

## Final FY 2021 Appropriations Overview December 2020

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- On February 10, 2020, the Administration released “A Budget for America’s Future,” its proposed budget for fiscal year 2021 (October 1, 2020 - September 30, 2021).
- On July 13th, 2020, the House Appropriations Committee passed their FY 2021 Labor, Health and Human Services, Education, and Related Agencies (L-HHS) funding bill. They also passed appropriations bills for programs within the Department of Justice (DOJ) and the Office of National Drug Control Policy (ONDCP).
- On November 10th, 2020, the Senate Appropriations Committee released all 12 of their FY 2021 appropriations bills, including those funding HHS, DOJ, and ONDCP.
- On December 19, 2020, Congress released a final FY 2021 omnibus appropriations package, which includes funding for NASADAD’s priority programs within HHS, DOJ, and ONDCP.

### **This overview summarizes proposed FY 2021 funding for:**

- Department of Health and Human Services (HHS)
  - Substance Abuse and Mental Health Services Administration (SAMHSA)
    - Substance Abuse Prevention and Treatment (SAPT) Block Grant
    - Center for Substance Abuse Treatment (CSAT)
    - Center for Substance Abuse Prevention (CSAP)
    - Center for Mental Health Services (CMHS)
  - National Institute on Alcohol Abuse and Alcoholism (NIAAA)
  - National Institute on Drug Abuse (NIDA)
  - Centers for Disease Control and Prevention (CDC)
  - Health Resources and Services Administration (HRSA)
  - Administration for Children and Families (ACF)
- Department of Justice (DOJ)
- Office of National Drug Control Policy (ONDCP)

**Substance Abuse Prevention and Treatment (SAPT) Block Grant**

Program	FY 2019	FY 2020	President's FY 2021 Request	House FY 21 Recommendation	Senate FY 21 Recommendation	Final FY 2021 Appropriations	FY 2021 vs. FY 2020
SAPT Block Grant	\$1,858,079,000	\$1,858,079,000	\$1,858,079,000	\$1,858,079,000	\$1,858,079,000	\$1,858,079,000	Level

**Senate Language on SAPT Block Grant:**

“The Committee recommends \$1,858,079,000 for the Substance Abuse Prevention and Treatment Block Grant. The recommendation includes \$79,200,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended). The Committee recognizes the importance of the block grant given its flexibility to allow States to direct resources based on their own unique needs. This funding stream is also critical in assisting States to address all substance use disorders, including, but not limited to, those related to alcohol, cocaine, and methamphetamine. The Committee also recognizes the importance of the block grant's 20 percent primary prevention set-aside, which represents close to 70 percent of prevention dollars managed by State alcohol and drug agencies. The block grant provides funds to States to support alcohol and drug abuse prevention, treatment, and rehabilitation services. Funds are allocated to States according to a formula.”

**SAMHSA Congressional Justification Language on the SAPT Block Grant:**

“SAMHSA block grant funds are directed toward four purposes:

- Fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time;
- Fund those priority treatment and support services not covered by Medicaid, Medicare, or private insurance for low-income individuals and that demonstrate success in improving outcomes and/or supporting recovery;
- Fund primary prevention for individuals not identified as needing treatment (which may include universal programs that are targeted to the general public or a whole population group that has not been identified on the basis of individual risk, selective activities that are targeted to individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average, and indicated prevention activities that are targeted to individuals in high-risk environments, identified as having minimal but detectable signs or symptoms foreshadowing disorder or having biological markers indicating predisposition for disorder but not yet meeting diagnostic levels); and
- Collect performance and outcome data to determine the ongoing effectiveness of behavioral disorder treatment, and recovery support services and to plan the implementation of new services on a nationwide basis.

“SAMHSA also encourages the states to use their block grants to:

- (1) Allow the pursuit of recovery through personal choice and many pathways;
- (2) Encourage providers to assess performance based on outcomes that demonstrate client successes; and
- (3) Expand capacity by increasing the number and types of providers who deliver clinical treatment and/or recovery support services.”

### Additional Opioids Allocation

Program	FY 2019	FY 2020	President's FY 2021 Request	House FY 21 Recommendation	Senate FY 21 Recommendation	Final FY 2021 Appropriations	FY 2021 vs FY 2020
<b>State Targeted Response (STR) to the Opioid Crisis Grants</b>	Not funded	Not funded	Not funded	Not funded	Not funded	Not funded	N/A
<b>State Opioid Response (SOR) Grants</b>	\$1,500,000,000	\$1,500,000,000	\$1,585,000,000	\$1,500,000,000	\$1,500,000,000	\$1,500,000,000	Level

#### Final Appropriations Language on SOR Grant Program:

“The agreement notes concern that longstanding guidance to the Department to avoid a significant cliff between States with similar mortality rates was overlooked in the award of fiscal year 2020 funds. For future awards, the agreement directs the Assistant Secretary to ensure the formula avoids a significant cliff between States with similar mortality rates to prevent unusually large changes in certain States when compared to prior year allocations. SAMHSA is directed to provide State agencies with technical assistance concerning how to enhance outreach and direct support to providers and underserved communities. The agreement continues to direct SAMHSA to conduct a yearly evaluation of the program to be transmitted to the Committees on Appropriations of the House of Representatives and Senate no later than 180 days after enactment and make such an evaluation publicly available on SAMHSA's website.

#### Senate Appropriations Report Language on SOR Grant Program:

“The Committee provides \$1,500,000,000 for grants to States to address the opioid crisis. Bill language continues to provide \$50,000,000 for grants to Indian Tribes or Tribal organizations and a 15 percent set-aside for States with the highest age-adjusted mortality rate related to opioid overdose deaths. Activities funded with this grant may include bona fide treatment, prevention, and recovery support services. States receiving these grants should ensure that comprehensive, effective, universal prevention, and recovery strategies are prioritized to account for comprehensive services to individuals.

“The Committee continues to direct SAMHSA to make prevention and treatment of, and recovery from, stimulant use an allowable use of these funds. The Committee directs SAMHSA to ensure funds reach communities and counties with the greatest unmet need. Additionally, the Committee urges the Assistant Secretary to ensure the formula avoids a significant cliff between States with similar mortality rates and is concerned that the fiscal year 2020 grant amounts resulted in unusually large changes in certain States when compared to prior year allocation. SAMHSA is also directed to provide State agencies with technical assistance concerning how to enhance outreach and direct support to providers and underserved communities. The Committee continues to direct SAMHSA to conduct a yearly evaluation of the program to be transmitted to the Committees on Appropriations of the House of Representatives and Senate no later than 180 days after enactment. Such evaluation shall include an accounting of current balances in each State. SAMHSA is directed to make such evaluation publicly available on SAMHSA's website.”

#### House Appropriations Committee Report Language on the SOR Grant Program:

*Area Health Education Centers:* “The Committee recognizes the effectiveness of Area Health Education Centers (AHEC) statewide networks and commends their interdisciplinary traineeship of health professionals who will treat opioid use disorder (OUD). Given the reach of the AHEC network to 85 percent of all counties in the U.S., including the District of Columbia, SOR grantees may choose to work collaboratively with AHECs for the development and implementation of statewide OUD continuing education, training, and response activities.

*State Opioid Response Grants:* “The Committee is concerned longstanding guidance to the Department to avoid a significant cliff between States with similar mortality rates was overlooked in the award of fiscal year 2020 funds. For future awards, the Committee directs the Assistant Secretary to award funds to address funding cliffs between States with similar mortality rates.”

**SAMHSA Congressional Justification Language on the SOR Grant program:**

“The FY 2021 Budget Request is \$1.59 billion, an increase of \$85.0 million from the FY 2020 Enacted. This program aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids, heroin and illicit fentanyl and fentanyl analogs). Funding was established to award grants to states and territories via formula. The program also includes a 15 percent set-aside for the 10 states with the highest mortality rates related to drug overdose deaths. The program also includes a \$50 million set-aside for tribes. Given the varying nature of substance misuse across the United States, the budget continues to expand the use of State Opioid Response grants to include methamphetamine and other stimulants, giving states and tribes flexibility to address their unique community needs. States and communities across the country are dealing with rising rates of stimulant use and its negative health, social, and economic consequences, including some states which the latest data indicates are currently experiencing more overdose deaths from methamphetamine than opioids. SAMHSA continues to support the expansion of the use of this funding to provide states flexibility to address their greatest need.”

**SAMHSA’s Center for Substance Abuse Treatment (CSAT)**

Program	FY 19	FY 2020	President’s FY 2021 Request	House FY 21 Recommendation	Senate FY 21 Recommendation	Final FY 2021 Appropriations	FY 2021 vs FY 2020
<b>CSAT PRNS TOTAL</b>	\$458,677,000	\$479,677,000	\$364,677,000	\$489,677,000	\$499,677,000	\$496,677,000	+\$17,000,000
<b>Addiction Technology Transfer Centers (ATTCs)</b>	\$9,046,000	\$9,046,000	\$9,046,000	\$9,046,000	\$9,046,000	\$9,046,000	Level
<b>Building Communities of Recovery</b>	\$6,000,000	\$8,000,000	\$8,000,000	\$10,000,000	\$10,000,000	\$10,000,000	+\$2,000,000
<b>Children and Families</b>	\$29,605,000	\$29,605,000	\$29,605,000	\$29,605,000	\$29,605,000	\$29,605,000	Level
<b>Comprehensive Opioid Recovery Centers</b>	N/A	\$2,000,000	\$2,000,000 within CMHS	\$2,000,000 within CMHS	\$4,000,000	\$4,000,000	+\$2,000,000
<b>Criminal Justice Activities</b>	\$89,000,000	\$89,000,000	\$89,000,000	\$89,000,000	\$89,000,000	\$89,000,000	Level
<b>Drug Courts</b>	\$70,000,000	\$70,000,000	\$70,000,000	\$70,000,000	\$70,000,000	\$70,000,000	Level
<b>Emergency Dept. Alternatives to Opioids</b>	N/A	\$5,000,000	\$5,000,000	\$5,000,000	\$7,000,000	\$6,000,000	+\$1,000,000
<b>First Responder Training*</b>	\$36,000,000	\$41,000,000	\$41,000,000	\$41,000,000	\$44,000,000	\$42,000,000	+\$1,000,000
<b>Rural Focus*</b>	\$18,000,000	\$23,000,000	\$23,000,000	\$23,000,000	\$24,000,000	\$24,000,000	+\$1,000,000
<b>Grants to Develop Curricula for DATA Act Waivers</b>	N/A	N/A	\$4,000,000	Not funded	Not funded	Not funded	N/A

Program	FY 19	FY 2020	President's FY 2021 Request	House FY 21 Recommendation	Senate FY 21 Recommendation	Final FY 2021 Appropriations	FY 2021 vs FY 2020
Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths*	\$12,000,000	\$12,000,000	\$12,000,000	\$12,000,000	\$12,000,000	\$12,000,000	Level
Improving Access to Overdose Treatment	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	Level
Minority AIDS	\$65,570,000	\$65,570,000	\$65,570,000	\$65,570,000	\$65,570,000	\$65,570,000	Level
Minority Fellowship	\$4,789,000	\$4,789,000	\$4,789,000	\$5,789,000	\$5,789,000	\$5,789,000	+\$1,000,000
Opioid Response Grants	N/A	N/A	N/A	\$3,000,000	Not funded	\$3,000,000	+\$3,000,000
Opioid Treatment Programs/Regulatory Activities	\$8,724,000	\$8,724,000	\$8,724,000	\$8,724,000	\$8,724,000	\$8,724,000	Level
Peer Support Technical Assistance Center	N/A	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	Level
Pregnant and Postpartum Women (PPW)	\$29,931,000	\$31,931,000	\$31,931,000	\$31,931,000	\$33,931,000	\$32,931,000	+\$1,000,000
Recovery Community Services Program	\$2,434,000	\$2,434,000	\$2,434,000	\$2,434,000	\$2,434,000	\$2,434,000	Level
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	\$30,000,000	\$30,000,000	Not funded	\$30,000,000	\$30,000,000	\$30,000,000	Level
Targeted Capacity Expansion (TCE) General	\$100,192,000	\$100,192,000	\$101,192,000	\$102,192,000	\$106,192,000	\$102,192,000	+\$2,000,000
Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (MAT- PDOA)	\$89,000,000	\$89,000,000	Not funded	\$91,000,000	\$95,000,000	\$91,000,000	+\$2,000,000
Treatment, Recovery, and Workforce Support	N/A	\$4,000,000	\$4,000,000	\$4,000,000	\$6,000,000	\$6,000,000	+\$2,000,000
Treatment Systems for Homeless	\$36,386,000	\$36,386,000	\$36,386,000	\$36,386,000	\$36,386,000	\$36,386,000	Level

\*First Responder Training program, Rural Focus, and Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths were previously funded within CSAP (FY 2016-FY 2018)

### Final Appropriations Language for CSAT Programs:

**Building Communities of Recovery:** “The agreement provides an increase for enhanced long-term recovery support principally governed by people in recovery from substance use disorders.”

**Comprehensive Opioid Recovery Centers:** “The agreement includes an increase and directs SAMHSA to make the funding opportunity available to all eligible entities, as defined in section 7121 of the SUPPORT Act (P.L. 115-271), that meet this criterion. The agreement shifts the program from Mental Health PRNS.”

**First Responder Training:** “Of the funding provided, the agreement provides \$5,500,000 to make awards to rural public and non-profit fire and EMS agencies as authorized in the Supporting and Improving Rural Emergency Medical Service's Needs (SIREN) Act (P.L. 115-334).”

**Maternal Mortality and Neonatal Abstinence Syndrome:** “The agreement supports the continued efforts of expanded implementation of screening, brief intervention, and referral to treatment and its possible impact on reducing the costs of neonatal abstinence syndrome (NAS). The agreement encourages SAMHSA to conduct a study on existing pilot programs on treatment related to maternal mortality and NAS to determine if such programs can be scaled within SAMHSA programs to address this important issue.”

**Medication-Assisted Treatment for Prescription Drug and Opioid Addiction:** “Within the amount, the agreement includes \$11,000,000 for grants to Indian Tribes, Tribal Organizations, or consortia. The agreement directs SAMHSA to ensure grants allow the use of medication-assisted treatment and other clinically appropriate services to achieve and maintain abstinence from all opioids, including programs that offer low-barrier or same day treatment options.”

