

# Comprehensive Addiction and Recovery Act of 2016 (S. 524), as approved by the Senate Judiciary Committee on February 11, 2016: *A Section-by-Section Analysis*

*Senate Sponsors:* Sen. Whitehouse (D-RI), Sen. Portman (R-OH), Sen. Klobuchar (D-MN), Sen. Ayotte (R-NH), Sen. Coons (D-DE), Sen. Kirk (R-IL), Sen. Warren (D-MA), Sen. Franken (D-MN), Sen. Feinstein (D-CA), Sen. Nelson (D-FL), Sen. Schumer (D-NY), Sen. Gillibrand (D-NY), Sen. Collins (R-ME), Sen. Hatch (R-UT), Sen. Graham (R-SC), Sen. Baldwin (D-WI), Sen. Menendez (D-NJ), Sen. Shaheen (D-NH), Sen. King (I-ME), Sen. Manchin (D-WV), Sen. Blumenthal (D-CT), Sen. Leahy (D-VT), Sen. Capito (R-WV), Sen. Donnelly (D-IN), Sen. Sullivan (R-AK), Sen. Heinrich (D-NM), Sen. Tester (D-MT), Sen. Rubio (R-FL), Sen. Udall (D-NM), and Sen. Durbin (D-IL)

## Section 1: Short Title and Table of Contents

This section identifies the bill as the “Comprehensive Addiction and Recovery Act of 2016” (S. 524).

- *Title I: Prevention and Education*
  - Sec. 101: Development of best practices for the use of prescription opioids
  - Sec. 102: Awareness Campaigns
  - Sec. 103: Community-Based Coalition Enhancement Grants to Address Local Drug Crises
- *Title II: Law Enforcement and Treatment*
  - Sec. 201: Treatment Alternative to Incarceration Programs
  - Sec. 202: First responder training for the use of drugs and devices that rapidly reverse the effects of opioids
  - Sec. 203: Prescription Drug Take Back Expansion
  - Sec. 204: Heroin and methamphetamine task forces
- *Title III: Treatment and Recovery*
  - Sec. 301: Evidence-Based Opioid and Heroin Treatment and Interventions Demonstration
  - Sec. 302: Criminal Justice Medication-Assisted Treatment and Interventions Demonstration
  - Sec. 303: National Youth Recovery Initiative
  - Sec. 304: Building Communities of Recovery
- *Title IV: Addressing Collateral Consequences*
  - Sec. 401: Correctional Education Demonstration Grant Program
  - Sec. 402: National Task Force on Recovery and Collateral Consequences
- *Title V: Addiction and Treatment Services for Women, Families, and Veterans*
  - Sec. 501: Improving Treatment for Pregnant and Postpartum Women
  - Sec. 502: Report on Grants for Family-Based Substance Abuse Treatment
  - Sec. 503: Veterans’ Treatment Courts
- *Title VI: Incentivizing State Comprehensive Initiatives to Address Opioid and Heroin Abuse*
  - Sec. 601: State Demonstration Grants for Comprehensive Opioid Abuse Response
- *Title VII: Miscellaneous*
  - Sec. 701: GAO Report on IMD Exclusion
  - Sec. 702: Funding
  - Sec. 703: Conforming Amendments
  - Sec. 704: Grant Accountability

## Section 2: Findings

This section provides data that Congress has identified about opioid misuse. The findings include the scope of the problem, data on opioid overdose, information on increases in heroin use, data on increases in admissions to substance use treatment for prescription drugs and heroin (referencing NASADAD’s inquiry on State responses to heroin and prescription drug misuse), and the effectiveness of prevention and clinically appropriate treatment, including medication-assisted treatment.

## Section 3: Definitions

This section defines key terms and agencies identified throughout the bill. The defined terms include medication-assisted treatment, opioid, and State. The Act defines medication-assisted treatment as “the use, for problems relating to heroin and other opioids, of medications approved by the Food and Drug Administration (FDA) in combination with counseling and behavioral therapies.”

