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(Original Signature of Member)

117TH CONGRESS  
2D SESSION

# H. R. 7234

To amend the Public Health Service Act to reauthorize certain programs with respect to mental health conditions and substance use disorders, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

M\_\_\_\_. \_\_\_\_\_ introduced the following bill; which was referred to the  
Committee on \_\_\_\_\_

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## A BILL

To amend the Public Health Service Act to reauthorize certain programs with respect to mental health conditions and substance use disorders, 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 “Summer Barrow Pre-  
5 vention, Treatment, and Recovery Act”.

6 **SEC. 2. TABLE OF CONTENTS.**

7 The table of contents of this Act is as follows:

Sec. 1. Short title.

- Sec. 2. Table of contents.
- Sec. 3. Grants for the benefit of homeless individuals.
- Sec. 4. Priority substance abuse treatment needs of regional and national significance.
- Sec. 5. Evidence-based prescription opioid and heroin treatment and interventions demonstration.
- Sec. 6. Priority substance use disorder prevention needs of regional and national significance.
- Sec. 7. Sober Truth on Preventing (STOP) Underage Drinking Reauthorization.
- Sec. 8. Grants for jail diversion programs.
- Sec. 9. Formula grants to States.
- Sec. 10. Projects for Assistance in Transition From Homelessness.
- Sec. 11. Grants for reducing overdose deaths.
- Sec. 12. Opioid overdose reversal medication access and education grant programs.
- Sec. 13. State demonstration grants for comprehensive opioid abuse response.
- Sec. 14. Emergency department alternatives to opioids.

1 **SEC. 3. GRANTS FOR THE BENEFIT OF HOMELESS INDIVID-**  
 2 **UALS.**

3 Section 506(e) of the Public Health Service Act (42  
 4 U.S.C. 290aa–5(e)) is amended by striking “2018 through  
 5 2022” and inserting “2023 through 2027”.

6 **SEC. 4. PRIORITY SUBSTANCE ABUSE TREATMENT NEEDS**  
 7 **OF REGIONAL AND NATIONAL SIGNIFICANCE.**

8 Section 509 of the Public Health Service Act (42  
 9 U.S.C. 290bb–2) is amended—

10 (1) in the section heading, by striking  
 11 “**ABUSE**” and inserting “**USE DISORDER**”;

12 (2) in subsection (a)—

13 (A) by striking “tribes and tribal organiza-  
 14 tions” each place it appears and inserting  
 15 “Tribes and Tribal organizations”; and

16 (B) in paragraph (3), by striking “in sub-  
 17 stance abuse”;

1           (3) in subsection (b), in the subsection heading,  
2           by striking “ABUSE” and inserting “USE DIS-  
3           ORDER”; and

4           (4) in subsection (f), by striking “\$333,806,000  
5           for each of fiscal years 2018 through 2022” and in-  
6           serting “\$521,517,000 for each of fiscal years 2023  
7           through 2027”.

8   **SEC. 5. EVIDENCE-BASED PRESCRIPTION OPIOID AND HER-**  
9                                   **OIN TREATMENT AND INTERVENTIONS DEM-**  
10                                  **ONSTRATION.**

11           Section 514B of the Public Health Service Act (42  
12   U.S.C. 290bb–10) is amended—

13           (1) in subsection (a)(1)—

14                           (A) by striking “substance abuse” and in-  
15                           serting “substance use disorder”;

16                           (B) by striking “tribes and tribal organiza-  
17                           tions” and inserting “Tribes and Tribal organi-  
18                           zations”; and

19                           (C) by striking “addiction” and inserting  
20                           “substance use disorders”;

21           (2) in subsection (e)(3), by striking “tribes and  
22           tribal organizations” and inserting “Tribes and  
23           Tribal organizations”; and

24           (3) in subsection (f), by striking “2017 through  
25           2021” and inserting “2023 through 2027”.

1 **SEC. 6. PRIORITY SUBSTANCE USE DISORDER PREVENTION**  
2 **NEEDS OF REGIONAL AND NATIONAL SIG-**  
3 **NIFICANCE.**

4 Section 516 of the Public Health Service Act (42  
5 U.S.C. 290bb–22) is amended—

6 (1) in subsection (a)—

7 (A) in paragraph (3), by striking “abuse”  
8 and inserting “use”; and

9 (B) in the matter following paragraph (3),  
10 by striking “tribes or tribal organizations” each  
11 place it appears and inserting “Tribes or Tribal  
12 organizations”;

13 (2) in subsection (b), in the subsection heading,  
14 by striking “ABUSE” and inserting “USE DIS-  
15 ORDER”; and

16 (3) in subsection (f), by striking “\$211,148,000  
17 for each of fiscal years 2018 through 2022” and in-  
18 serting “\$218,219,000 for each of fiscal years 2023  
19 through 2027”.

20 **SEC. 7. SOBER TRUTH ON PREVENTING (STOP) UNDERAGE**  
21 **DRINKING REAUTHORIZATION.**

22 Section 519B of the Public Health Service Act (42  
23 U.S.C. 290bb–25b) is amended to read as follows:

24 **“SEC. 519B. PROGRAMS TO REDUCE UNDERAGE DRINKING.**

25 **“(a) DEFINITIONS.—**For purposes of this section:

1           “(1) The term ‘alcohol beverage industry’  
2 means the brewers, vintners, distillers, importers,  
3 distributors, and retail or online outlets that sell or  
4 serve beer, wine, and distilled spirits.

