Drug  
6                   Administration, behavioral therapy,  
7                   and counseling services for the treat-  
8                   ment of substance use disorders, as  
9                   appropriate.

10                  “(v) Developing and updating systems  
11                  of technology for improved data collection  
12                  and monitoring under section  
13                  106(b)(2)(B)(iii), including existing elec-  
14                  tronic medical records, to measure the out-  
15                  comes achieved through the plans of safe  
16                  care, including monitoring systems to meet  
17                  the requirements of this Act and submis-  
18                  sion of performance measures.

19                  “(E) REPORTING.—Each State that re-  
20                  ceives funds under this paragraph, for each  
21                  year such funds are received, shall submit a re-  
22                  port to the Secretary, disaggregated by geo-  
23                  graphic location, economic status, and major  
24                  racial and ethnic groups, except that such  
25                  disaggregation shall not be required if the re-

1           sults would reveal personally identifiable infor-  
2           mation, on, with respect to infants identified  
3           under section 106(b)(2)(B)(ii)—

4                   “(i) the number who experienced re-  
5                   moval associated with parental substance  
6                   use;

7                   “(ii) the number who experienced re-  
8                   moval and are subsequently are reunified  
9                   with parents, and the length of time be-  
10                  tween such removal and reunification;

11                  “(iii) the number who are referred to  
12                  community providers without a child pro-  
13                  tection case;

14                  “(iv) the number who received services  
15                  while in the care of their birth parents;

16                  “(v) the number who receive post-re-  
17                  unification services within 1 year after a  
18                  reunification has occurred; and

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

22                  “(F) SECRETARY’S REPORT TO CON-  
23                  GRESS.—The Secretary shall submit an annual  
24                  report to the Committee on Health, Education,  
25                  Labor, and Pensions and the Committee on Ap-

1           appropriations of the Senate and the Committee  
2           on Education and the Workforce and the Com-  
3           mittee on Appropriations of the House of Rep-  
4           resentatives that includes the information de-  
5           scribed in subparagraph (E) and recommenda-  
6           tions or observations on the challenges, suc-  
7           cesses, and lessons derived from implementation  
8           of the grant program.

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

12                 “(i) providing technical assistance, in-  
13                 cluding programs of in-depth technical as-  
14                 sistance, to additional States, territories,  
15                 and Indian tribes and tribal organizations  
16                 in accordance with the substance-exposed  
17                 infant initiative developed by the National  
18                 Center on Substance Abuse and Child Wel-  
19                 fare;

20                 “(ii) issuing guidance on the require-  
21                 ments of this Act with respect to infants  
22                 born with and identified as being affected  
23                 by substance use or withdrawal symptoms  
24                 or fetal alcohol spectrum disorder, as de-

1 scribed in clauses (ii) and (iii) of section  
2 106(b)(2)(B), including by—

3 “(I) clarifying key terms; and

4 “(II) disseminating best practices  
5 on implementation of plans of safe  
6 care, on such topics as differential re-  
7 sponse, collaboration and coordina-  
8 tion, and identification and delivery of  
9 services for different populations;

10 “(iii) supporting State efforts to de-  
11 velop information technology systems to  
12 manage plans of safe care; and

13 “(iv) preparing the Secretary’s report  
14 to Congress described in subparagraph  
15 (F).

16 “(H) AUTHORIZATION OF APPROPRIA-  
17 TIONS.—To carry out the program under this  
18 paragraph, there are authorized to be appro-  
19 priated \$60,000,000 for each of fiscal years  
20 2019 through 2023.”.

21 **SEC. 411. REGULATIONS RELATING TO SPECIAL REGISTRA-**  
22 **TION FOR TELEMEDICINE.**

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

1 “(2) REGULATIONS.—

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

9 “(i) the limited circumstances in  
10 which a special registration under this sub-  
11 section may be issued; and

12 “(ii) the procedure for obtaining a  
13 special registration under this subsection.

14 “(B) PROCEDURE.—In promulgating final  
15 regulations under subparagraph (A), the Attor-  
16 ney General shall—

17 “(i) issue a notice of proposed rule-  
18 making that includes a copy of the pro-  
19 posed regulations;

20 “(ii) provide a period of not less than  
21 60 days for comments on the proposed reg-  
22 ulations;

23 “(iii) finalize the proposed regulation  
24 not later than 6 months after the close of  
25 the comment period; and

1                   “(iv) publish the final regulations not  
2                   later than 30 days before the effective date  
3                   of the final regulations.”.

4 **SEC. 412. NATIONAL HEALTH SERVICE CORPS BEHAVIORAL**  
5 **AND MENTAL HEALTH PROFESSIONALS PRO-**  
6 **VIDING OBLIGATED SERVICE IN SCHOOLS**  
7 **AND OTHER COMMUNITY-BASED SETTINGS.**

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

11 **“SEC. 338N. BEHAVIORAL AND MENTAL HEALTH PROFES-**  
12 **SIONALS PROVIDING OBLIGATED SERVICE IN**  
13 **SCHOOLS AND OTHER COMMUNITY-BASED**  
14 **SETTINGS.**

15           “(a) SCHOOLS AND COMMUNITY-BASED SETTINGS.—  
16 An entity to which a participant in the Scholarship Pro-  
17 gram or the Loan Repayment Program (referred to in this  
18 section as a ‘participant’) is assigned under section 333  
19 may direct such participant to provide service as a behav-  
20 ioral or mental health professional at a school or other  
21 community-based setting located in a health professional  
22 shortage area.

23           “(b) OBLIGATED SERVICE.—

24                   “(1) IN GENERAL.—Any service described in  
25 subsection (a) that a participant provides may count

1 towards such participant's completion of any obli-  
2 gated service requirements under the Scholarship  
3 Program or the Loan Repayment Program, subject  
4 to any limitation imposed under paragraph (2).

5 “(2) LIMITATION.—The Secretary may impose  
6 a limitation on the number of hours of service de-  
7 scribed in subsection (a) that a participant may  
8 credit towards completing obligated service require-  
9 ments, provided that the limitation allows a member  
10 to credit service described in subsection (a) for not  
11 less than 50 percent of the total hours required to  
12 complete such obligated service requirements.

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

16 **SEC. 413. LOAN REPAYMENT FOR SUBSTANCE USE DIS-**  
17 **ORDER TREATMENT PROVIDERS.**

18 (a) LOAN REPAYMENT FOR SUBSTANCE USE TREAT-  
19 MENT PROVIDERS.—The Secretary shall enter into con-  
20 tracts under section 338B of the Public Health Service  
21 Act (42 U.S.C. 2541-1) with eligible health professionals  
22 providing substance use disorder treatment services in  
23 substance use disorder treatment facilities, as defined by  
24 the Secretary.

