

AMENDMENT NO. _____ Calendar No. _____

Purpose: In the nature of a substitute.

IN THE SENATE OF THE UNITED STATES—114th Cong., 2d Sess.

S. 524

To authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use.

Referred to the Committee on _____ and
ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT IN THE NATURE OF A SUBSTITUTE intended to be proposed by Mr. GRASSLEY (for himself, Mr. LEAHY, Mr. WHITEHOUSE, Ms. KLOBUCHAR, Mr. GRAHAM, Mr. COONS, and Mr. DURBIN)

Viz:

1 Strike all after the enacting clause and insert the fol-
2 lowing:

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Comprehensive Addiction and Recovery Act of 2016”.

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

- Sec. 1. Short title; table of contents.
- Sec. 2. Findings.
- Sec. 3. Definitions.

TITLE I—PREVENTION AND EDUCATION

- Sec. 101. Development of best practices for the use of prescription opioids.

2

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.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) The abuse of heroin and prescription opioid
 4 painkillers is having a devastating effect on public
 5 health and safety in communities across the United
 6 States. According to the Centers for Disease Control

1 and Prevention, drug overdose deaths now surpass
2 traffic crashes in the number of deaths caused by in-
3 jury in the United States. In 2014, an average of
4 more than 120 people in the United States died
5 from drug overdoses every day.

6 (2) According to the National Institute on Drug
7 Abuse (commonly known as “NIDA”), the number
8 of prescriptions for opioids increased from approxi-
9 mately 76,000,000 in 1991 to nearly 207,000,000 in
10 2013, and the United States is the biggest consumer
11 of opioids globally, accounting for almost 100 per-
12 cent of the world total for hydrocodone and 81 per-
13 cent for oxycodone.

14 (3) Opioid pain relievers are the most widely
15 misused or abused controlled prescription drugs
16 (commonly referred to as “CPDs”) and are involved
17 in most CPD-related overdose incidents. According
18 to the Drug Abuse Warning Network (commonly
19 known as “DAWN”), the estimated number of emer-
20 gency department visits involving nonmedical use of
21 prescription opiates or opioids increased by 112 per-
22 cent between 2006 and 2010, from 84,671 to
23 179,787.

24 (4) The use of heroin in the United States has
25 also spiked sharply in recent years. According to the

1 most recent National Survey on Drug Use and
2 Health, more than 900,000 people in the United
3 States reported using heroin in 2014, nearly a 35
4 percent increase from the previous year. Heroin
5 overdose deaths more than tripled from 2010 to
6 2014.

7 (5) The supply of cheap heroin available in the
8 United States has increased dramatically as well,
9 largely due to the activity of Mexican drug traf-
10 ficking organizations. The Drug Enforcement Ad-
11 ministration (commonly known as the “DEA”) esti-
12 mates that heroin seizures at the Mexican border
13 have more than doubled since 2010, and heroin pro-
14 duction in Mexico increased 62 percent from 2013 to
15 2014. While only 8 percent of State and local law
16 enforcement officials across the United States identi-
17 fied heroin as the greatest drug threat in their area
18 in 2008, that number rose to 38 percent in 2015.

19 (6) Law enforcement officials and treatment ex-
20 perts throughout the country report that many pre-
21 scription opioid users have turned to heroin as a
22 cheaper or more easily obtained alternative to pre-
23 scription drugs.

24 (7) According to a report by the National Asso-
25 ciation of State Alcohol and Drug Abuse Directors

1 (commonly referred to as “NASADAD”), 37 States
2 reported an increase in admissions to treatment for
3 heroin use during the past 2 years, while admissions
4 to treatment for prescription opiates increased 500
5 percent from 2000 to 2012.

6 (8) Research indicates that combating the
7 opioid crisis, including abuse of prescription pain-
8 killers and, increasingly, heroin, requires a multi-
9 pronged approach that involves prevention, edu-
10 cation, monitoring, law enforcement initiatives, re-
11 ducing drug diversion and the supply of illicit drugs,
12 expanding delivery of existing treatments (including
13 medication assisted treatments), expanding access to
14 overdose medications and interventions, and the de-
15 velopment of new medications for pain that can aug-
16 ment the existing treatment arsenal.

17 (9) Substance use disorders are a treatable dis-
18 ease. Discoveries in the science of addiction have led
19 to advances in the treatment of substance use dis-
20 orders that help people stop abusing drugs and pre-
21 scription medications and resume their productive
22 lives.

23 (10) According to the National Survey on Drug
24 Use and Health, approximately 22,700,000 people in
25 the United States needed substance use disorder

1 treatment in 2013, but only 2,500,000 people re-
2 ceived it. Furthermore, current treatment services
3 are not adequate to meet demand. According to a re-
4 port commissioned by the Substance Abuse and
5 Mental Health Services Administration (commonly
6 known as “SAMHSA”), there are approximately 32
7 providers for every 1,000 individuals needing sub-
8 stance use disorder treatment. In some States, the
9 ratio is much lower.

10 (11) The overall cost of drug abuse, from
11 health care- and criminal justice-related costs to lost
12 productivity, is steep, totaling more than
13 \$700,000,000,000 a year, according to NIDA. Effec-
14 tive substance abuse prevention can yield major eco-
15 nomic dividends.

16 (12) According to NIDA, when schools and
17 communities properly implement science-validated
18 substance abuse prevention programs, abuse of alco-
19 hol, tobacco, and illicit drugs is reduced. Such pro-
20 grams help teachers, parents, and healthcare profes-
21 sionals shape the perceptions of youths about the
22 risks of drug abuse.

23 (13) Diverting certain individuals with sub-
24 stance use disorders from criminal justice systems
25 into community-based treatment can save billions of

1 dollars and prevent sizeable numbers of crimes, ar-
2 rests, and re-incarcerations over the course of those
3 individuals' lives.

4 (14) According to the DEA, more than 2,700
5 tons of expired, unwanted prescription medications
6 have been collected since the enactment of the Se-
7 cure and Responsible Drug Disposal Act of 2010
8 (Public Law 111–273; 124 Stat. 2858).

9 (15) Faith-based, holistic, or drug-free models
10 can provide a critical path to successful recovery for
11 a great number of people in the United States. The
12 2015 membership survey conducted by Alcoholics
13 Anonymous (commonly known as “AA”) found that
14 73 percent of AA members were sober longer than
15 1 year and attended 2.5 meetings per week.

16 (16) Research shows that combining treatment
17 medications with behavioral therapy is an effective
18 way to facilitate success for some patients. Treat-
19 ment approaches must be tailored to address the
20 drug abuse patterns and drug-related medical, psy-
21 chiatric, and social problems of each individual. Dif-
22 ferent types of medications may be useful at dif-
23 ferent stages of treatment or recovery to help a pa-
24 tient stop using drugs, stay in treatment, and avoid
25 relapse. Patients have a range of options regarding

1 their path to recovery and many have also success-
2 fully addressed drug abuse through the use of faith-
3 based, holistic, or drug-free models.

4 (17) Individuals with mental illness, especially
5 severe mental illness, are at considerably higher risk
6 for substance abuse than the general population, and
7 the presence of a mental illness complicates recovery
8 from substance abuse.

9 **SEC. 3. DEFINITIONS.**

10 In this Act—

11 (1) the term “medication assisted treatment”
12 means the use, for problems relating to heroin and
13 other opioids, of medications approved by the Food
14 and Drug Administration in combination with coun-
15 seling and behavioral therapies;

16 (2) the term “opioid” means any drug having
17 an addiction-forming or addiction-sustaining liability
18 similar to morphine or being capable of conversion
19 into a drug having such addiction-forming or addic-
20 tion-sustaining liability; and

21 (3) the term “State” means any State of the
22 United States, the District of Columbia, the Com-
23 monwealth of Puerto Rico, and any territory or pos-
24 session of the United States.

- 1 (C) the Food and Drug Administration;
- 2 (D) the Department of Defense;
- 3 (E) the Drug Enforcement Administration;
- 4 (F) the Centers for Disease Control and
- 5 Prevention;
- 6 (G) the National Academy of Medicine;
- 7 (H) the National Institutes of Health; and
- 8 (I) the Office of National Drug Control
- 9 Policy;
- 10 (2) physicians, dentists, and non-physician pre-
- 11 scribers;
- 12 (3) pharmacists;
- 13 (4) experts in the fields of pain research and
- 14 addiction research;
- 15 (5) representatives of—
- 16 (A) pain management professional organi-
- 17 zations;
- 18 (B) the mental health treatment commu-
- 19 nity;
- 20 (C) the addiction treatment community;
- 21 (D) pain advocacy groups; and
- 22 (E) groups with expertise around overdose
- 23 reversal; and
- 24 (6) other stakeholders, as the Secretary deter-
- 25 mines appropriate.

1 (d) DUTIES.—The task force shall—

2 (1) not later than 180 days after the date on
3 which the task force is convened under subsection
4 (b), review, modify, and update, as appropriate, best
5 practices for pain management (including chronic
6 and acute pain) and prescribing pain medication,
7 taking into consideration—

8 (A) existing pain management research;

9 (B) recommendations from relevant con-
10 ferences;

11 (C) ongoing efforts at the State and local
12 levels and by medical professional organizations
13 to develop improved pain management strate-
14 gies, including consideration of alternatives to
15 opioids to reduce opioid monotherapy in appro-
16 priate cases;

17 (D) the management of high-risk popu-
18 lations, other than populations who suffer pain,
19 who—

20 (i) may use or be prescribed
21 benzodiazepines, alcohol, and diverted
22 opioids; or

23 (ii) receive opioids in the course of
24 medical care; and

1 (E) the Proposed 2016 Guideline for Pre-
2 scribing Opioids for Chronic Pain issued by the
3 Centers for Disease Control and Prevention (80
4 Fed. Reg. 77351 (December 14, 2015)) and
5 any final guidelines issued by the Centers for
6 Disease Control and Prevention;

7 (2) solicit and take into consideration public
8 comment on the practices developed under para-
9 graph (1), amending such best practices if appro-
10 priate; and

11 (3) develop a strategy for disseminating infor-
12 mation about the best practices to stakeholders, as
13 appropriate.

14 (e) LIMITATION.—The task force shall not have rule-
15 making authority.

16 (f) REPORT.—Not later than 270 days after the date
17 on which the task force is convened under subsection (b),
18 the task force shall submit to Congress a report that in-
19 cludes—

20 (1) the strategy for disseminating best practices
21 for pain management (including chronic and acute
22 pain) and prescribing pain medication, as reviewed,
23 modified, or updated under subsection (d);

24 (2) the results of a feasibility study on linking
25 the best practices described in paragraph (1) to re-

1 ceiving and renewing registrations under section
2 303(f) of the Controlled Substances Act (21 U.S.C.
3 823(f)); and

4 (3) recommendations for effectively applying
5 the best practices described in paragraph (1) to im-
6 prove prescribing practices at medical facilities, in-
7 cluding medical facilities of the Veterans Health Ad-
8 ministration.

