

**AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H.R. 2379
OFFERED BY M. _____**

Strike all after the enacting clause and insert the following:

1 SECTION 1. SHORT TITLE.

2 This Act may be cited as the “State Opioid Response
3 Grant Authorization Act of 2021”.

**4 SEC. 2. GRANT PROGRAM FOR STATE AND TRIBAL RE-
5 SPONSE TO OPIOID AND STIMULANT USE AND
6 MISUSE.**

7 Section 1003 of the 21st Century Cures Act (42
8 U.S.C. 290ee–3 note) is amended to read as follows:

**9 “SEC. 1003. GRANT PROGRAM FOR STATE AND TRIBAL RE-
10 SPONSE TO OPIOID AND STIMULANT USE AND
11 MISUSE.**

12 “(a) IN GENERAL.—The Secretary of Health and
13 Human Services (referred to in this section as the ‘Sec-
14 retary’) shall carry out the grant program described in
15 subsection (b) for purposes of addressing opioid and stim-
16 ulant use and misuse, within States, Indian Tribes, and
17 populations served by Tribal organizations and Urban In-
18 dian organizations.

1 “(b) GRANTS PROGRAM.—

2 “(1) IN GENERAL.—Subject to the availability
3 of appropriations, the Secretary shall award grants
4 to States, Indian Tribes, Tribal organizations, and
5 Urban Indian organizations for the purpose of ad-
6 dressing opioid and stimulant use and misuse, within
7 such States, such Indian Tribes, and populations
8 served by such Tribal organizations and Urban In-
9 dian organizations, in accordance with paragraph
10 (2).

11 “(2) MINIMUM ALLOCATIONS; PREFERENCE.—
12 In determining grant amounts for each recipient of
13 a grant under paragraph (1), the Secretary shall—

14 “(A) ensure that each State receives not
15 less than \$4,000,000; and

16 “(B) give preference to States, Indian
17 Tribes, Tribal organizations, and Urban Indian
18 organizations whose populations have an inci-
19 dence or prevalence of opioid use disorders that
20 is substantially higher relative to the popu-
21 lations of other States, other Indian Tribes,
22 Tribal organizations, or Urban Indian organiza-
23 tions, as applicable.

24 “(3) FORMULA METHODOLOGY.—

1 “(A) IN GENERAL.—Before publishing a
2 funding opportunity announcement with respect
3 to grants under this section, the Secretary
4 shall—

5 “(i) develop a formula methodology to
6 be followed in allocating grant funds
7 awarded under this section among grant-
8 ees, which includes performance assess-
9 ments for continuation awards; and

10 “(ii) not later than 30 days after de-
11 veloping the formula methodology under
12 clause (i), submit the formula methodology
13 to—

14 “(I) the Committee on Energy
15 and Commerce and the Committee on
16 Appropriations of the House of Rep-
17 resentatives; and

18 “(II) the Committee on Health,
19 Education, Labor, and Pensions and
20 the Committee on Appropriations of
21 the Senate.

22 “(B) REPORT.—Not later than two years
23 after the date of the enactment of the State
24 Opioid Response Grant Authorization Act of
25 2021, the Comptroller General of the United

1 States shall submit to the Committee on
2 Health, Education, Labor, and Pensions of the
3 Senate and the Committee on Energy and Com-
4 merce of the House of Representatives a report
5 that—

6 “(i) assesses how grant funding is al-
7 located to States under this section and
8 how such allocations have changed over
9 time; and

10 “(ii) assesses how any changes in
11 funding under this section have affected
12 the efforts of States to address opioid mis-
13 use; and

14 “(iii) assesses the use of funding pro-
15 vided through the grant program under
16 this section and other similar grant pro-
17 grams administered by the Substance
18 Abuse and Mental Health Services Admin-
19 istration.

20 “(4) USE OF FUNDS.—Grants awarded under
21 this subsection shall be used for carrying out activi-
22 ties that supplement activities pertaining to opioid
23 and stimulant use and misuse, undertaken by the
24 State agency responsible for administering the sub-
25 stance abuse prevention and treatment block grant

1 under subpart II of part B of title XIX of the Public
2 Health Service Act (42 U.S.C. 300x–21 et seq.),
3 which may include public health-related activities
4 such as the following:

5 “(A) Implementing prevention activities,
6 and evaluating such activities to identify effec-
7 tive strategies to prevent substance use dis-
8 orders.

9 “(B) Establishing or improving prescrip-
10 tion drug monitoring programs.

11 “(C) Training for health care practitioners,
12 such as best practices for prescribing opioids,
13 pain management, recognizing potential cases
14 of substance use disorders, referral of patients
15 to treatment programs, preventing diversion of
16 controlled substances, and overdose prevention.