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

4 (1) each such facility shall be located in or serv-  
5 ing a mental health professional shortage area des-  
6 igned under section 332 of the Public Health Serv-  
7 ice Act (42 U.S.C. 254e), or, as the Secretary deter-  
8 mines appropriate, an area with an age-adjusted  
9 rate of drug overdose deaths that is above the na-  
10 tional overdose mortality rate;

11 (2) section 331(a)(3)(D) of such Act (42 U.S.C.  
12 254d(a)(3)(D)) shall be applied as if the term “pri-  
13 mary health services” includes health services re-  
14 garding substance use disorder treatment and infec-  
15 tions associated with illicit drug use;

16 (3) section 331(a)(3)(E)(i) of such Act (42  
17 U.S.C. 254d(a)(3)(E)(i)) shall be applied as if the  
18 term “behavioral and mental health professionals”  
19 includes masters level, licensed substance use dis-  
20 order treatment counselors, and other relevant pro-  
21 fessionals or paraprofessionals, as the Secretary de-  
22 termines appropriate; and

23 (4) such professionals and facilities shall pro-  
24 vide—

1 (A) directly, or through the use of tele-  
2 health technology, and pursuant to Federal and  
3 State law, counseling by a program counselor or  
4 other certified professional who is licensed and  
5 qualified by education, training, or experience  
6 to assess the psychological and sociological  
7 background of patients, to contribute to the ap-  
8 propriate treatment plan for the patient, and to  
9 monitor progress; and

10 (B) medication-assisted treatment, includ-  
11 ing, to the extent practicable, all drugs ap-  
12 proved by the Food and Drug Administration to  
13 treat substance use disorders, pursuant to Fed-  
14 eral and State law.

15 (c) AUTHORIZATION OF APPROPRIATIONS.—There is  
16 authorized to be appropriated to carry out this section  
17 \$25,000,000 for each of fiscal years 2019 through 2023.

18 **SEC. 414. PROTECTING MOMS AND INFANTS.**

19 (a) REPORT.—

20 (1) IN GENERAL.—Not later than 60 days after  
21 the date of enactment of this Act, the Secretary  
22 shall submit to the appropriate committees of Con-  
23 gress and make available to the public on the inter-  
24 net website of the Department of Health and  
25 Human Services a report regarding the implementa-

1           tion of the recommendations in the strategy relating  
2           to prenatal opioid use, including neonatal abstinence  
3           syndrome, developed pursuant to section 2 of the  
4           Protecting Our Infants Act of 2015 (Public Law  
5           114–91). Such report shall include—

6                   (A) an update on the implementation of  
7                   the recommendations in the strategy, including  
8                   information regarding the agencies involved in  
9                   the implementation; and

10                   (B) information on additional funding or  
11                   authority the Secretary requires, if any, to im-  
12                   plement the strategy, which may include au-  
13                   thorities needed to coordinate implementation  
14                   of such strategy across the Department of  
15                   Health and Human Services.

16           (2) PERIODIC UPDATES.—The Secretary shall  
17           periodically update the report under paragraph (1).

18           (b) RESIDENTIAL TREATMENT PROGRAMS FOR  
19           PREGNANT AND POSTPARTUM WOMEN.—Section 508(s)  
20           of the Public Health Service Act (42 U.S.C. 290bb–1(s))  
21           is amended by striking “\$16,900,000 for each of fiscal  
22           years 2017 through 2021” and inserting “\$29,931,000 for  
23           each of fiscal years 2019 through 2023”.

1 **SEC. 415. EARLY INTERVENTIONS FOR PREGNANT WOMEN**  
2 **AND INFANTS.**

3 (a) DEVELOPMENT OF EDUCATIONAL MATERIALS BY  
4 CENTER FOR SUBSTANCE ABUSE PREVENTION.—Section  
5 515(b) of the Public Health Service Act (42 U.S.C.  
6 290bb–21(b)) is amended—

7 (1) in paragraph (13), by striking “and” at the  
8 end;

9 (2) in paragraph (14), by striking the period at  
10 the end and inserting “; and”; and

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

12 “(15) in cooperation with relevant stakeholders  
13 and the Director of the Centers for Disease Control  
14 and Prevention, develop educational materials for  
15 clinicians to use with pregnant women for shared de-  
16 cisionmaking regarding pain management during  
17 pregnancy.”.

18 (b) GUIDELINES AND RECOMMENDATIONS BY CEN-  
19 TER FOR SUBSTANCE ABUSE TREATMENT.—Section  
20 507(b) of the Public Health Service Act (42 U.S.C.  
21 290bb(b)) is amended—

22 (1) in paragraph (13), by striking “and” at the  
23 end;

24 (2) in paragraph (14), by striking the period at  
25 the end and inserting a semicolon; and

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

1           “(15) in cooperation with the Secretary, imple-  
2           ment and disseminate, as appropriate, the rec-  
3           ommendations in the report entitled ‘Protecting Our  
4           Infants Act: Final Strategy’ issued by the Depart-  
5           ment of Health and Human Services in 2017; and”.

6           (c) SUPPORT OF PARTNERSHIPS BY CENTER FOR  
7           SUBSTANCE ABUSE TREATMENT.—Section 507(b) of the  
8           Public Health Service Act (42 U.S.C. 290bb(b)), as  
9           amended by subsection (b), is further amended by adding  
10          at the end the following:

11           “(16) in cooperation with relevant stakeholders,  
12           support public-private partnerships to assist with  
13           education about, and support with respect to, sub-  
14           stance use disorder for pregnant women and health  
15           care providers who treat pregnant women and ba-  
16           bies.”.

## 17           **TITLE V—PREVENTION**

### 18           **SEC. 501. STUDY ON PRESCRIBING LIMITS.**

19           Not later than 2 years after the date of enactment  
20           of this Act, the Secretary, in consultation with the Attor-  
21           ney General, shall submit to the Committee on Health,  
22           Education, Labor, and Pensions of the Senate and the  
23           Committee on Energy and Commerce of the House of  
24           Representatives a report on the impact of Federal and  
25           State laws and regulations that limit the length, quantity,

1 or dosage of opioid prescriptions. Such report shall ad-  
2 dress—

3 (1) the impact of such limits on—

4 (A) the incidence and prevalence of over-  
5 dose related to prescription opioids;

6 (B) the incidence and prevalence of over-  
7 dose related to illicit opioids;

8 (C) the prevalence of opioid use disorders;

9 (D) medically appropriate use of, and ac-  
10 cess to, opioids, including any impact on travel  
11 expenses and pain management outcomes for  
12 patients, whether such limits are associated  
13 with significantly higher rates of negative  
14 health outcomes, including suicide, and whether  
15 the impact of such limits differs based on clin-  
16 ical indication for which opioids are prescribed;

