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REPORT
116–568

STATE OPIOID RESPONSE GRANT AUTHORIZATION ACT OF 2020

NOVEMBER 12, 2020.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. PALLONE, from the Committee on Energy and Commerce, submitted the following

R E P O R T

[To accompany H.R. 2466]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 2466) to extend the State Opioid Response Grants program, and for other purposes, having considered the same, reports favorably thereon with amendments and recommends that the bill as amended do pass.

CONTENTS

		Page
I.	Purpose and Summary	3
II.	Background and Need for the Legislation	4
III.	Committee Hearings	5
IV.	Committee Consideration	6
V.	Committee Votes	6
VI.	Oversight Findings	6
VII.	New Budget Authority, Entitlement Authority, and Tax Expenditures	6
VIII.	Federal Mandates Statement	7
IX.	Statement of General Performance Goals and Objectives	7
X.	Duplication of Federal Programs	7
XI.	Committee Cost Estimate	7
XII.	Earmarks, Limited Tax Benefits, and Limited Tariff Benefits	7
XIII.	Advisory Committee Statement	7
XIV.	Applicability to Legislative Branch	7
XV.	Section-by-Section Analysis of the Legislation	7
XVI.	Changes in Existing Law Made by the Bill, as Reported	8

The amendments are as follows:

Strike all after the enacting clause and insert the following:

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 RESPONSE 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 RESPONSE TO SUBSTANCE USE DISORDERS OF SIGNIFICANCE.

"(a) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the 'Secretary') shall carry out the grant program described in subsection (b) for purposes of addressing substance use disorders 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 section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304).

"(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.

I. PURPOSE AND SUMMARY

H.R. 2466, the "State Opioid Response Grant Authorization Act", was introduced by Representatives David Trone (D–MD), Kelly Armstrong (R–ND), Mikie Sherrill (D–NJ), and Denver Riggleman (R–VA). This bill would authorize the Substance Abuse and Mental

Health Services Administration (SAMHSA) State Opioid Response (SOR) Grant program by placing the program under the substance use disorder grant statutory authorities in the 21st Century Cures Act.[1] This grant program would support efforts in the States, Tribes, populations served by tribal organizations, territories, and Washington, D.C. to address substance use disorders, including opioid and stimulant use disorders. Funding from this authorization may support public health-related activities such as substance use disorder prevention efforts, establishing or improving prescription drug monitoring programs, health care practitioner training, and substance use disorder treatment, among other items. The Secretary of Health and Human Services (the Secretary) is required to submit a biennial report to Congress on the program. H.R. 2466 authorizes $1.5 billion for each of the fiscal years (FY) 2020 through 2026.

II. Background and Need for Legislation

The 2019 National Survey on Drug Use and Health indicates that over twenty million Americans have a substance use disorder.[2] Unfortunately, this survey found that only four million individuals received substance use treatment.[3] This treatment gap has unfortunate consequences. According to the Centers for Disease Control and Prevention (CDC), more than 750,000 Americans have died since 1999 from a drug overdose, with two out of three drug overdose deaths in 2018 involving an opioid.[4]

The SAMHSA SOR grant program has been funded through appropriations legislation since FY 2018.[5] This grant program does not have a statutory authorization, however. As Admiral Brett Giroir, Assistant Secretary for Health, stated in testimony, SAMHSA's SOR grants provide a high degree of flexibility to States.[6] Currently, SOR grants aim to address the opioid crisis by increasing access to medication-assisted treatment using the three Food and Drug Administration-approved medications for the treatment of opioid use disorder, reducing unmet treatment needs, and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities for opioid use disorder.[7]

Robert Morrison, executive director and director of legislative affairs for the National Association of State Alcohol and Drug Abuse Directors, noted in testimony that SOR grant program "provides a substantial level of support for innovative and lifesaving programs in States across the country."[8] For example, SOR grants have sup-

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[1] Public Law 114–255.

[2] Substance Abuse and Mental Health Services Administration. *Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and* Health (2020).

