

**Purpose: In the nature of a substitute.**

**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 \_\_\_\_\_**

**Viz:**

**Strike all after the enacting clause and insert the following:**

~~Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,~~

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

(a) Short Title.—This Act may be cited as the “Comprehensive Addiction and Recovery Act of 2015” **2016**”.

(b) Table of Contents.—The table of contents for 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 ~~prescribing practices.~~ **practices for the use of prescription opioids.**

~~Sec.102.National education campaign.~~ **Sec.102.Awareness campaigns.**

Sec.103.Community-based coalition enhancement grants to address local drug crises.

## **TITLE II—LAW ENFORCEMENT AND TREATMENT**

1 Sec.201.Treatment alternative to incarceration programs.

2 ~~Sec.202.Law enforcement naloxone training and implementation demonstration.~~ **Sec.202.First**  
3 **responder training for the use of drugs and devices that rapidly reverse the effects of**  
4 **opioids.**

5 Sec.203.Prescription drug take back expansion.

6 **Sec.204.Heroin and methamphetamine task forces.**

## 7 **TITLE III—TREATMENT AND RECOVERY**

8 Sec.301.Evidence-based opioid and heroin treatment and interventions demonstration.

9 Sec.302.Criminal justice medication assisted treatment and interventions demonstration.

10 Sec.303.National youth recovery initiative.

11 Sec.304.Building communities of recovery.

## 12 **TITLE IV—ADDRESSING COLLATERAL** 13 **CONSEQUENCES**

14 Sec.401.Correctional education demonstration grant program.

15 ~~Sec.402.Revision of FAFSA form.~~

16 ~~Sec.403.National~~ **Sec.402.National** Task Force on Recovery and Collateral Consequences.

## 17 **TITLE V—ADDICTION AND TREATMENT SERVICES** 18 **FOR WOMEN, FAMILIES, AND VETERANS**

19 ~~Sec.501.Authority to award competitive grants to address opioid and heroin abuse by pregnant~~  
20 ~~and parenting female offenders.~~ **Sec.501.Improving treatment for pregnant and postpartum**  
21 **women.**

22 ~~Sec.502.Grants~~ **Sec.502.Report on grants** for family-based substance abuse treatment.

23 Sec.503.Veterans' treatment courts.

## 24 **TITLE VI—INCENTIVIZING STATE COMPREHENSIVE** 25 **INITIATIVES TO ADDRESS OPIOID AND HEROIN ABUSE**

26 Sec.601.State demonstration grants for comprehensive opioid abuse response.

## 27 ~~TITLE VII—OFFSET; GAO REPORT~~ 28 **VII—MISCELLANEOUS**

29 ~~Sec.701.Offset.~~

30 ~~Sec.702.GAO~~ **Sec.701.GAO** report on IMD exclusion.

31 **Sec.702.Funding.**

32 **Sec.703.Conforming amendments.**

1 **Sec.704.Grant accountability.**

2 **SEC. 2. FINDINGS.**

3 Congress finds the following:

4 (1) The abuse of heroin and prescription **opioid** painkillers is having a devastating effect  
5 on public health and safety in communities across the United States. According to the  
6 Centers for Disease Control and Prevention, drug overdose deaths now surpass traffic  
7 crashes in the number of deaths caused by injury in the United States. In ~~2011~~ **2014**, an  
8 average of ~~about 110~~ **more than 120** people in the United States died from drug ~~overdose~~  
9 **overdoses** every day.

