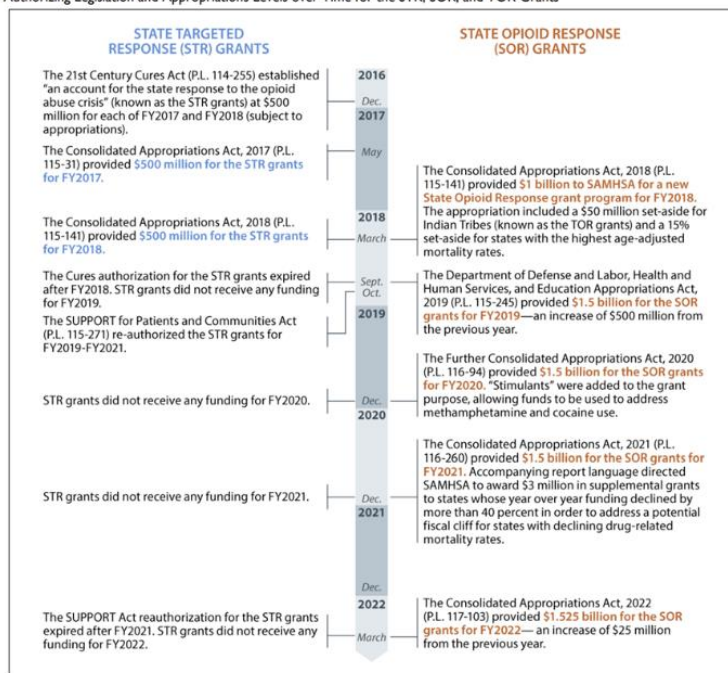


Reauthorization of the State Opioid Response (SOR) Grant Program

The State Opioid Response (SOR) grant program, housed within the Substance Abuse and Mental Health Services (SAMHSA), is a federal grant program designed to address the “opioid overdose crisis by providing resources to states and territories for increasing access to FDA-approved medications for the treatment of opioid use disorder (MOUD), and for supporting the continuum of prevention, harm reduction, treatment, and recovery support services for opioid use disorder (OUD) and other concurrent substance use disorders” ([SAMHSA, 2022](#)).

In 2016, Congress enacted the 21st Century Cures Act that carried a provision to establish an “Account for the State Opioid Response to the Opioid Abuse Crisis” in the Department of the Treasury. This account, which was subject to annual appropriations, was designated the State Targeted Response (STR) grant program. This program was designed to support States in their efforts to address opioid use disorders across the substance use disorder (SUD) continuum – prevention, treatment, overdose reversal, and recovery. The STR program was last reauthorized through the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act) in 2018. However, the program was not funded after 2018, instead transitioning to the SOR grant program.

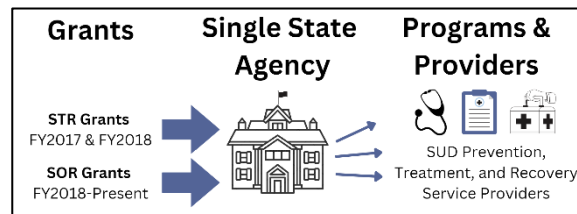
Figure 2. Opioid Block Grant Timeline
Authorizing Legislation and Appropriations Levels over Time for the STR, SOR, and TOR Grants



Source: Congressional Research Service.

The Consolidated Appropriations Act, 2018 first allocated funds to the SOR grant program at \$1 billion to SAMHSA starting in FY2018. The SOR program is a similar grant to the STR program. In FY2019, FY2020, and FY2021, the program was appropriated \$1.5 billion. In FY2020, addressing stimulants was added as an allowable use of funding for recipients. In FY2022, the program was appropriated \$1.525 billion to States and Territories.

Role of State Alcohol and Drug Agencies: The National Association of State Alcohol and Drug Abuse Directors (NASADAD) serves as the voice of State alcohol and drug agencies in Washington, D.C. NASADAD’s members are the State Single Agencies (SSAs) responsible for applying, receiving, and distributing SOR funds to programs and providers.