5           “(2) The term ‘school-based prevention’ means  
6 programs, which are institutionalized, and run by  
7 staff members or school-designated persons or orga-  
8 nizations in any grade of school, kindergarten  
9 through 12th grade.

10           “(3) The term ‘youth’ means persons under the  
11 age of 21.

12           “(b) SENSE OF CONGRESS.—It is the sense of the  
13 Congress that:

14           “(1) A multifaceted effort is needed to more  
15 successfully address the problem of underage drink-  
16 ing in the United States. A coordinated approach to  
17 prevention, intervention, treatment, enforcement,  
18 and research is key to making progress. This section  
19 recognizes the need for a focused national effort,  
20 and addresses particulars of the Federal portion of  
21 that effort, as well as Federal support for State ac-  
22 tivities.

23           “(2) The Secretary shall continue to conduct  
24 research and collect data on the short- and long-

1 range impact of alcohol use and abuse upon adoles-  
2 cent brain development and other organ systems.

3 “(3) States and communities, including colleges  
4 and universities, are encouraged to adopt com-  
5 prehensive prevention approaches, including—

6 “(A) evidence-based screening, programs,  
7 and curricula;

8 “(B) brief intervention strategies;

9 “(C) consistent policy enforcement; and

10 “(D) science-based strategies to reduce un-  
11 derage drinking.

12 “(4) Public health groups, consumer groups,  
13 and the alcohol beverage industry should continue  
14 and expand evidence-based efforts to prevent and re-  
15 duce underage drinking.

16 “(5) The entertainment industries and social  
17 media platforms have a powerful impact on youth,  
18 and they should use rating systems and marketing  
19 codes to reduce the likelihood that underage audi-  
20 ences will be exposed to movies, recordings, tele-  
21 vision programs, or social media with unsuitable al-  
22 cohol content.

23 “(6) The National Collegiate Athletic Associa-  
24 tion, its member colleges and universities, and ath-  
25 letic conferences should affirm a commitment to a

1 policy of discouraging alcohol use among underage  
2 students and other young fans.

3 “(7) Alcohol is a unique product and should be  
4 regulated differently than other products by the  
5 States and Federal Government. States have pri-  
6 mary authority to regulate alcohol distribution and  
7 sale, and the Federal Government should support  
8 and supplement these State efforts. States also have  
9 a responsibility to fight youth access to alcohol and  
10 reduce underage drinking. Continued State regula-  
11 tion and licensing of the manufacture, importation,  
12 sale, distribution, transportation, and storage of al-  
13 coholic beverages are clearly in the public interest  
14 and are critical to promoting responsible consump-  
15 tion, preventing illegal access to alcohol by persons  
16 under 21 years of age from commercial and non-  
17 commercial sources, maintaining industry integrity  
18 and an orderly marketplace, and furthering effective  
19 State tax collection.

20 “(8) The age-21 minimum drinking law, en-  
21 acted in 1984, has been a remarkably effective pub-  
22 lic health and safety policy, as evidenced by the fact  
23 that the percentage of 12th graders who have drunk  
24 alcohol in the past month has fallen by one-half  
25 since the enactment of such law.

1           “(9) The age-21 law has also has been signifi-  
2           cantly effective in reducing drinking and driving  
3           traffic fatalities, as the National Highway Traffic  
4           Safety Administration (NHTSA) estimates that the  
5           age-21 law has saved over 31,000 lives since its in-  
6           ception.

7           “(10) Community awareness, support, and mo-  
8           bilization provide an important context for the effec-  
9           tive enforcement of the age-21 minimum drinking  
10          law.

11          “(c) INTERAGENCY COORDINATING COMMITTEE; AN-  
12          NUAL REPORT ON STATE UNDERAGE DRINKING PREVEN-  
13          TION AND ENFORCEMENT ACTIVITIES.—

14                 “(1) INTERAGENCY COORDINATING COMMITTEE  
15                 ON THE PREVENTION OF UNDERAGE DRINKING.—

16                         “(A) IN GENERAL.—The Secretary, in col-  
17                         laboration with the Federal officials specified in  
18                         subparagraph (B), shall continue to support  
19                         and enhance the efforts of the interagency co-  
20                         ordinating committee, that began operating in  
21                         2004, focusing on underage drinking (referred  
22                         to in this subsection as the ‘Committee’).

23                         “(B) OTHER AGENCIES.—The officials re-  
24                         ferred to in subparagraph (A) are the Secretary  
25                         of Education, the Attorney General, the Sec-



1           retary of Transportation, the Secretary of the  
2           Treasury, the Secretary of Defense, the Sur-  
3           geon General, the Director of the Centers for  
4           Disease Control and Prevention, the Director of  
5           the National Institute on Alcohol Abuse and Al-  
6           coholism, the Assistant Secretary for Mental  
7           Health and Substance Use, the Director of the  
8           National Institute on Drug Abuse, the Assist-  
9           ant Secretary for Children and Families, the  
10          Director of the Office of National Drug Control  
11          Policy, the Administrator of the National High-  
12          way Traffic Safety Administration, the Admin-  
13          istrator of the Office of Juvenile Justice and  
14          Delinquency Prevention, the Chairman of the  
15          Federal Trade Commission, and such other  
16          Federal officials as the Secretary of Health and  
17          Human Services determines to be appropriate.

