

Suspend the Rules and Pass the Bill, H.R. 2466, With an Amendment

(The amendment strikes all after the enacting clause and inserts a new text)

116TH CONGRESS
2^D SESSION

H. R. 2466

To extend the State Opioid Response Grants program, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 1, 2019

Mr. TRONE (for himself, Mr. ARMSTRONG, Ms. SHERRILL, and Mr. RIGGLEMAN) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To extend the State Opioid Response Grants program, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “State Opioid Response
5 Grant Authorization Act of 2020”.

1 **SEC. 2. GRANT PROGRAM FOR STATE AND TRIBAL RE-**
2 **SPONSE TO SUBSTANCE USE DISORDERS OF**
3 **SIGNIFICANCE.**

4 (a) IN GENERAL.—Section 1003 of the 21st Century
5 Cures Act (42 U.S.C. 290ee–3 note) is amended to read
6 as follows:

7 **“SEC. 1003. GRANT PROGRAM FOR STATE AND TRIBAL RE-**
8 **SPONSE TO SUBSTANCE USE DISORDERS OF**
9 **SIGNIFICANCE.**

10 “(a) IN GENERAL.—The Secretary of Health and
11 Human Services (referred to in this section as the ‘Sec-
12 retary’) shall carry out the grant program described in
13 subsection (b) for purposes of addressing substance use
14 disorders of significance, including opioid and stimulant
15 use disorders, within States, Indian Tribes, and popu-
16 lations served by Tribal organizations and Urban Indian
17 organizations.

18 “(b) GRANTS PROGRAM.—

19 “(1) IN GENERAL.—The Secretary shall award
20 grants to States, Indian Tribes, Tribal organiza-
21 tions, and Urban Indian organizations for the pur-
22 pose of addressing substance use disorders of signifi-
23 cance, including opioid and stimulant use disorders,
24 within such States, such Indian Tribes, and popu-
25 lations served by such Tribal organizations and

1 Urban Indian organizations, in accordance with
2 paragraph (2).

3 “(2) MINIMUM ALLOCATIONS; PREFERENCE.—
4 In awarding grants under paragraph (1), the Sec-
5 retary shall—

6 “(A) ensure that each State and the Dis-
7 trict of Columbia receives not less than
8 \$4,000,000; and

9 “(B) give preference to States, Indian
10 Tribes, Tribal organizations, and Urban Indian
11 organizations whose populations have an inci-
12 dence or prevalence of opioid use disorders that
13 is substantially higher relative to the popu-
14 lations of other States, Indian Tribes, Tribal
15 organizations, or Urban Indian organizations,
16 as applicable.

17 “(3) FORMULA METHODOLOGY.—Not less than
18 15 days before publishing a funding opportunity an-
19 nouncement with respect to grants under this sec-
20 tion, the Secretary shall—

21 “(A) develop a formula methodology to be
22 followed in allocating grant funds awarded
23 under this section among grantees, which in-
24 cludes performance assessments for continu-
25 ation awards; and

1 “(B) submit the formula methodology to—

2 “(I) the Committee on Energy and
3 Commerce and the Committee on Appro-
4 priations of the House of Representatives;
5 and

6 “(ii) the Committee on Health, Edu-
7 cation, Labor and Pensions and the Com-
8 mittee on Appropriations of the Senate.

9 “(4) USE OF FUNDS.—Grants awarded under
10 this subsection shall be used for carrying out activi-
11 ties that supplement activities pertaining to sub-
12 stance use disorders of significance, including opioid
13 and stimulant use disorders, undertaken by the
14 State agency responsible for administering the sub-
15 stance abuse prevention and treatment block grant
16 under subpart II of part B of title XIX of the Public
17 Health Service Act (42 U.S.C. 300x–21 et seq.),
18 which may include public health-related activities
19 such as the following:

20 “(A) Implementing prevention activities,
21 and evaluating such activities to identify effec-
22 tive strategies to prevent substance use dis-
23 orders.

24 “(B) Establishing or improving prescrip-
25 tion drug monitoring programs.

1 “(C) Training for health care practitioners,
2 such as best practices for prescribing opioids,
3 pain management, recognizing potential cases
4 of substance abuse, referral of patients to treat-
5 ment programs, preventing diversion of con-
6 trolled substances, and overdose prevention.

7 “(D) Supporting access to health care
8 services, including—

9 “(i) services provided by federally cer-
10 tified opioid treatment programs;

11 “(ii) outpatient and residential sub-
12 stance use disorder treatment services that
13 utilize medication-assisted treatment, as
14 appropriate; or

15 “(iii) other appropriate health care
16 providers to treat substance use disorders.

17 “(E) Recovery support services, including
18 community-based services that include peer sup-
19 ports, address housing needs, and address fam-
20 ily issues.

21 “(F) Other public health-related activities,
22 as the State, Indian Tribe, Tribal organization,
23 or Urban Indian organization determines appro-
24 priate, related to addressing substance use dis-
25 orders within the State, Indian Tribe, Tribal or-

1 ganization, or Urban Tribal organization, in-
2 cluding directing resources in accordance with
3 local needs related to substance use disorders.