***Title I: Prevention and Education*****Section 101: Development of Best Practices for the Use of Prescription Opioids**

This section creates an **inter-agency task force to develop a set of best practices for pain management and prescribing pain medication**. The task force will review existing research, recommendations from relevant conferences, efforts at the State and local level to develop pain management strategies, management strategies for high risk populations such as those who receive opioids during the course of medical care, and the Centers for Disease Control's (CDC) Proposed 2016 Guideline for Prescribing Opioids for Chronic Pain. The task force will also review public comments and develop a strategy for disseminating the best practices to stakeholders. Finally, the task force will submit a report to Congress that reviews the dissemination strategy, results from a feasibility study on linking the best practices to prescriber registrations under the Controlled Substances Act, and recommendations on how to apply the best practices at medical facilities. Within six months after the task force convenes, they will develop best practices and within seven months they will submit the report to Congress.

The Secretary of Health and Human Services (HHS) would lead the task force in cooperation with the Secretary of Veterans Affairs (VA), Secretary of Defense, and Administrator of the Drug Enforcement Administration (DEA). Other representatives on the task force would include the Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC), National Academy of Medicine, Office of National Drug Control Policy (ONDCP), and the National Institutes of Health (NIH). This section also calls for the task force to include prescribers, pharmacists, experts in the pain and addiction research fields, pain management professional organizations, advocacy groups, and representatives of the mental health and substance use disorder treatment communities. The task force will not have rulemaking authority. The task force will convene no later than December 14, 2018, and best practices will be updated no later than 180 days after that.

**Section 102: Awareness Campaigns**

This section calls for the Secretary of Health and Human Services (HHS) and the Attorney General to advance the awareness of opioid use disorders. A **drug-free media campaign** will be established, in coordination with the Office of National Drug Control Policy (ONDCP). The campaign will take into account the association between prescription opioid misuse and heroin use, emphasizing the similarities between prescription opioids and heroin. The campaign will also raise awareness about the risks of fentanyl.

**Section 103: Community-Based Coalition Enhancement Grants to Address Local Drug Crises**

This section amends Part II of Title I of the Omnibus Crime Control and Safe Streets Act of 1968 by adding a new section: "Sec. 2997 Community -Based Coalition Enhancement Grants to Address Local Drug Crises." This section authorizes the U.S. Attorney General, in coordination with the Director of ONDCP, to make grants to eligible entities to **implement comprehensive community-wide strategies to address local drug crises**. Eligible entities will be organizations that have received a grant under the Drug Free Communities Act of 1997 and that have documented higher than average rates of local opioid misuse methamphetamine use. "Local drug crises" refers to areas with a sudden, documented increase in the misuse of opioids or methamphetamines, or rates of misuse of prescription opioids or methamphetamines that are significantly higher than the national average.

Applicants must submit to the Attorney General a detailed, comprehensive, multi-sector plan for addressing the local drug crises. The Attorney General may award grants to organizations to spend on community-wide prevention strategies to address the local drug crisis and to obtain training and technical assistance. Federal funds received under this section should supplement other federal and non-federal funding sources, not supplant them. A grant under this section will be subject to the same evaluation requirements and procedures as the Drug-Free Communities Act of 1997.

***Title II: Law Enforcement and Treatment*****Section 201: Treatment Alternative to Incarceration Programs**

This section authorizes the Secretary of HHS, in coordination with the Attorney General, to make **grants to eligible entities to develop, implement, or expand a treatment alternative to incarceration programs**. Grants may be made to States, units of local government, Indian tribes, or a nonprofit organization. The grants

will facilitate or enhance planning and collaboration between State criminal justice systems and SSAs in order to more efficiently and effectively carry out programs that address problems related to the use of opioids among participants. Eligible program participants are individuals who come in contact with the juvenile or criminal justice systems or who are arrested or charged with an offense that is non-violent and not a serious drug offense; have a history of or a current substance use disorder or co-occurring mental illness and substance use disorder; and have been approved for participation in one of the funded programs based on the stage of the criminal justice process by the relevant attorneys, law enforcement, judges, corrections officials, or representatives from the relevant mental health or substance abuse agency.

A number of treatment alternatives to incarceration programs qualify under this section.