**Opioid Abuse in Rural Communities:** “The agreement encourages SAMHSA to support initiatives to advance opioid abuse prevention, treatment, and recovery objectives, including by improving access through telehealth. SAMHSA is encouraged to focus on addressing the needs of individuals with substance use disorders in rural and medically underserved areas. In addition, the agreement encourages SAMHSA to consider early interventions, such as co-prescription of overdose medications with opioids, as a way to reduce overdose deaths in rural areas.”

**Opioid Detoxification:** “The agreement recognizes SAMHSA’s efforts to address opioid detoxification within their Federal grant programs by emphasizing that opioid detoxification should be followed by medication to prevent relapse to opioid dependence. The agreement encourages SAMHSA to continue these efforts.”

**Opioid Response Grants:** “The agreement includes \$3,000,000 for supplemental grants to States whose award from the State Opioid Response formula grant declines by more than 40 percent in fiscal year 2021 in comparison to fiscal year 2019. The agreement directs SAMHSA to allocate the funds to eligible States within 30 days of enactment of this Act.”

**Pregnant and Postpartum Women:** “The agreement encourages SAMHSA to prioritize States that support best-practice collaborative models for the treatment and support of pregnant women with opioid use disorders. SAMHSA is also encouraged to fund an additional cohort of States under the pilot program authorized by the Comprehensive Addiction and Recovery Act (P.L. 114-198).”

**Treatment Assistance for Localities:** “The agreement recognizes the use of peer recovery specialists and mutual aid recovery programs that support Medication-Assisted Treatment and encourages SAMHSA to support these activities as applicable in its current grant programs.”

**Treatment for Hepatitis:** “The agreement encourages SAMHSA to work with CDC to develop a plan to increase hepatitis A and B vaccinations among those populations targeted through SAMHSA’s overdose prevention and substance use treatment programs. SAMHSA is further encouraged to promote awareness about the importance of hepatitis A and B vaccination among medical and health professionals, communities at high risk, and the general public. The agreement requests an update on these efforts in the fiscal year 2022 Congressional Justification.”

**Treatment, Recovery, and Workforce Support:** “The agreement includes an increase to implement section 7183 of the SUPPORT Act (P.L. 115-271). SAMHSA is directed to, in consultation with the Secretary of Labor, award competitive grants to entities to carry out evidence-based programs to support individuals in substance use disorder treatment and recovery to live independently and participate in the workforce.”

**Senate Appropriations Committee Report Language:**

**Adolescent Substance Use Screening, Brief Intervention, and Referral to Treatment [SBIRT]:** “The Committee understands that substance use disorders, including opioid use, typically begin in adolescence, and that preventing early substance use is a cost-effective strategy in preventing costly problems later in life. The Committee is also aware that SBIRT has been shown to be a cost-effective model for reducing and preventing underage drinking and other substance abuse, but that many health providers, especially pediatricians, have not been trained to use the method effectively. The Committee encourages SAMHSA to use funds for the adoption of SBIRT protocols in primary care and other appropriate settings that serve youth 12 to 21 years of age, as well as on the adoption of system-level approaches to facilitate the uptake of SBIRT into routine healthcare visits for adults.”

**Building Communities of Recovery:** “The Committee provides \$10,000,000, an increase of \$2,000,000. The Committee appreciates SAMHSA’s implementation of new funding for community-based networks assisting individuals with substance use disorder recovery, and encourages SAMHSA to continue supporting recovery support programs principally governed by people in recovery from substance use disorders. The Committee notes that Peer Support Networks focus on long-term, sustainable recovery and incorporate a full range of services such as case management, counseling, and community supports. SAMHSA is encouraged to ensure that grants employing peers comply with the highest standards within their respective States.”

**Combating Opioid Abuse:** “The Committee provides \$12,000,000 within PRNS for grants to prevent opioid overdose related deaths. This program will help States equip and train first responders and other community partners with the use of devices that rapidly reverse the effects of opioids. The Committee also provides \$44,000,000, an increase of \$3,000,000, for First Responder Training grants. Of this amount, \$24,000,000, an increase of \$1,000,000, is set aside for rural communities with high rates of substance abuse. SAMHSA is directed to ensure applicants outline how proposed activities in the grant would work with treatment and recovery communities, in addition to first responders. \$5,000,000 of this funding is to continue awards to rural public and non-profit fire and EMS agencies to train and recruit staff, provide education, and purchase equipment (including medications such as naloxone) as authorized in the Supporting and Improving Rural EMS Needs Act, included in the Agriculture Improvement Act of 2018 (Public Law 115–334).”

**Comprehensive Opioid Recovery Centers:** “The Committee includes \$4,000,000, an increase of \$2,000,000, to help ensure that people with substance use disorders can access proper treatment, as authorized by section 7121 of the SUPPORT Act (Public Law 115–271).”

**Drug Courts:** “The Committee directs SAMHSA to ensure that all funding for Drug Treatment activities is allocated to serve people diagnosed with a substance use disorder as their primary condition. *SAMHSA is further directed to ensure that all drug court recipients work with the corresponding State alcohol and drug agency in the planning, implementation, and evaluation of the grant.* The Committee further directs SAMHSA to expand training and technical assistance to drug treatment court grant recipients to ensure evidence-based practices are fully implemented.”



**Emergency Department Alternatives to Opioids:** “The Committee includes \$7,000,000, an increase of \$2,000,000, to award new grants to hospitals and emergency departments to develop, implement, enhance, or study alternatives to opioids for pain management in such settings as authorized in section 7091 of the SUPPORT Act (Public Law 115–271).”

**Hepatitis:** “The Committee is concerned that despite the availability of effective hepatitis A and B vaccines, acute cases of both infections are increasing rapidly among people who use drugs, resulting in hospitalizations, deaths, and long-term risk of liver cancer development. The Committee encourages SAMHSA to work with CDC to develop a plan to increase hepatitis A and B vaccinations among people it reaches through overdose prevention and substance use treatment activities. SAMHSA is further encouraged to promote awareness about the importance of hepatitis A and B vaccination among medical and health professionals, communities at high risk, and the general public. The Committee requests an update on these efforts in the fiscal year 2022 CJ.”

**Maternal Mortality and Neonatal Abstinence Syndrome [NAS]:** “The Committee recognizes the rising prevalence of maternal mortality and NAS in the United States as a pressing public health issue with significant healthcare costs. The Committee is aware of the need for more information regarding long-term health and developmental outcomes related to NAS, the wide variation in clinical practice and health systems support, as well as the challenges associated with post-discharge care. Further, the Committee supports the continued efforts of expanded implementation of SBIRT and its possible impact on reducing the costs of NAS. The Committee encourages SAMHSA to conduct a study on existing pilot programs on treatment related to maternal mortality and NAS to determine if such programs can be scaled to address this important issue.”

**Medication-Assisted Treatment:** “The Committee includes \$95,000,000, an increase of \$6,000,000, for medication-assisted treatment, of which \$10,000,000 continues to be for grants to Indian Tribes, tribal organizations, or consortia. SAMHSA is directed to give preference in grant awards to treatment regimens that are less susceptible to diversion for illicit purposes. These grants should target States with the highest age adjusted rates of admissions, including those that have demonstrated a dramatic age adjusted increase in admissions for the treatment of opioid use disorders. The Committee continues to direct CSAT to ensure that these grants include as an allowable use the support of medication-assisted treatment and other clinically appropriate services to achieve and maintain abstinence from all opioids, including programs that offer low-barrier or same day treatment options.”

**Minority Fellowship Program:** “The Committee includes \$5,789,000, a \$1,000,000 increase, to support new grants that will increase the number of culturally competent behavioral health professionals who teach, administer, conduct services research, and provide direct substance use disorder treatment services for minority populations that are underserved.”

**Opioid Abuse in Rural Communities:** “The Committee is aware that response to the opioid abuse crisis continues to pose unique challenges for rural America due to limited access to care to identify, diagnose, and treat patients with substance use disorders, as well as assisting individuals in recovery. The Committee encourages SAMHSA to support initiatives to advance opioid abuse prevention, treatment, and recovery objectives, including by improving access through telehealth. SAMHSA is encouraged to focus on addressing the needs of individuals with substance use disorders in rural and medically-underserved areas, as well as programs that emphasize a comprehensive community-based approach involving academic institutions, healthcare providers, and local criminal justice systems. In addition, the Committee understands that a timely medical response is essential in reversing opioid overdoses and encourages SAMHSA to take into



account early interventions, such as co-prescription of overdose medications with opioids, as a way to reduce overdose deaths in rural areas.”

**Opioid Detoxification:** “The Committee is concerned that relapse following opioid detoxification is a contributing factor to the overdose crisis. The Committee appreciates SAMHSA’s efforts to address this within the Federal grant population by emphasizing that opioid detoxification should be followed by medication to prevent relapse to opioid dependence and encourages SAMHSA to disseminate and implement this policy in all settings where detoxification is offered, including rehabilitation and criminal justice settings.”

**Pregnant and Postpartum Women Program:** “The Committee continues to recognize SAMHSA for its work managing the Pregnant and Postpartum Women program, which utilizes a family-centered approach to provide comprehensive residential substance use disorder treatment services for pregnant and postpartum women, their minor children, and other family members. The Committee encourages SAMHSA to prioritize States that support best-practice collaborative models for the treatment and support of pregnant women with opioid use disorders.”

**Treatment, Recovery, and Workforce Support:** “The Committee includes \$6,000,000, an increase of \$2,000,000, for SAMHSA to continue implementation of section 7183 of the SUPPORT Act (Public Law 115–271). SAMHSA is directed in consultation with the Secretary of Labor to award competitive grants to entities to carry out evidence-based programs to support individuals in substance use disorder treatment and recovery to live independently and participate in the workforce. Eligible grantees include entities that offer treatment or recovery services for individuals with substance use disorders, and partners with one or more local or State stakeholders that support recovery, independent living, and participation in the workforce.”

#### **House Appropriations Committee Report Language:**

**Building Communities of Recovery:** “The Committee includes an increase of \$2,000,000 for enhanced long-term recovery support principally governed by people in recovery from substance use disorders. Such support reflects the community being served and encourages the role of recovery coaches. SAMHSA is encouraged to ensure that grants employing peers comply with the highest standards within their respective States.

**Criminal Justice Activities:** “The Committee provides \$89,000,000 for the Criminal Justice Activities program. Of this amount, the Committee directs that not less than \$70,000,000 will be used exclusively for Drug Court activities. The Committee continues to direct SAMHSA to ensure that all funding appropriated for Drug Treatment Courts is allocated to serve people diagnosed with a substance use disorder as their primary condition. The Committee directs SAMHSA to ensure that all drug treatment court grant recipients work directly with the corresponding State substance abuse agency in the planning, implementation, and evaluation of the grant. The Committee further directs SAMHSA to expand training and technical assistance to drug treatment court grant recipients to ensure evidence-based practices are fully implemented.”

**Grants to Prevent Prescription Drug/Opioid Overdose and First Responder Training:** “The Committee notes strong concerns about the increasing number of unintentional overdose deaths attributable to prescription and nonprescription opioids. SAMHSA is urged to take steps to encourage and support the use of Substance Abuse and Prevention Block Grant funds for opioid safety education and training, including initiatives that improve access for licensed healthcare professionals, including paramedics, to emergency devices used to rapidly reverse the

effects of opioid overdoses. Such initiatives should incorporate robust evidence-based intervention training and facilitate linkage to treatment and recovery services.”

**Minority Fellowship Program:** “The Committee includes an increase of \$1,000,000 in order to improve prevention, wellness, and treatment across the lifespan. As Congress seeks to better address substance abuse and mental health disorders across all populations, the Committee recognizes the critical importance of supporting a diverse behavioral health workforce and its effectiveness in addressing substance use disorders and mental health issues impacting minority and underserved populations.”

**Opioid Response Grants:** “The Committee includes \$3,000,000 for supplemental grants to States whose award from the State Opioid Response formula grant declined by more than 40 percent in fiscal year 2020 in comparison to fiscal year 2019. The Committee directs SAMHSA to allocate the funds to eligible States within 30 days of enactment of this Act.”

**Pregnant and Postpartum Women:** “The Committee recognizes SAMHSA for its work managing the Pregnant and Postpartum Women program which utilizes a family-centered approach to provide comprehensive residential substance use disorder treatment services for pregnant and postpartum women, their minor children and for other family members. A provision in the Comprehensive Addiction and Recovery Act (CARA) authorized SAMHSA to allocate a portion of these resources for a pilot program to State alcohol and drug agencies to support outpatient, intensive outpatient and related services in a family-centered approach. The Committee encourages SAMHSA to fund an additional cohort of States above and beyond those pilots already funded.”

**Screening, Brief Intervention, and Referral to Treatment:** “The Committee understands that substance use disorders, including opioid use, typically begin in adolescence, and that preventing underage drinking and other early substance use is a cost-effective strategy in preventing costly problems later in life. The Committee is also aware that Screening, Brief Intervention and Referral to Treatment (SBIRT) has been shown to be a cost-effective model for reducing and preventing underage drinking and other substance abuse, but that many health providers, especially pediatricians, have not been trained to use the method effectively. Therefore, the Committee directs \$2,000,000 for implementing grants to pediatric health care providers in accordance with the specifications outlined in Section 9016 of P.L. 114–255, Sober Truth in Preventing Underage Drinking Reauthorization. Training grants should focus on screening for underage drinking, opioid use, and other drug use, and be managed by CSAT within the existing SBIRT program.”

**Targeted Capacity Expansion:** “The Committee includes an increase of \$2,000,000 for grants to Indian tribes, tribal organizations, or consortia. The Center for Substance Abuse Treatment is directed to include as an allowable use medication-assisted treatment and other clinically appropriate services to achieve and maintain abstinence from all opioids and heroin and prioritize treatment regimens that are less susceptible to diversion for illicit purposes.”

#### **SAMHSA Congressional Justification Language:**

**Targeted Capacity Expansion/MAT-PDOA:** “The FY 2021 President’s Budget is \$11.2 million, a decrease of \$89.0 million from the FY 2020 Enacted level. This will continue support for TCE-PTP [Peer-to-Peer] and TCE-Special Projects, but will end grants associated with MAT-PDOA. This funding is reallocated to the State Opioid Response grant program. These activities can be supported through the State Opioid Response grant program. SAMHSA will fund 23 TCE-Special Projects continuation grants and four new grants.”