17 (2) whether such limits lead to a significant in-  
18 crease in burden for prescribers of opioids or pre-  
19 scribers of treatments for opioid use disorder, in-  
20 cluding any impact on patient access to treatment,  
21 and whether any such burden is mitigated by any  
22 factors such as electronic prescribing or telemedi-  
23 cine; and

24 (3) the impact of such limits on diversion or  
25 misuse of any controlled substance in schedule II,

1 III, or IV of section 202(c) of the Controlled Sub-  
2 stances Act (21 U.S.C. 812(c)).

3 **SEC. 502. PROGRAMS FOR HEALTH CARE WORKFORCE.**

4 (a) PROGRAM FOR EDUCATION AND TRAINING IN  
5 PAIN CARE.—Section 759 of the Public Health Service  
6 Act (42 U.S.C. 294i) is amended—

7 (1) in subsection (a), by striking “hospices, and  
8 other public and private entities” and inserting  
9 “hospices, tribal health programs (as defined in sec-  
10 tion 4 of the Indian Health Care Improvement Act),  
11 and other public and nonprofit private entities” ;

12 (2) in subsection (b)—

13 (A) in the matter preceding paragraph (1),  
14 by striking “award may be made under sub-  
15 section (a) only if the applicant for the award  
16 agrees that the program carried out with the  
17 award will include” and inserting “entity receiv-  
18 ing an award under this section shall develop a  
19 comprehensive education and training plan that  
20 includes”;

21 (B) in paragraph (1)—

22 (i) by inserting “preventing,” after  
23 “diagnosing,”; and

1 (ii) by inserting “non-addictive med-  
2 ical products and non-pharmacologic treat-  
3 ments and” after “including”;

4 (C) in paragraph (2)—

5 (i) by inserting “Federal, State, and  
6 local” after “applicable”; and

7 (ii) by striking “the degree to which”  
8 and all that follows through “effective pain  
9 care” and inserting “opioids”;

10 (D) in paragraph (3), by inserting “, inte-  
11 grated, evidence-based pain management, and,  
12 as appropriate, non-pharmacotherapy” before  
13 the semicolon;

14 (E) in paragraph (4), by striking “; and”  
15 and inserting “;”; and

16 (F) by striking paragraph (5) and insert-  
17 ing the following:

18 “(5) recent findings, developments, and ad-  
19 vancements in pain care research and the provision  
20 of pain care, which may include non-addictive med-  
21 ical products and non-pharmacologic treatments in-  
22 tended to treat pain; and

23 “(6) the dangers of opioid abuse and misuse,  
24 detection of early warning signs of opioid use dis-  
25 orders (which may include best practices related to

1 screening for opioid use disorders, training on  
2 screening, brief intervention, and referral to treat-  
3 ment), and safe disposal options for prescription  
4 medications (including such options provided by law  
5 enforcement or other innovative deactivation mecha-  
6 nisms).”;

7 (3) in subsection (d), by inserting “prevention,”  
8 after “diagnosis,”; and

9 (4) in subsection (e), by striking “2010 through  
10 2012” and inserting “2019 through 2023”.

11 (b) **MENTAL AND BEHAVIORAL HEALTH EDUCATION**  
12 **AND TRAINING PROGRAM.**—Section 756(a) of the Public  
13 Health Service Act (42 U.S.C. 294e–1(a)) is amended—

14 (1) in paragraph (1), by inserting “, trauma,”  
15 after “focus on child and adolescent mental health”;  
16 and

17 (2) in paragraphs (2) and (3), by inserting  
18 “trauma-informed care and” before “substance use  
19 disorder prevention and treatment services”.

20 **SEC. 503. EDUCATION AND AWARENESS CAMPAIGNS.**

21 Section 102 of the Comprehensive Addiction and Re-  
22 covery Act of 2016 (Public Law 114–198) is amended—

23 (1) by amending subsection (a) to read as fol-  
24 lows:

1           “(a) IN GENERAL.—The Secretary of Health and  
2 Human Services, acting through the Director of the Cen-  
3 ters for Disease Control and Prevention and in coordina-  
4 tion with the heads of other departments and agencies,  
5 shall advance education and awareness regarding the risks  
6 related to misuse and abuse of opioids, as appropriate,  
7 which may include developing or improving existing pro-  
8 grams, conducting activities, and awarding grants that ad-  
9 vance the education and awareness of—

10           “(1) the public, including patients and con-  
11 sumers;

12           “(2) patients, consumers, and other appropriate  
13 members of the public, regarding such risks related  
14 to unused opioids and the dispensing options under  
15 section 309(f) of the Controlled Substances Act, as  
16 applicable;

17           “(3) providers, which may include—

18           “(A) providing for continuing education on  
19 appropriate prescribing practices;

20           “(B) education related to applicable State  
21 or local prescriber limit laws, information on  
22 the use of non-addictive alternatives for pain  
23 management, and the use of overdose reversal  
24 drugs, as appropriate;

1           “(C) disseminating and improving the use  
2 of evidence-based opioid prescribing guidelines  
3 across relevant health care settings, as appro-  
4 priate, and updating guidelines as necessary;

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

9           “(E) disseminating information to pro-  
10 viders about prescribing options for controlled  
11 substances, including such options under sec-  
12 tion 309(f) of the Controlled Substances Act, as  
13 applicable; and

14           “(F) disseminating information, as appro-  
15 priate, on the National Pain Strategy developed  
16 by or in consultation with the Assistant Sec-  
17 retary for Health; and

18           “(4) other appropriate entities.”; and  
19 (2) in subsection (b)—

20           (A) by striking “opioid abuse” each place  
21 such term appears and inserting “opioid misuse  
22 and abuse”; and

23           (B) in paragraph (2), by striking “safe dis-  
24 posal of prescription medications and other”  
25 and inserting “non-addictive treatment options,

1 safe disposal options for prescription medica-  
2 tions, and other applicable”.

3 **SEC. 504. ENHANCED CONTROLLED SUBSTANCE**  
4 **OVERDOSES DATA COLLECTION, ANALYSIS,**  
5 **AND DISSEMINATION.**

6 Part J of title III of the Public Health Service Act  
7 is amended by inserting after section 392 (42 U.S.C.  
8 280b–1) the following:

9 **“SEC. 392A. ENHANCED CONTROLLED SUBSTANCE**  
10 **OVERDOSES DATA COLLECTION, ANALYSIS,**  
11 **AND DISSEMINATION.**

12 “(a) IN GENERAL.—The Director of the Centers for  
13 Disease Control and Prevention, using the authority pro-  
14 vided to the Director under section 392, may—

15 “(1) to the extent practicable, carry out and ex-  
16 pand any controlled substance overdose data collec-  
17 tion, analysis, and dissemination activity described  
18 in subsection (b);

19 “(2) provide training and technical assistance  
20 to States, localities, and Indian tribes for the pur-  
21 pose of carrying out any such activity; and

22 “(3) award grants to States, localities, and In-  
23 dian tribes for the purpose of carrying out any such  
24 activity.