Pre-booking and pre-arrest programs including:

- Programs to train law enforcement on substance use disorders and co-occurring mental health and substance use disorders;
- Receiving centers as alternatives to incarceration;
- Specialized response units for calls related to substance use disorders and co-occurring mental health and substance use disorders; and
- Other arrest and pre-booking treatment alternative to incarceration models.

Post-booking programs including:

- Specialized clinical case management;
- Pre-trial services related to substance use disorders and co-occurring mental health and substance use disorders;
- Prosecutor- and defender-based programs;
- Specialized probation;
- Programs utilizing the American Society of Addiction Medicine (ASAM) patient placement criteria;
- Treatment, rehabilitation programs, and recovery support services; and
- Drug courts, driving while intoxicated (DWI) courts, and veterans' treatment courts.

Eligible entities may submit an application that provides extensive evidence of collaboration with State and local government agencies overseeing health, community corrections, courts, prosecution, victims' services, employment services, and local law enforcement. Applicants must also **demonstrate that they have consulted with the State substance abuse agency** as well as the State criminal justice planning agency. They must also demonstrate that evidence-based treatment practices will be used, and that evidence-based screening and assessment tools will be used to place participants into the program.

Each awardee will determine the terms and conditions of participation in the program, taking the **collateral consequences of arrest prosecution, or criminal conviction** into account. Awardees will also ensure that each treatment component (substance use disorder and mental health) is licensed and qualified by the relevant jurisdiction. For post-booking programs, awardees will organize an enforcement unit of law enforcement professionals to verify addresses and contact information for participants and if necessary, the location, arrest, and court date of a participant who has violated the terms and conditions of the program. Awardees will also notify the relevant criminal justice entity of any participants who abscond from the treatment facility or who otherwise violate the terms and conditions. Finally, the awardees will submit periodic reports on the treatment progress of participants or other measured outcomes, describe the evidence-based methodology and outcome measurements that will be used to evaluate the program, and describe how the program could be widely replicated if demonstrated to be effective.

Funds may be used for a variety of program expenses including salaries and personnel costs, operations, payments for treatment providers, and payments to public and private nonprofit entities that are approved to provide substance use disorder and mental health treatment to program participants. The Secretary of HHS will ensure that grants are equitably distributed (to the extent possible), so that grants are awarded in each State; in

rural, urban, and suburban areas; and tribal jurisdictions. **In awarding grants to States, the Secretary of HHS will prioritize States that submit a joint application from the State substance abuse agency and the criminal justice agency.** The Secretary will also prioritize States that provide civil liability protection for first responders, health professionals, and family members who administer naloxone to reverse an opioid overdose. States can fulfill this requirement by the State attorney general certifying that he/she has reviewed the State's civil liability protection law to determine the applicability of the law—with respect to first responders, health care professionals, family members, and others who have received naloxone administration training and may administer naloxone to individuals believed to be suffering from opioid overdose—and concluded that existing law provides adequate civil protections. Awardees will submit a report on program outcomes to the Secretary of HHS each fiscal year on best practices for treatment alternatives and identification of training requirements for law enforcement officers who participate in treatment alternative to incarceration programs.

The Secretary of HHS will carry out this section using funds made available to SAMHSA for Criminal Justice Activities.

### **Section 202: First Responder Training for the use of Drugs and Devices that Rapidly Reverse the Effects of Opioids**

This section amends Part II of Title I of the Omnibus Crime Control and Safe Streets Act of 1968 to add a new section: "Sec. 2998 First Responder Training for the use of Drugs and Devices that Rapidly Reverse the Effects of Opioids." This section authorizes the Secretary of Health and Human Services, in coordination with the Attorney General, to make grants available to States, local governments, or Indian tribal governments. Funding will allow appropriately trained first responders to administer an opioid overdose reversal drug to individuals who have or have been determined to have experienced an overdose and provide a mechanism for referral to treatment.