18                 “(C) CHAIR.—The Secretary of Health  
19                 and Human Services shall serve as the chair of  
20                 the Committee.

21                 “(D) DUTIES.—The Committee shall guide  
22                 policy and program development across the  
23                 Federal Government with respect to underage  
24                 drinking, provided, however, that nothing in  
25                 this section shall be construed as transferring

1 regulatory or program authority from an Agen-  
2 cy to the Coordinating Committee.

3 “(E) CONSULTATIONS.—The Committee  
4 shall actively seek the input of and shall consult  
5 with all appropriate and interested parties, in-  
6 cluding States, public health research and inter-  
7 est groups, foundations, and alcohol beverage  
8 industry trade associations and companies.

9 “(F) ANNUAL REPORT.—

10 “(i) IN GENERAL.—The Secretary, on  
11 behalf of the Committee, shall annually  
12 submit to the Congress a report that sum-  
13 marizes—

14 “(I) all programs and policies of  
15 Federal agencies designed to prevent  
16 and reduce underage drinking, focus-  
17 ing particularly on programs and poli-  
18 cies that support the adoption and en-  
19 forcement of State policies designed to  
20 prevent and reduce underage drinking  
21 as specified in paragraph (2);

22 “(II) the extent of progress in  
23 preventing and reducing underage  
24 drinking at State and national levels;

1 “(III) data that the Secretary  
2 shall collect with respect to the infor-  
3 mation specified in clause (ii); and

4 “(IV) such other information re-  
5 garding underage drinking as the Sec-  
6 retary determines to be appropriate.

7 “(ii) CERTAIN INFORMATION.—The  
8 report under clause (i) shall include infor-  
9 mation on the following:

10 “(I) Patterns and consequences  
11 of underage drinking as reported in  
12 research and surveys such as, but not  
13 limited to, Monitoring the Future,  
14 Youth Risk Behavior Surveillance  
15 System, the National Survey on Drug  
16 Use and Health, and the Fatality  
17 Analysis Reporting System.

18 “(II) Measures of the availability  
19 of alcohol from commercial and non-  
20 commercial sources to underage popu-  
21 lations.

22 “(III) Measures of the exposure  
23 of underage populations to messages  
24 regarding alcohol in advertising, social  
25 media, and the entertainment media.

1                   “(IV) Surveillance data, includ-  
2                   ing information on the onset and  
3                   prevalence of underage drinking, con-  
4                   sumption patterns, beverage pref-  
5                   erences, prevalence of drinking among  
6                   students at institutions of higher edu-  
7                   cation, correlations between adult and  
8                   youth drinking, and the means of un-  
9                   derage access, including trends over  
10                  time for these surveillance data. The  
11                  Secretary shall develop a plan to im-  
12                  prove the collection, measurement,  
13                  and consistency of reporting Federal  
14                  underage alcohol data.

15                  “(V) Any additional findings re-  
16                  sulting from research conducted or  
17                  supported under subsection (f).

18                  “(VI) Evidence-based best prac-  
19                  tices to prevent and reduce underage  
20                  drinking including a review of the re-  
21                  search literature related to State laws,  
22                  regulations, and policies designed to  
23                  prevent and reduce underage drink-  
24                  ing, as described in paragraph  
25                  (2)(B)(i).

1           “(2) ANNUAL REPORT ON STATE UNDERAGE  
2           DRINKING PREVENTION AND ENFORCEMENT ACTIVI-  
3           TIES.—

4           “(A) IN GENERAL.—The Secretary shall,  
5           with input and collaboration from other appro-  
6           priate Federal agencies, States, Indian Tribes,  
7           territories, and public health, consumer, and al-  
8           cohol beverage industry groups, annually issue  
9           a report on each State’s performance in enact-  
10          ing, enforcing, and creating laws, regulations,  
11          and policies to prevent or reduce underage  
12          drinking based on an assessment of best prac-  
13          tices developed pursuant to paragraph  
14          (1)(F)(ii)(VI) and subparagraph (B)(i). For  
15          purposes of this paragraph, each such report,  
16          with respect to a year, shall be referred to as  
17          the ‘State Report’. Each State Report shall be  
18          designed as a resource tool for Federal agencies  
19          assisting States in the their underage drinking  
20          prevention efforts, State public health and law  
21          enforcement agencies, State and local policy-  
22          makers, and underage drinking prevention coa-  
23          litions including those receiving grants pursuant  
24          to subsection (e).

25          “(B) STATE PERFORMANCE MEASURES.—

1           “(i) IN GENERAL.—The Secretary  
2 shall develop, in consultation with the  
3 Committee, a set of measures to be used in  
4 preparing the State Report on best prac-  
5 tices as they relate to State laws, regula-  
6 tions, policies, and enforcement practices.

