

STATE OPIOID RESPONSE GRANT AUTHORIZATION ACT
OF 2021

OCTOBER 19, 2021.—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. 2379]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 2379) to amend the 21st Century Cures Act to reauthorize and expand a grant program for State response to the opioid use disorders crisis, and for other purposes, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

CONTENTS

	Page
I. Purpose and Summary	4
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	6
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 amendment is 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 2021”.

SEC. 2. GRANT PROGRAM FOR STATE AND TRIBAL RESPONSE TO OPIOID AND STIMULANT USE AND MISUSE.

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 OPIOID AND STIMULANT USE AND MISUSE.

“(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 opioid and stimulant use and misuse, within States, Indian Tribes, and populations served by Tribal organizations and Urban Indian organizations.

“(b) **GRANTS PROGRAM.**—

“(1) **IN GENERAL.**—Subject to the availability of appropriations, the Secretary shall award grants to States, Indian Tribes, Tribal organizations, and Urban Indian organizations for the purpose of addressing opioid and stimulant use and misuse, within such States, such Indian Tribes, and populations served by such Tribal organizations and Urban Indian organizations, in accordance with paragraph (2).

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

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

“(B) give preference to States, Indian Tribes, Tribal organizations, and Urban Indian organizations whose populations have an incidence or prevalence of opioid use disorders or stimulant use or misuse that is substantially higher relative to the populations of other States, other Indian Tribes, Tribal organizations, or Urban Indian organizations, as applicable.

“(3) **FORMULA METHODOLOGY.**—

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

“(i) develop a formula methodology to be followed in allocating grant funds awarded under this section among grantees, which includes performance assessments for continuation awards; and

“(ii) not later than 30 days after developing the formula methodology under clause (i), 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.

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

“(i) assesses how grant funding is allocated to States under this section and how such allocations have changed over time;

“(ii) assesses how any changes in funding under this section have affected the efforts of States to address opioid or stimulant use or misuse; and

“(iii) assesses the use of funding provided through the grant program under this section and other similar grant programs administered by the Substance Abuse and Mental Health Services Administration.

“(4) **USE OF FUNDS.**—Grants awarded under this subsection shall be used for carrying out activities that supplement activities pertaining to opioid and stimulant use and misuse, 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 use disorders, 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) Recovery support services, including—
 - “(i) community-based services that include peer supports;
 - “(ii) mutual aid recovery programs that support medication-assisted treatment; or
 - “(iii) services to address housing needs and family issues.
 - “(F) Other public health-related activities, as the State, Indian Tribe, Tribal organization, or Urban Indian organization determines appropriate, related to addressing substance use disorders within the State, Indian Tribe, Tribal organization, or Urban Indian 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 use disorders 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;
 - “(2) the ultimate recipients of amounts provided to the State; and
 - “(3) the number of individuals served 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 use disorders 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, TRIBAL ORGANIZATIONS, AND URBAN INDIAN ORGANIZATIONS.—The Secretary, in consultation with Indian Tribes, Tribal organizations, and Urban Indian organizations, shall identify and establish appropriate mechanisms for Indian Tribes, Tribal organizations, and Urban Indian organizations to demonstrate or report the information as required under subsections (b), (c), and (d).
- “(f) REPORT TO CONGRESS.—Not later than September 30, 2024, 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 that includes a summary of the information provided to the Secretary in reports made pursuant to subsections (c) and (e), including—
- “(1) the purposes for which grant funds are awarded under this section;
 - “(2) the activities of the grant recipients; and
 - “(3) for each State, Indian Tribe, Tribal organization, and Urban Indian organization that receives a grant under this section, the funding level provided to such recipient.
- “(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, Tribal organizations, and Urban Indian 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)).
 - “(4) URBAN INDIAN ORGANIZATION.—The term ‘Urban Indian organization’ has the meaning given such term in section 4 of the Indian Health Care Improvement Act.
- “(i) AUTHORIZATION OF APPROPRIATIONS.—
- “(1) IN GENERAL.—For purposes of carrying out the grant program under subsection (b), there is authorized to be appropriated \$1,750,000,000 for each of fiscal years 2022 through 2027, 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 20 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, Tribal organizations, and Urban Indian organizations; and

“(B) of the amount remaining after application of subparagraph (A), set aside up to 15 percent for awards to 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.”.