The grant application to the Secretary of HHS will describe the evidence-based methodology and outcome measurements that will be used for program evaluation, and explain how such measurements will provide valid measures of the impact of the program. The application will describe how the program could be broadly replicated. It will also identify agencies that the program will coordinate, and describe how law enforcement agencies will coordinate with their SSA and State mental health agency to identify protocols and resources for victims and families.

The Secretary of HHS will conduct an evaluation of grants to determine the number of first responders equipped with naloxone or another opioid overdose reversal drug. The evaluation will also determine the number of opioid overdoses reversed by first responders receiving training and supplies of opioid overdose reversal drugs through the grant program. Additionally, the evaluation will determine the number of calls for service related to opioid overdose, the extent to which overdose victims and families receive information about treatment services and available data describing treatment admissions, and the research, training, and supply needs of first responder agencies, including those agencies that are not receiving grants under this section.

The Secretary of HHS will ensure that not less than 25 percent of grant funds are awarded to eligible entities that are in rural areas with limited access to emergency medical services.

### **Section 203: Prescription Drug Take Back Expansion**

This section authorizes the Attorney General, in coordination with the Administrator of DEA, Secretary of HHS, and Director of ONDCP, to make grants to a variety of entities to **expand or create disposal sites for unwanted prescription medications.** Eligible applicants include:

- State, local, or tribal law enforcement agency;
- Manufacturer, distributor, or reverse distributor of prescription medications;
- Retail pharmacy;
- Registered narcotic treatment program;
- Hospital or clinic with an on-site pharmacy;
- Eligible long-term care facility; or
- Any other entity authorized by the DEA to dispose of prescription medications.

### Section 204: Heroin and Methamphetamine Task Forces

This section amends Part II of Title I of the Omnibus Crime Control and Safe Streets Act of 1968 to add “Sec. 2999. Heroin and Methamphetamine Task Forces.” This section authorizes the Attorney General to make grants available to State law enforcement agencies to locate or **investigate illicit activities through statewide collaboration**. These activities shall be related to the distribution or trafficking of heroin or fentanyl, or the unlawful distribution of prescription opioids. The grants will also help State law enforcement agencies to locate or investigate illicit activities, including precursor diversion, laboratories, or methamphetamine traffickers.

### *Title III: Treatment and Recovery*

#### Section 301: Evidence-Based Opioid and Heroin Treatment and Interventions Demonstration

This section amends Part II of Title I of the Omnibus Crime Control and Safe Streets Act of 1968 to add “Sec. 2999A Evidence-Based Opioid and Heroin Treatment and Interventions Demonstration.” The section **authorizes the Director of the Center for Substance Abuse Treatment (CSAT, SAMHSA), in coordination with the Attorney General, to award grants to State substance abuse agencies**, units of local government, nonprofit organizations, and Indian tribes or tribal organizations that have a high rate or rapid increase in the use of heroin or other opioids. Funds will be used to **expand activities, including the availability of medication-assisted treatment (MAT) and other clinically appropriate services**. MAT is defined in this legislation as the use of medications approved by the FDA in combination with counseling and behavioral therapies. The CSAT Director will ensure that grants are equitably distributed across the U.S. The CSAT Director will also evaluate the activities of grantees, disseminate significant results from the evaluation, provide technical assistance, and fund applications that specifically support recovery services as a critical component of the grant program.

#### Section 302: Criminal Justice Medication-Assisted Treatment and Interventions Demonstration

This section authorizes the Secretary of HH, in coordination with the Attorney General, to make **grants to States, units of local government, or Indian tribes to implement medication-assisted treatment (MAT) programs through criminal justice agencies**. “Criminal justice agencies” are State, local, or tribal courts, prisons, jails, or other agencies that administer criminal justice. Eligible entities may submit an application to the Secretary of HHS that certifies that MAT programs funded with grant funds have been **developed in consultation with the State substance abuse agency** and describes how data will be collected and analyzed to determine the effectiveness of the program. Funds may be used for MAT program expenses, training criminal justice agency personnel and treatment providers on MAT, cross-training personnel providing health services and other administrative functions, and providing recovery coaches to mentor participants and create transition plans.

