

**AMENDMENT TO THE AMENDMENT  
IN THE NATURE OF A SUBSTITUTE TO THE  
COMMITTEE PRINT RELATING TO PUBLIC  
HEALTH  
OFFERED BY M. \_\_\_\_\_**

Page 33, after line 4, insert the following new subsection:

1 (c) ADDITIONAL USE OF FUNDS.—

2 (1) IN GENERAL.—In addition to the uses of  
3 funds specified in subsection (b), the Secretary, in  
4 consultation with the Assistant Secretary for Mental  
5 Health and Substance Use, shall use funds appropriated by this section to establish and implement a  
6 pilot program in which the Secretary awards grants  
7 to, or enters into cooperative agreements with, not  
8 more than 5 eligible States to test the feasibility and  
9 outcomes of integrating a substance use disorder  
10 and behavioral health treatment locator tool into the  
11 State’s prescription drug monitoring program.  
12

13 (2) GRANT ESTABLISHMENT AND PARTICIPA-  
14 TION.—

15 (A) IN GENERAL.—In carrying out the  
16 pilot program under this subsection, the Sec-

1           retary shall, on a competitive basis, award  
2           grants to, or enter into cooperative agreements  
3           with, not more than 5 eligible States.

4           (B) ELIGIBILITY.—To be eligible for a  
5           grant under this subsection, a State shall dem-  
6           onstrate to the Secretary’s satisfaction that the  
7           State is making progress in integrating the  
8           State’s PDMP with electronic health records  
9           and health information technology infrastruc-  
10          ture.

11          (C) PREFERENCE.—In awarding grants  
12          under this subsection, the Secretary shall give  
13          preference to eligible States described in sub-  
14          paragraph (B) whose rates of death due to drug  
15          overdose per population of 100,000 are in the  
16          top quartile according to the most recent data  
17          of the Centers for Disease Control and Preven-  
18          tion.

19          (3) PERIOD OF GRANT.—A grant awarded to an  
20          eligible entity under this subsection shall be for a pe-  
21          riod of 2 years.

22          (4) GRANT USES.—

23          (A) REQUIRED USES.—A grant awarded  
24          under this subsection to an eligible State shall  
25          be used for both of the following purposes:

1 (i) To integrate a substance use dis-  
2 order and behavioral health treatment loca-  
3 tor tool into the PDMP.

4 (ii) To develop and disseminate guid-  
5 ance for health care providers on how to  
6 consult and share information obtained  
7 through the substance use disorder and be-  
8 havioral health treatment locator tool when  
9 a patient's PDMP information indicates  
10 possible misuse of a controlled substance.

11 (B) ADDITIONAL PERMISSIBLE USES.—A  
12 grant awarded under this subsection to an eligi-  
13 ble State may be used for any of the following  
14 additional purposes:

15 (i) To integrate a substance use dis-  
16 order and behavioral health treatment loca-  
17 tor tool into the PDMP that incorporates  
18 direct referral capabilities that enable the  
19 health care provider—

20 (I) to refer a patient to treat-  
21 ment or for an assessment; and

22 (II) consistent with the protec-  
23 tion of information by Federal and  
24 State privacy laws and security rules,  
25 receive feedback about the patient's

1 engagement with such treatment or  
2 assessment.

3 (ii) To integrate a substance use dis-  
4 order and behavioral health treatment loca-  
5 tor tool into the PDMP that provides in-  
6 formation regarding the current capacity  
7 of inpatient or outpatient treatment re-  
8 sources of a health care provider.

9 (5) REPORTING REQUIREMENTS.—

10 (A) REPORTS BY STATES.—Each eligible  
11 State that participates in the pilot program  
12 under this subsection shall submit to the Sec-  
13 retary an annual report for each year of the  
14 pilot program that includes information on—

15 (i) the number of health care pro-  
16 viders and health facilities with access to  
17 the substance use disorder and behavioral  
18 health treatment locator tool;

19 (ii) the number of individuals referred  
20 to treatment with the assistance of the lo-  
21 cator tool;

22 (iii) aggregate, de-identified patient  
23 data related to the type of treatment lo-  
24 cated by the locator tool, how often pa-  
25 tients followed through on seeking such

1 treatment, and the average duration of  
2 such treatment, to the extent collected by  
3 the State;

4 (iv) feedback from providers with ac-  
5 cess to the locator tool on usability and  
6 any impact on outcomes;

7 (v) recommendations to improve the  
8 usability and efficacy of a substance use  
9 disorder and behavioral health treatment  
10 locator tool within the PDMP; and

11 (vi) additional information and report-  
12 ing metrics as determined by the Sec-  
13 retary.

14 (B) REPORT BY SECRETARY.—Not less  
15 than 180 days after the conclusion of the pilot  
16 program under this subsection, the Secretary  
17 shall submit to the Congress a report on the  
18 findings of the program, including—

19 (i) outcomes reported by the partici-  
20 pating States;

21 (ii) findings on the suitability of in-  
22 cluding a substance use disorder and be-  
23 havioral health treatment locator tool with-  
24 in State PDMPs; and

1 (iii) recommendations on best prac-  
2 tices for integrating a substance use dis-  
3 order and behavioral health treatment loca-  
4 tor tool within State PDMPs.

5 (6) DEFINITIONS.—In this subsection:

6 (A) The term “prescription drug moni-  
7 toring program” or “PDMP” has the meaning  
8 given to the term “PDMP” in section 399O of  
9 the Public Health Service Act (42 U.S.C. 280g-  
10 3).

11 (B) The term “Secretary” means the Sec-  
12 retary of Health and Human Services.