**SBIRT:** “The FY 2021 President’s Budget is \$0.0 million, a decrease of \$30.0 million from the FY 2020 Enacted level. SBIRT grants will end in FY 2021. This successful demonstration has been taken up across the country and can be paid for by public and third-party insurance. States are encouraged to incorporate support for the SBIRT program model with other funding sources.”

**Drug Courts:** “Funding opportunity announcements for SAMHSA’s Drug Court grants state clearly that funds are intended to support individuals diagnosed with SUDs as their primary condition. SAMHSA’s Drug Court grantees are encouraged to work with the corresponding State Substance Abuse Agency in the planning, implementation, and evaluation of their grants.”

**Pregnant and Postpartum Women:** “Section 501 of the Comprehensive Addiction and Recovery Act (CARA) increased accessibility and availability of services for pregnant women by expanding the authorized purposes of the PPW program to include the provision of outpatient and intensive outpatient services for pregnant women. Historically, the PPW program has only supported the provision of residential treatment services.

“The PPW pilot provides grants to states to: 1) support family-based services for pregnant and postpartum women with a primary diagnosis of a substance use disorder, including opioid disorders; 2) help state substance abuse agencies address the continuum of care, including services provided to women in nonresidential-based settings; and 3) promote a coordinated, effective and efficient state system managed by state substance abuse agencies by encouraging new approaches and models of service delivery. An evaluation of this program is underway to determine the effectiveness of the pilot.

“In FY 2018, SAMHSA funded three new state PPW pilot grants and three continuation state PPW pilot grants, supplements for direct technical assistance, and one continuation evaluation contract. In FY 2019, SAMHSA funded six pilot continuation grants. In FY 2020, SAMHSA plans to fund three pilot continuation grants, and three new grants.”

**Grants to Develop Curricula for DATA Act Waivers:** “The purpose of this new program, which is authorized by section 3203 of the SUPPORT for Patients and Communities Act, is to expand access to substance use disorder treatment by supporting grants to accredited schools of allopathic medicine or osteopathic medicine and teaching hospitals located in the United States to support the development of curricula that meet the requirements the Controlled Substances Act with respect to the treatment and management of opiate-dependent patients.”

Program	FY 2019	FY 2020	President's FY 2021 Request	House FY 21 Recommendation	Senate FY 21 Recommendation	Final FY 2021 Appropriations	FY 2021 vs FY 2020
<b>CSAP PRNS TOTAL</b>	\$205,469,000	\$206,469,000	\$96,985,000	\$209,469,000	\$206,469,000	\$208,219,000	+\$1,750,000
<b>Center for the Application of Prevention Technologies (CAPT)</b>	\$7,493,000	\$7,493,000	\$7,493,000	\$7,493,000	\$7,493,000	\$7,493,000	Level
<b>Federal Drug-Free Workplace/Mandatory Drug Testing</b>	\$4,894,000	\$4,894,000	\$4,894,000	\$4,894,000	\$4,894,000	\$4,894,000	Level
<b>Minority AIDS</b>	\$41,205,000	\$41,205,000	\$41,205,000	\$41,205,000	\$41,205,000	\$41,205,000	Level
<b>Minority Fellowship</b>	\$321,000	\$321,000	\$321,000	\$321,000	\$321,000	\$321,000	Level
<b>Science and Service Program Coordination</b>	\$4,072,000	\$4,072,000	\$4,072,000	\$4,072,000	\$4,072,000	\$4,072,000	Level
<b>Sober Truth on Preventing Underage Drinking (STOP Act)</b>	\$8,000,000	\$9,000,000	\$9,000,000	\$10,000,000	\$9,000,000	\$10,000,000	+\$1,000,000
<b>Strategic Prevention Framework-Partnerships for Success</b>	\$119,484,000	\$119,484,000	\$10,000,000	\$119,484,000	\$119,484,000	\$119,484,000	Level
<i>Strategic Prevention Framework Rx</i>	<i>\$10,000,000</i>	<i>\$10,000,000</i>	<i>\$10,000,000</i>	<i>\$10,000,000</i>	<i>\$10,000,000</i>	<i>\$10,000,000</i>	<i>Level</i>
<b>Tribal Behavioral Health Grants</b>	\$20,000,000	\$20,000,000	\$20,000,000	\$22,000,000	\$20,000,000	\$20,750,000	+\$750,000

**Final Appropriations Language on CSAP:**

**Non-Federal Workplace Substance Abuse Prevention:** "The agreement recognizes the lack of workplace information designed to support evidence-based substance abuse prevention education and encourages SAMHSA to coordinate with OSHA to disseminate materials for the workplace."

**Sober Truth on Preventing Underage Drinking Act (STOP Act):** "The agreement provides an increase for the public health service campaign."

**Strategic Prevention Framework-Partnerships for Success Program:** "The agreement encourages the program to support comprehensive, multi-sector substance use prevention strategies to stop or delay the age of initiation of each State's top three substance use issues for 12 to 18 year old youth as determined by the State's epidemiological data. The agreement directs SAMHSA to ensure that State alcohol and drug agencies remain eligible to apply along with community-based organizations and coalitions."

**Senate Appropriations Committee Report Language:**

**Strategic Prevention Framework-Partnerships for Success Program:** "The Committee supports this program which is designed to prevent the onset of substance misuse while strengthening prevention capacity and infrastructure at the State, community, and tribal levels. The Committee intends that this program support comprehensive, multi-sector substance use prevention strategies to stop or delay the age of initiation of each State's top three substance use issues for 12 to 18 year old youth as determined by the State's epidemiological data. The Committee directs SAMHSA to ensure that State alcohol and drug agencies remain eligible to apply along with community-based organizations and coalitions."

**Tribal Behavioral Health Grants:** “SAMHSA has administered Tribal Behavioral Health Grants for mental health and substance abuse prevention and treatment for Tribes and Tribal organizations since fiscal year 2014. In light of the continued growth of this program, as well as the urgent need among Tribal populations, the Committee urges the Assistant Secretary for SAMHSA to engage with Tribes on ways to maximize participation in this program.”

**House Appropriations Committee Report Language:**

**Sober Truth on Preventing Underage Drinking Act (STOP Act):** “The Committee includes an increase of \$1,000,000 for the public health service campaign to strengthen efforts to reduce and prevent underage drinking.”

**Tribal Behavioral Grants:** “The Committee includes an increase of \$2,000,000 to expand efforts to address the high incidence of substance abuse and suicide among American Indian/Alaska Native populations.”

**SAMHSA Congressional Justification Language:**

**SPF-PFS:** “SPF-PFS is designed to ensure that prevention strategies and messages reach the populations most impacted by substance abuse. The program extends current established cross-agency and community-level partnerships by connecting substance abuse prevention programming to departments of social services and their community service providers. This includes working with populations disproportionately impacted by the consequences of substance use; i.e., children entering the foster care system, transitional youth, and individuals who support persons with substance abuse issues (women, families, parents, caregivers, and young adults). In FY 2020, SAMHSA plans to award up to 92 new grants.”

**SPF-Rx:** “The Strategic Prevention Framework for Prescription Drugs assists grantees in developing capacity and expertise in the use of data from state run prescription drug monitoring programs (PDMP). Grantees have also raised awareness about the dangers of sharing medications and work with pharmaceutical and medical communities on the risks of overprescribing to young adults. SAMHSA’s program focuses on raising community awareness and bringing prescription drug use prevention activities and education to schools, communities, parents, prescribers, and their patients. SAMHSA tracks reductions in opioid overdoses and the incorporation of prescription drug monitoring data into needs assessments and strategic plans as indicators of program success. SAMHSA plans to maintain this level of support for SPF Rx through FY 2021.”

“The FY 2021 President’s Budget is \$10.0 million, reflecting a decrease of \$109.5 million from the FY 2020 Enacted. Funding for the SPF Rx program will be maintained in its entirety (\$10.0 million) for 25 continuation grants. Funding to support SPF PFS is eliminated. States can use the prevention set-aside in the Substance Abuse Block Grant to support prevention activities.”

CMHS Program	FY 2019	FY 2020	President's FY 2021 Request	House FY 21 Recommendation	Senate FY 21 Recommendation	Final FY 2021 Appropriations	FY 2021 vs FY 2020
<b>CMHS PRNS TOTAL</b>	\$435,616,000	\$448,774,000	\$440,906,000	\$468,774,000	\$493,785,000	\$475,036,000	+\$26,262,000
<b>Assisted Outpatient for Individuals with SMI</b>	\$15,000,000	\$19,000,000	\$25,000,000	\$19,000,000	\$24,000,000	\$21,000,000	+\$2,000,000
<b>Assertive Community Treatment</b>	\$5,000,000	\$7,000,000	\$25,000,000	\$7,000,000	\$9,000,000	\$9,000,000	+\$2,000,000
<b>Certified Community Behavioral Health Clinics (CCBHCs)</b>	\$150,000,000	\$200,000,000	\$225,000,000	\$225,000,000	\$250,000,000	\$250,000,000	+\$50,000,000
<b>Comprehensive Opioid Recovery Center (CORCs)</b>	N/A	\$2,000,000	\$2,000,000	\$2,000,000	Funded within CSAT	Funded within CSAT	N/A
<b>Children and Family Programs</b>	\$7,229,000	\$7,229,000	\$7,229,000	\$7,229,000	\$7,229,000	\$7,229,000	Level
<b>Consumer/ Consumer Support TA Centers</b>	\$1,918,000	\$1,918,000	\$1,918,000	\$1,918,000	\$1,918,000	\$1,918,000	Level
<b>Consumer and Family Network Grants</b>	\$4,954,000	\$4,954,000	\$4,954,000	\$4,954,000	\$4,954,000	\$4,954,000	Level
<b>Criminal and Juvenile Justice Programs</b>	\$4,269,000	\$6,269,000	\$9,269,000	\$6,269,000	\$6,269,000	\$6,269,000	Level
<b>Disaster Response</b>	\$1,953,000	\$1,953,000	\$1,953,000	\$1,953,000	\$1,953,000	\$1,953,000	Level
<b>Healthy Transitions</b>	\$25,951,000	\$28,951,000	\$30,951,000	\$28,951,000	\$29,951,000	\$29,451,000	+\$500,000
<b>Homelessness</b>	\$2,296,000	\$2,296,000	\$2,296,000	\$2,296,000	\$2,296,000	\$2,296,000	Level
<b>Homelessness Prevention Programs</b>	\$30,696,000	\$30,696,000	\$30,696,000	\$30,696,000	\$30,696,000	\$30,696,000	Level
<b>Infant and Early Childhood MH</b>	\$5,000,000	\$7,000,000	\$7,000,000	\$7,000,000	\$11,000,000	\$8,000,000	+\$1,000,000
<b>MH System Transformation and Health Reform</b>	\$3,779,000	\$3,779,000	\$3,779,000	\$3,779,000	\$3,779,000	\$3,779,000	Level
<b>Mental Health Awareness Training (formerly MH First Aid)</b>	\$20,963,000	\$22,963,000	\$21,963,000	\$22,963,000	\$22,963,000	\$23,963,000	+\$1,000,000
<b>Minority Fellowship Program</b>	\$8,059,000	\$9,059,000	\$9,059,000	\$10,059,000	\$11,059,000	\$10,059,000	+\$1,000,000
<b>Minority AIDS</b>	\$9,224,000	\$9,224,000	\$9,224,000	\$9,224,000	\$9,224,000	\$9,224,000	Level
<b>National Child Traumatic Stress Network</b>	\$63,887,000	\$68,887,000	\$68,887,000	\$71,887,000	\$68,887,000	\$71,887,000	+\$3,000,000
<b>Practice Improvement and Training</b>	\$7,828,000	\$7,828,000	\$7,828,000	\$7,828,000	\$7,828,000	\$7,828,000	Level
<b>Primary and Behavioral Health Care Integration</b>	\$49,877,000	\$49,877,000	Not funded	\$54,877,000	\$49,877,000	\$52,877,000	+\$3,000,000
<b>Primary/Behavioral Health Integration TA</b>	\$1,991,000	\$1,991,000	Not funded	\$1,991,000	\$1,991,000	\$1,991,000	Level
<b>Project AWARE State Grants</b>	\$71,001,000	\$102,001,000	\$103,001,000	\$107,001,000	\$121,000,000	\$107,001,000	+\$5,000,000
<b>Project LAUNCH</b>	\$23,605,000	\$23,605,000	\$23,605,000	\$23,605,000	\$23,605,000	\$23,605,000	Level
<b>Seclusion &amp; Restraint</b>	\$1,147,000	\$1,147,000	\$1,147,000	\$1,147,000	\$1,147,000	\$1,147,000	Level
<b>Suicide Prevention</b>	\$74,034,000	\$90,034,000	\$93,034,000	\$97,034,000	\$103,046,000	\$102,046,900	+\$12,012,900
<b>Tribal Behavioral Health Grants</b>	\$20,000,000	\$20,000,000	\$20,000,000	\$22,000,000	\$20,000,000	\$20,750,000	+\$750,000
<b>Children's Mental Health</b>	\$125,000,000	\$125,000,000	\$125,000,000	\$125,000,000	\$125,000,000	\$125,000,000	Level
<b>Grants to States for the Homeless/ Projects for Assistance in Transition from Homelessness (PATH)</b>	\$64,635,000	\$64,635,000	\$64,635,000	\$64,635,000	\$64,635,000	\$64,635,000	Level
<b>Protection and Advocacy</b>	\$36,146,000	\$36,146,000	\$14,146,000	\$36,146,000	\$36,146,000	\$36,146,000	Level
<b>Community Mental Health Services (CMHS) Block Grant</b>	\$701,532,000	\$701,532,000	\$736,532,000	\$736,532,000	\$701,532,000	\$736,532,000	+\$35,000,000

**Final Appropriations Language for CMHS:**



**Infant and Early Childhood Mental Health:** “The agreement includes an increase for grants to entities that are in different stages of developing infant and early childhood mental health services. The agreement directs SAMHSA to allocate a portion of the increase for technical assistance to existing grantees, to better integrate infant and early childhood mental health into State Systems.”

**Mental Health Awareness Training:** “SAMHSA is directed to continue to include as eligible grantees local law enforcement agencies, fire departments, and emergency medical units with a special emphasis on training for crisis de-escalation techniques. SAMHSA is also encouraged to allow training for veterans and armed services personnel and their family members.”