In awarding grants to States, the Secretary of HHS will prioritize States that provide civil liability protection for first responders, health professionals, and family members who administer naloxone to reverse an opioid overdose. States can fulfill this requirement by enacting legislation or by the State attorney general certifying that he/she has reviewed the State’s civil liability law and concluded that existing law provides adequate civil protections.

The Secretary of HHS, in coordination with the Director of NIDA, will provide technical assistance and training for grantees. Grantees will submit a report annually to the Secretary of HHS on the outcomes of individuals receiving MAT through the grant. The outcomes will be based on the recidivism of participants, treatment outcomes (such as maintaining abstinence from illegal or unauthorized substances), a comparison of the cost of providing medication-assisted treatment and the cost of incarceration or other participation in the criminal justice system, housing status, and employment status.

#### Section 303: National Youth Recovery Initiative

This section authorizes the Secretary of Health and Human Services, in consultation with the Secretary of Education, to award grants to accredited recovery schools, accredited high schools that are seeking to establish or expand recovery support services, an institution of higher education, a recovery program at a nonprofit college, or a nonprofit organization. Grantees can provide substance use recovery support services to young



people in high school or enrolled in institutions of higher education, help build supportive communities for young people in recovery, and encourage initiatives to help young people achieve and sustain recovery from a substance use disorder. **Grant funds may be used to develop, support, and maintain youth recovery support services**, including maintaining a physical space for activities, staff, social activities, to establish a recovery high school, to coordinate recovery programs with other social service providers (mental health, primary care, juvenile and criminal justice, substance use disorder treatment programs, housing, child welfare, and more), to develop peer support programs, and other activities that help youth and young adults achieve recovery from substance use disorders.

#### **Section 304: Building Communities of Recovery**

This section amends Part II Title I of the Omnibus Crime Control and Safe Streets Act of 1968 to add “Sec. 2999C Building Communities of Recovery.” This section authorizes the Secretary of HHS to award **grants to recovery community organizations to develop, expand, and enhance recovery services**. “Recovery community organizations” are nonprofits that mobilize resources within and outside the recovery community to increase long-term recovery and that are wholly or principally governed by people in recovery who reflect the community served. Federal grant funds may not exceed 50% of total program costs. Funds may be used to develop, expand, and enhance community and Statewide recovery support services, advocate for individuals in recovery, build connections between recovery support services and networks, including treatment programs, mental health providers, primary care providers, and others. Funds may also be used on efforts to reduce the stigma associated with substance use disorders and to conduct public education and outreach on issues related to substance use disorders and recovery. This can include education on the signs of addiction, the resources available for people with substance use disorders, and the medical consequences of substance use disorders, including neonatal abstinence syndrome (NAS).

#### **Title IV: Addressing Collateral Consequences**

##### **Section 401: Correctional Education Demonstration Grant Program**

This section would amend Title I of the Omnibus Crime Control and Safe Streets Act of 1968 by adding a reference to the Correctional Education Demonstration Grant Program. This authorizes the U.S. Attorney General to make grants to a State, unit of local government, nonprofit, or Indian tribe to **design, implement, and expand educational programs for offenders in prisons, jails, and juvenile facilities**. The funds may be used to provide education services for adult and juvenile populations, including high school equivalency, career technical education, and others. The funds may also be used for screening and assessment of inmates to assess educational level, risk level, and other case management services; hiring and training instructors and other staffing costs; supplies and equipment; and partnerships and agreements with community colleges, universities, and career technology education providers. Finally, grants may fund certification programs and technology solutions to meet the needs of the correctional populations and facilitate the continued participation of students post-release.

The Attorney General will give priority to applicants that assess the level of risk and need of inmates by conducting educational assessments (including the need for English as a second language instruction) and assessing occupational interests and aptitudes. Applicants that target educational services to the assessed needs and target career technology education to employment opportunities in communities where students will go post-release will also be prioritized. Other priorities include providing a range of educational opportunities, opportunities for students to obtain credentials, partnering with community programs, and explicitly providing career pathways models. Applicants will describe the evaluation plan and evidence-based methodology and how the program could be replicated if effective.