9 **SEC. 102. AWARENESS CAMPAIGNS.**

10 (a) IN GENERAL.—The Secretary of Health and
11 Human Services, in coordination with the Attorney Gen-
12 eral, shall advance the education and awareness of the
13 public, providers, patients, and other appropriate entities
14 regarding the risk of abuse of prescription opioid drugs
15 if such products are not taken as prescribed.

16 (b) DRUG-FREE MEDIA CAMPAIGN.—

17 (1) IN GENERAL.—The Office of National Drug
18 Control Policy, in coordination with the Secretary of
19 Health and Human Services and the Attorney Gen-
20 eral, shall establish a national drug awareness cam-
21 paign.

22 (2) REQUIREMENTS.—The national drug aware-
23 ness campaign required under paragraph (1) shall—

24 (A) take into account the association be-
25 tween prescription opioid abuse and heroin use;

1 (B) emphasize the similarities between her-
2 oin and prescription opioids and the effects of
3 heroin and prescription opioids on the human
4 body; and

5 (C) bring greater public awareness to the
6 dangerous effects of fentanyl when mixed with
7 heroin or abused in a similar manner.

8 **SEC. 103. COMMUNITY-BASED COALITION ENHANCEMENT**
9 **GRANTS TO ADDRESS LOCAL DRUG CRISES.**

10 Part II of title I of the Omnibus Crime Control and
11 Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.) is
12 amended by striking section 2997 and inserting the fol-
13 lowing:

14 **“SEC. 2997. COMMUNITY-BASED COALITION ENHANCEMENT**
15 **GRANTS TO ADDRESS LOCAL DRUG CRISES.**

16 “(a) DEFINITIONS.—In this section—

17 “(1) the term ‘Drug-Free Communities Act of
18 1997’ means chapter 2 of the National Narcotics
19 Leadership Act of 1988 (21 U.S.C. 1521 et seq.);

20 “(2) the term ‘eligible entity’ means an organi-
21 zation that—

22 “(A) on or before the date of submitting
23 an application for a grant under this section,
24 receives or has received a grant under the
25 Drug-Free Communities Act of 1997; and

1 “(B) has documented, using local data,
2 rates of abuse of opioids or methamphetamines
3 at levels that are—

4 “(i) significantly higher than the na-
5 tional average as determined by the Attor-
6 ney General (including appropriate consid-
7 eration of the results of the Monitoring the
8 Future Survey published by the National
9 Institute on Drug Abuse and the National
10 Survey on Drug Use and Health published
11 by the Substance Abuse and Mental
12 Health Services Administration); or

13 “(ii) higher than the national average,
14 as determined by the Attorney General (in-
15 cluding appropriate consideration of the re-
16 sults of the surveys described in clause (i)),
17 over a sustained period of time; and

18 “(3) the term ‘local drug crisis’ means, with re-
19 spect to the area served by an eligible entity—

20 “(A) a sudden increase in the abuse of
21 opioids or methamphetamines, as documented
22 by local data; or

23 “(B) the abuse of prescription medications,
24 specifically opioids or methamphetamines, that
25 is significantly higher than the national aver-

1 age, over a sustained period of time, as docu-
2 mented by local data.

3 “(b) PROGRAM AUTHORIZED.—The Attorney Gen-
4 eral, in coordination with the Director of the Office of Na-
5 tional Drug Control Policy, may make grants to eligible
6 entities to implement comprehensive community-wide
7 strategies that address local drug crises within the area
8 served by the eligible entity.

9 “(c) APPLICATION.—

10 “(1) IN GENERAL.—An eligible entity seeking a
11 grant under this section shall submit an application
12 to the Attorney General at such time, in such man-
13 ner, and accompanied by such information as the
14 Attorney General may require.

15 “(2) CRITERIA.—As part of an application for
16 a grant under this section, the Attorney General
17 shall require an eligible entity to submit a detailed,
18 comprehensive, multi-sector plan for addressing the
19 local drug crisis within the area served by the eligi-
20 ble entity.

21 “(d) USE OF FUNDS.—An eligible entity shall use a
22 grant received under this section—

23 “(1) for programs designed to implement com-
24 prehensive community-wide prevention strategies to
25 address the local drug crisis in the area served by

1 the eligible entity, in accordance with the plan sub-
2 mitted under subsection (e)(2); and

3 “(2) to obtain specialized training and technical
4 assistance from the organization funded under sec-
5 tion 4 of Public Law 107–82 (21 U.S.C. 1521 note).

6 “(e) SUPPLEMENT NOT SUPPLANT.—An eligible en-
7 tity shall use Federal funds received under this section
8 only to supplement the funds that would, in the absence
9 of those Federal funds, be made available from other Fed-
10 eral and non-Federal sources for the activities described
11 in this section, and not to supplant those funds.

12 “(f) EVALUATION.—A grant under this section shall
13 be subject to the same evaluation requirements and proce-
14 dures as the evaluation requirements and procedures im-
15 posed on the recipient of a grant under the Drug-Free
16 Communities Act of 1997.

17 “(g) LIMITATION ON ADMINISTRATIVE EXPENSES.—
18 Not more than 8 percent of the amounts made available
19 pursuant to subsection (i) for a fiscal year may be used
20 by the Attorney General to pay for administrative ex-
21 penses.”.

1 **TITLE II—LAW ENFORCEMENT**
2 **AND TREATMENT**

3 **SEC. 201. TREATMENT ALTERNATIVE TO INCARCERATION**
4 **PROGRAMS.**

5 (a) DEFINITIONS.—In this section:

6 (1) ELIGIBLE ENTITY.—The term “eligible enti-
7 ty” means a State, unit of local government, Indian
8 tribe, or nonprofit organization.

9 (2) ELIGIBLE PARTICIPANT.—The term “eligi-
10 ble participant” means an individual who—

11 (A) comes into contact with the juvenile
12 justice system or criminal justice system or is
13 arrested or charged with an offense that is
14 not—

15 (i) a crime of violence, as defined
16 under applicable State law or section 16 of
17 title 18, United States Code; or

18 (ii) a serious drug offense, as defined
19 under section 924(e)(2)(A) of title 18,
20 United States Code;

21 (B) has a current—

22 (i) substance use disorder; or

23 (ii) co-occurring mental illness and
24 substance use disorder; and

1 (C) has been approved for participation in
2 a program funded under this section by, as ap-
3 plicable depending on the stage of the criminal
4 justice process, the relevant law enforcement
5 agency or prosecuting attorney, defense attor-
6 ney, probation or corrections official, judge, or
7 representative from the relevant mental health
8 or substance abuse agency.

9 (b) PROGRAM AUTHORIZED.—The Secretary of
10 Health and Human Services, in coordination with the At-
11 torney General, may make grants to eligible entities to—

12 (1) develop, implement, or expand a treatment
13 alternative to incarceration program for eligible par-
14 ticipants, including—

15 (A) pre-booking, including pre-arrest,
16 treatment alternative to incarceration pro-
17 grams, including—

18 (i) law enforcement training on sub-
19 stance use disorders and co-occurring men-
20 tal illness and substance use disorders;

21 (ii) receiving centers as alternatives to
22 incarceration of eligible participants;

23 (iii) specialized response units for
24 calls related to substance use disorders and

1 co-occurring mental illness and substance
2 use disorders; and

3 (iv) other pre-arrest or pre-booking
4 treatment alternative to incarceration mod-
5 els; and

6 (B) post-booking treatment alternative to
7 incarceration programs, including—

8 (i) specialized clinical case manage-
9 ment;

10 (ii) pre-trial services related to sub-
11 stance use disorders and co-occurring men-
12 tal illness and substance use disorders;

13 (iii) prosecutor and defender based
14 programs;

15 (iv) specialized probation;

16 (v) programs utilizing the American
17 Society of Addiction Medicine patient
18 placement criteria;

19 (vi) treatment and rehabilitation pro-
20 grams and recovery support services; and

21 (vii) drug courts, DWI courts, and
22 veterans treatment courts; and

23 (2) facilitate or enhance planning and collabora-
24 tion between State criminal justice systems and
25 State substance abuse systems in order to more effi-

1 ciently and effectively carry out programs described
2 in paragraph (1) that address problems related to
3 the use of heroin and misuse of prescription drugs
4 among eligible participants.

5 (c) APPLICATION.—

6 (1) IN GENERAL.—An eligible entity desiring a
7 grant under this section shall submit an application
8 to the Secretary of Health and Human Services—

9 (A) that meets the criteria under para-
10 graph (2); and

11 (B) at such time, in such manner, and ac-
12 companied by such information as the Secretary
13 of Health and Human Services may require.

14 (2) CRITERIA.—An eligible entity, in submitting
15 an application under paragraph (1), shall—

16 (A) provide extensive evidence of collabora-
17 tion with State and local government agencies
18 overseeing health, community corrections,
19 courts, prosecution, substance abuse, mental
20 health, victims services, and employment serv-
21 ices, and with local law enforcement agencies;

22 (B) demonstrate consultation with the Sin-
23 gle State Authority for Substance Abuse;

24 (C) demonstrate consultation with the Sin-
25 gle State criminal justice planning agency;

1 (D) demonstrate that evidence-based treat-
2 ment practices, including if applicable the use
3 of medication assisted treatment, will be uti-
4 lized; and

5 (E) demonstrate that evidenced-based
6 screening and assessment tools will be utilized
7 to place participants in the treatment alter-
8 native to incarceration program.

9 (d) REQUIREMENTS.—Each eligible entity awarded a
10 grant for a treatment alternative to incarceration program
11 under this section shall—

12 (1) determine the terms and conditions of par-
13 ticipation in the program by eligible participants,
14 taking into consideration the collateral consequences
15 of an arrest, prosecution, or criminal conviction;

16 (2) ensure that each substance abuse and men-
17 tal health treatment component is licensed and
18 qualified by the relevant jurisdiction;

19 (3) for programs described in subsection (b)(2),
20 organize an enforcement unit comprised of appro-
21 priately trained law enforcement professionals under
22 the supervision of the State, tribal, or local criminal
23 justice agency involved, the duties of which shall in-
24 clude—

1 (A) the verification of addresses and other
2 contacts of each eligible participant who partici-
3 pates or desires to participate in the program;
4 and

5 (B) if necessary, the location, apprehen-
6 sion, arrest, and return to court of an eligible
7 participant in the program who has absconded
8 from the facility of a treatment provider or has
9 otherwise violated the terms and conditions of
10 the program, consistent with Federal and State
11 confidentiality requirements;

12 (4) notify the relevant criminal justice entity if
13 any eligible participant in the program absconds
14 from the facility of the treatment provider or other-
15 wise violates the terms and conditions of the pro-
16 gram, consistent with Federal and State confiden-
17 tiality requirements;

18 (5) submit periodic reports on the progress of
19 treatment or other measured outcomes from partici-
20 pation in the program of each eligible participant in
21 the program to the relevant State, tribal, or local
22 criminal justice agency;

23 (6) describe the evidence-based methodology
24 and outcome measurements that will be used to
25 evaluate the program, and specifically explain how

1 such measurements will provide valid measures of
2 the impact of the program; and

3 (7) describe how the program could be broadly
4 replicated if demonstrated to be effective.