**National Child Traumatic Stress Initiative:** “The agreement includes an increase and directs SAMHSA to distribute the grants in accordance with the directives in House Report 116-450.”

**National Suicide Prevention Lifeline:** “The agreement includes an increase and requests that SAMHSA provide a report to the Committees on Appropriations of the House of Representatives and the Senate within 180 days after enactment of this Act on the level of funding required to meet the needs of the Lifeline, and includes updated data on suicide rates and attempts. In addition, SAMHSA is directed to provide a report to the Committees on Appropriations of the House of Representatives and the Senate and post such report on SAMHSA's website within 180 days of enactment of this Act detailing call and text volume over the past three years as applicable. The report shall also include an assessment of whether other services such as emails, videos, or other digital modes of communications would improve service of the Lifeline. As SAMHSA considers expanding this service, the agreement encourages SAMHSA to leverage existing infrastructure to the extent practicable. The agreement further urges SAMHSA to provide specific training programs for counselors to increase competency in serving at-risk youth through the utilization of existing specialized resources.”

**Project AWARE:** “The agreement includes an increase for school-and campus-based mental health services and support. Of the amount provided, the agreement directs \$12,500,000 for grants to support efforts in high-crime, high-poverty areas and, in particular, communities that are seeking to address relevant impacts and root causes of civil unrest, community violence, and collective trauma. The agreement requests a report be submitted to the Committees on Appropriations of the House of Representatives and Senate outlining grantee efforts 180 days after enactment of this Act.”

**Suicide Prevention:** “The agreement includes increased funding to expand and enhance access to suicide prevention resources of the Suicide Lifeline, the Zero Suicide program, the Garrett Lee Smith Youth Suicide Prevention State Grants Program, and the Garrett Lee Smith Suicide Prevention Resource Center.”

**Children 's Mental Health Services:** “The agreement continues to include a 10 percent set-aside for an early intervention demonstration program with persons not more than 25 years of age at clinical high risk of developing a first episode psychosis.

**Mental Health Block Grant:** “The agreement includes a \$35,000,000 increase for a new five percent set-aside of the total for evidence-based crisis care programs as directed in House Report 116-450.”

**Select CMHS language from the Senate Appropriations Committee:**

**CMHS Block Grant:** “The Committee recommends \$722,571,000 for the Mental Health Block Grant. The recommendation includes \$21,039,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended). The MHBG distributes funds to 59 eligible States and territories through a formula based on specified economic and demographic factors. Grant applications must include an annual plan for providing comprehensive community mental health services to adults with a serious mental illness and children with a serious emotional disturbance. The Committee encourages SAMHSA to support State efforts to provide long-acting-injectable medications approved for the treatment of serious mental illness and assistance to those with severe mental health needs who are at risk of recidivism.

“The Committee recommendation continues bill language requiring that at least 10 percent of the funds for the MHBG program be set-aside for evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders. The Committee commends SAMHSA for its collaboration with NIMH on the implementation of this set-aside. The Committee notes that it usually takes 14 to 17 years to translate research findings into practice and hopes that the joint effort between NIMH and SAMHSA may be a model for how to reduce this timeframe. The Committee directs SAMHSA to continue its collaboration with NIMH to ensure that funds from this set-aside are only used for programs showing strong evidence of effectiveness and that target the first episode of psychosis. SAMHSA shall not expand the use of the set-aside to programs outside of the first episode psychosis. The Committee directs SAMHSA to include in the fiscal year 2022 CJ a detailed table showing at a minimum each State’s allotment, name of the program being implemented, and a short description of the program.”

#### **Select CMHS language from House Appropriations Committee report:**

**Mental Health Block Grant:** “The Committee includes a total of \$757,571,000, an increase of \$35,000,000, for the Mental Health Block Grant. The block grant provides funds to States to support mental illness prevention, treatment, and rehabilitation services. Funds are allocated according to a statutory formula among the States that have submitted approved annual plans.

“The Committee continues the ten percent set-aside within the Mental Health Block Grant total for evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders. The Committee expects SAMHSA to continue its collaboration with the National Institute of Mental Health to encourage States to use this block grant funding to support programs that demonstrate strong evidence of effectiveness. Furthermore, the Committee directs a new five percent set-aside of the total for evidence-based crisis care programs addressing the needs of individuals with serious mental illnesses and children with serious mental and emotional disturbances.

“The Committee directs SAMHSA to use the set-aside to fund, at the discretion of eligible States and Territories, some or all of a set of core crisis care elements including: centrally deployed 24/7 mobile crisis units, short-term residential crisis stabilization beds, evidence-based protocols for delivering services to individuals with suicide risk, and regional or State-wide crisis call centers coordinating in real time.”

**Comprehensive Opioid Recovery Centers:** “The Committee includes funding to provide grants, as authorized by section 7121 of the SUPPORT Act (P.L. 115–271), to help ensure that people with substance use disorders can access proper treatment. The Committee recognizes that there is a tremendous need for increasing access to coordinated, comprehensive care services that utilize the full range of FDA-approved medications and evidence-based treatments. These long-term care and support services dramatically improve outcomes for individuals and generate meaningful outcomes data to contribute to best practices for substance use disorders. The Committee directs SAMHSA to make the funding opportunity available to all eligible entities, as defined in section 7121, that meet this criterion.”

**SAMHSA Congressional Justification Language for CMHS Programs:**

**Comprehensive Opioid Recovery Centers:** “For individuals with opioid use disorders, there is an increasing need for access to coordinated, comprehensive care services, including long-term care and support services, that utilize the full range of FDA-approved medications and evidence-based treatments. This program provides grants to nonprofit substance use disorder treatment organizations to operate of comprehensive centers which provide a full spectrum of treatment and recovery support services for opioid use disorders. The funding represents the first year of a four-year project period. Grantees are required to provide outreach and the full continuum of treatment services including MAT; counseling; treatment for mental disorders; testing for infectious diseases, residential rehabilitation, and intensive outpatient programs; recovery housing; peer recovery support services; job training, job placement assistance, and continuing education; and family support services such as child care, family counseling, and parenting interventions. Grantees must utilize third party and other revenue to the extent possible. Grantees will be required to report client-level data, including demographic characteristics, substance use, diagnosis, services received, types of MAT received; length of stay in treatment; employment status, criminal justice involvement, and housing.”

**National Institute on Alcohol Abuse and Alcoholism (NIAAA)**

Program	FY 2019	FY 2020	President’s FY 2021 Request	House FY 21 Recommendation	Senate FY 21 Recommendation	Final FY 2021 Appropriations	FY 2021 vs FY 2020
NIAAA	\$525,591,000	\$545,373,000	\$497,346,000	\$550,063,00	\$564,498,000	\$554,923,000	+\$9,550,000

**Senate Appropriations Language on NIAAA:**

**Research on Polysubstance Use:** “The Committee is pleased to see that NIH supports research on polysubstance use, but urges the Director of NIAAA to continue to support research in this area across the United States. Given the increasing prevalence of polysubstance deaths, particularly amongst rural and minority communities, the Committee also encourages the Director to support studies on rural and minority communities with high rates of polysubstance use mortality.”

**National Institute on Drug Abuse (NIDA)**

Program	FY 2019	FY 2020	President’s FY 2021 Request	House FY 21 Recommendation	Senate FY 21 Recommendation	Final FY 2021 Appropriations	FY 2021 vs FY 2020
NIDA	\$1,419,844,000	\$1,462,016,000	\$1,431,770,000	\$1,474,590,000	\$1,505,192,000	\$1,479,660,000	+\$17,644,000

**Final Appropriations Language on NIDA:**

**Flavored THC:** “The agreement appreciates the important data collected in the annual NIDA-funded Monitoring the Future (MTF) survey. The agreement recommends the inclusion of questions on consumption of flavored marijuana vapes and marijuana edibles flavored to appeal to adolescents in the MTF survey.”

**HEAL Initiative:** “The agreement includes no less than \$270,295,000 for the HEAL Initiative targeted at opioid misuse and addiction and has included bill language expanding the allowable uses of these funds to include research related to stimulant misuse and addiction.”

**Medication-Assisted Treatment (MAT) for Opioid Use Disorder:** “The agreement recognizes that medications, including buprenorphine, methadone, and naltrexone, are effective for the treatment of opioid use disorder, and commends NIH for its research and policy leadership in this area. However, access to these MATs remains limited for many individuals and groups, particularly racial and ethnic minorities, people with disabilities, residents of underserved rural communities, and socioeconomically disadvantaged populations. The agreement encourages NIDA and NIMHD to investigate the scope of these access disparities and evaluate strategies for eliminating economic and regulatory barriers to MAT.”

**Opioid Research, Education, and Outreach:** “The U.S. continues to suffer from a complex public health crisis related to opioid misuse. The agreement strongly recommends NIDA continue to support research to better understand opioid use disorder, focusing on detection, prevention, and treatment, and that NIDA continue to provide high-level education for healthcare professionals to prevent, recognize, and assist in treatment and referral for opioid use disorder within their practice.”

**Overdose Prevention Centers:** “The agreement acknowledges the controversial nature of Overdose Prevention Centers and encourages NIDA to support research on the potential public health impacts of these centers.”

#### **Senate Appropriations Language on NIDA:**

**Addressing the Opioid Crisis in Rural Regions:** “The Committee encourages NIDA to continue its partnership with CDC, SAMHSA, and the Appalachian Regional Commission in support of research to help communities develop comprehensive approaches to prevent and treat consequences of opioid injection, including substance use disorders, overdose, HIV, hepatitis A, B, and C virus infections, as well as sexually transmitted diseases. These projects will serve as models for addressing opioid injection epidemics that can be implemented by health systems in similar rural communities in the United States.”

**Barriers to Research:** “The Committee is concerned that restrictions associated with Schedule I of the Controlled Substance Act (Public Law 91–513) effectively limit the amount and type of research that can be conducted on certain Schedule I drugs, especially opioids, marijuana or its component chemicals, and new synthetic drugs and analogs. At a time when as much information as possible is needed about these drugs to find antidotes for their harmful effects, as well as regulatory and other barriers to conducting this research should be addressed.”

**Flavored THC:** “The Committee appreciates the important data collected in the annual NIDA-funded Monitoring the Future [MTF] survey. The Committee recommends the inclusion of questions on consumption of flavored marijuana vapes and marijuana edibles flavored to appeal to adolescents in the annual MTF survey.”

**HEAL Initiative:** “The Committee continues to be extremely concerned about the crisis of prescription opioids, heroin, and illicit synthetic opioid use, misuse, addiction, and overdose in the United States. In addition, the Committee notes the rising use of stimulants, with the rate of deaths in 2015 and 2016 related to stimulant overdoses increasing by 52 percent and 33 percent, respectively. Therefore, the bill includes \$250,000,000 for the HEAL Initiative targeted at opioid misuse and addiction and has newly expanded the use of the HEAL Initiative to include

research related to stimulant misuse and addiction. Further, while NIH has previously studied the effectiveness and risks associated with long-term opioid use for chronic pain, HEAL is investigating new and alternative options to treat chronic pain. The Committee urges NIH to expand scientific activities related to research on medications used to treat and reduce chronic pain, and the transition from acute to chronic pain. Further, the Committee urges NIH to: (1) continue funding research on medication development to alleviate pain and to treat addiction, especially the development of medications with reduced misuse liability; (2) as appropriate, work with private companies to fund innovative research into such medications; (3) report on what is known regarding the transition from opioid analgesics to heroin and synthetic opioid use and addiction within affected populations; (4) continue pilot studies to create a comprehensive care model in communities nationwide to prevent opioid misuse, expand treatment capacity, enhance access to overdose reversal medications, and improve prescriber practices; (5) continue testing interventions in justice system settings to expand the uptake of medications for treating opioid use disorder [OUD] and methods to scale up these interventions for population-based impact; and (6) develop evidence-based strategies to integrate screening and treatment for OUD in emergency department and primary care settings. In addition, NIH should continue to sponsor research to better understand the effects of long-term prescription opioid use, especially as it relates to the prevention and treatment of opioid misuse and addiction.”

**Housing Supports and Substance Use Treatment Outcomes and Costs:** “—The Committee acknowledges growing anecdotal evidence that suggest a strong correlation between successful substance abuse treatment outcomes and stable housing arrangements, especially for those facing mental health challenges or those of limited economic means. The Committee encourages NIDA to support research to assess how housing impacts substance abuse treatment outcomes and costs in acutely affected regions like New England where, according to the Federal Reserve Bank of Boston, each State in the region spends more per capita on opioid related costs, including criminal justice, medical treatment, and medical complications than other States.”

**Medication Assisted Treatments (MATs) for Methamphetamine and Stimulants:** “The Committee is concerned with the rise in methamphetamine and stimulant use and addiction in the United States.”

“Therefore, the Committee provides \$10,000,000 in targeted funding for research aimed at developing new treatments for stimulant use disorder and its adverse effects. This research may include studies to develop and evaluate new and repurposed compounds, neurostimulation and other devices, behavioral intervention, and interventions to reduce the effects of methamphetamine toxicity on mood and cognition. Finally, the Committee urges NIDA to continue its ongoing trials to expeditiously find and facilitate an approval of a MAT for methamphetamine.”

**Prenatal Opioid Use Disorders and Neonatal Abstinence Syndrome (NAS):** “The Committee recognizes the growing burden of NAS and the healthcare costs associated with it. The Committee is aware of the need for more information regarding long-term health and developmental outcomes related to NAS, the wide variation in clinical practice and health systems support, as well as the challenges associated with post-discharge care. The Committee encourages NIH to coordinate with other agencies at HHS to support additional research on prevention, identification, and treatment of prenatal opioid exposure and NAS, including the best methods for screening and treating pregnant women for opioid use disorder and the best methods for screening for NAS. Additionally, the Committee encourages NIH to build on the ACT NOW study to enhance understanding of the impact of pharmacological and non-pharmacological treatment techniques on costs and outcomes in the short-term and longitudinally. The Committee further encourages NIH to coordinate with other agencies at HHS to support research on innovative care models to optimize care and long-term outcomes for families.”

**Opioid Research, Education, and Outreach:** “The Committee strongly recommends NIDA continue to support research to better understand opioid use disorder, focusing on detection, prevention, and treatment, and that NIDA continue to provide high-level education for healthcare professionals to prevent, recognize, and assist in treatment and referral for opioid use disorder within their practice.”