1       “(b) CONTROLLED SUBSTANCE OVERDOSE DATA  
2 COLLECTION AND ANALYSIS ACTIVITIES.—A controlled  
3 substance overdose data collection, analysis, and dissemi-  
4 nation activity described in this subsection is any of the  
5 following activities:

6           “(1) Improving the timeliness of reporting ag-  
7 gregate data to the public, including data on fatal  
8 and nonfatal controlled substance overdoses.

9           “(2) Enhancing the comprehensiveness of con-  
10 trolled substance overdose data by collecting infor-  
11 mation on such overdoses from appropriate sources  
12 such as toxicology reports, autopsy reports, death  
13 scene investigations, and emergency department  
14 services.

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

18           “(4) Using data to help identify risk factors as-  
19 sociated with controlled substance overdoses, includ-  
20 ing the delivery of certain health care services.

21           “(5) Supporting entities involved in reporting  
22 information on controlled substance overdoses, such  
23 as coroners and medical examiners, to improve accu-  
24 rate testing and standardized reporting of causes  
25 and contributing factors of such overdoses, and anal-



1 in this section as the ‘Director’), using the authority  
2 provided to the Director under section 392, may—

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

6 “(B) provide training and technical assist-  
7 ance to States, localities, and Indian tribes to  
8 carrying out any such activity; and

9 “(C) award grants to States, localities, and  
10 Indian tribes for the purpose of carrying out  
11 any such activity.

12 “(2) PREVENTION ACTIVITIES.—A prevention  
13 activity described in this paragraph is an activity to  
14 improve the efficiency and use of a new or currently  
15 operating prescription drug monitoring program,  
16 such as—

17 “(A) encouraging all authorized users (as  
18 specified by the State or other entity) to reg-  
19 ister with and use the program;

20 “(B) enabling such users to access any  
21 data updates in as close to real-time as prac-  
22 ticable;

23 “(C) providing for a mechanism for the  
24 program to notify authorized users of any po-  
25 tential misuse or abuse of controlled substances

1 and any detection of inappropriate prescribing  
2 or dispensing practices relating to such sub-  
3 stances;

4 “(D) encouraging the analysis of prescrip-  
5 tion drug monitoring data for purposes of pro-  
6 viding de-identified, aggregate reports based on  
7 such analysis to State public health agencies,  
8 State alcohol and drug agencies, State licensing  
9 boards, and other appropriate State agencies,  
10 as permitted under applicable Federal and  
11 State law and the policies of the prescription  
12 drug monitoring program and not containing  
13 any protected health information, to prevent in-  
14 appropriate prescribing, drug diversion, or  
15 abuse and misuse of controlled substances, and  
16 to facilitate better coordination among agencies;

17 “(E) enhancing interoperability between  
18 the program and any health information tech-  
19 nology (including certified health information  
20 technology), including by integrating program  
21 data into such technology;

22 “(F) updating program capabilities to re-  
23 spond to technological innovation for purposes  
24 of appropriately addressing the occurrence and  
25 evolution of controlled substance overdoses;

1           “(G) developing or enhancing data ex-  
2 change with other sources such as the Medicaid  
3 agency, the Medicare program, pharmacy ben-  
4 efit managers, coroners’ reports, and workers’  
5 compensation data;

6           “(H) facilitating and encouraging data ex-  
7 change between the program and the prescrip-  
8 tion drug monitoring programs of other States;

9           “(I) enhancing data collection and quality,  
10 including improving patient matching and  
11 proactively monitoring data quality; and

12           “(J) providing prescriber and dispenser  
13 practice tools, including prescriber practice in-  
14 sight reports for practitioners to review their  
15 prescribing patterns in comparison to such pat-  
16 terns of other practitioners the specialty.

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

19           “(1) to carry out innovative projects for grant-  
20 ees to rapidly respond to controlled substance mis-  
21 use, abuse, and overdoses, including changes in pat-  
22 terns of controlled substance use; and

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

1           “(c) RESEARCH.—The Director, in coordination with  
2 the Assistant Secretary for Mental Health and Substance  
3 Use and the National Mental Health and Substance Use  
4 Policy Laboratory established under section 501A, as ap-  
5 propriate and applicable, may conduct studies and evalua-  
6 tions to address substance use disorders, including pre-  
7 venting substance use disorders or other related topics the  
8 Director determines appropriate.

9           “(d) PUBLIC AND PRESCRIBER EDUCATION.—Pursu-  
10 ant to section 102 of the Comprehensive Addiction and  
11 Recovery Act of 2016, the Director may advance the edu-  
12 cation and awareness of prescribers and the public regard-  
13 ing the risk of abuse and misuse of prescription opioids.

14           “(e) DEFINITIONS.—In this section—

15                 “(1) the term ‘controlled substance’ has the  
16 meaning given that term in section 102 of the Con-  
17 trolled Substances Act; and

18                 “(2) the term ‘Indian tribe’ has the meaning  
19 given that term in section 4 of the Indian Self-De-  
20 termination and Education Assistance Act.

21           “(f) AUTHORIZATION OF APPROPRIATIONS.—For  
22 purposes of carrying out this section, section 392A of this  
23 Act, and section 102 of the Comprehensive Addiction and  
24 Recovery Act of 2016, there is authorized to be appro-

1 priated \$486,000,000 for each of fiscal years 2019  
2 through 2024.”.

3 **SEC. 506. CDC SURVEILLANCE AND DATA COLLECTION FOR**  
4 **CHILD, YOUTH, AND ADULT TRAUMA.**

5 (a) DATA COLLECTION.—The Director of the Centers  
6 for Disease Control and Prevention (referred to in this  
7 section as the “Director”) may, in cooperation with the  
8 States, collect and report data on adverse childhood expe-  
9 riences through the Behavioral Risk Factor Surveillance  
10 System, the Youth Risk Behavior Surveillance System,  
11 and other relevant public health surveys or questionnaires.

12 (b) TIMING.—The collection of data under subsection  
13 (a) may occur in fiscal year 2019 and every 2 years there-  
14 after.

15 (c) DATA FROM TRIBAL AND RURAL AREAS.—The  
16 Director shall encourage each State that participates in  
17 collecting and reporting data under subsection (a) to col-  
18 lect and report data from tribal and rural areas within  
19 such State, in order to generate a statistically reliable rep-  
20 resentation of such areas.