5 (e) USE OF FUNDS.—An eligible entity shall use a
6 grant received under this section for expenses of a treat-
7 ment alternative to incarceration program, including—

8 (1) salaries, personnel costs, equipment costs,
9 and other costs directly related to the operation of
10 the program, including the enforcement unit;

11 (2) payments for treatment providers that are
12 approved by the relevant State or tribal jurisdiction
13 and licensed, if necessary, to provide needed treat-
14 ment to eligible participants in the program, includ-
15 ing medication assisted treatment, aftercare super-
16 vision, vocational training, education, and job place-
17 ment;

18 (3) payments to public and nonprofit private
19 entities that are approved by the State or tribal ju-
20 risdiction and licensed, if necessary, to provide alco-
21 hol and drug addiction treatment and mental health
22 treatment to eligible participants in the program;
23 and

1 (4) salaries, personnel costs, and other costs re-
2 lated to strategic planning among State and local
3 government agencies.

4 (f) SUPPLEMENT NOT SUPPLANT.—An eligible entity
5 shall use Federal funds received under this section only
6 to supplement the funds that would, in the absence of
7 those Federal funds, be made available from other Federal
8 and non-Federal sources for the activities described in this
9 section, and not to supplant those funds.

10 (g) GEOGRAPHIC DISTRIBUTION.—The Secretary of
11 Health and Human Services shall ensure that, to the ex-
12 tent practicable, the geographical distribution of grants
13 under this section is equitable and includes a grant to an
14 eligible entity in—

15 (1) each State;

16 (2) rural, suburban, and urban areas; and

17 (3) tribal jurisdictions.

18 (h) PRIORITY CONSIDERATION WITH RESPECT TO
19 STATES.—In awarding grants to States under this sec-
20 tion, the Secretary of Health and Human Services shall
21 give priority to—

22 (1) a State that submits a joint application
23 from the substance abuse agencies and criminal jus-
24 tice agencies of the State that proposes to use grant
25 funds to facilitate or enhance planning and collabo-

1 (ii) concluded that the law described
2 in subparagraph (A) provides adequate
3 civil liability protection applicable to such
4 persons.

5 (i) REPORTS AND EVALUATIONS.—

6 (1) IN GENERAL.—Each fiscal year, each recipi-
7 ent of a grant under this section during that fiscal
8 year shall submit to the Secretary of Health and
9 Human Services a report on the outcomes of activi-
10 ties carried out using that grant in such form, con-
11 taining such information, and on such dates as the
12 Secretary of Health and Human Services shall speci-
13 fy.

14 (2) CONTENTS.—A report submitted under
15 paragraph (1) shall—

16 (A) describe best practices for treatment
17 alternatives; and

18 (B) identify training requirements for law
19 enforcement officers who participate in treat-
20 ment alternative to incarceration programs.

21 (j) FUNDING.—During the 5-year period beginning
22 on the date of enactment of this Act, the Secretary of
23 Health and Human Services shall carry out this section
24 using funds made available to the Substance Abuse and

1 Mental Health Services Administration for Criminal Jus-
2 tice Activities.

3 **SEC. 202. FIRST RESPONDER TRAINING FOR THE USE OF**
4 **DRUGS AND DEVICES THAT RAPIDLY RE-**
5 **VERSE THE EFFECTS OF OPIOIDS.**

6 Part II of title I of the Omnibus Crime Control and
7 Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.), as
8 amended by section 103, is amended by adding at the end
9 the following:

10 **“SEC. 2998. FIRST RESPONDER TRAINING FOR THE USE OF**
11 **DRUGS AND DEVICES THAT RAPIDLY RE-**
12 **VERSE THE EFFECTS OF OPIOIDS.**

13 “(a) DEFINITION.—In this section—

14 “(1) the terms ‘drug’ and ‘device’ have the
15 meanings given those terms in section 201 of the
16 Federal Food, Drug, and Cosmetic Act (21 U.S.C.
17 321);

18 “(2) the term ‘eligible entity’ means a State, a
19 unit of local government, or an Indian tribal govern-
20 ment;

21 “(3) the term ‘first responder’ includes a fire-
22 fighter, law enforcement officer, paramedic, emer-
23 gency medical technician, or other individual (includ-
24 ing an employee of a legally organized and recog-
25 nized volunteer organization, whether compensated

1 or not), who, in the course of professional duties, re-
2 sponds to fire, medical, hazardous material, or other
3 similar emergencies; and

4 “(4) the term ‘Secretary’ means the Secretary
5 of Health and Human Services.

6 “(b) PROGRAM AUTHORIZED.—The Secretary, in co-
7 ordination with the Attorney General, may make grants
8 to eligible entities to allow appropriately trained first re-
9 sponders to administer an opioid overdose reversal drug
10 to an individual who has—

11 “(1) experienced a prescription opioid or heroin
12 overdose; or

13 “(2) been determined to have likely experienced
14 a prescription opioid or heroin overdose.

15 “(c) APPLICATION.—

16 “(1) IN GENERAL.—An eligible entity seeking a
17 grant under this section shall submit an application
18 to the Secretary—

19 “(A) that meets the criteria under para-
20 graph (2); and

21 “(B) at such time, in such manner, and
22 accompanied by such information as the Sec-
23 retary may require.

24 “(2) CRITERIA.—An eligible entity, in submit-
25 ting an application under paragraph (1), shall—

1 “(A) describe the evidence-based method-
2 ology and outcome measurements that will be
3 used to evaluate the program funded with a
4 grant under this section, and specifically ex-
5 plain how such measurements will provide valid
6 measures of the impact of the program;

7 “(B) describe how the program could be
8 broadly replicated if demonstrated to be effec-
9 tive;

10 “(C) identify the governmental and com-
11 munity agencies that the program will coordi-
12 nate; and

13 “(D) describe how law enforcement agen-
14 cies will coordinate with their corresponding
15 State substance abuse and mental health agen-
16 cies to identify protocols and resources that are
17 available to victims and families, including in-
18 formation on treatment and recovery resources.

19 “(d) USE OF FUNDS.—An eligible entity shall use a
20 grant received under this section to—

21 “(1) make such opioid overdose reversal drugs
22 or devices that are approved by the Food and Drug
23 Administration, such as naloxone, available to be
24 carried and administered by first responders;

1 “(2) train and provide resources for first re-
2 sponders on carrying an opioid overdose reversal
3 drug or device approved by the Food and Drug Ad-
4 ministration, such as naloxone, and administering
5 the drug or device to an individual who has experi-
6 enced, or has been determined to have likely experi-
7 enced, a prescription opioid or heroin overdose; and

8 “(3) establish processes, protocols, and mecha-
9 nisms for referral to appropriate treatment.

10 “(e) TECHNICAL ASSISTANCE GRANTS.—The Sec-
11 retary shall make a grant for the purpose of providing
12 technical assistance and training on the use of an opioid
13 overdose reversal drug, such as naloxone, to respond to
14 an individual who has experienced, or has been determined
15 to have likely experienced, a prescription opioid or heroin
16 overdose, and mechanisms for referral to appropriate
17 treatment for an eligible entity receiving a grant under
18 this section.

19 “(f) EVALUATION.—The Secretary shall conduct an
20 evaluation of grants made under this section to deter-
21 mine—

22 “(1) the number of first responders equipped
23 with naloxone, or another opioid overdose reversal
24 drug, for the prevention of fatal opioid and heroin
25 overdose;

1 “(2) the number of opioid and heroin overdoses
2 reversed by first responders receiving training and
3 supplies of naloxone, or another opioid overdose re-
4 versal drug, through a grant received under this sec-
5 tion;

6 “(3) the number of calls for service related to
7 opioid and heroin overdose;

8 “(4) the extent to which overdose victims and
9 families receive information about treatment services
10 and available data describing treatment admissions;
11 and

12 “(5) the research, training, and naloxone, or
13 another opioid overdose reversal drug, supply needs
14 of first responder agencies, including those agencies
15 that are not receiving grants under this section.

16 “(g) RURAL AREAS WITH LIMITED ACCESS TO
17 EMERGENCY MEDICAL SERVICES.—In making grants
18 under this section, the Secretary shall ensure that not less
19 than 25 percent of grant funds are awarded to eligible
20 entities that are not located in metropolitan statistical
21 areas, as defined by the Office of Management and Budg-
22 et.”.

23 **SEC. 203. PRESCRIPTION DRUG TAKE BACK EXPANSION.**

24 (a) DEFINITION OF COVERED ENTITY.—In this sec-
25 tion, the term “covered entity” means—

- 1 (1) a State, local, or tribal law enforcement
- 2 agency;
- 3 (2) a manufacturer, distributor, or reverse dis-
- 4 tributor of prescription medications;
- 5 (3) a retail pharmacy;
- 6 (4) a registered narcotic treatment program;
- 7 (5) a hospital or clinic with an on-site phar-
- 8 macy;
- 9 (6) an eligible long-term care facility; or
- 10 (7) any other entity authorized by the Drug
- 11 Enforcement Administration to dispose of prescrip-
- 12 tion medications.

13 (b) PROGRAM AUTHORIZED.—The Attorney General,
14 in coordination with the Administrator of the Drug En-
15 forcement Administration, the Secretary of Health and
16 Human Services, and the Director of the Office of Na-
17 tional Drug Control Policy, shall coordinate with covered
18 entities in expanding or making available disposal sites for
19 unwanted prescription medications.

20 **SEC. 204. HEROIN AND METHAMPHETAMINE TASK FORCES.**

21 Part II of title I of the Omnibus Crime Control and
22 Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.), as
23 amended by section 202, is amended by adding at the end
24 the following:

1 **“SEC. 2999. HEROIN AND METHAMPHETAMINE TASK**
2 **FORCES.**

3 “The Attorney General may make grants to State law
4 enforcement agencies for investigative purposes—

5 “(1) to locate or investigate illicit activities
6 through statewide collaboration, including activities
7 related to—

8 “(A) the distribution of heroin or fentanyl,
9 or the unlawful distribution of prescription
10 opioids; or

11 “(B) unlawful heroin, fentanyl, and pre-
12 scription opioid traffickers; and

13 “(2) to locate or investigate illicit activities, in-
14 cluding precursor diversion, laboratories, or meth-
15 amphetamine traffickers.”.