I. PURPOSE AND SUMMARY

H.R. 2379, the “State Opioid Response Grant Authorization Act of 2021,” amends the 21st Century Cures Act to authorize the State Opioid Response (SOR) Program administered by the Substance Abuse and Mental Health Services Administration (SAMHSA).¹ This grant program would support efforts in the states, territories, and Washington, DC, as well as tribes, populations served by tribal organizations, and Urban Indian organizations to address opioid and stimulant use and misuse. The funding provided through this legislation 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 activities. The Secretary of Health and Human Services (HHS) is also required to submit a biennial report to Congress on the SOR program. H.R. 2379 authorizes \$1.75 billion for each of the fiscal years (FY) 2022 through 2027.

II. BACKGROUND AND NEED FOR LEGISLATION

Substance use disorders (SUD) are complex, treatable diseases that impact physical and mental health.² In 2019, roughly 20.3 million Americans—including over one million children ages 12 to 17—had a SUD.³ Of the 20.3 million with a SUD, over ten million experienced opioid misuse.⁴ If untreated, SUDs can lead to severe health outcomes and in the most tragic cases, death.

Prior to the coronavirus disease of 2019 (COVID–19) pandemic, opioid overdose deaths were increasing in the United States.⁵ Recent data from the Centers for Disease Control and Prevention (CDC) indicate an acceleration of overdose deaths during the pandemic. In the 12 months leading up to January 2021, 94,134 drug overdose deaths were reported; the highest total ever recorded in

¹ Pub. L. No. 114–255 (2016).

² National Institute on Drug Abuse, *The Science of Drug Use and Addiction: The Basics*, (www.drugabuse.gov/publications/media-guide/science-drug-use-addiction-basics) (accessed Feb. 12, 2020).

³ Substance Abuse and Mental Health Services Association, 2018–2019 National Surveys on Drug Use and Health Estimated Totals by State, (<https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health>) (Jan. 28, 2021).

⁴ Substance Abuse and Mental Health Services Administration, Dr. Elinore F. McCance-Katz Webcast Slides, *National Survey on Drug Use and Health: 2019* (<https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health>) (Sept. 11, 2020).

⁵ Centers for Disease Control and Prevention, *Trends and Geographic Patterns in Drug and Synthetic Opioid Overdose Deaths—United States, 2013–2019* (www.cdc.gov/mmwr/volumes/70/wr/mm7006a4.htm?s_cid=mm7006a4_w) (Feb. 21, 2021).

a 12-month period.⁶ Further, CDC estimates that three in five overdose deaths presented opportunities for care and prevention.⁷ They observed that a significant number of overdose deaths involved individuals recently released from institutions, who previously experienced overdose, with mental health diagnoses, or were treated for a SUD.⁸

The SAMHSA SOR grant program has been funded through appropriations legislation since FY 2018.⁹ This grant program, however, does not have a statutory authorization.¹⁰ 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.¹¹ H.R. 2379 would ensure continued, predictable support for substance use disorder prevention, treatment, and recovery efforts through 2027 by authorizing this program.

III. COMMITTEE HEARINGS

For the purposes of section 3(c) of rule XIII of the Rules of the House of Representatives, the following hearing was used to develop or consider H.R. 2379:

The Subcommittee on Health held a legislative hearing on Wednesday, April 14, 2021, entitled “An Epidemic within a Pandemic: Understanding Substance Use and Misuse in America.” The Subcommittee received testimony from the following witnesses:

Panel I:

- Regina M. LaBelle, Acting Director, White House Office of National Drug Control Policy

Panel II:

- Geoffrey M. Laredo, Principal Santa Cruz Strategies, LLC;
- Patricia L. Richman, National Sentencing Resource Counsel, Federal Public and Community Defenders;
- Mark Vargo, Pennington County State’s Attorney Legislative Committee Chairman, National District Attorneys Association;
- Timothy Westlake, M.D., F.F.S.M.B., F.A.C.E.P., Emergency Department Medical Director, Pro Health Care Oconomowoc Memorial Hospital; and
- J. Deanna Wilson, MD, MPH, Assistant Professor of Medicine and Pediatrics, University of Pittsburgh School of Medicine.