10  
11 ~~\* 1 (2) Law enforcement officials and treatment experts throughout the country report~~  
12 ~~that many prescription opioid users have turned to heroin as a cheaper or more easily-~~  
13 ~~obtained alternative to prescription drugs.~~

14 (2) According to the National Institute on Drug Abuse (commonly known as  
15 “NIDA”), the number of prescriptions for opioids increased from approximately  
16 **76,000,000 in 1991 to nearly 207,000,000 in 2013, and the United States is the biggest**  
17 **consumer of opioids globally, accounting for almost 100 percent of the world total for**  
18 **hydrocodone and 81 percent for oxycodone.**

19 (3) Opioid pain relievers are the most widely misused or abused controlled prescription  
20 drugs (commonly referred to as “CPDs”) and are involved in most CPD-related overdose  
21 incidents. According to the Drug Abuse Warning Network (commonly known as  
22 “DAWN”), the estimated number of emergency department visits involving nonmedical use  
23 of prescription opiates or opioids increased by 112 percent between 2006 and 2010, from  
24 84,671 to 179,787.

25 (4) **The use of heroin in the United States has also spiked sharply in recent years.**  
26 **According to the most recent National Survey on Drug Use and Health, more than**  
27 **900,000 people in the United States reported using heroin in 2014, nearly a 35 percent**  
28 **increase from the previous year. Heroin overdose deaths more than tripled from 2010**  
29 **to 2014.**

30 (5) The supply of cheap heroin available in the United States has increased  
31 dramatically as well, largely due to the activity of Mexican drug trafficking  
32 organizations. The Drug Enforcement Administration (commonly known as the  
33 “DEA”) estimates that heroin seizures at the Mexican border have more than doubled  
34 since 2010, and heroin production in Mexico increased 62 percent from 2013 to 2014.  
35 While only 8 percent of State and local law enforcement officials across the United  
36 States identified heroin as the greatest drug threat in their area in 2008, that number  
37 rose to 38 percent in 2015.

38 ~~\*\* 1 (2)(6)~~ Law enforcement officials and treatment experts throughout the country  
39 report that many prescription opioid users have turned to heroin as a cheaper or more easily  
40 obtained alternative to prescription drugs.

41 ~~(4)(7)~~ According to a report by the National Association of State Alcohol and Drug

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

4 ~~\*\* 2 (12)~~(8) Research indicates that combating the opioid crisis, including abuse of  
5 prescription painkillers and, increasingly, heroin, requires a multi-pronged approach that  
6 involves **prevention, education, monitoring, law enforcement initiatives**, reducing drug  
7 diversion **and the supply of illicit drugs**, expanding delivery of existing treatments  
8 (including medication assisted treatments), expanding access to overdose medications and  
9 interventions, and the development of new medications for pain that can augment the  
10 existing treatment arsenal.

11 ~~(5)~~(9) Substance use disorders are a treatable disease. Discoveries in the science of  
12 addiction have led to advances in the treatment of substance use disorders that help people  
13 stop abusing drugs and prescription medications and resume their productive lives.

14 ~~(6)~~(10) According to the National Survey on Drug Use and Health, approximately  
15 22,700,000 people in the United States needed substance use disorder treatment in 2013, but  
16 only 2,500,000 people received it. Furthermore, current treatment services are not adequate  
17 to meet demand. According to a report commissioned by ~~SAMHSA~~ **the Substance Abuse**  
18 **and Mental Health Services Administration (commonly known as “SAMHSA”)**, there  
19 are approximately 32 providers for every 1,000 individuals needing substance use disorder  
20 treatment. In some States, the ratio is much lower.

21 ~~(7)~~(11) **The overall cost of drug abuse, from health care- and criminal justice-related**  
22 **costs to lost productivity, is steep, totaling more than \$700,000,000,000 a year,**  
23 **according to NIDA.** Effective substance abuse prevention can yield major economic  
24 dividends.

25 ~~(8)~~(12) According to ~~the National Institute on Drug Abuse~~ **NIDA**, when schools and  
26 communities properly implement science-validated substance abuse prevention programs,  
27 abuse of alcohol, tobacco, and illicit drugs is reduced. Such programs help teachers, parents,  
28 and healthcare professionals shape the perceptions of youths about the risks of drug abuse.