16 **TITLE III—TREATMENT AND**
17 **RECOVERY**

18 **SEC. 301. EVIDENCE-BASED OPIOID AND HEROIN TREAT-**
19 **MENT AND INTERVENTIONS DEMONSTRA-**
20 **TION.**

21 Part II of title I of the Omnibus Crime Control and
22 Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.), as
23 amended by section 204, is amended by adding at the end
24 the following:

1 **“SEC. 2999A. EVIDENCE-BASED OPIOID AND HEROIN TREAT-**
2 **MENT AND INTERVENTIONS DEMONSTRA-**
3 **TION.**

4 “(a) DEFINITIONS.—In this section—

5 “(1) the terms ‘Indian tribe’ and ‘tribal organi-
6 zation’ have the meaning given those terms in sec-
7 tion 4 of the Indian Health Care Improvement Act
8 (25 U.S.C. 1603));

9 “(2) the term ‘medication assisted treatment’
10 means the use, for problems relating to heroin and
11 other opioids, of medications approved by the Food
12 and Drug Administration in combination with coun-
13 seling and behavioral therapies;

14 “(3) the term ‘Secretary’ means the Secretary
15 of Health and Human Services; and

16 “(4) the term ‘State substance abuse agency’
17 means the agency of a State responsible for the
18 State prevention, treatment, and recovery system,
19 including management of the Substance Abuse Pre-
20 vention and Treatment Block Grant under subpart
21 II of part B of title XIX of the Public Health Serv-
22 ice Act (42 U.S.C. 300x–21 et seq.).

23 “(b) GRANTS.—

24 “(1) AUTHORITY TO MAKE GRANTS.—The Sec-
25 retary, acting through the Director of the Center for
26 Substance Abuse Treatment of the Substance Abuse

1 and Mental Health Services Administration, and in
2 coordination with the Attorney General and other
3 departments or agencies, as appropriate, may award
4 grants to State substance abuse agencies, units of
5 local government, nonprofit organizations, and In-
6 dian tribes or tribal organizations that have a high
7 rate, or have had a rapid increase, in the use of her-
8 oin or other opioids, in order to permit such entities
9 to expand activities, including an expansion in the
10 availability of medication assisted treatment and
11 other clinically appropriate services, with respect to
12 the treatment of addiction in the specific geo-
13 graphical areas of such entities where there is a high
14 rate or rapid increase in the use of heroin or other
15 opioids.

16 “(2) NATURE OF ACTIVITIES.—The grant funds
17 awarded under paragraph (1) shall be used for ac-
18 tivities that are based on reliable scientific evidence
19 of efficacy in the treatment of problems related to
20 heroin or other opioids.

21 “(c) GEOGRAPHIC DISTRIBUTION.—The Secretary
22 shall ensure that grants awarded under subsection (b) are
23 distributed equitably among the various regions of the
24 United States and among rural, urban, and suburban

1 areas that are affected by the use of heroin or other
2 opioids.

3 “(d) **ADDITIONAL ACTIVITIES.**—In administering
4 grants under subsection (b), the Secretary shall—

5 “(1) evaluate the activities supported by grants
6 awarded under subsection (b);

7 “(2) disseminate information, as appropriate,
8 derived from the evaluation as the Secretary con-
9 siders appropriate;

10 “(3) provide States, Indian tribes and tribal or-
11 ganizations, and providers with technical assistance
12 in connection with the provision of treatment of
13 problems related to heroin and other opioids; and

14 “(4) fund only those applications that specifi-
15 cally support recovery services as a critical compo-
16 nent of the grant program.”.

17 **SEC. 302. CRIMINAL JUSTICE MEDICATION ASSISTED**
18 **TREATMENT AND INTERVENTIONS DEM-**
19 **ONSTRATION.**

20 (a) **DEFINITIONS.**—In this section—

21 (1) the term “criminal justice agency” means a
22 State, local, or tribal—

23 (A) court;

24 (B) prison;

25 (C) jail; or

1 (D) other agency that performs the admin-
2 istration of criminal justice, including prosecu-
3 tion, pretrial services, and community super-
4 vision;

5 (2) the term “eligible entity” means a State,
6 unit of local government, or Indian tribe; and

7 (3) the term “Secretary” means the Secretary
8 of Health and Human Services.

9 (b) PROGRAM AUTHORIZED.—The Secretary, in co-
10 ordination with the Attorney General, may make grants
11 to eligible entities to implement medication assisted treat-
12 ment programs through criminal justice agencies.

13 (c) APPLICATION.—

14 (1) IN GENERAL.—An eligible entity seeking a
15 grant under this section shall submit an application
16 to the Secretary—

17 (A) that meets the criteria under para-
18 graph (2); and

19 (B) at such time, in such manner, and ac-
20 companied by such information as the Secretary
21 may require.

22 (2) CRITERIA.—An eligible entity, in submitting
23 an application under paragraph (1), shall—

24 (A) certify that each medication assisted
25 treatment program funded with a grant under

1 this section has been developed in consultation
2 with the Single State Authority for Substance
3 Abuse; and

4 (B) describe how data will be collected and
5 analyzed to determine the effectiveness of the
6 program described in subparagraph (A).

7 (d) USE OF FUNDS.—An eligible entity shall use a
8 grant received under this section for expenses of—

9 (1) a medication assisted treatment program,
10 including the expenses of prescribing medications
11 recognized by the Food and Drug Administration for
12 opioid treatment in conjunction with psychological
13 and behavioral therapy;

14 (2) training criminal justice agency personnel
15 and treatment providers on medication assisted
16 treatment;

17 (3) cross-training personnel providing behav-
18 ioral health and health services, administration of
19 medicines, and other administrative expenses, includ-
20 ing required reports; and

21 (4) the provision of recovery coaches who are
22 responsible for providing mentorship and transition
23 plans to individuals reentering society following in-
24 carceration or alternatives to incarceration.

1 (e) PRIORITY CONSIDERATION WITH RESPECT TO
2 STATES.—In awarding grants to States under this sec-
3 tion, the Secretary shall give priority to a State that—

4 (1) provides civil liability protection for first re-
5 sponders, health professionals, and family members
6 who have received appropriate training in the admin-
7 istration of naloxone in administering naloxone to
8 counteract opioid overdoses; and

9 (2) submits to the Secretary a certification by
10 the attorney general of the State that the attorney
11 general has—

12 (A) reviewed any applicable civil liability
13 protection law to determine the applicability of
14 the law with respect to first responders, health
15 care professionals, family members, and other
16 individuals who—

17 (i) have received appropriate training
18 in the administration of naloxone; and

19 (ii) may administer naloxone to indi-
20 viduals reasonably believed to be suffering
21 from opioid overdose; and

22 (B) concluded that the law described in
23 subparagraph (A) provides adequate civil liabil-
24 ity protection applicable to such persons.

1 (f) TECHNICAL ASSISTANCE.—The Secretary, in co-
2 ordination with the Director of the National Institute on
3 Drug Abuse and the Attorney General, shall provide tech-
4 nical assistance and training for an eligible entity receiv-
5 ing a grant under this section.

6 (g) REPORTS.—

7 (1) IN GENERAL.—An eligible entity receiving a
8 grant under this section shall submit a report to the
9 Secretary on the outcomes of each grant received
10 under this section for individuals receiving medica-
11 tion assisted treatment, based on—

12 (A) the recidivism of the individuals;

13 (B) the treatment outcomes of the individ-
14 uals, including maintaining abstinence from ille-
15 gal, unauthorized, and unprescribed or
16 undispensed opioids and heroin;

17 (C) a comparison of the cost of providing
18 medication assisted treatment to the cost of in-
19 carceration or other participation in the crimi-
20 nal justice system;

21 (D) the housing status of the individuals;
22 and

23 (E) the employment status of the individ-
24 uals.

1 “(D) a recovery program at a nonprofit
2 collegiate institution; or

3 “(E) a nonprofit organization.

4 “(2) INSTITUTION OF HIGHER EDUCATION.—

5 The term ‘institution of higher education’ has the
6 meaning given the term in section 101 of the Higher
7 Education Act of 1965 (20 U.S.C. 1001).

8 “(3) RECOVERY PROGRAM.—The term ‘recovery
9 program’—

10 “(A) means a program to help individuals
11 who are recovering from substance use dis-
12 orders to initiate, stabilize, and maintain
13 healthy and productive lives in the community;
14 and

15 “(B) includes peer-to-peer support and
16 communal activities to build recovery skills and
17 supportive social networks.

18 “(b) GRANTS AUTHORIZED.—The Secretary of
19 Health and Human Services, in coordination with the Sec-
20 retary of Education, may award grants to eligible entities
21 to enable the entities to—

22 “(1) provide substance use recovery support
23 services to young people in high school and enrolled
24 in institutions of higher education;

1 “(2) help build communities of support for
2 young people in recovery through a spectrum of ac-
3 tivities such as counseling and health- and wellness-
4 oriented social activities; and

5 “(3) encourage initiatives designed to help
6 young people achieve and sustain recovery from sub-
7 stance use disorders.

8 “(c) USE OF FUNDS.—Grants awarded under sub-
9 section (b) may be used for activities to develop, support,
10 and maintain youth recovery support services, including—

11 “(1) the development and maintenance of a
12 dedicated physical space for recovery programs;

13 “(2) dedicated staff for the provision of recov-
14 ery programs;

15 “(3) health- and wellness-oriented social activi-
16 ties and community engagement;

17 “(4) establishment of recovery high schools;

18 “(5) coordination of recovery programs with—

19 “(A) substance use disorder treatment pro-
20 grams and systems;

21 “(B) providers of mental health services;

22 “(C) primary care providers and physi-
23 cians;

24 “(D) the criminal justice system, including
25 the juvenile justice system;

1 “(E) employers;

2 “(F) housing services;

3 “(G) child welfare services;

4 “(H) high schools and institutions of high-
5 er education; and

6 “(I) other programs or services related to
7 the welfare of an individual in recovery from a
8 substance use disorder;

9 “(6) the development of peer-to-peer support
10 programs or services; and

11 “(7) additional activities that help youths and
12 young adults to achieve recovery from substance use
13 disorders.”.

14 **SEC. 304. BUILDING COMMUNITIES OF RECOVERY.**

15 Part II of title I of the Omnibus Crime Control and
16 Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.), as
17 amended by section 303, is amended by adding at the end
18 the following:

19 **“SEC. 2999C. BUILDING COMMUNITIES OF RECOVERY.**

20 “(a) DEFINITION.—In this section, the term ‘recov-
21 ery community organization’ means an independent non-
22 profit organization that—

23 “(1) mobilizes resources within and outside of
24 the recovery community to increase the prevalence

1 and quality of long-term recovery from substance
2 use disorders; and

3 “(2) is wholly or principally governed by people
4 in recovery for substance use disorders who reflect
5 the community served.

6 “(b) GRANTS AUTHORIZED.—The Secretary of
7 Health and Human Services may award grants to recovery
8 community organizations to enable such organizations to
9 develop, expand, and enhance recovery services.

10 “(c) FEDERAL SHARE.—The Federal share of the
11 costs of a program funded by a grant under this section
12 may not exceed 50 percent.