21 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry  
22 out this section, there are authorized to be appropriated  
23 such sums as may be necessary for the period of fiscal  
24 years 2019 through 2021.

1 **SEC. 507. REAUTHORIZATION OF NASPER.**

2 Section 3990 of the Public Health Service Act (42  
3 U.S.C. 280g-3) is amended—

4 (1) in subsection (a)—

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

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

15 “(4) STATES AND LOCAL GOVERNMENTS.—

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

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

1 other unit of local government shall submit a  
2 plan outlining the methods such county or unit  
3 of local government will use to ensure the capa-  
4 bility of data sharing with other counties and  
5 units of local government within the State and  
6 with other States, as applicable.”;

7 (2) in subsection (c)—

8 (A) in paragraph (1)(A)(iii)—

9 (i) by inserting “as such standards  
10 become available,” after “interoperability  
11 standards,”; and

12 (ii) by striking “generated or identi-  
13 fied by the Secretary or his or her des-  
14 ignee” and inserting “recognized by the  
15 Office of the National Coordinator for  
16 Health Information Technology”; and

17 (B) in paragraph (3)(A), by inserting “in-  
18 cluding electronic health records,” after “tech-  
19 nology systems,”;

20 (3) in subsection (d)(1), by striking “not later  
21 than 1 week after the date of such dispensing” and  
22 inserting “in as close to real time as practicable”;

23 (4) in subsection (f)—

24 (A) in paragraph (1)(D), by striking “med-  
25 icaid” and inserting “Medicaid”; and

1 (B) in paragraph (2)—

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

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

6 (iii) by adding at the end the fol-  
7 lowing:

8 “(C) may conduct analyses of controlled  
9 substance program data for purposes of pro-  
10 viding appropriate State agencies with aggreg-  
11 ate reports based on such analyses in as close  
12 to real-time as practicable, regarding prescrip-  
13 tion patterns flagged as potentially presenting a  
14 risk of misuse, abuse, addiction, overdose, and  
15 other aggregate information, as appropriate and  
16 in compliance with applicable Federal and State  
17 laws and provided that such reports shall not  
18 include protected health information; and

19 “(D) may access information about pre-  
20 scriptions, such as claims data, to ensure that  
21 such prescribing and dispensing history is up-  
22 dated in as close to real-time as practicable, in  
23 compliance with applicable Federal and State  
24 laws and provided that such information shall  
25 not include protected health information.”;

1           (5) in subsection (i), by inserting “, in collabo-  
2           ration with the National Coordinator for Health In-  
3           formation Technology and the Director of the Na-  
4           tional Institute of Standards and Technology,” after  
5           “The Secretary”; and

6           (6) in subsection (n), by striking “2021” and  
7           inserting “2026”.

8 **SEC. 508. JESSIE’S LAW.**

9           (a) BEST PRACTICES.—

10           (1) IN GENERAL.—Not later than 1 year after  
11           the date of enactment of this Act, the Secretary, in  
12           consultation with appropriate stakeholders, including  
13           a patient with a history of opioid use disorder, an  
14           expert in electronic health records, an expert in the  
15           confidentiality of patient health information and  
16           records, and a health care provider, shall identify or  
17           facilitate the development of best practices regard-  
18           ing—

19                   (A) the circumstances under which infor-  
20                   mation that a patient has provided to a health  
21                   care provider regarding such patient’s history of  
22                   opioid use disorder should, only at the patient’s  
23                   request, be prominently displayed in the med-  
24                   ical records (including electronic health records)  
25                   of such patient;

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

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

6 (2) DISSEMINATION.—The Secretary shall dis-  
7 seminate the best practices developed under para-  
8 graph (1) to health care providers and State agen-  
9 cies.

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

14 (1) The potential for addiction relapse or over-  
15 dose, including overdose death, when opioid medica-  
16 tions are prescribed to a patient recovering from  
17 opioid use disorder.

18 (2) The benefits of displaying information  
19 about a patient's opioid use disorder history in a  
20 manner similar to other potentially lethal medical  
21 concerns, including drug allergies and contraindica-  
22 tions.

23 (3) The importance of prominently displaying  
24 information about a patient's opioid use disorder  
25 when a physician or medical professional is pre-

1       scribing medication, including methods for avoiding  
2       alert fatigue in providers.

3               (4) The importance of a variety of appropriate  
4       medical professionals, including physicians, nurses,  
5       and pharmacists, having access to information de-  
6       scribed in this section when prescribing or dis-  
7       pensing opioid medication, consistent with Federal  
8       and State laws and regulations.

9               (5) The importance of protecting patient pri-  
10      vacy, including the requirements related to consent  
11      for disclosure of substance use disorder information  
12      under all applicable laws and regulations.

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

15 **SEC. 509. DEVELOPMENT AND DISSEMINATION OF MODEL**  
16                               **TRAINING PROGRAMS FOR SUBSTANCE USE**  
17                               **DISORDER PATIENT RECORDS.**

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

1           (1) Model programs and materials for training  
2 health care providers (including physicians, emer-  
3 gency medical personnel, psychiatrists, psychologists,  
4 counselors, therapists, nurse practitioners, physician  
5 assistants, behavioral health facilities and clinics,  
6 care managers, and hospitals, including individuals  
7 such as general counsels or regulatory compliance  
8 staff who are responsible for establishing provider  
9 privacy policies) concerning the permitted uses and  
10 disclosures, consistent with the standards and regu-  
11 lations governing the privacy and security of sub-  
12 stance use disorder patient records promulgated by  
13 the Secretary under section 543 of the Public  
14 Health Service Act (42 U.S.C. 290dd-2) for the  
15 confidentiality of patient records.

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

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

24           (1) facilitate communication between substance  
25 use disorder treatment providers and other health

1 care providers to promote and provide the best possible integrated care;

2 (2) avoid inappropriate prescribing that can  
3 lead to dangerous drug interactions, overdose, or re-  
4 lapse; and

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

7 (c) PERIODIC UPDATES.—The Secretary shall—

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

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

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

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

1 **SEC. 510. COMMUNICATION WITH FAMILIES DURING EMER-**  
2 **GENCIES.**

3 (a) PROMOTING AWARENESS OF AUTHORIZED DIS-  
4 CLOSURES DURING EMERGENCIES.—The Secretary shall  
5 annually notify health care providers regarding permitted  
6 disclosures during emergencies, including overdoses, of  
7 certain health information to families and caregivers  
8 under Federal health care privacy laws and regulations.

9 (b) USE OF MATERIAL.—For the purposes of car-  
10 rying out subsection (a), the Secretary may use material  
11 produced under section 509 of this Act or under section  
12 11004 of the 21st Century Cures Act (42 U.S.C. 1320d-  
13 2 note).