[3] *Id.*

[4] Centers for Disease Control and Prevention, *Data Overview The Drug Overdose Epidemic: Behind the Numbers* (www.cdc.gov/drugoverdose/data/index.html) (accessed October 20, 2020).

[5] Public Law 115–141.

[6] House Committee on Energy and Commerce, Testimony of ADM Brett P. Giroir, M.D., Assistant Secretary for Health and Senior Adviser to the Secretary on Opioid Policy, Department of Health and Human Services, *Hearing on Combatting an Epidemic: Legislation to Help Patients with Substance Use Disorders*, 116th Cong. (March 3, 2020).

[7] Substance Abuse and Mental Health Services Administration, *State Opioid Response Grants Funding Opportunity Announcement (FOA) Information* (accessed October 19, 2020).

[8] House Committee on Energy and Commerce, Testimony of Robert I.L. Morrison, Executive Director/Director of Legislative Affairs, National Association of State Alcohol and Drug Abuse

ported New Jersey's efforts to increase practitioner training and allow the State to train an additional 640 practitioners to provide substance use disorder treatment to date.[9] Additionally, in Oregon, SOR grants have allowed the State to purchase and distribute 44,000 naloxone kits, which have been reported to reverse over 3,378 overdoses.[10]

The need for continued support is evident in preliminary data suggesting that death rates climbed by nearly five percent in 2019, with more than 71,148 additional deaths predicted.[11] Scattered reports from States and counties across the country suggest that numbers continue to rise in 2020 during the COVID–19 pandemic.[12] H.R. 2466 would ensure continued, predictable support for substance use disorder prevention, treatment, and recovery efforts through 2026.

III. COMMITTEE HEARINGS

For the purposes of section 103(i) of H. Res. 6 of the 116th Congress, the following hearing was used to develop or consider H.R. 2466 and 13 other bills:

The Subcommittee on Health held a legislative hearing on Tuesday, March 3, 2020, entitled, "Combatting an Epidemic: Legislation to Help Patients with Substance Use Disorders." The Subcommittee received testimony from the following witnesses:

Panel I:

- ADM Brett P. Giroir, M.D., Assistant Secretary for Health and Senior Adviser to the Secretary on Opioid Policy, Department of Health and Human Services
- Kimberly Brandt, Principal Deputy Administrator for Policy & Operations, Centers for Medicare & Medicaid Services
- Thomas W. Prevoznik, Deputy Assistant Administrator, Diversion Control Division, Drug Enforcement Administration

Panel II:

- Michael P. Botticelli, Executive Director, Grayken Center for Addiction, Boston Medical Center
- Smita Das, M.D., Ph.D., M.P.H., Addiction Psychiatrist, Dual Diagnosis Clinic, Clinical Assistant Professor, Psychiatry and Behavioral Sciences, Stanford University School of Medicine
- Patty McCarthy, Chief Executive Officer, Faces & Voices of Recovery
- Robert I.L. Morrison, Executive Director/Director of Legislative Affairs, National Association of State Alcohol and Drug Abuse Directors
- Margaret B. Rizzo, Executive Director, JSAS HealthCare, Inc.

Directors, *Hearing on Combatting an Epidemic: Legislation to Help Patients with Substance Use Disorders*, 116th Cong. (March 3, 2020).

[9] *Id.*

[10] *Id.*

[11] Centers for Disease Control and Prevention, National Center for Health Statistics, *Provisional Drug Overdose Death Counts* (https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm) (August 20, 2020).

[12] *In shadow of Pandemic, U.S. Drug Overdose Resurge to Records*, New York Times, (https://www.nytimes.com/interactive/2020/07/15/upshot/drug-overdose-deaths.html?referringSource=articleShare) (July 15, 2020).

• Shawn A. Ryan, M.D., M.B.A., Chair, Legislative Advocacy Committee, American Society of Addiction Medicine

IV. Committee Consideration

Representatives Trone, Armstrong, Sherrill, and Riggleman introduced H.R. 2466 on May 1, 2019, and the bill was referred to the Committee on Energy and Commerce. H.R. 2466 was then referred to the Subcommittee on Health on May 2, 2019. A legislative hearing was held by the Subcommittee on March 3, 2020.

