

117TH CONGRESS
1ST SESSION

S. 1046

AN ACT

To amend the Omnibus Crime Control and Safe Streets Act of 1968 to reauthorize the residential substance use disorder treatment 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Residential Substance
3 Use Disorder Treatment Act of 2021”.

4 **SEC. 2. RESIDENTIAL SUBSTANCE USE DISORDER TREAT-**
5 **MENT PROGRAM.**

6 (a) AMENDMENTS.—Part S of title I of the Omnibus
7 Crime Control and Safe Streets Act of 1968 (34 U.S.C.
8 10421 et seq.) is amended—

9 (1) in the part heading, by striking “**SUB-**
10 **STANCE ABUSE**” and inserting “**SUBSTANCE USE**
11 **DISORDER**”;

12 (2) in section 1901 (34 U.S.C. 10421)—

13 (A) in subsection (a)—

14 (i) in paragraph (1)—

15 (I) by striking “substance abuse”
16 each place it appears and inserting
17 “substance use disorder”; and

18 (II) by inserting after “pro-
19 grams” the following: “, including
20 medication-assisted treatment pro-
21 grams, which shall be permitted to
22 use any type of medication that has
23 been approved to treat substance use
24 disorders pursuant to section 505 of
25 the Federal Food, Drug, and Cos-
26 metic Act (21 U.S.C. 355), or any

1 type of biological product licensed
2 under section 351 of the Public
3 Health Service Act (42 U.S.C. 262),”;

4 and

5 (ii) in paragraph (3), by striking
6 “substance abuse” each place it appears
7 and inserting “substance use disorder”;

8 (B) in subsection (b), by striking “sub-
9 stance abuse” and inserting “substance use dis-
10 order”; and

11 (C) in subsection (c)—

12 (i) by striking “part for treatment”
13 and inserting “part for—
14 “(1) treatment”;

15 (ii) in paragraph (1), as so des-
16 ignated, by striking the period at the end
17 and inserting “; and”; and

18 (iii) by adding at the end the fol-
19 lowing:

20 “(2) expanding residential substance use dis-
21 order treatment programs to use not less than 1
22 medication or treatment that has been approved to
23 treat substance use disorders pursuant to section
24 505 of the Federal Food, Drug, and Cosmetic Act
25 (21 U.S.C. 355).”;

1 (3) in section 1902 (34 U.S.C. 10422)—

2 (A) in subsection (b)—

3 (i) in the subsection heading, by strik-
4 ing “ABUSE” and inserting “USE”; and

5 (ii) by striking “substance abuse”
6 each place it appears and inserting “sub-
7 stance use disorder”;

8 (B) in subsection (c), by striking “sub-
9 stance abuse” each place it appears and insert-
10 ing “substance use disorder”;

11 (C) in subsection (d), by striking “sub-
12 stance abuse treatment” and inserting “sub-
13 stance use disorder treatment”;

14 (D) in subsection (f), by striking “sub-
15 stance abuse” and inserting “substance use dis-
16 order”; and

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

18 “(g) TRAINING REQUIREMENT.—

19 “(1) IN GENERAL.—To be eligible to receive
20 funds under this part, the chief medical officer of
21 the prison or jail or appropriate staff overseeing the
22 program shall complete training, before or within a
23 reasonable amount of time after receiving the funds,
24 on, at a minimum—

25 “(A) the science of addiction;

1 “(B) the latest research and clinical guid-
2 ance for detoxification and withdrawal manage-
3 ment and the treatment of substance use dis-
4 orders in criminal justice settings;

5 “(C) strategies for continuity of care dur-
6 ing and after incarceration;

7 “(D) an overview of—

8 “(i) all medications for the treatment
9 of substance use disorders;

10 “(ii) how to obtain certification as an
11 opioid treatment provider (OTP) or waiv-
12 ers under the Controlled Substances Act
13 (21 U.S.C. 801 et seq.) for prescribing cer-
14 tain medications; and

15 “(iii) evidence-based behavioral thera-
16 pies used in addition to medication to im-
17 prove medication adherence and treatment
18 outcomes; and

19 “(E) any other topic determined by the At-
20 torney General, in coordination with the Sec-
21 retary of Health and Human Services and in
22 consultation with experts in addiction science,
23 to be a core element for successful training
24 under this paragraph.