14 **SEC. 511. PRENATAL AND POSTNATAL HEALTH.**

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

17 (1) in subsection (a)—

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

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

23 “(A) data on—

24 “(i) the incidence, prevalence, and im-  
25 plications of such activities; and

1                   “(ii) the incidence and prevalence of  
2                   implications and outcomes, including neo-  
3                   natal abstinence syndrome and other ma-  
4                   ternal and child health outcomes associated  
5                   with such activities; and

6                   “(B) to inform such analysis, additional in-  
7                   formation or data on family health history,  
8                   medication exposures during pregnancy, demo-  
9                   graphic information, such as race, ethnicity, ge-  
10                  ographic location, and family history, and other  
11                  relevant information, as appropriate;”;

12                  (B) in paragraph (2)—

13                         (i) by striking “prevention of” and in-  
14                         serting “prevention and long-term out-  
15                         comes associated with”; and

16                         (ii) by striking “illegal drug use” and  
17                         inserting “substance abuse and misuse”;

18                  (C) in paragraph (3), by striking “and ces-  
19                  sation programs; and” and inserting “, treat-  
20                  ment, and cessation programs;”;

21                  (D) in paragraph (4), by striking “illegal  
22                  drug use.” and inserting “substance abuse and  
23                  misuse; and”; and

24                  (E) by adding at the end the following:

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

4                   “(A) long-term outcomes of children af-  
5 fected by neonatal abstinence syndrome;

6                   “(B) health outcomes associated with pre-  
7 natal smoking, alcohol, and substance abuse  
8 and misuse; and

9                   “(C) relevant studies, evaluations, or infor-  
10 mation the Secretary determines to be appro-  
11 priate.”;

12           (2) in subsection (b), by inserting “tribal enti-  
13 ties,” after “local governments,”;

14           (3) by redesignating subsection (c) as sub-  
15 section (d);

16           (4) by inserting after subsection (b) the fol-  
17 lowing:

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

20                   “(1) provide technical and consultative assist-  
21 ance to entities receiving grants under subsection  
22 (b);

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

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

4           “(4) coordinate with the National Coordinator  
5 for Health Information Technology, as appropriate,  
6 to assist States and tribes in implementing systems  
7 that use standards recognized by such National Co-  
8 ordinator, as such recognized standards are avail-  
9 able, in order to facilitate interoperability between  
10 such systems and health information technology sys-  
11 tems, including certified health information tech-  
12 nology.”; and

13           (5) in subsection (d), as so redesignated, by  
14 striking “2001 through 2005” and inserting “2019  
15 through 2023”.

16 **SEC. 512. SURVEILLANCE AND EDUCATION REGARDING IN-**  
17 **FECTIONS ASSOCIATED WITH ILLICIT DRUG**  
18 **USE AND OTHER RISK FACTORS.**

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

21           (1) by amending the section heading to read as  
22 follows: “**SURVEILLANCE AND EDUCATION RE-**  
23 **GARDING INFECTIONS ASSOCIATED WITH IL-**  
24 **LICIT DRUG USE AND OTHER RISK FACTORS**”;

25           (2) in subsection (a)—

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

3 (B) in paragraph (1)—

4 (i) by inserting “or maintaining” after  
5 “implementing”;

6 (ii) by striking “hepatitis C virus in-  
7 fection (in this section referred to as ‘HCV  
8 infection’)” and inserting “infections com-  
9 monly associated with illicit drug use,  
10 which may include viral hepatitis, human  
11 immunodeficiency virus, and infective en-  
12 docarditis,”; and

13 (iii) by striking “such infection” and  
14 all that follows through the period at the  
15 end and inserting “such infections, which  
16 may include the reporting of cases of such  
17 infections.”;

18 (C) in paragraph (2), by striking “HCV  
19 infection” and all that follows through the pe-  
20 riod at the end and inserting “infections as a  
21 result of illicit drug use, receiving blood trans-  
22 fusions prior to July 1992, or other risk fac-  
23 tors.”;

24 (D) in paragraphs (4) and (5), by striking  
25 “HCV infection” each place such term appears

1 and inserting “infections described in para-  
2 graph (1)”;

3 (E) in paragraph (5), by striking “pedia-  
4 tricians and other primary care physicians, and  
5 obstetricians and gynecologists” and inserting  
6 “substance use disorder treatment providers,  
7 pediatricians, other primary care providers, and  
8 obstetrician-gynecologists”;

9 (3) in subsection (b)—

10 (A) by striking “directly and” and insert-  
11 ing “directly or”;

12 (B) by striking “hepatitis C,” and all that  
13 follows through the period at the end and in-  
14 serting “infections described in subsection  
15 (a)(1).”;

16 (4) in subsection (c), by striking “such sums as  
17 may be necessary for each of the fiscal years 2001  
18 through 2005” and inserting “\$40,000,000 for each  
19 of fiscal years 2019 through 2023”.

20 **SEC. 513. TASK FORCE TO DEVELOP BEST PRACTICES FOR**  
21 **TRAUMA-INFORMED IDENTIFICATION, RE-**  
22 **FERRAL, AND SUPPORT.**

23 (a) **ESTABLISHMENT.**—There is established a task  
24 force, to be known as the Interagency Task Force on  
25 Trauma-Informed Care (in this section referred to as the

1 “task force”) that shall identify, evaluate, and make rec-  
2 ommendations regarding best practices with respect to  
3 children and youth, and their families as appropriate, who  
4 have experienced or are at risk of experiencing trauma.

5 (b) MEMBERSHIP.—

6 (1) COMPOSITION.—The task force shall be  
7 composed of the heads of the following Federal de-  
8 partments and agencies, or their designees:

9 (A) The Centers for Medicare & Medicaid  
10 Services.

11 (B) The Substance Abuse and Mental  
12 Health Services Administration.

13 (C) The Agency for Healthcare Research  
14 and Quality.

15 (D) The Centers for Disease Control and  
16 Prevention.

17 (E) The Indian Health Service.

18 (F) The Department of Veterans Affairs.

19 (G) The National Institutes of Health.

20 (H) The Food and Drug Administration.

21 (I) The Health Resources and Services Ad-  
22 ministration.

23 (J) The Department of Defense.

24 (K) The Office of Minority Health.

1           (L) The Administration for Children and  
2 Families.

3           (M) The Office of the Assistant Secretary  
4 for Planning and Evaluation.

5           (N) The Office for Civil Rights at the De-  
6 partment of Health and Human Services.

7           (O) The Office of Juvenile Justice and De-  
8 linquency Prevention of the Department of Jus-  
9 tice.

10          (P) The Office of Community Oriented Po-  
11 licing Services of the Department of Justice.