29 ~~(9)~~(13) Diverting **certain** individuals with substance use disorders from criminal justice  
30 systems into community-based treatment can save billions of dollars and prevent sizeable  
31 numbers of crimes, arrests, and re-incarcerations over the course of those individuals’ lives.

32 ~~(10)~~(14) According to the ~~Drug Enforcement Agency~~, **DEA**, more than ~~1,700~~ **2,700** tons  
33 of expired, unwanted prescription medications have been collected ~~during the past 3 1/2~~  
34 ~~years, following~~ **since** the enactment of the Secure and Responsible Drug Disposal Act of  
35 2010 (Public Law 111–273; 124 Stat. 2858).

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

41 ~~(16)~~(14) Research shows that combining treatment medications with behavioral therapy  
42 is ~~the best~~ **an effective** way to facilitate success for ~~most~~ **some** patients. Treatment  
43 approaches must be tailored to address the drug abuse patterns and drug-related medical,

psychiatric, and social problems of each individual. Different types of medications may be useful at different stages of treatment or recovery to help a patient stop using drugs, stay in treatment, and avoid relapse. **Patients have a range of options regarding their path to recovery and many have also successfully addressed drug abuse through the use of faith-based, holistic, or drug-free models.**

~~\* 2 (12) Research indicates that combating the opioid crisis, including abuse of prescription painkillers and, increasingly, heroin, requires a multi-pronged approach that involves reducing drug diversion, expanding delivery of existing treatments (including medication-assisted treatments), expanding access to overdose medications and interventions, and the development of new medications for pain that can augment the existing treatment arsenal.~~

~~(13)~~(17) Individuals with mental illness, especially severe mental illness, are at considerably higher risk for substance abuse than the general population, and the presence of a mental illness complicates recovery from substance abuse.

## SEC. 3. DEFINITIONS.

In this Act—

(1) the term “medication assisted treatment” means the use, for problems relating to heroin and other opioids, of medications approved by the Food and Drug Administration in combination with counseling and behavioral therapies;

~~(2) the term “ONDCP Recovery Branch” means the Recovery Branch of the Office of National Drug Control Policy;~~

~~(3)~~ the term “opioid” means any drug having an addiction-forming or addiction-sustaining liability similar to morphine or being capable of conversion into a drug having such addiction-forming or addiction-sustaining liability; and

~~(4)~~(3) the term “State” means any State of the United States, the District of Columbia, the Commonwealth of Puerto Rico, and any territory or possession of the United States.

## TITLE I—PREVENTION AND EDUCATION

### SEC. 101. DEVELOPMENT OF BEST ~~PRESCRIBING~~ ~~PRACTICES.~~ **PRACTICES FOR THE USE OF PRESCRIPTION OPIOIDS.**

~~(a) Inter-Agency Task Force.—Not later than 120 days after the date of enactment of this Act,~~(a) **Definitions.—In this section—**

**(1) the term “Secretary” means the Secretary of Health and Human Services**~~(referred to in this section as the “Secretary”); and~~

**(2) the term “task force” means the Pain Management Best Practices Inter-Agency Task Force convened under subsection (b).**

1       **(b) Inter-Agency Task Force.**—**Not later than December 14, 2018, the Secretary**, in  
2 cooperation with the Secretary of Veterans Affairs, the Secretary of Defense, and the  
3 Administrator of the Drug Enforcement Administration, shall convene a Pain Management Best  
4 Practices Inter-Agency Task Force (~~referred to in this section as the “task force”~~). **to review,**  
5 **modify, and update, as appropriate, best practices for pain management (including chronic**  
6 **and acute pain) and prescribing pain medication.**

7       ~~(b)~~**(c) Membership.**—The task force shall be comprised of—

8           (1) representatives of—

9                   (A) the Department of Health and Human Services;

10                   (B) the Department of Veterans Affairs;

11                   **(C) the Food and Drug Administration;**

12                   **(D) the Department of Defense;**

13                   ~~(D)~~**(E) the Drug Enforcement Administration;**

14                   ~~(E)~~**(F) the Centers for Disease Control and Prevention;**