**Raising Awareness and Engaging the Medical Community in Drug Use and Addiction Prevention and Treatment:** “Education is a critical component of any effort to curb drug use and addiction, and it must target every segment of society, including healthcare providers (doctors, nurses, dentists, and pharmacists), patients, and families. Medical professionals must be in the forefront of efforts to curb the opioid crisis. The Committee continues to be pleased with the NIDAMED initiative, targeting physicians-in-training, including medical students and resident physicians in primary care specialties (e.g., internal medicine, family practice, and pediatrics). NIDA should continue its efforts in this space, providing physicians and other medical professionals with the tools and skills needed to incorporate substance use and misuse screening and treatment into their clinical practices.”

#### **House Appropriations Language on NIDA:**

**Cannabis Research:** “NIH currently supports a diverse portfolio of research on cannabinoids and the endocannabinoid system, yet this research support typically relies on narrowly tailored program announcements and grants rather than a multipronged strategy wherein basic and clinical scientists and public health specialists work together to address the opportunities and challenges of cannabis in a comprehensive manner. The Committee encourages NIDA to continue supporting a full range of research on the health effects of marijuana and its components, including research to understand how marijuana policies affect public health, to help inform marijuana policymaking in States.”

**Determination of Synthetic Drug Ingestion:** “The Committee encourages NIDA to support research to develop a process for rapid determination of synthetic drug ingestion. Such research should include the development of metabolite profiles of opioids and their synthetic derivatives using pooled human liver microsomes and a cytochrome mixture; development of analytical methodology for rapid detection of metabolites in urine samples; development of a program that utilizes the metabolite profile that provides an output of class and drug; and validation of the methodology with simulated and/or real world samples.”

**Electronic Cigarettes:** “The Committee understands that electronic cigarettes (e-cigarettes) and other vaporizing equipment are increasingly popular among adolescents, and encourages NIDA to support research on the use and consequences of these devices. The Committee also supports the Population Assessment of Tobacco and Health (PATH) Study, a collaboration between NIDA and the FDA Center for Tobacco Products to help scientists learn how and why people start using tobacco products, quit using them, and start using them again after they have quit, as well as how different tobacco products affect health outcomes over time.”

**Kratom:** “The Committee encourages NIDA to expand research on all health impacts of kratom, including its constituent compounds, mitragynine and 7-hydroxymitragynine. The Committee is aware of the potential promise of kratom-derived compounds for acute and chronic pain patients who seek safer alternatives to sometimes dangerously addictive and potentially deadly prescription opioids.”

**Methamphetamines and Other Stimulants:** “The Committee is concerned that the number of deaths from the drug categories that include methamphetamine and cocaine more than doubled from 2015–2018, leading some to refer to stimulant overdoses as the “fourth wave” of



the current drug addiction crisis in America following the rise of opioid-related deaths involving prescription opioids, heroin, and fentanyl-related substances. Methamphetamine is highly addictive and there are no FDA-approved treatments for methamphetamine and other stimulant use disorders. The Committee continues to support NIDA's efforts to address the opioid crisis, has provided continued funding for the HEAL Initiative, and supports NIDA's efforts to combat the growing problem of methamphetamine and other stimulant use and related deaths.

**Opioids:** "The Committee continues to be extremely concerned about the epidemic of prescription opioids, heroin, and illicit synthetic opioid use, addiction and overdose in the U.S. In 2018, approximately 185 people died each day in this country from drug overdose (128 of those deaths are directly from opioids), making it one of the most common causes of non-disease-related deaths for adolescents and young adults. This crisis has been exacerbated by the availability of illicit fentanyl and its analogs in many communities. The Committee appreciates the important role that research plays in the various Federal initiatives aimed at this crisis. To combat this crisis, the bill includes no less than the fiscal year 2020 funding level of \$266,300,000 for research related to preventing and treating opioid misuse and addiction. NIDA's opioid specific location should be targeted for the following areas: development of safe and effective medications and new formulations and combinations to treat opioid use disorders and to prevent and reverse overdose; conduct implementation studies to create a comprehensive care model in communities nationwide to prevent opioid misuse, expand treatment capacity, enhance access to overdose reversal medications, and enhance prescriber practice; test interventions in justice system settings to expand the uptake of medication for addiction treatment and methods to scale up these interventions for population-based impact; and develop evidence-based strategies to integrate screening and treatment for opioid use disorders in emergency department and primary care settings."

**Overdose Prevention Centers:** "The Committee recognizes that Overdose Prevention Centers, or Supervised Consumption Sites, are part of a larger effort of harm reduction interventions intended to reduce the risk of drug overdose death and reduce the spread of infectious disease. The Committee directs NIDA, in consultation with the CDC Division of Injury Prevention and Control, to provide a report to the Committee and post publicly, no later than 180 days after the enactment of this Act providing an updated literature review and evaluation of the potential public health impact of Overdose Prevention Centers in the U.S."

**Pain Therapeutics and Opioid Addiction Centers of Excellence:** "Addictions are a chronic problem in the U.S. and are inadequately addressed in U.S. medical schools and residency training programs. The Committee strongly encourages NIDA to create regional Centers of Excellence in opioid research and training to assist States in educating and implementing best practices in opioid prescribing, pain management, screening and linkage to care for individuals with opioid use disorders and addictions. The Centers should develop training materials for health care providers and trainees in opioid use and other addictive disorders."

**Raising Awareness and Engaging the Medical Community in Drug Abuse and Addiction Prevention and Treatment:** "Education is a critical component of any effort to curb drug use and addiction, and it must target every segment of society, including healthcare providers (doctors, nurses, dentists, and pharmacists), patients, and families. Medical professionals must be in the forefront of efforts to curb the opioid crisis. The Committee continues to be pleased with the NIDAMED initiative, targeting physicians-in-training, including medical students and resident physicians in primary care specialties (e.g., internal medicine, family practice, and pediatrics). The Committee encourages NIDA to continue its efforts in this space, providing physicians and other medical professionals with the tools and skills needed to incorporate substance use and misuse screening and treatment into their clinical practices."

**The HEALTHy Brain and Child Development (BCD) Study:** “The Committee recognizes and supports the NIH HEALTHy Brain and Child Development Study, which will establish a large cohort of pregnant women from regions of the country significantly affected by the opioid crisis and follow them and their children for at least 10 years. This knowledge will be critical to help predict and prevent some of the known impacts of pre- and postnatal exposure to drugs or adverse environments, including risk for future substance use, mental disorders, and other behavioral and developmental problems. The Committee recognizes that the BCD Study is supported in part by the NIH HEAL Initiative, and encourages other NIH Institutes, such as NICHD, NIMH, NHLBI, NCI, NIAAA, NIMH, NINR, as well as the Office of the Director to support this important study.”

**Tobacco Regulatory Science Program:** “The Committee supports the Tobacco Regulatory Science Program and encourages increased research to inform the FDA in regulation of the manufacture, marketing, and distribution of tobacco products to reduce the public health toll from tobacco product use in the U.S. The Committee encourages NIH to support research into the understanding of nicotine addiction and to spur the development of better prevention and treatment strategies. Of particular importance for funding are research for effective interventions to help youth and young adults to quit vaping, and to understand the interrelationship between the vaping of tobacco and marijuana.”

**Youth Tobacco Cessation:** “The Committee is concerned about the increase in youth e-cigarette addiction and the significant lack of research to inform effective therapies to help youth quit. The U.S. Preventive Services Task Force has determined that there is not sufficient evidence to recommend adolescent use of existing pharmacological tobacco cessation treatments that are currently approved for adults. There is great need for additional clinical trials and other research to determine if new or existing pharmacological treatments, behavioral interventions, or combination therapies have the potential to benefit adolescents in quitting cigarettes and other forms of tobacco, including e-cigarettes.”

**Centers for Disease Control and Prevention (CDC) – Select Programs**

Program	FY 2019	FY 2020	President’s FY 2021 Request	House FY 21 Recommendation	Senate FY 21 Recommendation	Final FY 2021 Appropriations	FY 2021 vs FY 2020
<b>HIV/AIDS, Viral Hepatitis, STD, and TB Prevention</b>	\$1,132,278,000	\$1,273,556,000	\$1,552,556,000	\$1,287,556,000	\$1,338,556,000	\$1,314,056,000	+\$40,500,000
<i>HIV Prevention by Health Depts.</i>	\$397,161,000	<i>Not listed</i>	<i>Not listed</i>	<i>Not listed</i>	<i>Not listed</i>	<i>Not listed</i>	<i>N/A</i>
<b>School Health</b>	\$33,081,000	\$33,081,000	<i>Not listed</i>	\$35,081,000	\$33,081,000	\$34,081,000	+\$1,000,000
<b>Viral Hepatitis</b>	\$39,000,000	\$39,000,000	\$39,000,000	\$39,000,000	\$39,000,000	\$39,500,000	Level

Program	FY 2019	FY 2020	President's FY 2021 Request	House FY 21 Recommendation	Senate FY 21 Recommendation	Final FY 2021 Appropriations	FY 2021 vs FY 2020
<b>Infectious Diseases and the Opioid Epidemic</b>	\$5,000,000	\$10,000,000	\$58,000,000	\$10,000,000	\$15,000,000	\$13,000,000	+\$3,000,000
<b>Sexually Transmitted Infections</b>	\$157,310,000	\$160,810,000	\$160,810,000	\$162,810,000	\$160,810,000	\$161,810,000	+\$1,000,000
<b>Chronic Disease Prevention and Health Promotion*</b>	\$1,187,771,000	\$1,239,914,000	\$813,250,000*	\$1,306,414,000	\$1,249,664,000	\$1,276,664,000	+\$36,750,000
<b>Tobacco</b>	\$210,000,000	\$230,000,000	<i>Not funded</i>	\$240,000,000	\$230,000,000	\$237,500,000	+\$7,500,000
<b>Excessive Alcohol Use</b>	\$4,000,000	\$4,000,000	<i>Not funded</i>	\$4,000,000	\$4,000,000	\$4,000,000	Level
<b>Prevention Research Centers</b>	\$25,461,000	\$26,461,000	<i>Not funded</i>	\$26,461,000	\$27,461,000	\$26,961,000	+\$500,000
<b>Birth Defects and Developmental Disabilities</b>	\$155,560,000	\$160,810,000	\$112,250,000	\$162,810,000	\$164,960,000	\$167,810,000	+\$7,000,000
<b>Fetal Alcohol Syndrome</b>	\$11,000,000	\$11,000,000	<i>Not listed</i>	\$11,000,000	\$11,000,000	\$11,000,000	Level
<b>Neonatal Abstinence Syndrome</b>	\$2,000,000	\$2,250,000	\$2,250,000	\$2,250,000	\$2,250,000	\$2,250,000	Level
<b>Injury Prevention and Control</b>	\$648,559,000	\$677,379,000	\$730,159,000	\$694,879,000	\$678,379,000	\$682,879,000	+\$5,500,000
<b>Unintentional Injury</b>	\$8,800,000	\$8,800,000	\$6,737,000	<i>Not listed</i>	\$8,800,000	\$8,800,000	Level
<b>Injury Prevention Activities</b>	\$28,950,000	\$28,950,000	\$20,293,000	\$28,950,000	\$28,950,000	\$28,950,000	Level
<b>Opioid Prescription Drug Overdose (PDO)/ Opioid Overdose Prevention and Surveillance</b>	\$475,579,000	\$475,579,000	\$475,579,000	\$475,579,000	\$475,579,000	\$475,579,000	Level
<b>Drug-Free Communities (DFC)**</b>	N/A	N/A	\$100,000,000	N/A	N/A	N/A	N/A
<b>Preventive Health and Health Services Block Grant</b>	\$160,000,000	\$160,000,000	<i>Not funded</i>	\$160,000,000	\$160,000,000	\$160,000,000	Level
<b>America's Health Block Grant</b>	N/A	<i>Not funded</i>	\$350,000,000	<i>Not funded</i>	<i>Not funded</i>	<i>Not funded</i>	N/A

\*Administration proposed transfer of funding from Chronic Disease Prevention and Health Promotion to America's Health Block Grant

\*\*DFC program has historically been funded within the Office of National Drug Control Policy (ONDCP).

### Final Appropriations Language on CDC:

**Hepatitis A Vaccination:** "CDC is encouraged to promote awareness about the importance of hepatitis A vaccination among persons who use drugs."

**HIV Initiative:** "The agreement includes increased funding to reduce new HIV infections and requests a spend plan to be submitted to the Committees 180 days of enactment of this Act to include funding distribution to States."

**Infectious Diseases and the Opioid Epidemic:** “The agreement provides an increase to strengthen surveillance to improve knowledge of the full scope of the burden of infectious diseases (including viral, bacterial, and fungal pathogens) associated with substance use disorders. CDC is encouraged to consider risk factors for hepatitis B and C, HIV, and morbidity and mortality related to substance use disorder among other factors when distributing funding.”

**Tobacco:** “The agreement provides an increase to reduce deaths and prevent chronic diseases, including addressing the youth use of e-cigarettes.”

**Neonatal Abstinence Syndrome:** “The agreement continues to support CDC efforts to address neonatal abstinence syndrome resulting from the overuse of opioids and other related substances during pregnancy, including improved surveillance and data to translate findings into improved care for mothers and babies.”

**Opioid Overdose Prevention and Surveillance:** “The agreement directs CDC to continue funding overdose prevention efforts in the same manner as directed in P.L. 115-245 and expand allowable prevention and surveillance efforts to include stimulants. The agreement encourages CDC to continue to work collaboratively with States to ensure that funding is available to all States for opioid prevention and surveillance activities.”

**Opioid Prescribing Guidelines:** “The agreement directs CDC to continue its work educating patients and providers on its Guidelines for Prescribing Opioids for Chronic Pain, and to encourage uptake and use of the guidelines.”

**Overdose Prevention Funding and Naloxone:** “The agreement encourages CDC to continue working with States on naloxone education when distributing opioid overdose prevention funds.”

#### **Senate Appropriations Committee Report Language:**

**Infectious Diseases and the Opioid Epidemic:** “The Committee provides \$15,000,000, an increase of \$5,000,000, to CDC to strengthen efforts to conduct surveillance to improve knowledge of the full scope of the burden of infectious diseases (including viral, bacterial, and fungal pathogens) associated with substance use disorders. CDC is encouraged to take into account risk factors for hepatitis B and C, HIV, and morbidity and mortality related to substance use disorder among other factors when distributing funding. Interventions may include increasing capacity for State and local health departments; expanding access for syringe exchange programs; fully implementing national HIV, hepatitis B, and hepatitis C screening guidelines; and expanding surveillance and data collection on infectious diseases related to opioid use.”