⁶Centers for Disease Control and Prevention, National Center for Health Statistics, *Provisional drug overdose death counts* (www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm) (accessed Aug. 20, 2021).

⁷Center for Disease Control and Prevention, *Overdose Deaths and the Involvement of Illicit Drugs: Urgent Need for Overdose Prevention Interventions* (www.cdc.gov/drugoverdose/pubs/featured-topics/VS-overdose-deaths-illicit-drugs.html) (Sept. 4, 2020).

⁸*Id.*

⁹Pub. L. No. 115–141 (2018).

¹⁰House 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).

¹¹Substance Abuse and Mental Health Services Administration, *State Opioid Response Grants Funding Opportunity Announcement (FOA) Information* (<https://www.samhsa.gov/grants/grant-announcements/ti-20-012>) (accessed October 19, 2020).

IV. COMMITTEE CONSIDERATION

Representatives David Trone (D–MD) and Mikie Sherrill (D–NJ) introduced H.R. 2379, the “State Opioid Response Grant Authorization Act of 2021,” on April 8, 2021, and it was referred to the Committee on Energy and Commerce. Subsequently, on April 13, 2021, H.R. 2379 was referred to the Subcommittee on Health. A legislative hearing was held on the bill on April 14, 2021.

On July 15, 2021, the Subcommittee on Health met in open markup session, pursuant to notice, to consider H.R. 2379 and 18 other bills. During consideration of the bill, an amendment in the nature of a substitute (AINS) offered by Representative Trahan (D–MA) was agreed to by a voice vote. Upon conclusion of consideration of the bill, the Subcommittee on Health agreed to report the bill favorably to the full Committee, amended, by a voice vote.

On July 21, 2021, the full Committee met in open markup session, pursuant to notice, to consider H.R. 2379 and 23 other bills. An amendment offered by Representative Trahan 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 Representative Pallone (D–NJ), Chairman of the Committee, to order H.R. 2379 reported favorably to the House, amended, by a voice vote.

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. 2379.

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 Grant program, which provides support for States, Tribes, and the territories to respond to substance use disorder needs, and to extend such funding through FY 2027.

X. DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 2379 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. 2379 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 2021.”

Sec. 2. Grant program for State and Tribal response to opioid and stimulant use and misuse

Section 2 amends the 21st Century Cures Act to authorize the Secretary to carry out a grant program that addresses opioid and stimulant use and misuse within states, territories, Washington, DC, as well as Indian tribes, populations served by tribal organizations, and Urban Indian Organizations. 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 Secretary is directed to develop a formula methodology for allocating grant funds,

including performance assessments for continuation awards, and is directed to submit such formula methodology to Congress no later than 30 days prior to publishing a funding opportunity for grants under this section. The Comptroller General of the United States must submit a report to Congress within two years of enactment that assesses the grant funding allocations, how changes to allocations have impacted state efforts to address opioid misuse, and if the projects funded by the grants are similar to those supported by other grant programs administered by the Substance Abuse and Mental Health Services Administration.

Grants awarded under the legislation must be for carrying out activities pertaining to opioid and stimulant use and misuse, which may include implementing substance use disorder prevention activities and evaluating such activities, establishing or improving prescription drug monitoring programs, providing training for health care practitioners, and supporting access to health care services through federally certified opioid treatment programs, outpatient and residential substance use disorder treatment services that utilize medication-assisted treatment, and recovery support services. Grantees may also direct resources in accordance with local needs related to substance use disorders. Grantees are required to report activities, ultimate recipients of the grant, number of individuals served, and the funding level to the Secretary not later than September 30, 2024, and biennially thereafter. The Secretary is directed to provide technical assistance to eligible entities.