4 “(c) ACCOUNTABILITY AND OVERSIGHT.—A State re-
5 ceiving a grant under subsection (b) shall include in re-
6 porting related to substance abuse submitted to the Sec-
7 retary pursuant to section 1942 of the Public Health Serv-
8 ice Act (42 U.S.C. 300x–52), a description of—

9 “(1) the purposes for which the grant funds re-
10 ceived by the State under such subsection for the
11 preceding fiscal year were expended and a descrip-
12 tion of the activities of the State under the grant;
13 and

14 “(2) the ultimate recipients of amounts pro-
15 vided to the State through the grant.

16 “(d) LIMITATIONS.—Any funds made available pur-
17 suant to subsection (i) shall be subject to the same re-
18 quirements as substance abuse prevention and treatment
19 programs under titles V and XIX of the Public Health
20 Service Act (42 U.S.C. 290aa et seq., 300w et seq.).

21 “(e) INDIAN TRIBES, TRIBAL ORGANIZATIONS, AND
22 URBAN INDIAN ORGANIZATIONS.—The Secretary, in con-
23 sultation with Indian Tribes, Tribal organizations, and
24 Urban Indian organizations, shall identify and establish
25 appropriate mechanisms for Indian Tribes, Tribal organi-

1 zations, and Urban Indian organizations to demonstrate
2 or report the information as required under subsections
3 (b), (c), and (d).

4 “(f) REPORT TO CONGRESS.—Not later than Sep-
5 tember 30, 2022, and biennially thereafter, the Secretary
6 shall submit to the Committee on Health, Education,
7 Labor, and Pensions of the Senate and the Committee on
8 Energy and Commerce of the House of Representatives,
9 and the Committees on Appropriations of the House of
10 Representatives and the Senate, a report summarizing the
11 information provided to the Secretary in reports made
12 pursuant to subsections (c) and (e), including the purposes
13 for which grant funds are awarded under this section and
14 the activities of such grant recipients.

15 “(g) TECHNICAL ASSISTANCE.—The Secretary, in-
16 cluding through the Tribal Training and Technical Assist-
17 ance Center of the Substance Abuse and Mental Health
18 Services Administration, shall provide States, Indian
19 Tribes, Tribal organizations, and Urban Indian organiza-
20 tions, as applicable, with technical assistance concerning
21 grant application and submission procedures under this
22 section, award management activities, and enhancing out-
23 reach and direct support to rural and underserved commu-
24 nities and providers in addressing substance use disorders.

25 “(h) DEFINITIONS.—In this section:

1 “(1) INDIAN TRIBE.—The term ‘Indian Tribe’
2 has the meaning given the term ‘Indian tribe’ in sec-
3 tion 4 of the Indian Self-Determination and Edu-
4 cation Assistance Act (25 U.S.C. 5304).

5 “(2) TRIBAL ORGANIZATION.—The term ‘Tribal
6 organization’ has the meaning given the term ‘tribal
7 organization’ in section 4 of the Indian Self-Deter-
8 mination and Education Assistance Act (25 U.S.C.
9 5304).

10 “(3) URBAN INDIAN ORGANIZATION.—The term
11 ‘Urban Indian organization’ has the meaning given
12 to that term in section 4 of the Indian Health Care
13 Improvement Act (25 U.S.C. 1603).

14 “(4) STATE.—The term ‘State’ has the mean-
15 ing given such term in section 1954(b) of the Public
16 Health Service Act (42 U.S.C. 300x-64(b)).

17 “(i) AUTHORIZATION OF APPROPRIATIONS.—

18 “(1) IN GENERAL.—For purposes of carrying
19 out the grant program under subsection (b), there is
20 authorized to be appropriated \$1,585,000,000 for
21 each of fiscal years 2021 through 2026, to remain
22 available until expended.

23 “(2) FEDERAL ADMINISTRATIVE EXPENSES.—
24 Of the amounts made available for each fiscal year
25 to award grants under subsection (b), the Secretary

1 shall not use more than 2 percent for Federal ad-
2 ministrative expenses, training, technical assistance,
3 and evaluation.

4 “(3) SET ASIDE.—Of the amounts made avail-
5 able for each fiscal year to award grants under sub-
6 section (b) for a fiscal year, the Secretary shall—

7 “(A) award 5 percent to Indian Tribes,
8 Tribal organizations, and Urban Indian organi-
9 zations; and

10 “(B) of the remaining amount, set aside
11 up to 15 percent for States with the highest
12 age-adjusted rate of drug overdose death based
13 on the ordinal ranking of States according to
14 the Director of the Centers for Disease Control
15 and Prevention.”.

16 (b) CLERICAL AMENDMENT.—The table of sections
17 in section 1(b) of such Act is amended by striking the
18 item relating to section 1003 and inserting the following:

“Sec. 1003. Grant program for State and Tribal response to substance use dis-
orders of significance.”.