7           “(ii) STATE REPORT CONTENT.—The  
8 State Report shall include updates on  
9 State laws, regulations, and policies in-  
10 cluded in previous reports to Congress, in-  
11 cluding with respect to the following:

12           “(I) Whether or not the State  
13 has comprehensive anti-underage  
14 drinking laws such as for the illegal  
15 sale, purchase, attempt to purchase,  
16 consumption, or possession of alcohol;  
17 illegal use of fraudulent ID; illegal  
18 furnishing or obtaining of alcohol for  
19 an individual under 21 years; the de-  
20 gree of strictness of the penalties for  
21 such offenses; and the prevalence of  
22 the enforcement of each of these in-  
23 fractions.

24           “(II) Whether or not the State  
25 has comprehensive liability statutes

1           pertaining to underage access to alco-  
2           hol such as dram shop, social host,  
3           and house party laws, and the preva-  
4           lence of enforcement of each of these  
5           laws.

6                       “(III) Whether or not the State  
7           encourages and conducts comprehen-  
8           sive enforcement efforts to prevent  
9           underage access to alcohol at retail  
10          outlets, such as random compliance  
11          checks and shoulder tap programs,  
12          and the number of compliance checks  
13          within alcohol retail outlets measured  
14          against the number of total alcohol re-  
15          tail outlets in each State, and the re-  
16          sult of such checks.

17                      “(IV) Whether or not the State  
18          encourages training on the proper  
19          selling and serving of alcohol for all  
20          sellers and servers of alcohol as a con-  
21          dition of employment.

22                      “(V) Whether or not the State  
23          has policies and regulations with re-  
24          gard to direct sales to consumers and  
25          home delivery of alcoholic beverages.

1                   “(VI) Whether or not the State  
2                   has programs or laws to deter adults  
3                   from purchasing alcohol for minors;  
4                   and the number of adults targeted by  
5                   these programs.

6                   “(VII) Whether or not the State  
7                   has enacted graduated drivers licenses  
8                   and the extent of those provisions.

9                   “(iii) ADDITIONAL CATEGORIES.—In  
10                  addition to the updates on State laws, reg-  
11                  ulations, and policies listed in clause (ii),  
12                  the Secretary shall consider the following:

13                  “(I) Whether or not States have  
14                  adopted laws, regulations, and policies  
15                  that deter underage alcohol use, as  
16                  described in ‘The Surgeon General’s  
17                  Call to Action to Prevent and Reduce  
18                  Underage Drinking’ issued in 2007  
19                  and ‘Facing Addiction in America:  
20                  The Surgeon General’s Report on Al-  
21                  cohol, Drugs and Health’ issued in  
22                  2016, including restrictions on low-  
23                  price, high-volume drink specials, and  
24                  wholesaler pricing provisions.



1           “(II) Whether or not States have  
2           adopted laws, regulations, and policies  
3           designed to reduce alcohol advertising  
4           messages attractive to youth and  
5           youth exposure to alcohol advertising  
6           and marketing in measured and  
7           unmeasured media and digital and so-  
8           cial media.

9           “(III) Whether or not States  
10          have laws and policies that promote  
11          underage drinking prevention policy  
12          development by local jurisdictions.

13          “(IV) Whether or not States  
14          have adopted laws, regulations, and  
15          policies to restrict youth access to al-  
16          coholic beverages that may pose spe-  
17          cial risks to youth, including but not  
18          limited to alcoholic mists, gelatins,  
19          freezer pops, premixed caffeinated al-  
20          coholic beverages, and flavored malt  
21          beverages.

22          “(V) Whether or not States have  
23          adopted uniform best practices proto-  
24          cols for conducting compliance checks  
25          and shoulder tap programs.

1                   “(VI) Whether or not States  
2                   have adopted uniform best practices  
3                   penalty protocols for violations of laws  
4                   prohibiting retail licensees from sell-  
5                   ing or furnishing of alcohol to minors.

6                   “(iv) UNIFORM DATA SYSTEM.—For  
7                   performance measures related to enforce-  
8                   ment of underage drinking laws as speci-  
9                   fied in clauses (ii) and (iii), the Secretary  
10                  shall develop and test a uniform data sys-  
11                  tem for reporting State enforcement data,  
12                  including the development of a pilot pro-  
13                  gram for this purpose. The pilot program  
14                  shall include procedures for collecting en-  
15                  forcement data from both State and local  
16                  law enforcement jurisdictions.

17                  “(3) AUTHORIZATION OF APPROPRIATIONS.—  
18                  There is authorized to be appropriated to carry out  
19                  this subsection \$1,000,000 for each of fiscal years  
20                  2023 through 2027.

21                  “(d) NATIONAL MEDIA CAMPAIGN TO PREVENT UN-  
22                  DERAGE DRINKING.—

23                  “(1) IN GENERAL.—The Secretary, in consulta-  
24                  tion with the National Highway Traffic Safety Ad-  
25                  ministration, shall develop an intensive, multifaceted,

1 adult-oriented national media campaign to reduce  
2 underage drinking by influencing attitudes regarding  
3 underage drinking, increasing the willingness of  
4 adults to take actions to reduce underage drinking,  
5 and encouraging public policy changes known to de-  
6 crease underage drinking rates.