15                   ~~(F)~~**(G) the Institute National Academy of Medicine;**

16                   **and (H) the National Institutes of Health; and**

17                   ~~(G)~~**(I) the Office of National Drug Control Policy;**

18  
19           ~~(2) the Director of the National Institutes of Health;~~

20           ~~(3)~~**(2) physicians, dentists, and non-physician prescribers;**

21           ~~(4)~~**(3) pharmacists;**

22           ~~(5)~~**(4) experts in the fields of pain research and addiction research;**

23           ~~(6)~~**(5) representatives of—**

24                   (A) pain management professional organizations;

25                   (B) the mental health treatment community;

26                   (C) the addiction treatment community;

27                   (D) pain advocacy groups; and

28                   (E) groups with expertise around overdose reversal; and

29           ~~(7)~~**(6) other stakeholders, as the Secretary determines appropriate.**

30       ~~(c)~~**(d) Duties.**—The task force shall—

31           (1) not later than 180 days after the date on which the task force is convened under  
32 subsection ~~(a)~~, **develop (b), review, modify, and update, as appropriate,** best practices for  
33 pain management (including chronic and acute pain) and prescribing pain medication,  
34 taking into consideration—

35                   (A) existing pain management research;

(B) recommendations from relevant conferences;

(C) ongoing efforts at the State and local levels and by medical professional organizations to develop improved pain management strategies; **and, including consideration of alternatives to opioids to reduce opioid monotherapy in appropriate cases;**

(D) the management of high-risk populations, other than populations who suffer pain, who—

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

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

**(E) the Proposed 2016 Guideline for Prescribing Opioids for Chronic Pain issued by the Centers for Disease Control and Prevention (80 Fed. Reg. 77351 (December 14, 2015)) and any final guidelines issued by the Centers for Disease Control and Prevention;**

(2) solicit and take into consideration public comment on the practices developed under paragraph (1), amending such best practices if appropriate; and

(3) develop a strategy for disseminating information about the best practices ~~developed under paragraphs (1) and (2) to prescribers, health professionals, pharmacists, State medical boards, and other parties, as the Secretary determines appropriate.~~ **to stakeholders, as appropriate.**

~~(d)~~**(e)** Limitation.—The task force shall not have rulemaking authority.

~~(e)~~**(f)** Report.—Not later than 270 days after the date on which the task force is convened under subsection ~~(a)~~**(b)**, the task force shall submit to Congress a report that includes—

(1) the strategy for disseminating best practices ~~developed under subsection (e);~~ **for pain management (including chronic and acute pain) and prescribing pain medication, as reviewed, modified, or updated under subsection (d);**

(2) the results of a feasibility study on linking ~~the best practices developed under subsection (e)~~ **described in paragraph (1)** to receiving and renewing registrations under section 303(f) of the Controlled Substances Act (21 U.S.C. 823(f)); and

(3) recommendations ~~on how to apply for effectively applying the best practices developed under subsection (e)~~ **described in paragraph (1)** to improve prescribing practices at medical facilities, including medical facilities of the Veterans Health Administration.

## ~~SEC. 102. NATIONAL EDUCATION CAMPAIGN.~~

~~Title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3711 et seq.) is amended by adding at the end the following:~~

~~“PART MM—DRUG TREATMENT GRANTS~~

~~“SEC. 3031. DEFINITIONS.~~

~~“In this part—~~

~~“(1) the term ‘civil liability protection law’ means a State law that protects from civil liability individuals who give aid on a voluntary basis in an emergency to individuals who are ill, in peril, or otherwise incapacitated;~~

**AWARENESS  
CAMPAIGNS.**

(a) **In General.**—The Secretary of Health and Human Services, in coordination with the Attorney General, shall advance the education and awareness of the public, providers, patients, and other appropriate entities regarding the risk of abuse of prescription opioid drugs if such products are not taken as prescribed.