12          (Q) The Office on Violence Against  
13 Women of the Department of Justice.

14          (R) The National Center for Education  
15 Evaluation and Regional Assistance of the De-  
16 partment of Education.

17          (S) The National Center for Special Edu-  
18 cation Research of the Institute of Education  
19 Science.

20          (T) The Office of Elementary and Sec-  
21 ondary Education of the Department of Edu-  
22 cation.

23          (U) The Office for Civil Rights at the De-  
24 partment of Education.

1           (V) The Office of Special Education and  
2           Rehabilitative Services of the Department of  
3           Education.

4           (W) The Bureau of Indian Affairs of the  
5           Department of the Interior.

6           (X) The Veterans Health Administration  
7           of the Department of Veterans Affairs.

8           (Y) The Office of Special Needs Assistance  
9           Programs of the Department of Housing and  
10          Urban Development.

11          (Z) The Office of Head Start of the Ad-  
12          ministration for Children and Families.

13          (AA) The Children's Bureau of the Admin-  
14          istration for Children and Families.

15          (BB) The Bureau of Indian Education of  
16          the Department of the Interior.

17          (CC) Such other Federal agencies as the  
18          Secretaries determine to be appropriate.

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

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

4           (c) TASK FORCE DUTIES.—The task force shall—

5           (1) solicit input from stakeholders, including  
6           frontline service providers, educators, mental health  
7           professionals, researchers, experts in infant, child,  
8           and youth trauma, child welfare professionals, and  
9           the public, in order to inform the activities under  
10          paragraph (2); and

11          (2) identify, evaluate, make recommendations,  
12          and update such recommendations not less than an-  
13          nually, to the general public, the Secretary of Edu-  
14          cation, the Secretary of Health and Human Services,  
15          the Secretary of Labor, the Secretary of the Inte-  
16          rior, the Attorney General, and other relevant cabi-  
17          net Secretaries, and Congress regarding—

18                 (A) a set of evidence-based, evidence-in-  
19                 formed, and promising best practices with re-  
20                 spect to—

21                         (i) the identification of infants, chil-  
22                         dren and youth, and their families as ap-  
23                         propriate, who have experienced or are at  
24                         risk of experiencing trauma; and



1                   where appropriate, for trauma-informed  
2                   practices; and

3                   (ii) to the general public through the  
4                   internet website of the task force.

5           (d) BEST PRACTICES.—In identifying, evaluating,  
6 and recommending the set of best practices under sub-  
7 section (c), the task force shall—

8                   (1) include guidelines for providing professional  
9                   development for front-line services providers, includ-  
10                  ing school personnel, early childhood education pro-  
11                  gram providers, providers from child- or youth-serv-  
12                  ing organizations, housing and homeless providers,  
13                  primary and behavioral health care providers, child  
14                  welfare and social services providers, juvenile and  
15                  family court personnel, health care providers, indi-  
16                  viduals who are mandatory reporters of child abuse  
17                  or neglect, trained nonclinical providers (including  
18                  peer mentors and clergy), and first responders, in—

19                           (A) understanding and identifying early  
20                           signs and risk factors of trauma in infants,  
21                           children, and youth, and their families as ap-  
22                           propriate, including through screening proc-  
23                           esses;

24                           (B) providing practices to prevent and  
25                           mitigate the impact of trauma, including by fos-

1           tering safe and stable environments and rela-  
2           tionships; and

3                   (C) developing and implementing policies,  
4           procedures, or systems that—

5                   (i) are designed to quickly refer in-  
6           fants, children, youth, and their families as  
7           appropriate, who have experienced or are  
8           at risk of experiencing trauma to the ap-  
9           propriate trauma-informed screening and  
10          support, including age-appropriate treat-  
11          ment, and to ensure such infants, children,  
12          youth, and family members receive such  
13          support;

14                   (ii) utilize and develop partnerships  
15          with early childhood education programs,  
16          local social services organizations, such as  
17          organizations serving youth, and clinical  
18          mental health or health care service pro-  
19          viders with expertise in providing support  
20          services (including age-appropriate trauma-  
21          informed and evidence-based treatment)  
22          aimed at preventing or mitigating the ef-  
23          fects of trauma;

24                   (iii) educate children and youth to—

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

4 (II) build the resilience and cop-  
5 ing skills to mitigate the effects of ex-  
6 periencing trauma;

7 (iv) promote and support multi-  
8 generational practices that assist parents,  
9 foster parents, and kinship and other care-  
10 givers in accessing resources related to,  
11 and developing environments conducive to,  
12 the prevention and mitigation of trauma;  
13 and

14 (v) collect and utilize data from  
15 screenings, referrals, or the provision of  
16 services and supports to evaluate and im-  
17 prove processes for trauma-informed sup-  
18 port and outcomes that are culturally sen-  
19 sitive, linguistically appropriate, and spe-  
20 cific to age ranges and sex, as applicable;  
21 and

22 (2) recommend best practices that are designed  
23 to avoid unwarranted custody loss or criminal pen-  
24 alties for parents or guardians in connection with in-

1       fants, children, and youth who have experienced or  
2       are at risk of experiencing trauma.

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

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

16           (2) a plan for carrying out the activities under  
17 subsection (c)(2);

18           (3) a list of members of the task force and  
19 other individuals who are not members of the task  
20 force that may be consulted to carry out such activi-  
21 ties;

22           (4) an explanation of Federal agency involve-  
23 ment and coordination needed to carry out such ac-  
24 tivities, including any statutory or regulatory bar-  
25 riers to such coordination;

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

3           (6) other information that the task force deter-  
4           mines appropriate.

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

13          (g) DEFINITION.—In this section, the term “early  
14          childhood education program” has the meaning given such  
15          term in section 103 of the Higher Education Act of 1965  
16          (20 U.S.C. 1003).

17          (h) AUTHORIZATION OF APPROPRIATIONS.—To carry  
18          out this section, there are authorized to be appropriated  
19          such sums as may be necessary for each of fiscal years  
20          2019 through 2022.

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

1 **SEC. 514. GRANTS TO IMPROVE TRAUMA SUPPORT SERV-**  
2 **ICES AND MENTAL HEALTH CARE FOR CHIL-**  
3 **DREN AND YOUTH IN EDUCATIONAL SET-**  
4 **TINGS.**

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

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

1 this section, the period during which payments under such  
2 grant, contract or agreement are made to the recipient  
3 may not exceed 4 years.

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

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

16 (2) To implement schoolwide multi-tiered posi-  
17 tive behavioral interventions and supports, or other  
18 trauma-informed models of support.