7 “(2) PURPOSE.—The purpose of the national  
8 media campaign described in this section shall be to  
9 achieve the following objectives:

10 “(A) Instill a broad societal commitment to  
11 reduce underage drinking.

12 “(B) Increase specific actions by adults  
13 that are meant to discourage or inhibit under-  
14 age drinking.

15 “(C) Decrease adult conduct that tends to  
16 facilitate or condone underage drinking.

17 “(3) COMPONENTS.—When implementing the  
18 national media campaign described in this section,  
19 the Secretary shall—

20 “(A) educate the public about the public  
21 health and safety benefits of evidence-based  
22 policies to reduce underage drinking, including  
23 minimum legal drinking age laws, and build  
24 public and parental support for and cooperation  
25 with enforcement of such policies;

1           “(B) educate the public about the negative  
2 consequences of underage drinking;

3           “(C) promote specific actions by adults  
4 that are meant to discourage or inhibit under-  
5 age drinking, including positive behavior mod-  
6 eling, general parental monitoring, and con-  
7 sistent and appropriate discipline;

8           “(D) discourage adult conduct that tends  
9 to facilitate underage drinking, including the  
10 hosting of underage parties with alcohol and  
11 the purchasing of alcoholic beverages on behalf  
12 of underage youth;

13           “(E) establish collaborative relationships  
14 with local and national organizations and insti-  
15 tutions to further the goals of the campaign  
16 and assure that the messages of the campaign  
17 are disseminated from a variety of sources;

18           “(F) conduct the campaign through multi-  
19 media sources; and

20           “(G) conduct the campaign with regard to  
21 changing demographics and cultural and lin-  
22 guistic factors.

23           “(4) CONSULTATION REQUIREMENT.—In devel-  
24 oping and implementing the national media cam-  
25 paign described in this section, the Secretary shall

1       consult recommendations for reducing underage  
2       drinking published by the National Academy of  
3       Sciences and the Surgeon General. The Secretary  
4       shall also consult with interested parties including  
5       medical, public health, and consumer and parent  
6       groups, law enforcement, institutions of higher edu-  
7       cation, community organizations and coalitions, and  
8       other stakeholders supportive of the goals of the  
9       campaign.

10           “(5) ANNUAL REPORT.—The Secretary shall  
11       produce an annual report on the progress of the de-  
12       velopment or implementation of the media campaign  
13       described in this subsection, including expenses and  
14       projected costs, and, as such information is avail-  
15       able, report on the effectiveness of such campaign in  
16       affecting adult attitudes toward underage drinking  
17       and adult willingness to take actions to decrease un-  
18       derage drinking.

19           “(6) RESEARCH ON YOUTH-ORIENTED CAM-  
20       PAIGN.—The Secretary may, based on the avail-  
21       ability of funds, conduct research on the potential  
22       success of a youth-oriented national media campaign  
23       to reduce underage drinking. The Secretary shall re-  
24       port any such results to Congress with policy rec-  
25       ommendations on establishing such a campaign.

1           “(7) ADMINISTRATION.—The Secretary may  
2 enter into a subcontract with another Federal agen-  
3 cy to delegate the authority for execution and ad-  
4 ministration of the adult-oriented national media  
5 campaign.

6           “(8) AUTHORIZATION OF APPROPRIATIONS.—  
7 There is authorized to be appropriated to carry out  
8 this section \$2,500,000 for each of fiscal years 2023  
9 through 2027.

10          “(e) COMMUNITY-BASED COALITION ENHANCEMENT  
11 GRANTS TO PREVENT UNDERAGE DRINKING.—

12           “(1) AUTHORIZATION OF PROGRAM.—The As-  
13 sistant Secretary for Mental Health and Substance  
14 Use, in consultation with the Director of the Office  
15 of National Drug Control Policy, shall award en-  
16 hancement grants to eligible entities to design, im-  
17 plement, evaluate, and disseminate comprehensive  
18 strategies to maximize the effectiveness of commu-  
19 nity-wide approaches to preventing and reducing un-  
20 derage drinking. This subsection is subject to the  
21 availability of appropriations.

22           “(2) PURPOSES.—The purposes of this sub-  
23 section are to—

1           “(A) prevent and reduce alcohol use among  
2 youth in communities throughout the United  
3 States;

4           “(B) strengthen collaboration among com-  
5 munities, the Federal Government, Tribal Gov-  
6 ernments, and State and local governments;

7           “(C) enhance intergovernmental coopera-  
8 tion and coordination on the issue of alcohol  
9 use among youth;

10          “(D) serve as a catalyst for increased citi-  
11 zen participation and greater collaboration  
12 among all sectors and organizations of a com-  
13 munity that first demonstrates a long-term  
14 commitment to reducing alcohol use among  
15 youth;

16          “(E) implement state-of-the-art science-  
17 based strategies to prevent and reduce underage  
18 drinking by changing local conditions in com-  
19 munities; and

20          “(F) enhance, not supplant, effective local  
21 community initiatives for preventing and reduc-  
22 ing alcohol use among youth.