##### **Section 402: National Task Force on Recovery and Collateral Consequences**

This section directs the Attorney General to establish a ten member, bipartisan task force called the “Task Force on Recovery and Collateral Consequences” within 30 days after the date of enactment. “Collateral consequences” refer to a penalty, disability, or disadvantage experienced by an individual because of a criminal conviction, but not as part of a court’s judgment or sentencing. Collateral consequences can also be a penalty, disability, or disadvantage that an administrative agency, official, or civil court is authorized, but not required to impose on someone who committed a

criminal offense. Members of the task force will include people with national recognition and expertise in relevant policy areas (health care, housing, employment, substance use disorders, etc.), at least two members in recovery from a substance use disorder (at least one of which whom has benefited from medication-assisted treatment), and to the extent possible, members who formerly served as elected officials at the State and federal levels. Members of the task force will select a chairperson(s).

The task force will **identify the collateral consequences for individuals with federal or State drug convictions who are in recovery** and determine whether the collateral consequences identified unnecessarily delay individuals from resuming their personal and professional activities. Within six months after the first task force meeting, the group will develop recommendations for proposed legislative and regulatory changes to reduce and eliminate the consequences identified. The task force will hold hearings, require testimony, and secure information from any department or agency of the United States. Within one year after the first meeting, the task force will submit a report detailing their findings and recommendations to the head of each relevant department or agency of the U.S., the President, and the Vice President. Those who receive the report will submit to Congress any legislative recommendations.

### ***Title V: Addiction and Treatment Services for Women, Families, and Veterans***

#### ***Section 501: Improving Treatment for Pregnant and Postpartum Women***

This section amends Part II of Title I of the Omnibus Crime Control and Safe Streets Act of 1968 by adding a new section: “Sec. 2999E Improving Treatment for Pregnant and Postpartum Women.” This section authorizes the Secretary of Health and Human Services (HHS), acting through the Director of the Center of Substance Abuse Treatment (CSAT) within the Substance Abuse and Mental Health Services Administration (SAMHSA), to carry out a pilot program making competitive **grants available to State substance abuse agencies (SSA) to enhance flexibility in the use of funds for family-based services for pregnant and postpartum women, including women involved with the criminal justice system**, with a primary diagnosis of a substance use disorder. Funds will help SSAs address gaps in services to women across the continuum of care, including in non-residential settings, and promote new approaches and evidence-based models of service delivery.

The Secretary of HHS will specify minimum services that should be made available to women through the pilot program, which will be based on recommendations from stakeholders, including SSAs, health care providers, and individuals in recovery from a substance use disorder. The minimum services will include individual, group, and family counseling, as well as follow-up services to assist women in preventing a relapse. The minimum services may—but do not have to—include:

- (1) Prenatal and postpartum health care.
- (2) Referrals for necessary hospital services.
- (3) For the infants and children of the woman-
  - (A) pediatric health care, including treatment for any perinatal effects of maternal substance abuse and including screenings regarding the physical and mental development of the infants and children;
  - (B) counseling and other mental health services, in the case of children; and
  - (C) comprehensive social services.
- (4) Providing supervision of children during periods in which the woman is engaged in therapy or in other necessary health or rehabilitative activities.
- (5) Training in parenting.
- (6) Counseling on the human immunodeficiency virus and on acquired immune deficiency syndrome.
- (7) Counseling on domestic violence and sexual abuse.
- (8) Counseling on obtaining employment, including the importance of graduating from a secondary school.
- (9) Reasonable efforts to preserve and support the family units of the women, including promoting the appropriate involvement of parents and others, and counseling the children of the women.
- (10) Planning for and counseling to assist reentry into society, both before and after discharge, including referrals to any public or nonprofit private entities in the community involved that provide services appropriate for the women and the children of the women.
- (11) Case management services, including-

- (A) assessing the extent to which authorized services are appropriate for the women and their children;
- (B) in the case of the services that are appropriate, ensuring that the services are provided in a coordinated manner; and
- (C) assistance in establishing eligibility for assistance under Federal, State, and local programs providing health services, mental health services, housing services, employment services, educational services, or social services.