19 (3) To provide professional development to  
20 teachers, teacher assistants, school leaders, special-  
21 ized instructional support personnel, and mental  
22 health professionals that—

23 (A) fosters safe and stable learning envi-  
24 ronments that prevent and mitigate the effects

1 of trauma, including through social and emo-  
2 tional learning;

3 (B) improves school capacity to identify,  
4 refer, and provide services to students in need  
5 of trauma support or behavioral health services;  
6 or

7 (C) reflects the best practices developed by  
8 the Interagency Task Force on Trauma-In-  
9 formed Care established under section 513.

10 (4) Engaging families and communities in ef-  
11 forts to increase awareness of child and youth trau-  
12 ma, which may include sharing best practices with  
13 law enforcement regarding trauma-informed care  
14 and working with mental health professionals to pro-  
15 vide interventions, as well as longer term coordi-  
16 nated care within the community for children and  
17 youth who have experienced trauma and their fami-  
18 lies.

19 (5) To provide technical assistance to school  
20 systems and mental health agencies.

21 (6) To evaluate the effectiveness of the program  
22 carried out under this section in increasing student  
23 access to evidence-based trauma support services  
24 and mental health care.

1 (d) APPLICATIONS.—To be eligible to receive a grant,  
2 contract, or cooperative agreement under this section, an  
3 entity described in subsection (a) shall submit an applica-  
4 tion to the Secretary at such time, in such manner, and  
5 containing such information as the Secretary may reason-  
6 ably require, which shall include the following:

7 (1) A description of the innovative initiatives,  
8 activities, or programs to be funded under the grant,  
9 contract, or cooperative agreement, including how  
10 such program will increase access to evidence-based  
11 trauma support services and mental health care for  
12 students, and, as applicable, the families of such stu-  
13 dents.

14 (2) A description of how the program will pro-  
15 vide linguistically appropriate and culturally com-  
16 petent services.

17 (3) A description of how the program will sup-  
18 port students and the school in improving the school  
19 climate in order to support an environment condu-  
20 cive to learning.

21 (4) An assurance that—

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

1 (B) teachers, school leaders, administra-  
2 tors, specialized instructional support personnel,  
3 representatives of local Indian tribes or tribal  
4 organizations as appropriate, other school per-  
5 sonnel, and parents or guardians of students  
6 participating in services under this section will  
7 be engaged and involved in the design and im-  
8 plementation of the services.

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

13 (e) INTERAGENCY AGREEMENTS.—

14 (1) DESIGNATION OF LEAD AGENCY.—A recipi-  
15 ent of a grant, contract, or cooperative agreement  
16 under this section shall designate a lead agency to  
17 direct the establishment of an interagency agreement  
18 among local educational agencies, agencies respon-  
19 sible for early childhood education programs, juve-  
20 nile justice authorities, mental health agencies, child  
21 welfare agencies, and other relevant entities in the  
22 State or Indian tribe, in collaboration with local en-  
23 tities.

24 (2) CONTENTS.—The interagency agreement  
25 shall ensure the provision of the services described

1 in subsection (c), specifying with respect to each  
2 agency, authority, or entity—

3 (A) the financial responsibility for the serv-  
4 ices;

5 (B) the conditions and terms of responsi-  
6 bility for the services, including quality, ac-  
7 countability, and coordination of the services;  
8 and

9 (C) the conditions and terms of reimburse-  
10 ment among the agencies, authorities, or enti-  
11 ties that are parties to the interagency agree-  
12 ment, including procedures for dispute resolu-  
13 tion.

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

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

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

22 (g) DISTRIBUTION OF AWARDS.—The Secretary shall  
23 ensure that grants, contracts, and cooperative agreements  
24 awarded or entered into under this section are equitably  
25 distributed among the geographical regions of the United

1 States and among tribal, urban, suburban, and rural pop-  
2 ulations.

3 (h) RULE OF CONSTRUCTION.—Nothing in this sec-  
4 tion shall be construed—

5 (1) to prohibit an entity involved with a pro-  
6 gram carried out under this section from reporting  
7 a crime that is committed by a student to appro-  
8 priate authorities; or

9 (2) to prevent Federal, State, and tribal law en-  
10 forcement and judicial authorities from exercising  
11 their responsibilities with regard to the application  
12 of Federal, tribal, and State law to crimes com-  
13 mitted by a student.

14 (i) SUPPLEMENT, NOT SUPPLANT.—Any services  
15 provided through programs carried out under this section  
16 shall supplement, and not supplant, existing mental health  
17 services, including any special education and related serv-  
18 ices provided under the Individuals with Disabilities Edu-  
19 cation Act (20 U.S.C. 1400 et seq.).

20 (j) CONSULTATION WITH INDIAN TRIBES.—In car-  
21 rying out subsection (a), the Secretary shall, in a timely  
22 manner, meaningfully consult, engage, and cooperate with  
23 Indian tribes and their representatives to ensure notice of  
24 eligibility.

25 (k) DEFINITIONS.—In this section:

1           (1) ELEMENTARY OR SECONDARY SCHOOL.—

2           The term “elementary or secondary school” means a  
3           public elementary and secondary school as such term  
4           is defined in section 8101 of the Elementary and  
5           Secondary Education Act of 1965 (20 U.S.C. 7801).

6           (2) EVIDENCE-BASED.—The term “evidence-  
7           based” has the meaning given such term in section  
8           8101(21)(A)(i) of the Elementary and Secondary  
9           Education Act of 1965 (20 U.S.C. 7801(21)(A)(i)).

10          (3) NATIVE HAWAIIAN EDUCATIONAL ORGANI-  
11          ZATION.—The term “Native Hawaiian educational  
12          organization” has the meaning given such term in  
13          section 6207 of the Elementary and Secondary Edu-  
14          cation Act of 1965 (20 U.S.C. 7517).

15          (4) SCHOOL LEADER.—The term “school lead-  
16          er” has the meaning given such term in section  
17          8101 of the Elementary and Secondary Education  
18          Act of 1965 (20 U.S.C. 7801).

19          (5) SECRETARY.—The term “Secretary” means  
20          the Secretary of Education.

21          (6) SPECIALIZED INSTRUCTIONAL SUPPORT  
22          PERSONNEL.—The term “specialized instructional  
23          support personnel” has the meaning given such term  
24          in 8101 of the Elementary and Secondary Education  
25          Act of 1965 (20 U.S.C. 7801).

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

5 **SEC. 515. NATIONAL CHILD TRAUMATIC STRESS INITIA-**  
6 **TIVE.**

7 Section 582(j) of the Public Health Service Act (42  
8 U.S.C. 290hh–1(j)) (relating to grants to address the  
9 problems of persons who experience violence related  
10 stress) is amended by striking “\$46,887,000 for each of  
11 fiscal years 2018 through 2022” and inserting  
12 “\$53,887,000 for each of fiscal years 2019 through  
13 2023”.