23          “(3) APPLICATION.—An eligible entity desiring  
24 an enhancement grant under this subsection shall  
25 submit an application to the Assistant Secretary at

1 such time, and in such manner, and accompanied by  
2 such information and assurances, as the Assistant  
3 Secretary may require. Each application shall in-  
4 clude—

5 “(A) a complete description of the entity’s  
6 current underage alcohol use prevention initia-  
7 tives and how the grant will appropriately en-  
8 hance the focus on underage drinking issues; or

9 “(B) a complete description of the entity’s  
10 current initiatives, and how it will use this  
11 grant to enhance those initiatives by adding a  
12 focus on underage drinking prevention.

13 “(4) USES OF FUNDS.—Each eligible entity  
14 that receives a grant under this subsection shall use  
15 the grant funds to carry out the activities described  
16 in such entity’s application submitted pursuant to  
17 paragraph (3) and obtain specialized training and  
18 technical assistance by the entity funded under sec-  
19 tion 4 of Public Law 107–82, as amended (21  
20 U.S.C. 1521 note). Grants under this subsection  
21 shall not exceed \$60,000 per year and may not ex-  
22 ceed four years.

23 “(5) SUPPLEMENT NOT SUPPLANT.—Grant  
24 funds provided under this subsection shall be used to  
25 supplement, not supplant, Federal and non-Federal



1 funds available for carrying out the activities de-  
2 scribed in this subsection.

3 “(6) EVALUATION.—Grants under this sub-  
4 section shall be subject to the same evaluation re-  
5 quirements and procedures as the evaluation re-  
6 quirements and procedures imposed on recipients of  
7 drug-free community grants.

8 “(7) DEFINITIONS.—For purposes of this sub-  
9 section, the term ‘eligible entity’ means an organiza-  
10 tion that is currently receiving or has received grant  
11 funds under the Drug-Free Communities Act of  
12 1997.

13 “(8) ADMINISTRATIVE EXPENSES.—Not more  
14 than 6 percent of a grant under this subsection may  
15 be expended for administrative expenses.

16 “(9) AUTHORIZATION OF APPROPRIATIONS.—  
17 There is authorized to be appropriated to carry out  
18 this subsection \$11,500,000 for each of fiscal years  
19 2023 through 2027.

20 “(f) GRANTS TO PROFESSIONAL PEDIATRIC PRO-  
21 VIDER ORGANIZATIONS TO REDUCE UNDERAGE DRINK-  
22 ING THROUGH SCREENING AND BRIEF INTERVEN-  
23 TIONS.—

24 “(1) IN GENERAL.—The Secretary, acting  
25 through the Assistant Secretary for Mental Health

1 and Substance Use, shall make one or more grants  
2 to professional pediatric provider organizations to in-  
3 crease among the members of such organizations ef-  
4 fective practices to reduce the prevalence of alcohol  
5 use among individuals under the age of 21, including  
6 college students.

7 “(2) PURPOSES.—Grants under this subsection  
8 shall be made to promote the practices of—

9 “(A) screening children and adolescents for  
10 alcohol use;

11 “(B) offering brief interventions to chil-  
12 dren and adolescents to discourage such use;

13 “(C) educating parents about the dangers  
14 of and methods of discouraging such use;

15 “(D) diagnosing and treating alcohol use  
16 disorders; and

17 “(E) referring patients, when necessary, to  
18 other appropriate care.

19 “(3) USE OF FUNDS.—A professional pediatric  
20 provider organization receiving a grant under this  
21 section may use the grant funding to promote the  
22 practices specified in paragraph (2) among its mem-  
23 bers by—

24 “(A) providing training to health care pro-  
25 viders;

1           “(B) disseminating best practices, includ-  
2           ing culturally and linguistically appropriate best  
3           practices, and developing, printing, and distrib-  
4           uting materials; and

5           “(C) supporting other activities approved  
6           by the Assistant Secretary.

7           “(4) APPLICATION.—To be eligible to receive a  
8           grant under this subsection, a professional pediatric  
9           provider organization shall submit an application to  
10          the Assistant Secretary at such time, and in such  
11          manner, and accompanied by such information and  
12          assurances as the Secretary may require. Each ap-  
13          plication shall include—

14                 “(A) a description of the pediatric provider  
15                 organization;

16                 “(B) a description of the activities to be  
17                 completed that will promote the practices speci-  
18                 fied in paragraph (2);

19                 “(C) a description of the organization’s  
20                 qualifications for performing such practices;  
21                 and

22                 “(D) a timeline for the completion of such  
23                 activities.

24           “(5) DEFINITIONS.—For the purpose of this  
25          subsection:

1           “(A) BRIEF INTERVENTION.—The term  
2           ‘brief intervention’ means, after screening a pa-  
3           tient, providing the patient with brief advice  
4           and other brief motivational enhancement tech-  
5           niques designed to increase the insight of the  
6           patient regarding the patient’s alcohol use, and  
7           any realized or potential consequences of such  
8           use to effect the desired related behavioral  
9           change.