Overview of Key Provisions in SOR Grant Program Reauthorization

	House of Representatives		Senate
Legislation	State Opioid Response Grant Authorization Act of 2021 (H.R.2379)	Restoring Hope for Mental Health and Well-Being Act of 2022 (H.R.7666, Sec. 273)	State Opioid Response Grant Authorization Act of 2022 (S.4839)
Date Introduced	April 8, 2021	May 6, 2022	September 13, 2022
Sponsor(s)	Rep. David Trone (D-MD-6) and Rep. Mikie Sherrill (D-NJ-11)	Rep. Frank Pallone, Jr. (D-NJ-6) and Rep. Cathy McMorris Rodgers (R-WA-5)	Senator Tammy Baldwin (D-WI) and Senator Jeanne Shaheen (D-NH)
<u>Committee of Jurisdiction</u>	Committee on Energy and Commerce		Committee on Health, Education, Labor and Pensions (HELP)
<u>Status</u>	Passed the House on October 20, 2021 (Votes: 380-46)	Passed the House on June 22, 2022, as part of H.R. 7666 (Votes: 402 – 20)	Referred to Committee
<u>Authorization level</u> <i>Current:</i> \$1,525,000,000	\$1,750,000,000 for each of fiscal years 2022 through 2027		\$2,700,000,000 for each of fiscal years 2023 through 2027
<u>New Tribal Set-Aside</u>	“(3) SET ASIDE. —Of the amounts made available for each fiscal year to award grants under subsection (b) for a fiscal year, the Secretary shall— (A) award 5 percent to Indian Tribes, Tribal organizations, and Urban Indian organizations;...” (H.R.2379 , H.R.7666 , & S.4839)		
<u>Distribution of Funds</u>	“(3) SET ASIDE.—Of the amounts made available for each fiscal year to award grants under subsection (b) for a fiscal year, the Secretary shall— ... (B) set aside up to 15 percent for awards to States with the highest age-adjusted rate of drug overdose death based on the ordinal ranking of States according to the Director of the Centers for Disease Control and Prevention.” (H.R.2379)	“(3) SET ASIDE.—Of the amounts made available for each fiscal year to award grants under subsection (b) for a fiscal year, the Secretary shall— ... (B) of the amount remaining after application of subparagraph (A), set aside up to 15 percent for awards to States with the highest age-adjusted rate of drug overdose death based on the ordinal ranking of States according to the Director of the Centers for Disease Control and Prevention.” (H.R.7666)	“(3) SET ASIDE.—Of the amounts made available for each fiscal year to award grants under subsection (b) for a fiscal year, the Secretary shall— ... (B) award up to 15 percent to States with the highest age-adjusted rates of drug overdose death over the most recent 2-year period, according to the Director of the Centers for Disease Control and Prevention.” (S.4839)

House of Representatives

Senate

**Minimum
Allocations/
Avoiding Fiscal
Cliffs**

“(2) MINIMUM ALLOCATIONS; PREFERENCE.—In determining grant amounts for each recipient of a grant under paragraph (1), the Secretary shall—(A) ensure that each State receives not less than \$4,000,000; and (B) give preference to States, Indian Tribes, Tribal organizations, and Urban Indian organizations whose populations have an incidence or prevalence of opioid use disorders or stimulant use or misuse that is substantially higher relative to the populations of other States, other Indian Tribes, Tribal organizations, or Urban Indian organizations, as applicable.” ([H.R.2379](#)) ([H.R.7666](#))

“(2) MINIMUM ALLOCATIONS; PREFERENCE.—In determining grant amounts for each recipient of a grant under paragraph (1), the Secretary shall—(A) ensure that each State receives not less than \$12,000,000; and (B) give preference to States, Indian Tribes, Tribal organizations, and Urban Indian organizations— (i) whose populations have an incidence or prevalence of opioid use disorder that is substantially higher relative to the populations of other States, Indian Tribes, Tribal organizations, or Urban Indian organizations, as applicable; or (ii) whose areas are more rural relative to the populations of other States, Indian Tribes, Tribal organizations, or Urban Indian organizations, as applicable.”