(b) **Drug-Free Media Campaign.**—

(1) **IN GENERAL.**—The Office of National Drug Control Policy, in coordination with the Secretary of Health and Human Services and the Attorney General, shall establish a national drug awareness campaign.

(2) **REQUIREMENTS.**—The national drug awareness campaign required under paragraph (1) shall—

(A) take into account the association between prescription opioid abuse and heroin use;

(B) emphasize the similarities between heroin and prescription opioids and the effects of heroin and prescription opioids on the human body; and

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

~~\* 3 “(2) the term ‘medication assisted treatment’ means the use, for problems relating to heroin and other opioids, of medications approved by the Food and Drug Administration in combination with counseling and behavioral therapies;~~

~~“(3) the term ‘opioid’ means any drug having an addiction forming or addiction sustaining liability similar to morphine or being capable of conversion into a drug having such addiction forming or addiction sustaining liability; and~~



~~“(4) the term ‘Single State Authority for Substance Abuse’ has the meaning given the term in section 201(e) of the Second Chance Act of 2007 (42 U.S.C. 17521(e)).~~

~~“SEC. 3032. NATIONAL EDUCATION CAMPAIGN.~~

~~“(a) Definitions. In this section—~~

~~“(1) the term ‘eligible entity’ means a State, unit of local government, or nonprofit organization; and~~

~~“(2) the terms ‘elementary school’ and ‘secondary school’ have the meaning given those terms in section 9101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801).~~

~~“(b) Program Authorized. The Attorney General, in coordination with the Secretary of Health and Human Services, the Director of the Office of National Drug Control Policy, the Secretary of Education, the Administrator of the Substance Abuse and Mental Health Services Administration, and the Director of the Centers for Disease Control and Prevention, may make grants to eligible entities to expand educational efforts to prevent abuse of opioids, heroin, and other substances of abuse, understand addiction as a chronic disease, and promote treatment and recovery, including—~~

~~“(1) parent and caretaker focused prevention efforts, including—~~

~~“(A) the development of research-based community education online and social media materials with an accompanying toolkit that can be disseminated to communities to educate parents and other caretakers of teens on—~~

~~“(i) how to educate teens about opioid and heroin abuse;~~

~~“(ii) how to intervene if a parent thinks or knows their teen is~~

~~abusing opioids or heroin;~~  
~~“(iii) signs of opioid or heroin overdose; and~~  
~~“(iv) the use of naloxone to prevent death from opioid or heroin-~~  
~~overdose;~~  
~~“(B) the development of detailed digital and print educational-~~  
~~materials to accompany the online and social media materials-~~  
~~and toolkit described in subparagraph (A);~~  
~~“(C) the development and dissemination of public service-~~  
~~announcements to—~~  
~~“(i) raise awareness of heroin and opioid abuse among parents-~~  
~~and other caretakers;~~  
~~“(ii) motivate parents and other caretakers to visit online-~~  
~~educational materials on heroin and opioid abuse; and~~  
~~“(iii) provide information for public health agencies and-~~  
~~nonprofit organizations that provide overdose reversal and-~~  
~~prevention services and community referrals; and~~  
~~“(D) the dissemination of educational materials to the media-~~  
~~through—~~  
~~“(i) a town hall or panel discussion with experts;~~  
~~“(ii) a press release;~~  
~~“(iii) an online news release;~~  
~~“(iv) a media tour; and~~  
~~“(v) sharable infographics;~~  
~~“(2) prevention efforts focused on teenagers, young adults, and-~~  
~~college students, including the development of—~~  
~~“(A) a national digital campaign;~~

~~“(B) a community education toolkit for use by community coalitions;~~

~~“(C) evidence-based resources for prevention and treatment professionals targeting individuals who are between 18 and 24 years of age, including college students; and~~

~~“(D) technical support centers for prevention and treatment professionals, elementary and secondary school based professionals, and college-based professionals, including recovery staff, to implement and sustain evidence-based educational and prevention programs;~~