10           “(B) CHILDREN AND ADOLESCENTS.—The  
11           term ‘children and adolescents’ means individ-  
12           uals under 21 years of age.

13           “(C) PROFESSIONAL PEDIATRIC PROVIDER  
14           ORGANIZATION.—The term ‘professional pedi-  
15           atric provider organization’ means an organiza-  
16           tion or association that—

17                   “(i) consists of or represents pediatric  
18                   health care providers; and

19                   “(ii) is qualified to promote the prac-  
20                   tices specified in paragraph (2).

21           “(D) SCREENING.—The term ‘screening’  
22           means using validated patient interview tech-  
23           niques to identify and assess the existence and  
24           extent of alcohol use in a patient.

1           “(6) AUTHORIZATION OF APPROPRIATIONS.—

2           There is authorized to be appropriated to carry out  
3           this subsection \$3,000,000 for each of fiscal years  
4           2023 through 2027.

5           “(g) DATA COLLECTION AND RESEARCH.—

6           “(1) ADDITIONAL RESEARCH ON UNDERAGE  
7           DRINKING.—

8                   “(A) IN GENERAL.—The Secretary shall,  
9                   subject to the availability of appropriations, col-  
10                  lect data, and conduct or support research that  
11                  is not duplicative of research currently being  
12                  conducted or supported by the Department of  
13                  Health and Human Services, on underage  
14                  drinking, with respect to the following:

15                           “(i) Improve data collection in sup-  
16                           port of evaluation of the effectiveness of  
17                           comprehensive community-based programs  
18                           or strategies and statewide systems to pre-  
19                           vent and reduce underage drinking, across  
20                           the underage years from early childhood to  
21                           age 21, such as programs funded and im-  
22                           plemented by governmental entities, public  
23                           health interest groups and foundations,  
24                           and alcohol beverage companies and trade  
25                           associations, through the development of

1 models of State-level epidemiological sur-  
2 veillance of underage drinking by funding  
3 in States or large metropolitan areas new  
4 epidemiologists focused on excessive drink-  
5 ing including underage alcohol use.

6 “(ii) Obtain and report more precise  
7 information than is currently collected on  
8 the scope of the underage drinking prob-  
9 lem and patterns of underage alcohol con-  
10 sumption, including improved knowledge  
11 about the problem and progress in pre-  
12 venting, reducing, and treating underage  
13 drinking, as well as information on the  
14 rate of exposure of youth to advertising  
15 and other media messages encouraging and  
16 discouraging alcohol consumption.

17 “(iii) Synthesize, expand on, and  
18 widely disseminate existing research on ef-  
19 fective strategies for reducing underage  
20 drinking, including translational research,  
21 and make this research easily accessible to  
22 the general public.

23 “(iv) Improve and conduct public  
24 health surveillance on alcohol use and alco-  
25 hol-related conditions in States by increas-

1           ing the use of surveys, such as the Behav-  
2           ioral Risk Factor Surveillance System, to  
3           monitor binge and excessive drinking and  
4           related harms among individuals who are  
5           at least 18 years of age, but not more than  
6           20 years of age, including harm caused to  
7           self or others as a result of alcohol use  
8           that is not duplicative of research currently  
9           being conducted or supported by the De-  
10          partment of Health and Human Services.

11           “(B) AUTHORIZATION OF APPROPRIA-  
12          TIONS.—There is authorized to be appropriated  
13          to carry out this paragraph \$5,000,000 for each  
14          of fiscal years 2023 through 2027.

15           “(2) NATIONAL ACADEMY OF SCIENCES  
16          STUDY.—

17           “(A) IN GENERAL.—Not later than 12  
18          months after the enactment of the Sober Truth  
19          on Preventing Underage Drinking Reauthoriza-  
20          tion Act, the Secretary shall—

21                   “(i) contract with the National Acad-  
22                   emy of Sciences to conduct a review of the  
23                   research literature regarding the influence  
24                   of drinking alcohol on the development of

1 the adolescent brain and the public policy  
2 implications of this research; and

3 “(ii) report to the Congress on the re-  
4 sults of such review.

5 “(B) AUTHORIZATION OF APPROPRIA-  
6 TIONS.—There is authorized to be appropriated  
7 to carry out this paragraph \$500,000 for fiscal  
8 year 2023.”.

9 **SEC. 8. GRANTS FOR JAIL DIVERSION PROGRAMS.**

10 Section 520G of the Public Health Service Act (42  
11 U.S.C. 290bb–38) is amended—

12 (1) in subsection (a)—

13 (A) by striking “up to” and inserting “at  
14 least”; and

15 (B) by striking “tribes and tribal organiza-  
16 tions” and inserting “Tribes and Tribal organi-  
17 zations”;

18 (2) in subsection (b)(2), by striking “tribes, and  
19 tribal organizations” and inserting “Tribes, and  
20 Tribal organizations”;

21 (3) in subsection (c)—

22 (A) in paragraph (1), by striking “tribe or  
23 tribal organization” and inserting “Tribe or  
24 Tribal organization”; and



1 (B) in paragraph (2)(A)(iii), by striking  
2 “tribe, or tribal organization” and inserting  
3 “Tribe, or Tribal organization”;