**Sexually Transmitted Infections:** “The Committee is concerned about the continuing rise in STI rates, including congenital syphilis [CS], and recognizes that STIs are associated with increased risk of HIV transmission. Direct funding to States and local health departments is critical to reversing this trend. The Committee recommends that CDC continue to provide State and local funding at or near the current percentage of total STI prevention funding to the extent possible given evolving public health needs. The Committee further encourages CDC to continue support for STI training centers. The Committee encourages CDC to work with State and local authorities on initiatives to strengthen prenatal

outreach programs. The Committee further encourages CDC to increase awareness of CS through community organizations and STD and drug addiction clinics of the importance of multi-testing throughout pregnancy.”

**Chronic Disease Prevention and Health Promotion:** “The Committee encourages CDC to continue working with State and local health departments and national organizations to maximize their investments in evidence-based programming and strategies at the community level.

“The Committee does not include the administration’s proposal to create a new block grant and instead maintains the existing program line items, including funding mechanisms as they existed in fiscal year 2020. The Committee believes the existing funding structure allows for the greatest transparency, accountability, and measured outcomes for Congress and the taxpayer.”

**Tobacco:** “The Committee urges CDC to continue its efforts to reduce disparities related to tobacco use prevalence. Accordingly, the Committee maintains funding for the Office on Smoking and Health so that CDC and States can use evidence-based strategies to more robustly respond to the public health risk caused by the dramatic increase of youth tobacco use through e-cigarettes, enhance efforts to reduce tobacco use among certain populations and in areas with high tobacco use rates and tobacco-related mortality, as well as continue its highly effective “Tips from Former Smokers” campaign.”

**Fetal Alcohol Spectrum Disorders (FASD):** “The Committee encourages CDC to explore collaboration with State substance abuse agencies and provide information in the fiscal year 2022 CJ on resources required to establish a partnership to disseminate best practices, provide technical assistance, and create State-to-State sharing opportunities.

**Neonatal Abstinence Syndrome (NAS):** “The Committee continues to support CDC efforts to address the rise in NAS resulting from the overuse of opioids and other related substances during pregnancy, including improved surveillance and data to translate findings into improved care for mothers and babies.”

**Opioid Overdose Prevention and Surveillance:** “CDC shall use these funds to advance the understanding of opioid overdoses and continue prevention activities across all 50 States, the District of Columbia, territories, and tribes, as well as local health departments as directed in Public Law 115–245. The Committee directs CDC to expand prevention and surveillance efforts to stimulants. The Committee remains concerned that the CDC’s Prevention for States program and the Data-Driven Prevention Initiative do not include some of the States most impacted by the opioid crisis. The Committee encourages CDC to include additional States in these initiatives, focusing primarily on States with the highest levels of opioid-related deaths. The Committee further encourages CDC to work with States to ensure that funding reaches the local level, and requests an update in the fiscal year 2022 CJ on how resources have been distributed to the local level in each State.”

**Preventive Health and Health Services Block Grant:** “The Committee does not eliminate the block grant as requested in the budget request and continues to provide \$160,000,000. These grants provide the flexibility necessary to resolve emerging health issues at the local level while tailoring those activities to best address the local community. The Committee encourages CDC to enhance reporting and accountability, including how much funding is directed to support public health needs at the local level.”

**House Appropriations Committee Report Language:**

**HIV/AIDS, Viral Hepatitis, STD, and TB Prevention:** “CDC provides national leadership and support for prevention research and the development, implementation, and evaluation of evidence-based HIV, viral hepatitis, sexually transmitted diseases (STD), and tuberculosis (TB) prevention programs serving persons affected by, or at risk for, these infections.”

**Infectious Diseases and the Opioid Epidemic:** “The Committee urges CDC to support the development and evaluation of innovative interventions to enable hospitals to link people with opioid-use related infections to community-based treatment and harm reduction services.”

**Viral Hepatitis and Opioids:** “The Committee is concerned that as a result of the opioid crisis, infections of viral hepatitis have spiked at alarming rates in many parts of the nation. The Committee urges CDC to develop a plan for a national chronic hepatitis B (HBV) and hepatitis C (HCV) surveillance infrastructure and increase grant funding to States for viral hepatitis surveillance, testing, linkage to care, and hepatitis A (HAV) and HBV vaccination among all populations at risk for infection. The Committee also urges CDC to incorporate infectious disease prevention, testing, and linkage to care into the agency’s response to the opioid crisis.”

**Chronic Disease Prevention and Health Promotion:** “The recommendation for CDPHP maintains the existing program line items as they were funded in fiscal year 2020 and does not provide funding for the America’s Health Block Grant proposed again in the fiscal year 2021 budget request. The Committee supports evidence-based strategies to address public health priorities through proven State-based grant programs, utilizing related national organizations for technical assistance, and encourages CDC to continue and expand these successful approaches.”

**Prevention Research Centers:** “The Committee includes funding for the national network committed to conducting prevention research and translating research results into policy and public health practice that address local public health needs.”

**Tobacco:** “Accordingly, the Committee includes an increase of \$10,000,000 so that CDC and States can use evidence-based strategies to respond to the public health risk caused by the dramatic increase of youth use of e-cigarettes, including school-based interventions as part of a comprehensive strategy, enhance efforts to reduce tobacco use among certain populations and in areas with high tobacco use rates and tobacco-related mortality, as well as expand its highly effective Tips from Former Smokers campaign.”

**Fetal Alcohol Spectrum Disorders:** “The Committee is concerned about the rising trend of prenatal alcohol consumption and increased rates of fetal alcohol spectrum disorders (FASD) and urges CDC to increase support to: expand prevention efforts to heighten awareness of FASD and the risks associated with prenatal alcohol exposure; and strengthen existing national community-based and professional FASD networks to expand access to diagnostic, treatment, intervention, and other essential services.”

**Opioid Overdose Prevention and Surveillance:** “The Committee recognizes that the substance misuse epidemic is shifting, with an increase in overdoses resulting from stimulants and other substances. The Committee urges for CDC to monitor, prevent, and reduce harms associated with drug use, misuse, and overdose, including opioids, stimulants, cannabis, and other emerging risks.”

**Drug-Free Communities:** “The Committee does not accept the proposal to include \$100,000,000 for the Drug-Free Communities program in the Injury Prevention and Control appropriation. The Committee directs the program to remain in the Office of National Drug Control Policy.”



### **Congressional Justification Language for CDC Programs:**

**Drug-Free Communities:** “In FY 2019, Congress appropriated \$100,000,000 to the Office of National Drug Control Policy, and provided that amounts made available under this heading may be transferred to other federal departments and agencies to carry out such activities. For several years, SAMHSA administered the program behalf of ONDCP.

“In FY 2021, HHS is proposing allocating DFC and CARA Local Drug Crisis funds directly to CDC to streamline program management, create administrative efficiencies, and leverage CDC’s public health expertise and resources to the benefit of the programs and their almost 800 recipients across the country. As the nation’s public health agency, CDC brings a wealth of experience in developing, implementing, and evaluating prevention efforts that target people of all ages. CDC will effectively and efficiently manage these innovative programs, building on its promise of strengthening community coalitions and connecting them to other CDC state, local, territorial, and tribal substance abuse prevention programs. CDC plans some changes in the implementation of the DFC program to utilize CDC’s core strengths to increase efficiency and ensure the greatest impact of the program dollars. For example, to strengthen connections between health departments and DFC coalitions, CDC has requested authority to award funds to health departments, who can then fund eligible coalitions. This health department-based approach is consistent with CDC’s approach to funding other public health programs.

“Additionally, as a leader in identifying and responding to emerging substance use trends (such as illicitly made synthetic opioids, methamphetamines, and other psychostimulants), CDC will leverage expertise in efficient data analysis, and translation and dissemination of best practices and resources to assist DFC and CARA Local Drug Crisis programs in addressing distinct substance-related issues within their communities.”

**HIV/AIDS, Viral Hepatitis, STD, and TB Prevention:** “At the proposed FY 2021 funding level, CDC will employ an intensive, strategic approach to diagnose, refer for treatment, prevent, and respond to new HIV transmissions— creating a pathway to end the HIV/AIDS epidemic in America.”

**Sexually Transmitted Infections:** “At the FY 2021 requested level, public health programs will continue to support disease intervention specialists as they follow-up and respond to outbreaks. This funding level will also support training and educational materials for healthcare professionals, and studies to translate STI research to practice and to improve program delivery.”

**Infectious Diseases and the Opioid Epidemic:** “In FY 2019, CDC initiated a new program to address the infectious disease consequences of the opioid crisis. As the crisis continues to impact communities nationwide, CDC will support select jurisdictions to address the infectious disease consequences of the opioid epidemic and support targeted prevention and surveillance interventions in high-risk areas to reduce the spread of infectious disease. CDC will also disseminate best practices and provide technical assistance for syringe services programs implementation and cluster detection and response.”

**Chronic Disease Prevention and Health Promotion:** “CDC’s FY 2021 request of \$813,250,000 for the Chronic Disease Prevention and Health Promotion program is \$426,664,000 below FY 2020 Enacted...The request includes resources to support States, tribes, and territories to address leading chronic diseases through the America’s Health Block Grant...”

**Birth Defects and Developmental Disabilities:** “CDC’s FY 2021 request of \$112,250,000 for Birth Defects, Developmental Disabilities, Disabilities and Health is \$48,560,000 below FY 2020 Enacted. The FY 2021 request continues activities from FY 2020 related to Neonatal Abstinence Syndrome and Surveillance for Emerging Threats to Mothers and Babies, and continues focusing its birth defects and developmental disabilities portfolio on core public health activities that align with CDC’s mission with proven interventions to make a positive impact on Americans’ health.”

**Neonatal Abstinence Syndrome:** “In FY 2020, CDC worked with CSTE to establish a pilot to conduct standardized surveillance using the new NAS case definition, and provide funding support for up to six states. CDC will share findings from the pilot and use lessons learned to inform reporting of NAS through CDC’s National Birth Defects Surveillance System.

“In FY 2021, CDC will continue with the pilot and working with partners to advance the understanding of NAS and translate findings to improve the care of mothers and babies.”

**Injury Prevention and Control:** “CDC’s FY 2021 request of \$730,159,000 for Injury Prevention and Control is \$52,780,000 above FY 2020 Enacted.

“The FY 2021 request would transfer the Drug Free Communities Drug-Free Communities (DFC) and Comprehensive Addiction and Recovery Act (CARA) Local Drug Crisis funds directly to CDC to streamline program management and leverage CDC’s public health expertise and resources to benefit the programs and their almost 800 recipients across the country.”

**Opioid Abuse and Overdose Prevention:** “With these resources, CDC will continue current activities to support all 50 states and territories, as well as local jurisdictions, to track and prevent overdose deaths. CDC will prioritize support to states and territories to collect and report real-time, robust overdose mortality data. CDC will also be able to address critical public health response needs that leverage previous investments in workforce, systems, and infrastructure across its five response pillars. Intervention strategies will address both prescription and illicit opioids and may address drugs to the extent that they are associated with and/or exacerbate the opioid overdose epidemic (e.g., cocaine mixed with fentanyl).”

**America’s Health Block Grant:** “The proposed five-year chronic disease prevention and health promotion block grant, America’s Health, provides flexibility for States, tribes, localities, and territories to focus on the top public health challenges present in their jurisdictions.

“All States currently receive one or more grants or awards within the programs that would be replaced by the America’s Health block grant, and such funds could be used to achieve relevant goals as prioritized by each locality, such as: preventing and reducing tobacco use, the leading cause of preventable death and disease in the United States.

“CDC’s FY 2021 request of \$350,000,000 for the America’s Health Block Grant, all from the Prevention and Public Health Fund, seeks to reform state-based chronic disease programs to provide additional flexibility to states.

“With block grant funding, States and tribes have the flexibility to organize prevention and control efforts and deploy evidence-based interventions in a manner that makes the most sense to their jurisdictions and circumstances. Grantees could implement customized

strategies to address the most pressing chronic disease issues in their jurisdictions, such as: Help prevent youth tobacco product use and help people who use tobacco to quit.

“The extramural portion of the America’s Health Block Grant program is comprised of two components—a core block grant component and an innovation component. The core component (at least 85 percent of extramural funding) will fund state (50) and territorial (8) health departments, the Washington, D.C. health department (1), and Tribal Epidemiology Centers (12).”

### Health Resources and Services Administration (HRSA) – Select Programs

Program	FY 2019	FY 2020	President’s FY 2021 Request	House FY 21 Recommendation	Senate FY 21 Recommendation	Final FY 2021 Appropriations	FY 2021 vs FY 2020
Community Health Centers	\$1,625,522,000	\$1,625,522,000	\$1,728,522,000	\$1,651,522,000	\$1,712,522,000	\$1,682,772,000	+\$57,250,000
Interdisciplinary Community-Based Linkages	\$191,903,000	\$220,903,000	\$138,916,000	\$251,902,000	\$228,903,000	\$235,903,000	+\$15,000,000
Maternal and Child Health Block Grant	\$677,700,000	\$687,700,000	\$760,700,000	\$712,700,000	\$707,700,000	\$712,700,000	+\$25,000,000
Rural Health	\$317,794,000	\$318,294,000	\$246,834,000	\$334,294,000	\$325,410,000	\$329,519,000	+\$11,225,000
Rural Communities Opioids Response	\$120,000,000	\$110,000,000	\$110,000,000	\$110,000,000	\$110,000,000	\$110,000,000	Level
Telehealth	\$24,500,000	\$29,000,000	\$29,000,000	\$42,000,000	\$29,000,000	\$34,000,000	+\$5,000,000
Ryan White HIV/AIDS Program	\$2,318,781,000	\$2,388,781,000	\$2,483,781,000	\$2,413,781,000	\$2,438,781,000	\$2,423,781,000	+\$35,000,000
Loan Repayment Program for SUD Treatment Workforce	N/A	\$12,000,000	\$12,000,000	\$17,000,000	\$12,000,000	\$16,000,000	+\$4,000,000
Mental and Substance Use Disorder Workforce Training Demonstration	N/A	\$26,700,000	\$29,700,000	\$41,700,000	\$29,500,000	\$29,700,000	+\$3,000,000
Peer Support Specialists in the Opioid Use Disorder Workforce	N/A	\$10,000,000	Not funded	\$15,000,000	Not funded	\$13,000,000	+\$13,000,000

#### Final Appropriations Language on HRSA:

**Rural Communities Opioids Response:** “The agreement includes \$110,000,000 to continue the program, including \$1,500,000 of the funds available for career and workforce training activities in the NBRC region to assist individuals affected by a substance use disorder. Within the funding provided, the agreement includes \$10,000,000 to continue the three Rural Centers of Excellence (Centers), as established by Public Law 115-245 and as directed by Conference Report 115- 952, and continued in Public Law 116-94 and further directed in the explanatory statement to accompany Public Law 116-94. In addition to the conditions set forth in Conference Report 115-952, the Centers shall work to create a collaborative, multi-partner regional clearinghouse to identify predictors of substance use disorder treatment response.”