On September 9, 2020, H.R. 2466 was discharged from further consideration by the Subcommittee on Health as it was called up for consideration by the full Committee on Energy and Commerce. The full Committee met in virtual open markup session on September 9, 2020, pursuant to notice, to consider H.R. 2466 and thirty-seven other bills. During consideration of the bill, an amendment in the nature of a substitute offered by Ms. Kuster (D–NH), on behalf of herself and Mr. Luján (D–NM), was agreed to by a voice vote. Upon conclusion of consideration of the bill, the full Committee agreed to a motion on final passage offered by Mr. Pallone, Chairman of the committee, to order H.R. 2466 reported favorably to the House, amended, by a voice vote, a quorum being present.

V. Committee Votes

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list each record vote on the motion to report legislation and amendments thereto. The Committee advises that there were no record votes taken on H.R. 2466, including the motion for final passage of the bill.

VI. Oversight Findings

Pursuant to clause 3(c)(1) of rule XIII and clause 2(b)(1) of rule X of the Rules of the House of Representatives, the oversight findings and recommendations of the Committee are reflected in the descriptive portion of the report.

VII. New Budget Authority, Entitlement Authority, and Tax Expenditures

Pursuant to 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new budget authority, entitlement authority, or tax expenditures or revenues contained in the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

The Committee has requested but not received from the Director of the Congressional Budget Office a statement as to whether this bill contains any new budget authority, spending authority, credit authority, or an increase or decrease in revenues or tax expenditures.

VIII. Federal Mandates Statement

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

IX. Statement of General Performance Goals and Objectives

Pursuant to clause 3(c)(4) of rule XIII, the general performance goal or objective of this legislation is to authorize the State Opioid Response Grants program, which provides support for States, Tribes, and the territories to respond to substance use disorder needs, and to extend such funding through FY 2026.

X. Duplication of Federal Programs

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 2466 is known to be duplicative of another Federal program, including any program that was included in a report to Congress pursuant to section 21 of Public Law 111–139 or the most recent Catalog of Federal Domestic Assistance.

XI. Committee Cost Estimate

Pursuant to clause 3(d)(1) of rule XIII, the Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

XII. Earmarks, Limited Tax Benefits, and Limited Tariff Benefits

Pursuant to clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 2466 contains no earmarks, limited tax benefits, or limited tariff benefits.

XIII. Advisory Committee Statement

No advisory committee within the meaning of section 5(b) of the Federal Advisory Committee Act was created by this legislation.

XIV. Applicability to Legislative Branch

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

XV. Section-by-Section Analysis of the Legislation

Section 1. Short title

Section 1 designates that the short title may be cited as the "State Opioid Response Grant Authorization Act of 2020".

Sec. 2. Grant program for state and tribal response to substance use disorders of significance.

Section 2 amends the 21st Century Cures Act to authorize the Secretary to carry out a grant program that addresses substance use disorders of significance, including opioid and stimulant use

disorders, within States, Indian Tribes, populations served by tribal organizations, territories, and Washington, D.C. The minimum allocation for eligible entities is $4 million, with preference given to entities with an incidence or prevalence of opioid use disorders that is substantially higher relative to other entities. The formula methodologies for allocating grant funds must be submitted to Congress no later than fifteen days prior to publishing a funding opportunity for grants under this section.

Activities under this grant may include implementing substance use disorder prevention activities, establishing or improving prescription drug monitoring programs, providing training for health care practitioners, and supporting access to health care through Federally certified opioid treatment programs and outpatient and residential substance use disorder treatment services that utilize medication-assisted treatment. Grantees may also direct resources in accordance with local needs related to substance use disorders. Grantees are required to report activities and ultimate recipients of the grant to the Secretary not later than September 30, 2022, and biennially thereafter. The Secretary is directed to provide technical assistance to eligible entities.

Indian Tribes and tribal organizations are given the meaning under the Indian Self-Determination and Education Assistance Act. States in this Act include each of the several States, the District of Columbia, and each of the territories of the United States.