13 “(d) USE OF FUNDS.—Grants awarded under sub-
14 section (b)—

15 “(1) shall be used to develop, expand, and en-
16 hance community and statewide recovery support
17 services; and

18 “(2) may be used to—

19 “(A) advocate for individuals in recovery
20 from substance use disorders;

21 “(B) build connections between recovery
22 networks, between recovery community organi-
23 zations, and with other recovery support serv-
24 ices, including—

1 “(i) substance use disorder treatment
2 programs and systems;

3 “(ii) providers of mental health serv-
4 ices;

5 “(iii) primary care providers and phy-
6 sicians;

7 “(iv) the criminal justice system;

8 “(v) employers;

9 “(vi) housing services;

10 “(vii) child welfare agencies; and

11 “(viii) other recovery support services
12 that facilitate recovery from substance use
13 disorders;

14 “(C) reduce the stigma associated with
15 substance use disorders;

16 “(D) conduct public education and out-
17 reach on issues relating to substance use dis-
18 orders and recovery, including—

19 “(i) how to identify the signs of addic-
20 tion;

21 “(ii) the resources that are available
22 to individuals struggling with addiction
23 and families who have a family member
24 struggling with or being treated for addic-

1 tion, including programs that mentor and
2 provide support services to children;

3 “(iii) the resources that are available
4 to help support individuals in recovery; and

5 “(iv) information on the medical con-
6 sequences of substance use disorders, in-
7 cluding neonatal abstinence syndrome and
8 potential infection with human immuno-
9 deficiency virus and viral hepatitis; and

10 “(E) carry out other activities that
11 strengthen the network of community support
12 for individuals in recovery.”.

13 **TITLE IV—ADDRESSING**
14 **COLLATERAL CONSEQUENCES**

15 **SEC. 401. CORRECTIONAL EDUCATION DEMONSTRATION**
16 **GRANT PROGRAM.**

17 Part II of title I of the Omnibus Crime Control and
18 Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.), as
19 amended by section 304, is amended by adding at the end
20 the following:

21 **“SEC. 2999D. CORRECTIONAL EDUCATION DEMONSTRA-**
22 **TION GRANT PROGRAM.**

23 “(a) DEFINITION.—In this section, the term ‘eligible
24 entity’ means a State, unit of local government, nonprofit
25 organization, or Indian tribe.

1 “(b) GRANT PROGRAM AUTHORIZED.—The Attorney
2 General may make grants to eligible entities to design, im-
3 plement, and expand educational programs for offenders
4 in prisons, jails, and juvenile facilities, including to pay
5 for—

6 “(1) basic education, secondary level academic
7 education, high school equivalency examination prep-
8 aration, career technical education, and English as
9 a second language instruction at the basic, sec-
10 ondary, or post-secondary levels, for adult and juve-
11 nile populations;

12 “(2) screening and assessment of inmates to as-
13 sess education level, needs, occupational interest or
14 aptitude, risk level, and other needs, and case man-
15 agement services;

16 “(3) hiring and training of instructors and
17 aides, reimbursement of non-corrections staff and
18 experts, reimbursement of stipends paid to inmate
19 tutors or aides, and the costs of training inmate tu-
20 tors and aides;

21 “(4) instructional supplies and equipment, in-
22 cluding occupational program supplies and equip-
23 ment to the extent that the supplies and equipment
24 are used for instructional purposes;

1 “(5) partnerships and agreements with commu-
2 nity colleges, universities, and career technology edu-
3 cation program providers;

4 “(6) certification programs providing recognized
5 high school equivalency certificates and industry rec-
6 ognized credentials; and

7 “(7) technology solutions to—

8 “(A) meet the instructional, assessment,
9 and information needs of correctional popu-
10 lations; and

11 “(B) facilitate the continued participation
12 of incarcerated students in community-based
13 education programs after the students are re-
14 leased from incarceration.

15 “(c) APPLICATION.—An eligible entity seeking a
16 grant under this section shall submit to the Attorney Gen-
17 eral an application in such form and manner, at such time,
18 and accompanied by such information as the Attorney
19 General specifies.

20 “(d) PRIORITY CONSIDERATIONS.—In awarding
21 grants under this section, the Attorney General shall give
22 priority to applicants that—

23 “(1) assess the level of risk and need of in-
24 mates, including by—

1 “(A) assessing the need for English as a
2 second language instruction;

3 “(B) conducting educational assessments;
4 and

5 “(C) assessing occupational interests and
6 aptitudes;

7 “(2) target educational services to assessed
8 needs, including academic and occupational at the
9 basic, secondary, or post-secondary level;

10 “(3) target career technology education pro-
11 grams to—

12 “(A) areas of identified occupational de-
13 mand; and

14 “(B) employment opportunities in the com-
15 munities in which students are reasonably ex-
16 pected to reside post-release;

17 “(4) include a range of appropriate educational
18 opportunities at the basic, secondary, and post-sec-
19 ondary levels;

20 “(5) include opportunities for students to attain
21 industry recognized credentials;

22 “(6) include partnership or articulation agree-
23 ments linking institutional education programs with
24 community sited programs provided by adult edu-
25 cation program providers and accredited institutions

1 of higher education, community colleges, and voca-
2 tional training institutions; and

3 “(7) explicitly include career pathways models
4 offering opportunities for incarcerated students to
5 develop academic skills, in-demand occupational
6 skills and credentials, occupational experience in in-
7 stitutional work programs or work release programs,
8 and linkages with employers in the community, so
9 that incarcerated students have opportunities to em-
10 bark on careers with strong prospects for both post-
11 release employment and advancement in a career
12 ladder over time.

13 “(e) REQUIREMENTS.—An eligible entity desiring a
14 grant under this section shall—

15 “(1) describe the evidence-based methodology
16 and outcome measurements that will be used to
17 evaluate each program funded with a grant under
18 this section, and specifically explain how such meas-
19 urements will provide valid measures of the impact
20 of the program; and

21 “(2) describe how the program described in
22 paragraph (1) could be broadly replicated if dem-
23 onstrated to be effective.

24 “(f) CONTROL OF INTERNET ACCESS.—An entity
25 that receives a grant under this section may restrict access

1 to the Internet by prisoners, as appropriate and in accord-
2 ance with Federal and State law, to ensure public safety.”.

3 **SEC. 402. NATIONAL TASK FORCE ON RECOVERY AND COL-**
4 **LATERAL CONSEQUENCES.**

5 (a) DEFINITION.—In this section, the term “collat-
6 eral consequence” means a penalty, disability, or dis-
7 advantage imposed on an individual who is in recovery for
8 a substance use disorder (including by an administrative
9 agency, official, or civil court) as a result of a Federal
10 or State conviction for a drug-related offense but not as
11 part of the judgment of the court that imposes the convic-
12 tion.

13 (b) ESTABLISHMENT.—

14 (1) IN GENERAL.—Not later than 30 days after
15 the date of enactment of this Act, the Attorney Gen-
16 eral shall establish a bipartisan task force to be
17 known as the Task Force on Recovery and Collateral
18 Consequences (in this section referred to as the
19 “Task Force”).

20 (2) MEMBERSHIP.—

21 (A) TOTAL NUMBER OF MEMBERS.—The
22 Task Force shall include 10 members, who shall
23 be appointed by the Attorney General in accord-
24 ance with subparagraphs (B) and (C).

1 (B) MEMBERS OF THE TASK FORCE.—The
2 Task Force shall include—

3 (i) members who have national rec-
4 ognition and significant expertise in areas
5 such as health care, housing, employment,
6 substance use disorders, mental health, law
7 enforcement, and law;

8 (ii) not fewer than 2 members—

9 (I) who have personally experi-
10 enced substance abuse or addiction
11 and are in recovery; and

12 (II) not fewer than 1 one of
13 whom has benefitted from medication
14 assisted treatment; and

15 (iii) to the extent practicable, mem-
16 bers who formerly served as elected offi-
17 cials at the State and Federal levels.

18 (C) TIMING.—The Attorney General shall
19 appoint the members of the Task Force not
20 later than 60 days after the date on which the
21 Task Force is established under paragraph (1).

22 (3) CHAIRPERSON.—The Task Force shall se-
23 lect a chairperson or co-chairpersons from among
24 the members of the Task Force.

25 (c) DUTIES OF THE TASK FORCE.—

1 (1) IN GENERAL.—The Task Force shall—

2 (A) identify collateral consequences for in-
3 dividuals with Federal or State convictions for
4 drug-related offenses who are in recovery for
5 substance use disorder; and

6 (B) examine any policy basis for the impo-
7 sition of collateral consequences identified
8 under subparagraph (A) and the effect of the
9 collateral consequences on individuals in recov-
10 ery from resuming their personal and profes-
11 sional activities.

12 (2) RECOMMENDATIONS.—Not later than 180
13 days after the date of the first meeting of the Task
14 Force, the Task Force shall develop recommenda-
15 tions, as it considers appropriate, for proposed legis-
16 lative and regulatory changes related to the collat-
17 eral consequences identified under paragraph (1).

18 (3) COLLECTION OF INFORMATION.—The Task
19 Force shall hold hearings, require the testimony and
20 attendance of witnesses, and secure information
21 from any department or agency of the United States
22 in performing the duties under paragraphs (1) and
23 (2).

24 (4) REPORT.—

1 (A) SUBMISSION TO EXECUTIVE
2 BRANCH.—Not later than 1 year after the date
3 of the first meeting of the Task Force, the
4 Task Force shall submit a report detailing the
5 findings and recommendations of the Task
6 Force to—

7 (i) the head of each relevant depart-
8 ment or agency of the United States;

9 (ii) the President; and

10 (iii) the Vice President.

11 (B) SUBMISSION TO CONGRESS.—The indi-
12 viduals who receive the report under subpara-
13 graph (A) shall submit to Congress such legisla-
14 tive recommendations, if any, as those individ-
15 uals consider appropriate based on the report.

16 **TITLE V—ADDICTION AND**
17 **TREATMENT SERVICES FOR**
18 **WOMEN, FAMILIES, AND VET-**
19 **ERANS**

20 **SEC. 501. IMPROVING TREATMENT FOR PREGNANT AND**
21 **POSTPARTUM WOMEN.**

22 Part II of title I of the Omnibus Crime Control and
23 Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.), as
24 amended by section 401, is amended by adding at the end
25 the following:

1 **“SEC. 2999E. IMPROVING TREATMENT FOR PREGNANT AND**
2 **POSTPARTUM WOMEN.**

3 “(a) IN GENERAL.—The Secretary of Health and
4 Human Services (referred to in this section as the ‘Sec-
5 retary’), acting through the Director of the Center for
6 Substance Abuse Treatment, may carry out a pilot pro-
7 gram under which the Secretary makes competitive grants
8 to State substance abuse agencies to—

9 “(1) enhance flexibility in the use of funds de-
10 signed to support family-based services for pregnant
11 and postpartum women with a primary diagnosis of
12 a substance use disorder, including opioid use dis-
13 orders;

14 “(2) help State substance abuse agencies ad-
15 dress identified gaps in services furnished to such
16 women along the continuum of care, including serv-
17 ices provided to women in non-residential based set-
18 tings; and

19 “(3) promote a coordinated, effective, and effi-
20 cient State system managed by State substance
21 abuse agencies by encouraging new approaches and
22 models of service delivery that are evidence-based,
23 including effective family-based programs for women
24 involved with the criminal justice system.