**Ending the HIV Epidemic:** “The agreement includes \$105,000,000 within the Ryan White program for the Ending the HIV Epidemic initiative. The agreement encourages the acceleration of the development of oral, ultralong-acting, sustained-release therapies as part of the Ending the HIV Epidemic initiative.”

**Peer Support:** “Within the total for Behavioral Health Workforce Education and Training (BHWET), the agreement includes no less than \$13,000,000 for community-based experiential training for students preparing to become peer support specialists and other types of behavioral health-related paraprofessionals, as described in House Report 116-450.”

#### **Senate Appropriations Committee Report Language:**

**Community Health Centers:** “The Committee continues to support the ongoing effort to increase the number of people who have access to medical services at health centers. Health centers play a vital role in ensuring access to primary care in underserved areas of the country, including urban, rural, and frontier areas.

**Rural Communities Opioids Response:** “The Committee includes \$110,000,000 to continue the Rural Communities Opioids Response program. The Committee continues funding to support treatment for and prevention of substance use disorder, focusing on rural communities with the highest risk for substance use disorders.”

“Within the funding provided, the Committee includes \$10,000,000 to continue the three Rural Centers of Excellence [Centers], as established by Public Law 115–245 and continued in Public Law 116–94. Additionally, the appropriation shall be made available for the purpose of extending the length of the grants supporting the Centers through the fiscal year 2023 project period and providing support for recovery housing and treatment providers.”

**Telehealth:** “The Committee strongly supports OAT and their mission to expand high quality medical care to rural communities that do not have adequate access to medical providers including many medical specialties.”

**Behavioral Health Workforce Development Programs:** “The Committee encourages HRSA to ensure new funding obligations do not detract from the core mission of establishing and expanding internships or field placement programs in behavioral health serving populations in rural and medically underserved areas.”

#### **House Appropriations Committee Report Language:**

**Telehealth:** “The Committee strongly supports expanded use of effective and secure telemedicine platforms and remote capabilities to provide expanded health care and related behavioral health monitoring and surveillance services in areas that have been hard hit by the opioid epidemic and related substance use disorders.”

**Loan Repayment Program for SUD Treatment Workforce:** “The Committee includes \$17,000,000 for the Loan Repayment Program for Substance Use Disorder Treatment Workforce, \$5,000,000 above the fiscal year 2020 enacted level and the fiscal year 2021 budget request. This program addresses shortages in the substance use disorder (SUD) workforce by providing for the repayment of education loans for individuals working in a full-time SUD treatment job that involves direct patient care in either a Mental Health Professional Shortage Area or a county where the overdose death rate exceeds the national average. This program contributes to increasing the ranks of a well-trained SUD workforce in communities across America and helps save lives by equipping the frontline professionals who prevent and treat addiction, provide recovery support, and help reduce the negative consequences associated with substance use.”

**Mental and Substance Use Disorder Workforce Training Demonstration:** “This program makes grants to institutions, including but not limited to medical schools and FQHCs, to support training for medical residents and fellows in psychiatry and addiction medicine, as well as nurse practitioners, physician assistants, and others, to provide SUD treatment in underserved communities. Within the total, the Committee includes an additional \$15,000,000 for new grants to expand the number of nurse practitioners, physician assistants, health service psychologists, and social workers trained to provide mental and substance use disorder services in underserved community-based settings that integrate primary care and mental and substance use disorder services, which may include establishing, maintaining, or improving academic units or programs to support those activities, as authorized under section 760 of the PHS Act.”

“The Committee remains concerned by the lack of pediatric and adolescent addiction medicine and addiction psychiatry expertise. Currently, there are insufficient opportunities to effectively train a robust mental health and substance use disorder workforce. Only 75 of the nation’s 179 accredited medical schools offer addiction medicine fellowships, and only one program focuses on fellowship opportunities for pediatric and adolescent addiction medicine and addiction psychiatry. This gap is even more troubling given that the onset of mental health disorders and substance use disorders are most likely to occur at a young age. Substance use disorders prevent children and adolescents from reaching their full potential and are antecedent to addiction in adulthood, and it is evident that our nation is not equipped to support this population. Therefore, the Committee strongly encourages HRSA to include an adequate number of funding awards to fellowship programs focused on increasing the number of board-certified pediatric and adolescent addiction medicine and addiction psychiatry subspecialists.”

**Peer Support Specialists in the Opioid Use Disorder Workforce:** “...the Committee includes \$15,000,000, an increase of \$5,000,000 above the fiscal year 2020 enacted level and \$15,000,000 above the fiscal year 2021 budget request, to fund training, internships, and national certification for mental health and substance abuse peer support specialists to create an advanced peer workforce prepared to work in clinical settings. The Committee further recommends that consideration should be given to community-based experiential training for students focusing on veterans, first responders, or marginalized populations.”

#### **Congressional Justification Language for HRSA Programs:**

**Community Health Centers:** “This request will also support quality improvement and value-based performance management activities at existing health center organizations, and ensure that current health centers can continue to provide essential primary health care services to their patient populations, including substance use disorder services focusing on the treatment, prevention, and/or awareness of opioid abuse.”

**Interdisciplinary Community-Based Linkages:** “The request prioritizes funding for health workforce activities that provide scholarships and loan repayment to clinicians in exchange for their service in areas of the United States where there is a shortage of health professionals.”

**Maternal and Child Health Block Grant:** “The FY 2021 Budget Request for the Maternal and Child Health (MCH) Block Grant program of \$760.7 million is \$73.0 million above the FY 2020 Enacted level. The Request includes an increase of \$60.0 million in funding for formula awards to states to provide states with additional flexibility to support activities previously funded through a number of MCH categorical grant programs.”

**Rural Communities Opioids Response:** “This request will enable HRSA to fund new RCORP-Implementation grants that provide needed SUD/ODU prevention, treatment, and recovery services to rural residents.

“The request will also provide HRSA with flexibility to respond to the evolving needs of the opioid epidemic, including the addition of psychostimulants.”

**Telehealth:** “HRSA will continue to utilize telehealth to provide access to healthcare in rural and underserved areas. In FY 2021, HRSA will make 30 new grant awards and continue 33 grants awards to strengthen the networks that provide telehealth services.”

**Ryan White HIV/AIDS Program:** “In support of HHS’s efforts to lead a national response to the opioid crisis, HRSA will continue to work collaboratively with other Federal partners to address opioid use disorder screening, treatment, and support for people with HIV.”

**Administration for Children and Families (ACF) – Select Programs**

Program	FY 2019	FY 2020	President’s FY 2021 Request	House FY 21 Recommendation	Senate FY 21 Recommendations	Final FY 2021 Appropriations	FY 2021 vs FY 2020
<b>Promoting Safe and Stable Families (PSSF)</b>	\$438,169,408	\$437,515,000	\$404,765,000	\$404,765,000	\$437,515,000	\$427,515,000	-\$10,000,000
<b>Regional Partnership Grants (RPG), mandatory</b>	\$20,000,000	\$20,000,000	\$40,000,000	\$20,000,000	\$20,000,000	\$20,000,000	Level
<b>Programs for Children and Families</b>	\$12,239,225,000	\$12,876,652,000	\$11,856,130,000	\$13,098,181,000	\$12,962,269,000	\$13,040,511,000	+\$163,859,000
<b>Child Abuse Prevention and Treatment Act (CAPTA) State Grants</b>	\$85,310,000	\$90,091,000	\$90,091,000	\$92,591,000	\$90,091,000	\$90,091,000	Level
<b>Child Welfare Services</b>	\$268,735,000	\$268,735,000	\$268,735,000	\$268,735,000	\$268,735,000	\$268,735,000	Level

**Final Appropriations Language on ACF:**

**Child Abuse Prevention and Treatment Act Infant Plans of Safe Care:** “The agreement continues \$60,000,000 to help States continue to develop and implement plans of safe care as required by section 106 of the Child Abuse Prevention and Treatment Act. The agreement directs HHS to provide technical assistance to States on best-practices and evidence-based interventions to address the health, safety, and substance use disorder treatment needs of the child and family, including guidance on the requirements and key terms in section 106(b)(2)(B) clauses (ii) and (iii), and to evaluate State’s activities on plans of safe care.”

**Child Welfare Research, Training and Demonstration:** “The agreement includes \$1,000,000 for a pilot project to enhance Statewide multi-disciplinary child advocacy studies training to improve training in how to prevent, identify, and respond to incidences of child abuse. In piloting such training, ACF should prioritize States with the existing infrastructure to train a large number of individuals, including existing partnerships with institutions of higher education in the State.”

**Senate Appropriations Committee Report Language:**

**Regional Partnership Grants (RPGs):** “The Committee strongly encourages ACF to prioritize applicants that will focus on preparing programs to qualify as evidence-based foster care prevention services under the Family First Prevention Services Act (Public Law 115–123), including



family-focused residential treatment programs, which help families remain together safely while parents receive treatment. The Committee also recommends priority be given to programs that mitigate the traumatic impact of parental incarceration.”

**Child Abuse Prevention and Treatment State Grants:** “Within the total, the Committee recommendation includes \$60,000,000 to help States continue to develop and implement plans of safe care as required by section 106(b)(2)(B)(iii) of the Child Abuse Prevention and Treatment Act (Public Law 93–247). The incidence of NAS has increased as the opioid crisis has worsened, and this funding will help States improve their response to infants and families affected by a substance use disorder. The Committee continues to strongly encourage HHS to encourage States to include in their plans specialized services for parents whose children may be at risk of abuse or neglect to reduce the need for child welfare or foster care system involvement. Finally, the Committee continues to direct HHS to provide technical assistance to States on best-practices and evidence-based interventions in this area to help address the health, safety, and substance use disorder treatment needs of the child and family...”

**Congressional Justification Language for ACF Programs:**

**Promoting Safe and Stable Families (PSSF):** “The FY 2021 request for the PSSF appropriation account is \$624.8 million, which is a decrease of \$442 million from the FY 2020 enacted level (accounting for the end of the FY 2020 sequestration order). This change is largely due to the one-time funding in FY 2020 from the Family First Transition Act that is not requested in FY 2021. Excluding this one-time funding, the request is \$57.6 million above the FY 2020 enacted level.” Funding for the core promoting Safe and Stable Families program remains the same with approximately \$338 million in mandatory funds and \$59 million in appropriated funds. The Administration does seek increases in both the Court Improvement program (CIP) and the Regional Partnership Grants (RPG)s which are attached to PSSF, see below:

**Regional Partnership Grants (RPG):** “A requested increase of \$40 million in PSSF mandatory funds for the Regional Partnership Grants program, bringing funding for the RPG program to \$60 million annually, continues the recent expansion of the program to communities in more states and enables grantees to provide more concerted services and activities to address the significant problem of the intersection of substance use disorders, including opioid misuse, and child welfare involvement.”

**Child Abuse Prevention and Treatment Act (CAPTA) State Grants:** “The request retains the \$60 million increase to support the Secretary’s priority initiative to combat the opioid crisis. The funding will help states to improve their response to infants affected by substance use disorders or withdrawal symptoms resulting from prenatal drug exposure or a Fetal Alcohol Spectrum Disorder by developing, implementing, and monitoring plans of safe care for these infants and their parents and caregivers.”

**Department of Justice (DOJ) – Select Programs**

Program	FY 2019	FY 2020	President’s FY 2021 Request	House FY 21 Recommendation	Senate FY 21 Recommendation	Final FY 2021 Appropriations	FY 2021 vs FY 2020
<b>Drug Enforcement Administration</b>	\$2,687,703,000	\$2,722,295,000	\$3,113,300,000	\$2,791,869,000	\$2,801,762,000	\$2,796,762,000	+\$74,467,000
<b>High Intensity Drug Trafficking Areas (HIDTA)*</b>	N/A	N/A	\$254,000,000	Not funded within DOJ	Not funded within DOJ	Not funded within DOJ	N/A
<b>Office of Justice Programs (OJP): Research, Evaluation, and Statistics</b>	\$80,000,000	\$79,000,000	\$86,500,000	\$88,500,000	\$81,000,000	\$82,000,000	+\$3,000,000

Program	FY 2019	FY 2020	President's FY 2021 Request	House FY 21 Recommendation	Senate FY 21 Recommendation	Final FY 2021 Appropriations	FY 2021 vs FY 2020
<b>OJP: State and Local Law Enforcement Assistance</b>	\$1,723,000,000	\$1,892,000,000	\$1,511,200,000	\$2,402,000,000	\$1,811,000,000	\$1,914,000,000	+\$22,000,000
<i>Byrne Justice Assistance Grants</i>	\$329,600,000	\$348,800,000	\$276,200,000	\$333,900,000	\$354,100,000	\$360,100,000	\$11,300,000
<b>Comprehensive Opioid, Stimulant, and Substance Abuse Program</b>	\$157,000,000	\$180,150,000	\$160,000,000	\$188,000,000	\$185,000,000	\$185,000,000	+\$4,850,000
<b>Drug Courts</b>	\$77,000,000	\$80,000,000	\$77,000,000	\$85,000,000	\$82,000,000	\$83,000,000	+\$3,000,000
<b>Justice and Mental Health Collaboration [MIOTCRA]</b>	\$31,000,000	\$33,000,000	\$33,000,000	\$43,000,000	\$35,000,000	\$35,000,000	+\$2,000,000
<b>Residential Substance Abuse Treatment (RSAT)</b>	\$30,000,000	\$31,160,000	\$30,000,000	\$35,000,000	\$34,000,000	\$34,000,000	+\$2,840,000
<b>Second Chance Act/Offender Reentry</b>	\$88,000,000	\$90,000,000	\$87,500,000	\$100,000,000	\$100,000,000	\$100,000,000	+\$10,000,000
<b>Veterans Treatment Courts</b>	\$22,000,000	\$23,000,000	\$22,000,000	\$30,000,000	\$24,000,000	\$25,000,000	+\$2,000,000
<b>Prescription Drug Monitoring</b>	\$30,000,000	\$31,000,000	\$30,000,000	\$31,000,000	\$32,000,000	\$32,000,000	+\$1,000,000
<b>Community Oriented Policing Systems (COPS)**</b>	\$303,500,000	\$343,000,000	Included as part of OJP funding	\$343,000,000	\$360,000,000	\$386,000,000	+\$43,000,000
<b>COPS Hiring Initiative**</b>	\$153,000,000	\$156,000,000	\$99,000,000	\$145,000,000	\$239,000,000	\$237,000,000	+\$81,000,000
<b>Juvenile Justice Programs</b>	\$287,800,000	\$320,000,000	\$227,500,000	\$337,000,000	\$348,000,000	\$346,000,000	+\$26,000,000

\*HIDTA program has historically been funded within ONDCP.