17 “(D) Supporting access to health care
18 services, including—

19 “(i) services provided by federally cer-
20 tified opioid treatment programs;

21 “(ii) outpatient and residential sub-
22 stance use disorder treatment services that
23 utilize medication-assisted treatment, as
24 appropriate; or

1 “(iii) other appropriate health care
2 providers to treat substance use disorders.

3 “(E) Recovery support services, includ-
4 ing—

5 “(i) community-based services that in-
6 clude peer supports;

7 “(ii) mutual aid recovery programs
8 that support medication-assisted treat-
9 ment; or

10 “(iii) services to address housing
11 needs and family issues.

12 “(F) Other public health-related activities,
13 as the State, Indian Tribe, Tribal organization,
14 or Urban Indian organization determines appro-
15 priate, related to addressing substance use dis-
16 orders within the State, Indian Tribe, Tribal or-
17 ganization, or Urban Indian organization, in-
18 cluding directing resources in accordance with
19 local needs related to substance use disorders.

20 “(c) ACCOUNTABILITY AND OVERSIGHT.—A State re-
21 ceiving a grant under subsection (b) shall include in re-
22 porting related to substance use disorders submitted to the
23 Secretary pursuant to section 1942 of the Public Health
24 Service Act (42 U.S.C. 300x–52), a description of—

1 “(1) the purposes for which the grant funds re-
2 ceived by the State under such subsection for the
3 preceding fiscal year were expended and a descrip-
4 tion of the activities of the State under the grant;

5 “(2) the ultimate recipients of amounts pro-
6 vided to the State; and

7 “(3) the number of individuals served through
8 the grant.

9 “(d) LIMITATIONS.—Any funds made available pur-
10 suant to subsection (i)—

11 “(1) notwithstanding any transfer authority in
12 any appropriations Act, shall not be used for any
13 purpose other than the grant program in subsection
14 (b); and

15 “(2) shall be subject to the same requirements
16 as substance use disorders prevention and treatment
17 programs under titles V and XIX of the Public
18 Health Service Act (42 U.S.C. 290aa et seq., 300w
19 et seq.).

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

1 or report the information as required under subsections
2 (b), (c), and (d).

3 “(f) REPORT TO CONGRESS.—Not later than Sep-
4 tember 30, 2024, and biennially thereafter, the Secretary
5 shall submit to the Committee on Health, Education,
6 Labor, and Pensions of the Senate and the Committee on
7 Energy and Commerce of the House of Representatives,
8 and the Committees on Appropriations of the House of
9 Representatives and the Senate, a report that includes a
10 summary of the information provided to the Secretary in
11 reports made pursuant to subsections (c) and (e), includ-
12 ing—

13 “(1) the purposes for which grant funds are
14 awarded under this section;

15 “(2) the activities of the grant recipients; and

16 “(3) for each State, Indian Tribe, Tribal orga-
17 nization, and Urban Indian organization that re-
18 ceives a grant under this section, the funding level
19 provided to such recipient.

20 “(g) TECHNICAL ASSISTANCE.—The Secretary, in-
21 cluding through the Tribal Training and Technical Assist-
22 ance Center of the Substance Abuse and Mental Health
23 Services Administration, shall provide States, Indian
24 Tribes, Tribal organizations, and Urban Indian organiza-
25 tions, as applicable, with technical assistance concerning

1 grant application and submission procedures under this
2 section, award management activities, and enhancing out-
3 reach and direct support to rural and underserved commu-
4 nities and providers in addressing substance use disorders.

5 “(h) DEFINITIONS.—In this section:

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

10 “(2) TRIBAL ORGANIZATION.—The term ‘Tribal
11 organization’ has the meaning given the term ‘tribal
12 organization’ in such section 4.

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

16 “(4) URBAN INDIAN ORGANIZATION.—The term
17 ‘Urban Indian organization’ has the meaning given
18 such term in section 4 of the Indian Health Care
19 Improvement Act.

20 “(i) AUTHORIZATION OF APPROPRIATIONS.—

21 “(1) IN GENERAL.—For purposes of carrying
22 out the grant program under subsection (b), there is
23 authorized to be appropriated \$1,750,000,000 for
24 each of fiscal years 2022 through 2027, to remain
25 available until expended.

1 “(2) FEDERAL ADMINISTRATIVE EXPENSES.—
2 Of the amounts made available for each fiscal year
3 to award grants under subsection (b), the Secretary
4 shall not use more than 20 percent for Federal ad-
5 ministrative expenses, training, technical assistance,
6 and evaluation.

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

10 “(A) award 5 percent to Indian Tribes,
11 Tribal organizations, and Urban Indian organi-
12 zations; and

13 “(B) of the amount remaining after appli-
14 cation of subparagraph (A), set aside up to 15
15 percent for awards to States with the highest
16 age-adjusted rate of drug overdose death based
17 on the ordinal ranking of States according to
18 the Director of the Centers for Disease Control
19 and Prevention.”.