25 “(b) REQUIREMENTS.—In carrying out the pilot pro-
26 gram under this section, the Secretary—

1 “(1) shall require State substance abuse agen-
2 cies to submit to the Secretary applications, in such
3 form and manner and containing such information
4 as specified by the Secretary, to be eligible to receive
5 a grant under the program;

6 “(2) shall identify, based on such submitted ap-
7 plications, State substance abuse agencies that are
8 eligible for such grants;

9 “(3) shall require services proposed to be fur-
10 nished through such a grant to support family-based
11 treatment and other services for pregnant and
12 postpartum women with a primary diagnosis of a
13 substance use disorder, including opioid use dis-
14 orders;

15 “(4) shall not require that services furnished
16 through such a grant be provided solely to women
17 that reside in facilities; and

18 “(5) shall not require that grant recipients
19 under the program make available all services de-
20 scribed in section 508(d) of the Public Health Serv-
21 ice Act (42 U.S.C. 290bb–1(d)).

22 “(c) REQUIRED SERVICES.—

23 “(1) IN GENERAL.—The Secretary shall specify
24 minimum services required to be made available to
25 eligible women through a grant awarded under the

1 pilot program under this section. Such minimum
2 services—

3 “(A) shall include the requirements de-
4 scribed in section 508(e) of the Public Health
5 Service Act (42 U.S.C. 290bb–1(e));

6 “(B) may include any of the services de-
7 scribed in section 508(d) of the Public Health
8 Service Act (42 U.S.C. 290bb–1(d));

9 “(C) may include other services, as appro-
10 priate; and

11 “(D) shall be based on the recommenda-
12 tions submitted under paragraph (2).

13 “(2) STAKEHOLDER INPUT.—The Secretary
14 shall convene and solicit recommendations from
15 stakeholders, including State substance abuse agen-
16 cies, health care providers, persons in recovery from
17 a substance use disorder, and other appropriate indi-
18 viduals, for the minimum services described in para-
19 graph (1).

20 “(d) DURATION.—The pilot program under this sec-
21 tion shall not exceed 5 years.

22 “(e) EVALUATION AND REPORT TO CONGRESS.—

23 “(1) IN GENERAL.—Out of amounts made
24 available to the Center for Behavioral Health Statis-
25 tics and Quality, the Director of the Center for Be-

1 havioral Health Statistics and Quality, in coopera-
2 tion with the recipients of grants under this section,
3 shall conduct an evaluation of the pilot program, be-
4 ginning 1 year after the date on which a grant is
5 first awarded under this section. The Director of the
6 Center for Behavioral Health Statistics and Quality,
7 in coordination with the Director of the Center for
8 Substance Abuse Treatment, not later than 120
9 days after completion of such evaluation, shall sub-
10 mit to the relevant Committees of the Senate and
11 the House of Representatives a report on such eval-
12 uation.

13 “(2) CONTENTS.—The report to Congress
14 under paragraph (1) shall include, at a minimum,
15 outcomes information from the pilot program, in-
16 cluding any resulting reductions in the use of alcohol
17 and other drugs, engagement in treatment services,
18 retention in the appropriate level and duration of
19 services, increased access to the use of drugs ap-
20 proved by the Food and Drug Administration for the
21 treatment of substance use disorders in combination
22 with counseling, and other appropriate measures.

23 “(f) STATE SUBSTANCE ABUSE AGENCY DEFINED.—
24 For purposes of this section, the term ‘State substance
25 abuse agency’ means, with respect to a State, the agency

1 in such State that manages the substance abuse preven-
2 tion and treatment block grant program under part B of
3 title XIX of the Public Health Service Act.”.

4 **SEC. 502. REPORT ON GRANTS FOR FAMILY-BASED SUB-**
5 **STANCE ABUSE TREATMENT.**

6 Section 2925 of the Omnibus Crime Control and Safe
7 Streets Act of 1968 (42 U.S.C. 3797s-4) is amended—

8 (1) by striking “An entity” and inserting “(a)
9 ENTITY REPORTS.—An entity”; and

10 (2) by adding at the end the following:

11 “(b) ATTORNEY GENERAL REPORT ON FAMILY-
12 BASED SUBSTANCE ABUSE TREATMENT.—The Attorney
13 General shall submit to Congress an annual report that
14 describes the number of grants awarded under section
15 2921(1) and how such grants are used by the recipients
16 for family-based substance abuse treatment programs that
17 serve as alternatives to incarceration for custodial parents
18 to receive treatment and services as a family.”.

19 **SEC. 503. VETERANS’ TREATMENT COURTS.**

20 Section 2991(j)(1)(B)(ii) of title I of the Omnibus
21 Crime Control and Safe Streets Act of 1968 (42 U.S.C.
22 3797aa(j)(1)(B)(ii)) is amended—

23 (1) by inserting “(I)” after “(ii)”;

24 (2) in subclause (I), as so designated, by strik-
25 ing the period and inserting “; or”; and

1 (3) by adding at the end the following:

2 “(II) was discharged or released from
3 such service under dishonorable conditions,
4 if the reason for that discharge or release,
5 if known, is attributable to drug use.”.

6 **TITLE VI—INCENTIVIZING STATE**
7 **COMPREHENSIVE INITIA-**
8 **TIVES TO ADDRESS OPIOID**
9 **AND HEROIN ABUSE**

10 **SEC. 601. STATE DEMONSTRATION GRANTS FOR COM-**
11 **PREHENSIVE OPIOID ABUSE RESPONSE.**

12 (a) DEFINITIONS.—In this section—

13 (1) the term “dispenser” has the meaning given
14 the term in section 102 of the Controlled Substances
15 Act (21 U.S.C. 802);

16 (2) the term “prescriber of a schedule II, III,
17 or IV controlled substance” does not include a pre-
18 scriber of a schedule II, III, or IV controlled sub-
19 stance that dispenses the substance—

20 (A) for use on the premises on which the
21 substance is dispensed;

22 (B) in a hospital emergency room, when
23 the substance is in short supply;

24 (C) for a certified opioid treatment pro-
25 gram; or

1 (D) in other situations as the Attorney
2 General may reasonably determine;

3 (3) the term “prescriber” means a dispenser
4 who prescribes a controlled substance, or the agent
5 of such a dispenser; and

6 (4) the term “schedule II, III, or IV controlled
7 substance” means a controlled substance that is list-
8 ed on schedule II, schedule III, or schedule IV of
9 section 202(c) of the Controlled Substances Act (21
10 U.S.C. 812(e)).

11 (b) PLANNING AND IMPLEMENTATION GRANTS.—

12 (1) IN GENERAL.—The Attorney General, in co-
13 ordination with the Secretary of Health and Human
14 Services and in consultation with the Director of the
15 Office of National Drug Control Policy, may award
16 grants to States, and combinations thereof, to pre-
17 pare a comprehensive plan for and implement an in-
18 tegrated opioid abuse response initiative.

19 (2) PURPOSES.—A State receiving a grant
20 under this section shall establish a comprehensive
21 response to opioid abuse, which shall include—

22 (A) prevention and education efforts
23 around heroin and opioid use, treatment, and
24 recovery, including education of residents, med-
25 ical students, and physicians and other pre-

1 scribers of schedule II, III, or IV controlled
2 substances on relevant prescribing guidelines
3 and the prescription drug monitoring program
4 of the State ;

5 (B) a comprehensive prescription drug
6 monitoring program to track dispensing of
7 schedule II, III, or IV controlled substances,
8 which shall—

9 (i) provide for data sharing with other
10 States by statute, regulation, or interstate
11 agreement; and

12 (ii) allow for access to all individuals
13 authorized by the State to write prescrip-
14 tions for schedule II, III, or IV controlled
15 substances on the prescription drug moni-
16 toring program of the State.

17 (C) developing, implementing, or expand-
18 ing prescription drug and opioid addiction
19 treatment programs by—

20 (i) expanding programs for medication
21 assisted treatment of prescription drug and
22 opioid addiction, including training for
23 treatment and recovery support providers;

24 (ii) developing, implementing, or ex-
25 panding programs for behavioral health

1 therapy for individuals who are in treat-
2 ment for prescription drug and opioid ad-
3 diction;

4 (iii) developing, implementing, or ex-
5 panding programs to screen individuals
6 who are in treatment for prescription drug
7 and opioid addiction for hepatitis C and
8 HIV, and provide treatment for those indi-
9 viduals if clinically appropriate; or

10 (iv) developing, implementing, or ex-
11 panding programs that provide screening,
12 early intervention, and referral to treat-
13 ment (commonly known as “SBIRT”) to
14 teenagers and young adults in primary
15 care, middle schools, high schools, univer-
16 sities, school-based health centers, and
17 other community-based health care settings
18 frequently accessed by teenagers or young
19 adults; and

20 (D) developing, implementing, and expand-
21 ing programs to prevent overdose death from
22 prescription medications and opioids.

23 (3) PLANNING GRANT APPLICATIONS.—

24 (A) APPLICATION.—

1 (i) IN GENERAL.—A State seeking a
2 planning grant under this section to pre-
3 pare a comprehensive plan for an inte-
4 grated opioid abuse response initiative
5 shall submit to the Attorney General an
6 application in such form, and containing
7 such information, as the Attorney General
8 may require.

9 (ii) REQUIREMENTS.—An application
10 for a planning grant under this section
11 shall, at a minimum, include—

12 (I) a budget and a budget jus-
13 tification for the activities to be car-
14 ried out using the grant;

15 (II) a description of the activities
16 proposed to be carried out using the
17 grant, including a schedule for com-
18 pletion of such activities;

19 (III) outcome measures that will
20 be used to measure the effectiveness
21 of the programs and initiatives to ad-
22 dress opioids; and

23 (IV) a description of the per-
24 sonnel necessary to complete such ac-
25 tivities.

1 (B) PERIOD; NONRENEWABILITY.—A plan-
2 ning grant under this section shall be for a pe-
3 riod of 1 year. A State may not receive more
4 than 1 planning grant under this section.

5 (C) AMOUNT.—A planning grant under
6 this section may not exceed \$100,000.

7 (D) STRATEGIC PLAN AND PROGRAM IM-
8 PLEMENTATION PLAN.—A State receiving a
9 planning grant under this section shall develop
10 a strategic plan and a program implementation
11 plan.

12 (4) IMPLEMENTATION GRANTS.—

13 (A) APPLICATION.—A State seeking an
14 implementation grant under this section to im-
15 plement a comprehensive strategy for address-
16 ing opioid abuse shall submit to the Attorney
17 General an application in such form, and con-
18 taining such information, as the Attorney Gen-
19 eral may require.

20 (B) USE OF FUNDS.—A State that receives
21 an implementation grant under this section
22 shall use the grant for the cost of carrying out
23 an integrated opioid abuse response program in
24 accordance with this section, including for tech-

1 nical assistance, training, and administrative
2 expenses.