“(3) FORMULA METHODOLOGY. —
...(C) CONSIDERATION.—The Secretary shall ensure that the formula developed under subparagraph (A) avoids a significant cliff between States with similar mortality rates related to opioid use disorders to prevent unusually large funding changes in States when compared to prior year allocations.” ([S.4839](#))

House of Representatives

Senate

Use of Funds

“(4) USE OF FUNDS. —Grants awarded under this subsection shall be used for carrying out activities that supplement activities pertaining to opioid and stimulant use and misuse...which may include public health-related activities such as the following:...”

Use of Funds:
Prevention
Activities

“(A) Implementing prevention activities, and evaluating such activities to identify effective strategies to prevent substance use disorders.” ([H.R.2379](#)) ([H.R.7666](#))

“(A) Implementing substance use disorder and overdose prevention activities and evaluating such activities to identify effective strategies to prevent substance use disorders and overdoses.” ([S.4839](#))

Use of Funds:
Prescription
Drug Monitoring
Programs

“(B) Establishing or improving prescription drug monitoring programs.” ([H.R.2379](#), [H.R.7666](#), & [S.4839](#))

Use of Funds:
Training for
Health Care
Practitioners

“(C) Training for health care practitioners, such as best practices for prescribing opioids, pain management, recognizing potential cases of substance use disorders, referral of patients to treatment programs, preventing diversion of controlled substances, and overdose prevention.” ([H.R.2379](#) & [H.R.7666](#))

“(C) Training for health care practitioners, such as best practices for prescribing opioids and stimulants, pain management, recognizing potential cases of substance use disorders, referral of patients to treatment programs, preventing diversion of controlled substances, and overdose prevention.” ([S.4839](#))

Use of Funds:
Supporting
Access

“(D) Supporting access to health care services, including— (i) services provided by federally certified opioid treatment programs; (ii) outpatient and residential substance use disorder treatment services that utilize medication-assisted treatment, as appropriate; or (iii) other appropriate health care providers to treat substance use disorders.” ([H.R.2379](#) & [H.R.7666](#))

“(D) Supporting access to health care services, including— (i) services provided by federally-certified opioid or stimulant treatment programs; (ii) outpatient and residential substance use disorder treatment services that utilize, or refer patients to, medication-assisted treatment, where clinically appropriate; (iii) services to treat substance use disorders provided by other appropriate healthcare providers and at other locations; or (iv) overdose prevention programs and services, including drugs or devices approved,...

House of Representatives		Senate
<u>Use of Funds:</u> <u>Supporting</u> <u>Access</u> <u>Continued</u>		...cleared, or otherwise legally marketed under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected overdose.” (S.4839)
<u>Use of Funds:</u> <u>Recovery</u> <u>Support</u> <u>Services</u>	“(E) Recovery support services, including—(i) community-based services that include peer supports; (ii) mutual aid recovery programs that support medication-assisted treatment; or (iii) services to address housing needs and family issues.” (H.R.2379 & H.R.7666)	“(E) Recovery support services, including—(i) community-based services that include peer supports; (ii) mutual aid recovery programs that support medication-assisted treatment; (iii) services to address housing needs, transportation needs, food insecurity, and employment issues; or (iv) resources or programs that support families that include an individual with a substance use disorder, including education, training, outreach, and peer support services.” (S.4839)
<u>Use of Funds:</u> <u>Other</u>	“(F) Other public health-related activities, as the State, Indian Tribe, Tribal organization, or Urban Indian organization determines appropriate, related to addressing substance use disorders within the State, Indian Tribe, Tribal organization, or Urban Indian organization, including directing resources in accordance with local needs related to substance use disorders. (H.R.2379 & H.R.7666)	“(F) Other public health-related activities, as the grant recipient determines appropriate, related to addressing substance use disorders within the State, Indian Tribe, Tribal organization, or Urban Indian organization, including directing resources in accordance with local needs related to substance use disorders.” (S.4839)