The Director of the Center for Behavioral Health Statistics and Quality (CBHSQ), in cooperation with grant recipients, will conduct an evaluation of the pilot program, beginning one year after the first grant is awarded. The Director of CBHSQ, in coordination with the Director of CSAT, will then submit an evaluation report to the relevant committees of the Senate and House of Representatives. The report will include information on pilot program outcomes, including any reductions in the use of substances, engagement in treatment services, retention in the appropriate level of care, and access to medications approved by the Food and Drug Administration (FDA) for the treatment of substance use disorders in combination with counseling.

### Section 502: Grants for Family-Based Substance Abuse Treatment

This section amends Section 2925 of the Omnibus Crime Control and Safe Streets Act of 1968 to add “Attorney General Report on Family- Based Substance Abuse Treatment.” This directs the Attorney General to submit an annual report to Congress that describes the number of grants awarded under section 2921(1) and how those grants are used for **family-based substance abuse treatment programs that serve as alternatives to incarceration for custodial parents to receive treatment and services as a family.**

### Section 503: Veterans’ Treatment Courts

This section amends Section 2991 of the Omnibus Crime Control and Safe Streets Act of 1968 to include as a “qualified veteran”—for the purposes of Veterans’ Treatment Courts—individuals who have served on active duty in the Armed Services and have been discharged or **released from service dishonorably because of drug use.**

## Title VI: Incentivizing State Comprehensive Initiatives to Address Opioid and Heroin Abuse

### Section 601: State Demonstration Grants for Comprehensive Opioid Abuse Response

This section authorizes the U.S. Attorney General, in coordination with the Secretary of HHS and Director of ONDCP, to award **grants to States and combinations of States to prepare a comprehensive plan for and to implement an integrated opioid abuse response initiative.** For the purposes of this section, a “prescriber of a Schedule II, III, or IV controlled substance” does not include a prescriber that dispenses the substance for use on the premises, in a hospital emergency room, for a certified opioid treatment program, or in other situations that the Attorney General may identify. Comprehensive plans will include *all* of the following:

- Prevention and educational efforts around heroin and opioid use, treatment, and recovery.
- A comprehensive prescription drug monitoring program (PDMP) to track the dispensing of Schedule II, III, or IV controlled substances, this includes allowing data-sharing with other States by statute, regulation, or interstate agreement and educating physicians, residents, medical students, and other prescribers of Schedule II, III, or IV controlled substances about the PDMP.
- Developing, implementing, or expanding the opioid treatment program of the State by:
  - Expanding programs for medication-assisted treatment (MAT), including training for treatment and recovery support providers;
  - Developing, implementing, or expanding programs for behavioral therapy for individuals in treatment for opioid use disorders, including contingency management, cognitive behavioral therapy, and motivational enhancements; or
  - Developing, implementing, or expanding programs to screen and treat individuals who are in treatment for prescription drug and opioid use disorders for hepatitis C and HIV.
  - Developing, implementing, or expanding programs that provide screening, early intervention, and referral to treatment (SBIRT) to adolescents and young adults in primary care, middle schools, high schools, universities, school-based health centers, and other community-based health care settings frequently access by adolescents and young adults.
- Developing, implementing, and expanding programs to prevent opioid overdose death.



Applicants will submit an application to the Attorney General that includes a budget and budget justification, a description of the activities proposed and schedule for completion of the activities, outcome measures that will be used to measure the effectiveness of the programs and initiatives to address opioid use, and a description of the personnel necessary to complete the activities. States are eligible to receive one planning grant of up to \$100,000.