The authorization for appropriations is \$1.75 billion for each of the FYs 2022 through 2027. The legislation sets a 20 percent cap for administrative expenses, training, technical assistance, and evaluations. A set aside of five percent is available for Indian tribes, tribal organizations, and Urban Indian Organizations, and, of the remaining amount, 15 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

* * * * *

DIVISION A—21ST CENTURY CURES

* * * * *

TITLE I—INNOVATION PROJECTS AND STATE RESPONSES TO OPIOID ABUSE

* * * * *

[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 OPIOID AND STIMULANT USE AND MISUSE.

(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 opioid and stimulant use and misuse, within States, Indian

Tribes, and populations served by Tribal organizations and Urban Indian organizations.

(b) GRANTS PROGRAM.—

(1) IN GENERAL.—Subject to the availability of appropriations, the Secretary shall award grants to States, Indian Tribes, Tribal organizations, and Urban Indian organizations for the purpose of addressing opioid and stimulant use and misuse, within such States, such Indian Tribes, and populations served by such Tribal organizations and Urban Indian organizations, in accordance with paragraph (2).

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

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

(B) give preference to States, Indian Tribes, Tribal organizations, and Urban Indian organizations whose populations have an incidence or prevalence of opioid use disorders or stimulant use or misuse that is substantially higher relative to the populations of other States, other Indian Tribes, Tribal organizations, or Urban Indian organizations, as applicable.

(3) FORMULA METHODOLOGY.—

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

(i) develop a formula methodology to be followed in allocating grant funds awarded under this section among grantees, which includes performance assessments for continuation awards; and

(ii) not later than 30 days after developing the formula methodology under clause (i), 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.

(B) REPORT.—Not later than two years after the date of the enactment of the State Opioid Response Grant Authorization Act of 2021, the Comptroller General of the United States 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 that—

(i) assesses how grant funding is allocated to States under this section and how such allocations have changed over time;

(ii) assesses how any changes in funding under this section have affected the efforts of States to address opioid or stimulant use or misuse; and

(iii) assesses the use of funding provided through the grant program under this section and other similar

grant programs administered by the Substance Abuse and Mental Health Services Administration.

(4) *USE OF FUNDS.*—Grants awarded under this subsection shall be used for carrying out activities that supplement activities pertaining to opioid and stimulant use and misuse, 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 use disorders, 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) *Recovery support services, including—*

(i) community-based services that include peer supports;

(ii) mutual aid recovery programs that support medication-assisted treatment; or

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

(F) *Other public health-related activities, as the State, Indian Tribe, Tribal organization, or Urban Indian organization determines appropriate, related to addressing substance use disorders within the State, Indian Tribe, Tribal organization, or Urban Indian 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 use disorders 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;

(2) the ultimate recipients of amounts provided to the State; and

(3) the number of individuals served 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 use disorders 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, TRIBAL ORGANIZATIONS, AND URBAN INDIAN ORGANIZATIONS.*—The Secretary, in consultation with Indian Tribes, Tribal organizations, and Urban Indian organizations, shall identify and establish appropriate mechanisms for Indian Tribes, Tribal organizations, and Urban Indian organizations to demonstrate or report the information as required under subsections (b), (c), and (d).

(f) *REPORT TO CONGRESS.*—Not later than September 30, 2024, 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 that includes a summary of the information provided to the Secretary in reports made pursuant to subsections (c) and (e), including—

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

(2) the activities of the grant recipients; and

(3) for each State, Indian Tribe, Tribal organization, and Urban Indian organization that receives a grant under this section, the funding level provided to such recipient.

(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, Tribal organizations, and Urban Indian 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)).

(4) *URBAN INDIAN ORGANIZATION.*—The term “Urban Indian organization” has the meaning given such term in section 4 of the Indian Health Care Improvement Act.

(i) *AUTHORIZATION OF APPROPRIATIONS.*—

(1) *IN GENERAL.*—For purposes of carrying out the grant program under subsection (b), there is authorized to be appro-

priated \$1,750,000,000 for each of fiscal years 2022 through 2027, 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 20 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, Tribal organizations, and Urban Indian organizations; and

(B) of the amount remaining after application of subparagraph (A), set aside up to 15 percent for awards to 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.

* * * * *