1 “(2) REQUIREMENT.—The training required
2 under paragraph (1) shall include guidance on how
3 to—

4 “(A) engage relevant stakeholders;

5 “(B) identify available resources for, and
6 gaps and barriers to, providing residential sub-
7 stance use disorder treatment; and

8 “(C) develop a plan to overcome obstacles
9 to administering and offering medication-as-
10 sisted treatment.

11 “(h) PROVIDER AFFILIATION.—Any entity, including
12 a prison or jail, that receives Federal funds for a program
13 or activity that offers medication-assisted treatment shall
14 have an affiliation with a provider that can—

15 “(1) prescribe not less than 1 medication-as-
16 sisted treatment to patients after release from the
17 entity; and

18 “(2) discuss the risks and benefits of, and alter-
19 natives to, medication-assisted treatment with pa-
20 tients.”; and

21 (4) in section 1904 (34 U.S.C. 10424)—

22 (A) by amending subsection (c) to read as
23 follows:

24 “(c) LOCAL ALLOCATION.—

1 “(1) IN GENERAL.—Not less than 10 percent of
 2 the total amount made available to a State under
 3 subsection (a) for any fiscal year shall be used by
 4 the State to make grants to local correctional and
 5 detention facilities in the State (provided such facili-
 6 ties exist therein).

7 “(2) JAIL-BASED SUBSTANCE USE TREATMENT
 8 PROGRAMS.—A jail-based substance use disorder
 9 treatment program described in paragraph (1) may
 10 be made available to any individual who is—

11 “(A) awaiting trial or is otherwise in pre-
 12 trial detention; or

13 “(B) serving a sentence of imprisonment in
 14 the jail.”; and

15 (B) by amending subsection (d) to read as
 16 follows:

17 “(d) EVIDENCE-BASED TREATMENTS.—

18 “(1) IN GENERAL.—A State may use amounts
 19 received under this part to—

20 “(A) provide any type of medication-as-
 21 sisted treatment that has been approved to
 22 treat substance use disorders pursuant to sec-
 23 tion 505 of the Federal Food, Drug, and Cos-
 24 metic Act (21 U.S.C. 355), and any type of bio-
 25 logical product licensed under section 351 of

1 the Public Health Service Act (42 U.S.C. 262),
2 and prescribe overdose reversal medications
3 during the residential substance use disorder
4 treatment program or after care;

5 “(B) cover costs associated with the train-
6 ing required under section 1902(g);

7 “(C) obtain waivers under clause (ii) or
8 (iv) of section 303(g)(2)(G) of the Controlled
9 Substances Act (21 U.S.C. 823(g)(2)(G)); and

10 “(D) obtain certification as an opioid
11 treatment provider (OTP) in accordance with
12 part 8 of title 42, Code of Federal Regulations,
13 or any successor thereto, or the prescription of
14 medications to treat substance use disorders.

15 “(2) DEFINITION.—In this subsection, the term
16 ‘medication-assisted treatment’ means a treatment
17 plan that combines behavioral therapy with any type
18 of medication that has been approved to treat sub-
19 stance use disorders pursuant to section 505 of the
20 Federal Food, Drug, and Cosmetic Act (21 U.S.C.
21 355), or any type of biological product licensed
22 under section 351 of the Public Health Service Act
23 (42 U.S.C. 262).”.

24 (b) AUTHORIZATION OF APPROPRIATIONS.—Section
25 1001(a)(17) of title I of the Omnibus Crime Control and

1 Safe Streets Act of 1968 (34 U.S.C. 10261(a)(17)) is
2 amended to read as follows:

3 “(17) There are authorized to be appropriated to
4 carry out the projects under part S \$40,000,000 for each
5 of fiscal years 2022 through 2026.”.

6 (c) DEFINITION.—Section 901(25) of title I of the
7 Omnibus Crime Control and Safe Streets Act of 1968 (34
8 U.S.C. 10251(25)) is amended to read as follows:

9 “(25) the term ‘residential substance use dis-
10 order treatment program’ means a course of com-
11 prehensive individual and group substance use dis-
12 order treatment services in residential treatment fa-
13 cilities that, to the greatest extent practicable, follow
14 the guidance entitled, ‘Promising Practice Guidelines
15 for Residential Substance Abuse Treatment’, pub-
16 lished in November 2017 by the Bureau of Justice
17 Assistance, or as thereafter amended to conform to
18 current standards of care;”.

Passed the Senate July 30, 2021.

Attest:

Secretary.

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