States who receive a planning grant will also develop a strategic plan and program implementation plan. **States may apply for a two-year implementation grant to implement the comprehensive strategy.** Implementation grant amounts will not exceed \$5 million. Interested States will submit an application to the Attorney General that includes any information prescribed by regulations or guidelines. States that receive an implementation grant may use the funds to carry out the comprehensive response, including costs associated with technical assistance, training, and administrative expenses. Comprehensive response programs must do *all* of the following:

- Ensure that each prescriber of Schedule II, III, or IV controlled substances registers with the PDMP and consults the PDMP before prescribing Schedule II, III, or IV substances.
- Ensure that each dispenser of Schedule II, III, or IV controlled substances registers with the PDMP; consults the PDMP before dispensing Schedule II, III, or IV substances; and reports to the PDMP each instance where a Schedule II, III, or IV substance is dispensed (with limited exceptions as defined by the State), including the prescriber's name and National Provider Identifier.
- Require that the State agency or agencies that administer the PDMP prepare and provide each prescriber of a Schedule II, III, or IV controlled substance a report (at least four times per year) that shows how the prescribing patterns of the prescriber compare to their peers.  
If reports provided to prescribers indicate that they are repeatedly prescribing outside of peer norms, direct the prescriber to educational resources on appropriate prescribing practices.
- Ensure that the prescriber licensing board of the State receives a report describing any prescribers that repeatedly fall outside of expected norms.
- **Require consultation with the State substance abuse agency.**
- Establish requirements for how data will be collected and analyzed to determine program effectiveness.

Priority for planning and implementation grants will be given to States that:

- Provide civil liability protection for first responders, health professionals, and family members administering naloxone by enacting legislation or provide certification by the State attorney general that he/she has reviewed the State's civil liability law and concluded that existing law provides adequate protection for first responders.
- Have legislation or implement a policy that prohibits the State from terminating (States may suspend) Medicaid enrollment for an individual who is incarcerated for a period of fewer than two years.
- Have an enrollment process for services and benefits necessary by criminal justice agencies to initiate or continue treatment in the community or upon release from incarceration.
- Ensure the capability of data-sharing with other States, such as sharing PDMP data using a data hub.
- Ensure that data recorded in the PDMP is available within 24 hours.
- Ensure that the PDMP notifies prescribers and dispensers of Schedule II, III, or IV controlled substances when overuse or misuse is suspected.

This section authorizes for fiscal years 2016 through 2020 the Attorney General to use, from any unobligated General Administration funds to the Department of Justice in an appropriations Act, such sums as are necessary, not to exceed \$5 million per year.

**Title VII: Miscellaneous**

**Section 701: GAO Report on IMD Exclusion**

This section requires that 1 year after enactment, the Comptroller General will submit a report to Congress on the **impact of the Medicaid Institutions for Mental Disease (IMD) exclusion on treatment access for individuals with a substance use disorder**. The IMD exclusion refers to the prohibition on federal Medicaid matching funds for patients between the ages of 22 and 65 who receive services in a residential treatment setting with more than 16 beds. The report will include a review of what is known about:

- Medicaid beneficiary access to substance use disorder treatments in institutions for mental disease;
- The quality of care provided to Medicaid beneficiaries treated in and outside of institutions for mental disease for substance use disorders.

**Section 702: Funding**

This section amends Part II of title I of the Omnibus Crime Control and 15 Safe Streets Act of 1968 to add “Sec. 2999F. Funding.” This section authorizes to be appropriated to the Attorney General and the Secretary Health and Human Services to carry out this Act **\$77,900,000 each year for fiscal years 2016 through 2020**.

**Section 703: Conforming Amendments**

This section amends Part II of title I of the Omnibus Crime Control and Safe Streets Act of 1968 to **strike “Confronting Use of Methamphetamine” and replace it with “Comprehensive Addiction and Recovery.”**

**Section 704: Grant Accountability**

This section amends Part II of title I of the Omnibus Crime Control and Safe Streets Act of 1968 to add “Sec. 2999G. Grant Accountability.” This section defines the term “applicable committees” as:

- For the Attorney General and any other official of the Department of Justice, the Committee on the Judiciary of both the Senate and the House of Representatives.
- For the Secretary of Health and Human Services and any other official of the Department of Health and Human Services, means, the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives.

This section covers **accountability provisions for all grants awarded within this Act**, including audit requirements, nonprofit organization requirements, conference expenditures, and annual certification. Additionally, this section requires that the Attorney General or Secretary of Health and Human Services compare potential grant awards with other grants awarded under this Act to determine if duplicate grant awards are awarded for the same purpose.