4 (4) in subsection (e)—

5 (A) in the matter preceding paragraph (1),  
6 by striking “tribe, or tribal organization” and  
7 inserting “Tribe, or Tribal organization”; and

8 (B) in paragraph (5), by striking “or ar-  
9 rest” and inserting “, arrest, or release”;

10 (5) in subsection (f), by striking “tribe, or trib-  
11 al organization” each place it appears and inserting  
12 “Tribe, or Tribal organization”;

13 (6) in subsection (h), by striking “tribe, or trib-  
14 al organization” and inserting “Tribe, or Tribal or-  
15 ganization”; and

16 (7) in subsection (j), by striking “\$4,269,000  
17 for each of fiscal years 2018 through 2022” and in-  
18 serting “\$18,000,000 for each of fiscal years 2023  
19 through 2027”.

20 **SEC. 9. FORMULA GRANTS TO STATES.**

21 Section 521 of the Public Health Service Act (42  
22 U.S.C. 290cc–21) is amended by striking “2018 through  
23 2022” and inserting “2023 through 2027”.

1 **SEC. 10. PROJECTS FOR ASSISTANCE IN TRANSITION FROM**  
2 **HOMELESSNESS.**

3 Section 535(a) of the Public Health Service Act (42  
4 U.S.C. 290cc–35(a)) is amended by striking “2018  
5 through 2022” and inserting “2023 through 2027”.

6 **SEC. 11. GRANTS FOR REDUCING OVERDOSE DEATHS.**

7 Section 544 of the Public Health Service Act (42  
8 U.S.C. 290dd–3) is amended—

9 (1) in subsection (b)(1), by striking “abuse”  
10 and inserting “use disorder”; and

11 (2) in subsection (f), by striking “2017 through  
12 2021” and inserting “2023 through 2027”.

13 **SEC. 12. OPIOID OVERDOSE REVERSAL MEDICATION AC-**  
14 **CESS AND EDUCATION GRANT PROGRAMS.**

15 Section 545 of the Public Health Service Act (42  
16 U.S.C. 290ee) is amended—

17 (1) in subsection (c)(2), by striking “abuse”  
18 and inserting “use disorder”; and

19 (2) in subsection (h)(1), by striking “2017  
20 through 2019” and inserting “2023 through 2027”.

21 **SEC. 13. STATE DEMONSTRATION GRANTS FOR COM-**  
22 **PREHENSIVE OPIOID ABUSE RESPONSE.**

23 Section 548 of the Public Health Service Act (42  
24 U.S.C. 290ee–3) is amended—

25 (1) in the section heading, by striking  
26 “**ABUSE**” and inserting “**USE DISORDER**”;

1 (2) in subsection (b)—

2 (A) in the subsection heading, by striking  
3 “ABUSE” and inserting “USE DISORDER”;

4 (B) in paragraph (1), by striking “abuse”  
5 and inserting “use disorder”;

6 (C) in paragraph (2)—

7 (i) in the matter preceding subpara-  
8 graph (A), by striking “abuse” and insert-  
9 ing “use disorder”;

10 (ii) in subparagraph (A), by striking  
11 “opioid use, treatment, and addiction re-  
12 covery” and inserting “opioid use dis-  
13 orders, and treatment for, and recovery  
14 from opioid use disorders”;

15 (iii) in subparagraph (C), by striking  
16 “addiction” each place it appears and in-  
17 serting “use disorder”;

18 (iv) by amending subparagraph (D) to  
19 read as follows:

20 “(D) developing, implementing, and ex-  
21 panding efforts to prevent overdose death from  
22 opioid or other prescription medication use dis-  
23 orders; and”;

1 (v) in subparagraph (E), by striking  
2 “abuse” and inserting “use disorders”;  
3 and  
4 (D) in paragraph (4), by striking “abuse”  
5 each place it appears and inserting “use dis-  
6 orders”; and  
7 (3) by striking “2017 through 2021” and in-  
8 serting “2023 through 2027”.

9 **SEC. 14. EMERGENCY DEPARTMENT ALTERNATIVES TO**  
10 **OPIOIDS.**

11 Section 7091 of the SUPPORT for Patients and  
12 Communities Act (Public Law 115–271) is amended—

13 (1) in the section heading, by striking “**DEM-**  
14 **ONSTRATION**”;

15 (2) in subsection (a)—

16 (A) by amending the subsection heading to  
17 read as follows: “GRANT PROGRAM”; and

18 (B) in paragraph (1), by striking “dem-  
19 onstration”;

20 (3) in subsection (b), in the subsection heading,  
21 by striking “DEMONSTRATION”;

22 (4) in subsection (d)(4), by striking “tribal”  
23 and inserting “Tribal”;

24 (5) in subsection (f), by striking “Not later  
25 than 1 year after completion of the demonstration

1 program under this section, the Secretary shall sub-  
2 mit a report to the Congress on the results of the  
3 demonstration program” and inserting “Not later  
4 than the end of each of fiscal years 2024 and 2027,  
5 the Secretary shall submit to the Congress a report  
6 on the results of the program”; and

7 (6) in subsection (g), by striking “2019 through  
8 2021” and inserting “2023 through 2027”.