3 (C) REQUIREMENTS.—An integrated
4 opioid abuse response program carried out
5 using an implementation grant under this sec-
6 tion shall—

7 (i) require that each prescriber of a
8 schedule II, III, or IV controlled substance
9 in the State—

10 (I) registers with the prescription
11 drug monitoring program of the
12 State; and

13 (II) consults the prescription
14 drug monitoring program database of
15 the State before prescribing a sched-
16 ule II, III, or IV controlled substance;

17 (ii) require that each dispenser of a
18 schedule II, III, or IV controlled substance
19 in the State—

20 (I) registers with the prescription
21 drug monitoring program of the
22 State;

23 (II) consults the prescription
24 drug monitoring program database of
25 the State before dispensing a schedule

1 II, III, or IV controlled substance;
2 and

3 (III) reports to the prescription
4 drug monitoring program of the
5 State, at a minimum, each instance in
6 which a schedule II, III, or IV con-
7 trolled substance is dispensed, with
8 limited exceptions, as defined by the
9 State, which shall indicate the pre-
10 scriber by name and National Pro-
11 vider Identifier;

12 (iii) require that, not fewer than 4
13 times each year, the State agency or agen-
14 cies that administer the prescription drug
15 monitoring program of the State prepare
16 and provide to each prescriber of a sched-
17 ule II, III, or IV controlled substance an
18 informational report that shows how the
19 prescribing patterns of the prescriber com-
20 pare to prescribing practices of the peers
21 of the prescriber and expected norms;

22 (iv) if informational reports provided
23 to a prescriber under clause (iii) indicate
24 that the prescriber is repeatedly falling
25 outside of expected norms or standard

1 practices for the prescriber's field, direct
2 the prescriber to educational resources on
3 appropriate prescribing of controlled sub-
4 stances;

5 (v) ensure that the prescriber licens-
6 ing board of the State receives a report de-
7 scribing any prescribers that repeatedly
8 fall outside of expected norms or standard
9 practices for the prescriber's field, as de-
10 scribed in clause (iii);

11 (vi) require consultation with the Sin-
12 gle State Authority for Substance Abuse;
13 and

14 (vii) establish requirements for how
15 data will be collected and analyzed to de-
16 termine the effectiveness of the program.

17 (D) PERIOD.—An implementation grant
18 under this section shall be for a period of 2
19 years.

20 (E) AMOUNT.—The amount of an imple-
21 mentation grant under this section may not ex-
22 ceed \$5,000,000.

23 (5) PRIORITY CONSIDERATIONS.—In awarding
24 planning and implementation grants under this sec-

1 tion, the Attorney General shall give priority to a
2 State that—

3 (A)(i) provides civil liability protection for
4 first responders, health professionals, and fam-
5 ily members who have received appropriate
6 training in the administration of naloxone in
7 administering naloxone to counteract opioid
8 overdoses; and

9 (ii) submits to the Attorney General a cer-
10 tification by the attorney general of the State
11 that the attorney general has—

12 (I) reviewed any applicable civil liabil-
13 ity protection law to determine the applica-
14 bility of the law with respect to first re-
15 sponders, health care professionals, family
16 members, and other individuals who—

17 (aa) have received appropriate
18 training in the administration of
19 naloxone; and

20 (bb) may administer naloxone to
21 individuals reasonably believed to be
22 suffering from opioid overdose; and

23 (II) concluded that the law described
24 in subclause (I) provides adequate civil li-

1 ability protection applicable to such per-
2 sons;

3 (B) has in effect legislation or implements
4 a policy under which the State shall not termi-
5 nate, but may suspend, enrollment under the
6 State plan for medical assistance under title
7 XIX of the Social Security Act (42 U.S.C. 1396
8 et seq.) for an individual who is incarcerated for
9 a period of fewer than 2 years;

10 (C) has a process for enrollment in services
11 and benefits necessary by criminal justice agen-
12 cies to initiate or continue treatment in the
13 community, under which an individual who is
14 incarcerated may, while incarcerated, enroll in
15 services and benefits that are necessary for the
16 individual to continue treatment upon release
17 from incarceration;

18 (D) ensures the capability of data sharing
19 with other States, such as by making data
20 available to a prescription monitoring hub;

21 (E) ensures that data recorded in the pre-
22 scription drug monitoring program database of
23 the State is available within 24 hours, to the
24 extent possible; and

1 (F) ensures that the prescription drug
2 monitoring program of the State notifies pre-
3 scribers and dispensers of schedule II, III, or
4 IV controlled substances when overuse or mis-
5 use of such controlled substances by patients is
6 suspected.

7 (c) AUTHORIZATION OF FUNDING.—For each of fis-
8 cal years 2016 through 2020, the Attorney General may
9 use, from any unobligated balances made available under
10 the heading “GENERAL ADMINISTRATION” to the
11 Department of Justice in an appropriations Act, such
12 amounts as are necessary to carry out this section, not
13 to exceed \$5,000,000 per fiscal year.

14 **TITLE VII—MISCELLANEOUS**

15 **SEC. 701. GAO REPORT ON IMD EXCLUSION.**

16 (a) DEFINITION.—In this section, the term “Med-
17 icaid Institutions for Mental Disease exclusion” means the
18 prohibition on Federal matching payments under Medicaid
19 for patients who have attained age 22, but have not at-
20 tained age 65, in an institution for mental diseases under
21 subparagraph (B) of the matter following subsection (a)
22 of section 1905 of the Social Security Act and subsection
23 (i) of such section (42 U.S.C. 1396d).

24 (b) REPORT REQUIRED.—Not later than 1 year after
25 the date of enactment of this Act, the Comptroller General

1 of the United States shall submit to Congress a report
2 on the impact that the Medicaid Institutions for Mental
3 Disease exclusion has on access to treatment for individ-
4 uals with a substance use disorder.

5 (c) ELEMENTS.—The report required under sub-
6 section (b) shall include a review of what is known regard-
7 ing—

8 (1) Medicaid beneficiary access to substance use
9 disorder treatments in institutions for mental dis-
10 ease; and

11 (2) the quality of care provided to Medicaid
12 beneficiaries treated in and outside of institutions
13 for mental disease for substance use disorders.

14 **SEC. 702. FUNDING.**

15 Part II of title I of the Omnibus Crime Control and
16 Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.), as
17 amended by section 501, is amended by adding at the end
18 the following:

19 **“SEC. 2999F. FUNDING.**

20 “There are authorized to be appropriated to the At-
21 torney General and the Secretary of Health and Human
22 Services to carry out this part \$77,900,000 for each of
23 fiscal years 2016 through 2020.”.

1 **SEC. 703. CONFORMING AMENDMENTS.**

2 Part II of title I of the Omnibus Crime Control and
3 Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.) is
4 amended—

5 (1) in the part heading, by striking “**CON-**
6 **FRONTING USE OF METHAMPHETAMINE**” and
7 inserting “**COMPREHENSIVE ADDICTION AND**
8 **RECOVERY**”; and

9 (2) in section 2996(a)(1), by striking “this
10 part” and inserting “this section”.

11 **SEC. 704. GRANT ACCOUNTABILITY.**

12 (a) GRANTS UNDER PART II OF TITLE I OF THE OM-
13 NIBUS CRIME CONTROL AND SAFE STREETS ACT OF
14 1968.—

15 Part II of title I of the Omnibus Crime Control
16 and Safe Streets Act of 1968 (42 U.S.C. 3797cc et
17 seq.), as amended by section 702, is amended by
18 adding at the end the following:

19 **“SEC. 2999G. GRANT ACCOUNTABILITY.**

20 **“(a) DEFINITIONS.—**In this section—

21 **“(1) the term ‘applicable committees’—**

22 **“(A) with respect to the Attorney General**
23 **and any other official of the Department of**
24 **Justice, means—**

25 **“(i) the Committee on the Judiciary**
26 **of the Senate; and**

1 “(ii) the Committee on the Judiciary
2 of the House of Representatives; and

3 “(B) with respect to the Secretary of
4 Health and Human Services and any other offi-
5 cial of the Department of Health and Human
6 Services, means—

7 “(i) the Committee on Health, Edu-
8 cation, Labor, and Pensions of the Senate;
9 and

10 “(ii) the Committee on Energy and
11 Commerce of the House of Representa-
12 tives;

13 “(2) the term ‘covered agency’ means—

14 “(A) the Department of Justice; and

15 “(B) the Department of Health and
16 Human Services; and

17 “(3) the term ‘covered official’ means—

18 “(A) the Attorney General; and

19 “(B) the Secretary of Health and Human
20 Services.

21 “(b) ACCOUNTABILITY.—All grants awarded by a
22 covered official under this part shall be subject to the fol-
23 lowing accountability provisions:

24 “(1) AUDIT REQUIREMENT.—

1 “(A) DEFINITION.—In this paragraph, the
2 term ‘unresolved audit finding’ means a finding
3 in the final audit report of the Inspector Gen-
4 eral of a covered agency that the audited grant-
5 ee has utilized grant funds for an unauthorized
6 expenditure or otherwise unallowable cost that
7 is not closed or resolved within 12 months after
8 the date on which the final audit report is
9 issued.

10 “(B) AUDIT.—Beginning in the first fiscal
11 year beginning after the date of enactment of
12 this section, and in each fiscal year thereafter,
13 the Inspector General of a covered agency shall
14 conduct audits of recipients of grants awarded
15 by the applicable covered official under this
16 part to prevent waste, fraud, and abuse of
17 funds by grantees. The Inspector General shall
18 determine the appropriate number of grantees
19 to be audited each year.

20 “(C) MANDATORY EXCLUSION.—A recipi-
21 ent of grant funds under this part that is found
22 to have an unresolved audit finding shall not be
23 eligible to receive grant funds under this part
24 during the first 2 fiscal years beginning after

1 the end of the 12-month period described in
2 subparagraph (A).

3 “(D) PRIORITY.—In awarding grants
4 under this part, a covered official shall give pri-
5 ority to eligible applicants that did not have an
6 unresolved audit finding during the 3 fiscal
7 years before submitting an application for a
8 grant under this part.

9 “(E) REIMBURSEMENT.—If an entity is
10 awarded grant funds under this part during the
11 2-fiscal-year period during which the entity is
12 barred from receiving grants under subpara-
13 graph (C), the covered official that awarded the
14 grant funds shall—

15 “(i) deposit an amount equal to the
16 amount of the grant funds that were im-
17 properly awarded to the grantee into the
18 General Fund of the Treasury; and

19 “(ii) seek to recoup the costs of the
20 repayment to the fund from the grant re-
21 cipient that was erroneously awarded grant
22 funds.

23 “(2) NONPROFIT ORGANIZATION REQUIRE-
24 MENTS.—

1 “(A) DEFINITION.—For purposes of this
2 paragraph and the grant programs under this
3 part, the term ‘nonprofit organization’ means
4 an organization that is described in section
5 501(c)(3) of the Internal Revenue Code of 1986
6 and is exempt from taxation under section
7 501(a) of such Code.

8 “(B) PROHIBITION.—A covered official
9 may not award a grant under this part to a
10 nonprofit organization that holds money in off-
11 shore accounts for the purpose of avoiding pay-
12 ing the tax described in section 511(a) of the
13 Internal Revenue Code of 1986.