\*\*Administration proposes moving the COPS program to OJP.

Note: The House CJS bill anticipates and adopts elements of the House-passed George Floyd Justice in Policing Act (H.R. 7120) into the appropriations bill. Byrne JAG grantees would be required to spend 25% of their awards to advance certain police reform initiatives and jurisdictions would be prohibited from receiving a Byrne JAG award for failure to adopt certain specified state laws and practices.

### Final Appropriations Language on DOJ Programs:

**Comprehensive Addiction and Recovery Act (CARA) Programs:** "OJP is directed that funding for the Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) be focused on prevention and education efforts, effective responses to those affected by substance abuse, and services for treatment and recovery from addiction. Of the \$185,000,000 for 100 COSSAP, no less than \$11,000,000 shall be made available for additional replication sites employing the Law Enforcement Assisted Diversion (LEAD) model, with applicants demonstrating a plan for sustainability of LEAD-model diversion programs; no less than \$5,500,000 shall be made available for education and prevention programs to connect law enforcement agencies with K-12 students; and no less than \$10,500,000 shall be made available for embedding social services with law enforcement in order to rapidly respond to drug overdoses where children are impacted. OJP is encouraged to ensure that funds provided for residential substance abuse treatment for State prisoners are being used to treat underlying mental health disorders, in addition to substance abuse disorders. Within the funding provided for drug courts, OJP is encouraged to give attention to States and localities that have the highest concentrations of opioid-related cases, and to prioritize assistance to underserved areas whose criminal defendants currently have relatively little opportunity to access drug courts and coordinate, as appropriate, with other Federal agencies such as the Department of Health and Human Services, as it implements these activities in order to avoid duplication. OJP is directed to include appropriate long-acting medications, including injectable anti-psychotic medication, as an allowable expense to improve treatment adherence and reduce risk for relapse and re-incarceration. Additionally, the Department is urged to provide funding in accordance with

section 14002 of the 21st Century CURES Act of 2016 (Public Law 114-255) for court-ordered assisted outpatient treatment as authorized in law. Finally, the 21st Century CURES Act authorized the funding of Forensic Assertive Community Treatment (FACT) Initiatives as part of the adult and juvenile collaboration program grants. OJP is encouraged to make funding available for FACT Initiatives within these programs."

**Second Chance Act (SCA) Grants and Drug Treatment:** "SCA funding is expected to support grants that foster the implementation of strategies that have been proven to reduce recidivism and ensure adults released from prisons and jails safely and successfully reenter their communities. The agreement supports the Office of Management and Budget's scoring mechanism for SCA grant funding as it relates to opioid abuse and the heroin epidemic. In addition, when awarding SCA grants, OJP is directed to consider the impact of reentry of prisoners on communities in which a disproportionate number of individuals reside upon release from incarceration. OJP shall assess the reentry burdens borne by local communities and local law enforcement agencies; review the resources available in such communities to support successful reentry and the extent to which those resources are used effectively; and make recommendations to strengthen the resources in such communities which are available to support successful reentry and to lessen the burden placed on such communities by the need to support reentry."

**COPS Hiring Program:** "The COPS Hiring Program grant solicitation for fiscal year 2021 is directed to include two additional priority focus areas: (1) hiring officers who live in the communities that they serve and (2) hiring officers who are willing to relocate to areas characterized by fragmented relationships between police and residents of the community, or where there are high incidents of crime. "

#### **Senate Report Language on DOJ Programs:**

**Responding to Opioids, Methamphetamine, Synthetic Drugs, and Substance Abuse in Our Communities:** "The Committee continues its commitment to helping States and local communities in the fight against opioids, methamphetamine, synthetic drugs, and the illegal diversion of prescription drugs through comprehensive programs covering law enforcement, prevention, and treatment. A total of \$539,000,000 in DOJ grant funding is provided to help State and local partners tackle these epidemics, an increase of \$21,000,000 above the fiscal year 2020 level, including increased funding for programs under the Comprehensive Addiction and Recovery Act (Public Law 114-198) and the COPS Anti-Methamphetamine Task Forces. The DEA is funded at \$2,801,762,000, an increase of \$79,467,000 above the fiscal year 2020 enacted level, which will allow for the continuation of heroin enforcement teams, methamphetamine lab cleanup and container programs, and other interdiction and intervention efforts, including expansion of DEA's 360 Strategy."

**Illegal THC Vaping Products:** "The FDA and the Centers for Disease Control have acknowledged mounting evidence that the use of illegal vaping products containing THC can cause severe lung injuries and have urged the public to refrain from their use. In this context, the Committee is alarmed by reports from several DEA field offices that these products, often labeled with colorful 105 packaging and candy-flavored names, are intentionally being marketed towards children. The Committee directs the DEA to submit a report, within 180 days of the enactment of this act, describing its efforts to interdict illicit vaping cartridges containing THC. This report should further provide a thorough assessment of the manner and degree to which these products are being marketed to children."

**Medication-Assisted Treatment [MAT]:** "The FSA required BOP to expand the MAT program for treating inmates with opioid use disorder. The Committee supports the budget request of \$37,070,000 to allow all inmates to be screened for MAT, and to expand the MAT program to half of BOP's institutions with the goal of reaching all institutions in future fiscal years. The Committee directs BOP to consider all three forms of FDA-approved MAT as it expands MAT access. The Committee reminds BOP to continue to hire healthcare staff, including physicians, pharmacists,

nurses, and drug counselors, in order to properly meet inmates' medical needs including those receiving MAT. BOP is directed to continue to report quarterly on the number of individuals that are screened for MAT, are seeking MAT, have received MAT, and those on a wait list for MAT. These categories should be further broken out by institution or RRC and type of MAT."

**Residential Substance Abuse Treatment:** "The Committee supports specialized residential substance abuse treatment programs for inmates with co-occurring mental health and substance abuse disorders or challenges. Given the strong nexus between substance abuse and mental illness in our prisons and jails, the Committee encourages the Attorney General to ensure that funds provided for residential substance abuse treatment for State prisoners are being used to treat underlying mental health disorders, in addition to substance abuse disorders."

#### **House Report Language on DOJ Programs:**

"The Committee believes that communities must address opioid abuse through comprehensive strategies that incorporate enhanced enforcement, education and treatment. The Committee directs OJP to work with the Drug Enforcement Administration, the Department of Health and Human Services, and the NIJ to develop, and help communities implement, best practices to address opioid abuse.

"The Committee encourages OJP to develop and apply metrics that incentivize stronger linkages between the responsible agencies, including but not limited to law enforcement, prosecutors, community-based treatment centers, hospitals, medical examiners, and public health departments. The Committee also encourages OJP to prioritize comprehensive, real-time, regional information collection, analysis, and dissemination.

"The Committee supports the use of COAP funding to provide law enforcement with overdose reversal drugs, such as naloxone. The Committee believes it is essential to any comprehensive opioid prevention strategy to include a vigorous program designed to strengthen the ability of States and tribes to develop identifiable and accessible take-back programs for unused controlled substances found in the home and used by hospitals and long-term care facilities. The Committee encourages the Department to administer drug court grants with maximum flexibility in order to best accommodate the needs and available resources of eligible jurisdictions, including rural jurisdictions.

"The Committee is aware that there can be a correlation between those suffering from mental health disturbances and repeat criminal offenders. Therefore, the Committee recommends that funds allocated to the Mentally Ill Offender Act should prioritize the operational expenses for centers that aid those with severe mental health needs who are at risk of recidivism. These mental health centers can provide, but are not limited to, the following services: crisis care, residential treatment, outpatient mental health and primary care services, and community re-entry supports. The Committee recommends that funding levels for grants be commensurate with demonstrated community needs.

"The Committee is concerned by the high rates of re-incarceration among individuals with serious mental illness due to the inadequate management of their illness and encourages the Department to include long-acting injectable anti-psychotic medications as an allowable expense to improve treatment adherence and reduce risk for relapse and re-incarceration."

#### **DOJ Congressional Justification Language:**

**High Intensity Drug Trafficking Areas (HIDTA) Program:** "The FY 2021 President's Budget proposes to transfer the HIDTA Program from the Office of National Drug Control Policy to the DEA to better facilitate coordination of the HIDTA Program grants with other drug enforcement assets. Transferring the administration of the program will allow HIDTA resources to be focused on combating drug trafficking in areas where the threat is the greatest and where there is a coordinated law enforcement presence."

**Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP):** “\$160.0 million in total funding is requested. COSSAP, a program developed in FY 2017, aims to reduce drug misuse and the number of overdose fatalities. It also supports the implementation, enhancement, and proactive use of prescription drug monitoring programs to support clinical decision-making and prevent the misuse and diversion of controlled substances.”

**Second Chance Act and Reentry:** “The program provides grants to help state, local, and tribal corrections and public safety agencies implement and improve a variety of reentry services including housing, educational and employment assistance, mentoring relationships, mental health services, substance abuse treatment services, and family-support services.”

**Community Oriented Policing Systems (COPS):** “The FY 2021 Budget does not request a direct appropriation for COPS, and instead proposes to merge the Office into OJP. As such, funding for COPS programs is requested through OJP.”

**Community Oriented Policing Systems (COPS) Hiring Initiative:** “The primary activity of COPS Hiring is to increase public safety and advance community policing practices by awarding competitive, discretionary grants directly to law enforcement agencies across the United States and its territories.”

**Office of National Drug Control Policy (ONDCP)**

Program	FY 2019	FY 2020	President’s FY 2021 Request	House FY 21 Recommendation	Senate FY 21 Recommendation	Final FY 2021 Appropriations	FY 2021 vs FY 2020
<b>Drug Free Communities (DFC)</b>	\$100,000,000	\$101,250,000	Not funded	\$102,000,000	\$101,250,000	\$102,000,000	+\$750,000
<b>High-Intensity Drug Trafficking Area (HIDTA) Program</b>	\$280,000,000	\$285,000,000	Not funded	\$290,000,000	\$285,000,000	\$290,000,000	+\$5,000,000
<b>Community-Based Coalition Enhancement Grants (CARA Grants)</b>	\$3,000,000	\$4,000,000	Not listed	\$5,000,000	Not listed	\$5,000,000	+\$1,000,000

\*President’s FY 2021 proposed total for ONDCP includes \$16,400,000 for operations, and \$12,400,000 for other federal drug control programs. The Administration proposes moving the HIDTA program to the DEA and the DFC program to the CDC.

**Final Appropriations Language on ONDCP Programs:**

**High Intensity Drug Trafficking Areas Program:** “ONDCP is directed to consult with the HIDT As in advance of deciding programmatic spending allocations for discretionary (supplemental) funding, taking particular note of areas with the highest rates of overdose deaths.”

**Opioid Addiction:** “As prescription drug monitoring programs reduce illicit access to prescription drugs, those struggling with substance abuse disorders who are no longer able to obtain or afford prescription opioids often turn to heroin and other opioids. The agreement notes the prevalence of opioid addiction and the resultant increase in trafficking of and addiction to heroin and other emergent threats such as fentanyl. ONDCP, in consultation with the HIDTA Directors, is encouraged to prioritize discretionary funds to aid States that have identified heroin and opioid addiction as an emergent threat, and have developed and implemented community responses to combat addiction to heroin and other opioids. ONDCP and HIDTAs enable necessary coordination of law enforcement efforts and support for State and local law enforcement, and must continue to play a significant role in the eradication of heroin and prescription drug diversion.”

#### **Senate Appropriations Committee Report Language:**

**Drug-Free Communities Support Program:** “The Drug-Free Communities [DFC] Support Program provides dollar-for-dollar matching grants of up to \$125,000 to local coalitions that mobilize their communities to prevent youth alcohol, tobacco, illicit drug, and inhalant abuse. Such grants support coalitions of youth; parents; media; law enforcement; school officials; faith-based organizations; fraternal organizations; State, local, and tribal government agencies; healthcare professionals; and other community representatives. The DFC Support Program enables these coalitions to strengthen their coordination and prevention efforts, encourage citizen participation in substance abuse reduction efforts, and disseminate information about effective programs. The Committee provides \$101,250,000 for the continuation of the DFC Support Program.

“The Committee is aware that ONDCP has considered new Federal partners in co-administration of the DFC Support Program. Such relationships are not immutable, and new participants may promote innovation. However, any changes should be planned well in advance, with early notice to all stakeholders, to mitigate any negative impacts to DFC coalitions. The Committee is concerned that the maximum number of grants based on funding provided may not be awarded. The Committee expects ONDCP to work with the administering agency that can award the most grants in fiscal year 2021.

“The Committee includes a provision in the bill directing ONDCP to provide \$2,500,000 of DFC Support Program funds for training and related purposes as authorized by section 4 of Public Law 107–82, as amended by section 8204 of Public Law 115–271.”

#### **House Appropriations Committee Report Language:**

The Committee notes the importance of the HIDTA and DFC grant programs in combating the nation's opioid epidemic. The Committee further notes that ONDCP ensures the HIDTA and DFC programs are equitably managed across Federal, State, and local agencies and with the necessary interagency flexibility to address emerging threats. The Committee rejects the proposal in the President's budget to transfer the HIDTA and DFC programs out of ONDCP, and instead directs ONDCP to retain operational control over these programs to maintain the interagency benefits needed to address the opioid crisis.