H.R. 2466

[Report No. 116–]

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

NOVEMBER --, 2020

Reported with amendments, committed to the Committee of the Whole House on the State of the Union, and ordered to be printed

[Strike out all after the enacting clause and insert the part printed in italic]

[For text of introduced bill, see copy of bill as introduced on May 1, 2019]
A BILL

To extend the State Opioid Response Grants program, and for other purposes.
Be it enacted by the Senate and House of Representa-
tives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

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

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

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

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

“(a) In General.—The Secretary of Health and
Human Services (referred to in this section as the ‘Sec-
retary’) shall carry out the grant program described in sub-
section (b) for purposes of addressing substance use dis-
orders of significance, including opioid and stimulant use
disorders, within States, Indian Tribes, and populations
served by Tribal organizations.

“(b) Grants Program.—

“(1) In General.—Subject to the availability of
appropriations, the Secretary shall award grants to
States, Indian Tribes, and Tribal organizations for
the purpose of addressing substance use disorders of significance, including opioid and stimulant use disorders, within such States, such Indian Tribes, and populations served by such Tribal organizations, in accordance with paragraph (2).

“(2) MINIMUM ALLOCATIONS; PREFERENCE.—In awarding grants under paragraph (1), the Secretary shall—

“(A) ensure that each State and the District of Columbia receives not less than $4,000,000; and

“(B) give preference to States, Indian Tribes, and Tribal organizations with an incidence or prevalence of opioid use disorders that is substantially higher relative to other States, other Indian Tribes, or other Tribal organizations, as applicable.

“(3) FORMULA METHODOLOGY.—Not less than 15 days before publishing a funding opportunity announcement with respect to grants under this section, the Secretary shall—

“(A) develop a formula methodology to be followed in allocating grant funds awarded under this section among grantees; and

“(B) submit the formula methodology to—
“(I) the Committee on Energy and Commerce and the Committee on Appropriations of the House of Representatives; and

“(ii) the Committee on Health, Education, Labor and Pensions and the Committee on Appropriations of the Senate.

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

“(A) Implementing prevention activities, and evaluating such activities to identify effective strategies to prevent substance use disorders.

“(B) Establishing or improving prescription drug monitoring programs.

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

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

“(i) services provided by federally certified opioid treatment programs;

“(ii) outpatient and residential substance use disorder treatment services that utilize medication-assisted treatment, as appropriate; or

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

“(E) Other public health-related activities, as the State, Indian Tribe, or Tribal organization determines appropriate, related to addressing substance use disorders within the State, Indian Tribe, or Tribal organization, including directing resources in accordance with local needs related to substance use disorders.

“(c) ACCOUNTABILITY AND OVERSIGHT.—A State receiving a grant under subsection (b) shall include in reporting related to substance abuse submitted to the Secretary
pursuant to section 1942 of the Public Health Service Act
(42 U.S.C. 300x–52), a description of—

“(1) the purposes for which the grant funds received by the State under such subsection for the preceding fiscal year were expended and a description of the activities of the State under the grant; and

“(2) the ultimate recipients of amounts provided to the State through the grant.

“(d) LIMITATIONS.—Any funds made available pursuant to subsection (i)—

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

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

“(e) INDIAN TRIBES AND TRIBAL ORGANIZATIONS.—The Secretary, in consultation with Indian Tribes and Tribal organizations, shall identify and establish appropriate mechanisms for Indian Tribes and Tribal organizations to demonstrate or report the information as required under subsections (b), (c), and (d).
“(f) Report to Congress.—Not later than September 30, 2022, and biennially thereafter, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, and the Committees on Appropriations of the House of Representatives and the Senate, a report summarizing the information provided to the Secretary in reports made pursuant to subsections (c) and (e), including the purposes for which grant funds are awarded under this section and the activities of such grant recipients.

“(g) Technical Assistance.—The Secretary, including through the Tribal Training and Technical Assistance Center of the Substance Abuse and Mental Health Services Administration, shall provide States, Indian Tribes, and Tribal organizations, as applicable, with technical assistance concerning grant application and submission procedures under this section, award management activities, and enhancing outreach and direct support to rural and underserved communities and providers in addressing substance use disorders.

“(h) Definitions.—In this section:

“(1) Indian Tribe.—The term ‘Indian Tribe’ has the meaning given the term ‘Indian tribe’ in sec-

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

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

“(i) AUTHORIZATION OF APPROPRIATIONS.—

“(1) IN GENERAL.—For purposes of carrying out the grant program under subsection (b), there is authorized to be appropriated $1,500,000,000 for each of fiscal years 2020 through 2026, to remain available until expended.

“(2) FEDERAL ADMINISTRATIVE EXPENSES.—Of the amounts made available for each fiscal year to award grants under subsection (b), the Secretary shall not use more than 2 percent for Federal administrative expenses, training, technical assistance, and evaluation.

“(3) SET ASIDE.—Of the amounts made available for each fiscal year to award grants under subsection (b) for a fiscal year, the Secretary shall—

“(A) award 5 percent to Indian Tribes and Tribal organizations; and
“(B) of the remaining amount, set aside up to 15 percent for States with the highest age-adjusted rate of drug overdose death based on the ordinal ranking of States according to the Director of the Centers for Disease Control and Prevention.”.

(b) Clerical Amendment.—The table of sections in section 1(b) of such Act is amended by striking the item relating to section 1003 and inserting the following:

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

Amend the title so as to read: “A bill to amend the 21st Century Cures Act to reauthorize and expand a grant program for State response to the opioid abuse crisis, and for other purposes.”.