14 “(C) DISCLOSURE.—Each nonprofit orga-
15 nization that is awarded a grant under this part
16 and uses the procedures prescribed in regula-
17 tions to create a rebuttable presumption of rea-
18 sonableness for the compensation of its officers,
19 directors, trustees, and key employees, shall dis-
20 close to the applicable covered official, in the
21 application for the grant, the process for deter-
22 mining such compensation, including the inde-
23 pendent persons involved in reviewing and ap-
24 proving such compensation, the comparability
25 data used, and contemporaneous substantiation

1 of the deliberation and decision. Upon request,
2 a covered official shall make the information
3 disclosed under this subparagraph available for
4 public inspection.

5 “(3) CONFERENCE EXPENDITURES.—

6 “(A) LIMITATION.—No amounts made
7 available to a covered official under this part
8 may be used by the covered official, or by any
9 individual or entity awarded discretionary funds
10 through a cooperative agreement under this
11 part, to host or support any expenditure for
12 conferences that uses more than \$20,000 in
13 funds made available by the covered official, un-
14 less the covered official provides prior written
15 authorization that the funds may be expended
16 to host the conference.

17 “(B) WRITTEN AUTHORIZATION.—Written
18 authorization under subparagraph (A) shall in-
19 clude a written estimate of all costs associated
20 with the conference, including the cost of all
21 food, beverages, audio-visual equipment, hono-
22 raria for speakers, and entertainment.

23 “(C) REPORT.—

24 “(i) DEPARTMENT OF JUSTICE.—The
25 Deputy Attorney General shall submit to

1 the applicable committees an annual report
2 on all conference expenditures approved by
3 the Attorney General under this para-
4 graph.

5 “(ii) DEPARTMENT OF HEALTH AND
6 HUMAN SERVICES.—The Deputy Secretary
7 of Health and Human Services shall sub-
8 mit to the applicable committees an annual
9 report on all conference expenditures ap-
10 proved by the Secretary of Health and
11 Human Services under this paragraph.

12 “(4) ANNUAL CERTIFICATION.—Beginning in
13 the first fiscal year beginning after the date of en-
14 actment of this section, each covered official shall
15 submit to the applicable committees an annual cer-
16 tification—

17 “(A) indicating whether—

18 “(i) all audits issued by the Office of
19 the Inspector General of the applicable
20 agency under paragraph (1) have been
21 completed and reviewed by the appropriate
22 Assistant Attorney General or Director, or
23 the appropriate official of the Department
24 of Health and Human Services, as applica-
25 ble;

1 “(ii) all mandatory exclusions required
2 under paragraph (1)(C) have been issued;
3 and

4 “(iii) all reimbursements required
5 under paragraph (1)(E) have been made;
6 and

7 “(B) that includes a list of any grant re-
8 cipients excluded under paragraph (1) from the
9 previous year.

10 “(c) PREVENTING DUPLICATIVE GRANTS.—

11 “(1) IN GENERAL.—Before a covered official
12 awards a grant to an applicant under this part, the
13 covered official shall compare potential grant awards
14 with other grants awarded under this part by the
15 covered official to determine if duplicate grant
16 awards are awarded for the same purpose.

17 “(2) REPORT.—If a covered official awards du-
18 plicate grants to the same applicant for the same
19 purpose, the covered official shall submit to the ap-
20 plicable committees a report that includes—

21 “(A) a list of all duplicate grants awarded,
22 including the total dollar amount of any dupli-
23 cate grants awarded; and

24 “(B) the reason the covered official award-
25 ed the duplicate grants.”.

1 (b) OTHER GRANTS.—

2 (1) DEFINITIONS.—In this subsection—

3 (A) the term “applicable committees”—

4 (i) with respect to the Attorney Gen-
5 eral and any other official of the Depart-
6 ment of Justice, means—

7 (I) the Committee on the Judici-
8 ary of the Senate; and

9 (II) the Committee on the Judici-
10 ary of the House of Representatives;
11 and

12 (ii) with respect to the Secretary of
13 Health and Human Services and any other
14 official of the Department of Health and
15 Human Services, means—

16 (I) the Committee on Health,
17 Education, Labor, and Pensions of
18 the Senate; and

19 (II) the Committee on Energy
20 and Commerce of the House of Rep-
21 resentatives;

22 (B) the term “covered agency” means—

23 (i) the Department of Justice; and

24 (ii) the Department of Health and
25 Human Services; and

1 (C) the term “covered official” means—

2 (i) the Attorney General; and

3 (ii) the Secretary of Health and
4 Human Services.

5 (2) ACCOUNTABILITY.—All grants awarded by
6 a covered official under section 201, 302, or 601
7 shall be subject to the following accountability provi-
8 sions:

9 (A) AUDIT REQUIREMENT.—

10 (i) DEFINITION.—In this subpara-
11 graph, the term “unresolved audit finding”
12 means a finding in the final audit report of
13 the Inspector General of a covered agency
14 that the audited grantee has utilized grant
15 funds for an unauthorized expenditure or
16 otherwise unallowable cost that is not
17 closed or resolved within 12 months after
18 the date on which the final audit report is
19 issued.

20 (ii) AUDIT.—Beginning in the first
21 fiscal year beginning after the date of en-
22 actment of this Act, and in each fiscal year
23 thereafter, the Inspector General of a cov-
24 ered agency shall conduct audits of recipi-
25 ents of grants awarded by the applicable

1 covered official under section 201, 302, or
2 601 to prevent waste, fraud, and abuse of
3 funds by grantees. The Inspector General
4 shall determine the appropriate number of
5 grantees to be audited each year.

6 (iii) MANDATORY EXCLUSION.—A re-
7 cipient of grant funds under section 201,
8 302, or 601 that is found to have an unre-
9 solved audit finding shall not be eligible to
10 receive grant funds under those sections
11 during the first 2 fiscal years beginning
12 after the end of the 12-month period de-
13 scribed in clause (i).

14 (iv) PRIORITY.—In awarding grants
15 under section 201, 302, or 601, a covered
16 official shall give priority to eligible appli-
17 cants that did not have an unresolved
18 audit finding during the 3 fiscal years be-
19 fore submitting an application for a grant
20 under such section.

21 (v) REIMBURSEMENT.—If an entity is
22 awarded grant funds under section 201,
23 302, or 601 during the 2-fiscal-year period
24 during which the entity is barred from re-
25 ceiving grants under clause (iii), the cov-

1 ered official that awarded the funds
2 shall—

3 (I) deposit an amount equal to
4 the amount of the grant funds that
5 were improperly awarded to the grant-
6 ee into the General Fund of the
7 Treasury; and

8 (II) seek to recoup the costs of
9 the repayment to the fund from the
10 grant recipient that was erroneously
11 awarded grant funds.

12 (B) NONPROFIT ORGANIZATION REQUIRE-
13 MENTS.—

14 (i) DEFINITION.—For purposes of
15 this subparagraph and the grant programs
16 under sections 201, 302, and 601, the
17 term “nonprofit organization” means an
18 organization that is described in section
19 501(c)(3) of the Internal Revenue Code of
20 1986 and is exempt from taxation under
21 section 501(a) of such Code.

22 (ii) PROHIBITION.—A covered official
23 may not award a grant under this section
24 201, 302, or 601 to a nonprofit organiza-
25 tion that holds money in offshore accounts

1 for the purpose of avoiding paying the tax
2 described in section 511(a) of the Internal
3 Revenue Code of 1986.

4 (iii) DISCLOSURE.—Each nonprofit
5 organization that is awarded a grant under
6 section 201, 302, or 601 and uses the pro-
7 cedures prescribed in regulations to create
8 a rebuttable presumption of reasonableness
9 for the compensation of its officers, direc-
10 tors, trustees, and key employees, shall dis-
11 close to the applicable covered official, in
12 the application for the grant, the process
13 for determining such compensation, includ-
14 ing the independent persons involved in re-
15 viewing and approving such compensation,
16 the comparability data used, and contem-
17 poraneous substantiation of the delibera-
18 tion and decision. Upon request, a covered
19 official shall make the information dis-
20 closed under this clause available for public
21 inspection.

22 (C) CONFERENCE EXPENDITURES.—

23 (i) LIMITATION.—No amounts made
24 available to a covered official under section
25 201, 302, or 601 may be used by the cov-

1 ered official, or by any individual or entity
2 awarded discretionary funds through a co-
3 operative agreement under those sections,
4 to host or support any expenditure for con-
5 ferences that uses more than \$20,000 in
6 funds made available by the covered offi-
7 cial, unless the covered official provides
8 prior written authorization that the funds
9 may be expended to host the conference.

10 (ii) WRITTEN AUTHORIZATION.—

11 Written authorization under clause (i)
12 shall include a written estimate of all costs
13 associated with the conference, including
14 the cost of all food, beverages, audio-visual
15 equipment, honoraria for speakers, and en-
16 tertainment.

17 (iii) REPORT.—

18 (I) DEPARTMENT OF JUSTICE.—

19 The Deputy Attorney General shall
20 submit to the applicable committees
21 an annual report on all conference ex-
22 penditures approved by the Attorney
23 General under this subparagraph.

24 (II) DEPARTMENT OF HEALTH
25 AND HUMAN SERVICES.—The Deputy

1 Secretary of Health and Human Serv-
2 ices shall submit to the applicable
3 committees an annual report on all
4 conference expenditures approved by
5 the Secretary of Health and Human
6 Services under this subparagraph.

7 (D) ANNUAL CERTIFICATION.—Beginning
8 in the first fiscal year beginning after the date
9 of enactment of this Act, each covered official
10 shall submit to the applicable committees an
11 annual certification—

12 (i) indicating whether—

13 (I) all audits issued by the Office
14 of the Inspector General of the appli-
15 cable agency under subparagraph (A)
16 have been completed and reviewed by
17 the appropriate Assistant Attorney
18 General or Director, or the appro-
19 priate official of the Department of
20 Health and Human Services, as appli-
21 cable;

22 (II) all mandatory exclusions re-
23 quired under subparagraph (A)(iii)
24 have been issued; and

1 (III) all reimbursements required
2 under subparagraph (A)(v) have been
3 made; and

4 (ii) that includes a list of any grant
5 recipients excluded under subparagraph
6 (A) from the previous year.

7 (3) PREVENTING DUPLICATIVE GRANTS.—

8 (A) IN GENERAL.—Before a covered offi-
9 cial awards a grant to an applicant under sec-
10 tion 201, 302, or 601, the covered official shall
11 compare potential grant awards with other
12 grants awarded under those sections by the cov-
13 ered official to determine if duplicate grant
14 awards are awarded for the same purpose.

15 (B) REPORT.—If a covered official awards
16 duplicate grants to the same applicant for the
17 same purpose, the covered official shall submit
18 to the to the applicable committees a report
19 that includes—

20 (i) a list of all duplicate grants award-
21 ed, including the total dollar amount of
22 any duplicate grants awarded; and

23 (ii) the reason the covered official
24 awarded the duplicate grants.