The authorization for appropriations is $1.5 billion for each of the FYs 2020 through 2026. The legislation sets a two percent cap for administrative expenses, training, technical assistance, and evaluations. A set aside of five percent is available for Indian Tribes and tribal organizations and, of the remaining amount, fifteen percent is reserved for the States with the highest age-adjusted rate of drug overdose deaths.

XVI. CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, and existing law in which no change is proposed is shown in roman):

21ST CENTURY CURES ACT

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "21st Century Cures Act".

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.

SECTION DIVISION A—21ST CENTURY CURES

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TITLE I—INNOVATION PROJECTS AND STATE RESPONSES TO OPIOID ABUSE

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[Sec. 1003. Account for the state response to the opioid abuse crisis.]
Sec. 1003. Grant program for State and Tribal response to substance use disorders of significance.

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DIVISION A—21ST CENTURY CURES

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TITLE I—INNOVATION PROJECTS AND STATE RESPONSES TO OPIOID ABUSE

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[SEC. 1003. ACCOUNT FOR THE STATE RESPONSE TO THE OPIOID ABUSE CRISIS.

[(a) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the "Secretary") shall use any funds appropriated pursuant to subsection (h) to carry out the grant program described in subsection (b) for purposes of addressing the opioid abuse crisis within the States and Indian Tribes.

[(b) OPIOID GRANT PROGRAM.—

[(1) STATE AND TRIBAL RESPONSE TO THE OPIOID ABUSE CRISIS.—Subject to the availability of appropriations, the Secretary shall award grants to States and Indian Tribes for the purpose of addressing the opioid abuse crisis within such States and Indian Tribes, in accordance with subparagraph (B). In awarding such grants, the Secretary shall give preference to States or Indian Tribes with an incidence or prevalence of opioid use disorders that is substantially higher relative to other States or other Indian Tribes, as applicable.

[(2) OPIOID GRANTS.—Grants awarded under this subsection shall be used for carrying out activities that supplement activities pertaining to opioids 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) Establishing or improving prescription drug monitoring programs.

[(B) Implementing prevention activities, and evaluating such activities to identify effective strategies to prevent opioid abuse.

[(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 those services provided by Federally certified opioid treatment programs or other appropriate health care providers to treat substance use disorders.

[(E) Other public health-related activities, as the State or Indian Tribe determines appropriate, related to addressing the opioid abuse crisis within the State or Indian Tribe, 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 a report 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 program; and

[(2) the ultimate recipients of amounts provided to the State in the grant.

[(d) LIMITATIONS.—Any funds made available pursuant to subsection (h)—

[(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.—

[(1) DEFINITION.—For purposes of this section, the term "Indian Tribe" has the meaning given the term "Indian tribe" in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304).

[(2) APPROPRIATE MECHANISMS.—The Secretary, in consultation with Indian Tribes, shall identify and establish appropriate mechanisms for Tribes to demonstrate or report the information as required under subsections (b), (c), and (d).

[(f) REPORT TO CONGRESS.—Not later than 1 year after the date on which amounts are first awarded after the date of enactment of this subsection, pursuant to subsection (b), and annually 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 a report summarizing the information provided to the Secretary in reports made pursuant to subsection (c), 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 State agencies and Indian Tribes, 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 the opioid crisis.

[(h) AUTHORIZATION OF APPROPRIATIONS.—For purposes of carrying out the grant program under subsection (b), there is authorized to be appropriated $500,000,000 for each of fiscal years 2019 through 2021, to remain available until expended.

[(i) SET ASIDE.—Of the amounts made available for each fiscal year to award grants under subsection (b) for a fiscal year, 5 percent of such amount for such fiscal year shall be made available to Indian Tribes, and up to 15 percent of such amount for such fiscal year may be set aside 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.

[(j) SUNSET.—This section shall expire on September 30, 2026.]

SEC. 1003. GRANT PROGRAM FOR STATE AND TRIBAL RESPONSE TO SUBSTANCE USE DISORDERS OF SIGNIFICANCE.

(a) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the "Secretary") shall carry out the grant program described in subsection (b) for purposes of addressing substance use disorders 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 Rep-

resentatives 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 section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304).

(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.

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