~~“(3) campaigns to inform individuals about available resources to aid in recovery from substance use disorder;~~

~~“(4) encouragement of individuals in or seeking recovery from substance use disorder to enter the health care system; or~~

~~“(5) adult focused awareness efforts, including efforts focused on older adults, relating to prescription medication disposal, opioid and heroin abuse, signs of overdose, and the use of naloxone for reversal.~~

~~“(c) Application.—~~

~~“(1) In general.— An eligible entity desiring a grant under this section shall submit an application to the Attorney General—~~

~~“(A) that meets the criteria under paragraph (2); and~~

~~“(B) at such time, in such manner, and accompanied by such information as the Attorney General may require.~~

~~“(2) Criteria.— An eligible entity, in submitting an application under paragraph (1), shall—~~

~~“(A) describe the evidence based methodology and outcome measurements that will be used to evaluate the program funded~~

1 ~~with a grant under this section;~~

2 ~~“(B) specifically explain how the measurements described in~~  
3 ~~subparagraph (A) will provide valid measures of the impact of~~  
4 ~~the program described in subparagraph (A);~~

5 ~~“(C) describe how the program described in subparagraph (A)~~  
6 ~~could be broadly replicated if demonstrated to be effective;~~

7 ~~“(D) demonstrate that all planned services will be~~  
8 ~~research informed, which may include evidence based practices~~  
9 ~~documented in—~~

10 ~~“(i) the report of the Institute of Medicine entitled ‘Preventing~~  
11 ~~Mental, Emotional, and Behavioral Disorders Among Young~~  
12 ~~People’; or~~

13 ~~“(ii) the National Registry of Effective Programs and Practices~~  
14 ~~(commonly referred to as ‘NREPP’) of the Substance Abuse and~~  
15 ~~Mental Health Administration; and~~

16 ~~“(E) demonstrate that the eligible entity will effectively integrate~~  
17 ~~and sustain the program described in subparagraph (A) into~~  
18 ~~curriculum or community outreach efforts.~~

19 ~~“(d) Use of Funds.—A grantee shall use a grant received under~~  
20 ~~this section for expenses of educational efforts to—~~

21 ~~“(1) prevent abuse of opioids, heroin, alcohol, and other drugs;~~  
22 ~~or~~

23 ~~“(2) promote treatment and recovery.~~

24 ~~“(e) Duration.—The Attorney General shall award grants under~~  
25 ~~this section for a period not to exceed 2 years.~~

26 ~~“(f) Priority Consideration With Respect to States.—In awarding~~  
27 ~~grants to States under this section, the Attorney General shall~~  
28 ~~give priority to a State that provides civil liability protection for~~

~~first responders, health professionals, and family members  
administering naloxone to counteract opioid overdoses by—  
“(1) enacting legislation that provides such civil liability  
protection; or  
“(2) providing a certification by the attorney general of the State  
that the attorney general has—  
“(A) reviewed any applicable civil liability protection law to  
determine the applicability of the law with respect to first  
responders, health care professionals, family members, and other  
individuals who may administer naloxone to individuals  
reasonably believed to be suffering from opioid overdose; and  
“(B) concluded that the law described in subparagraph (A)  
provides adequate civil liability protection applicable to such  
persons.  
“(g) Information Sharing.—The Office of the Attorney General,  
in coordination with the Substance Abuse and Mental Health  
Services Administration and the Department of Education, shall  
review existing evidence-based programs and emerging  
practices and programs and provide information to schools and  
communities about such programs and practices.  
“(h) Authorization of Appropriations.—There are authorized to  
be appropriated to carry out this section \$2,500,000 for each of  
fiscal years 2016 through 2020.”.~~

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

Part ~~MM~~ **II** of title I of the Omnibus Crime Control and Safe Streets Act of 1968, ~~as added by~~  
~~section 102,~~ **(42 U.S.C. 3797cc et seq.)** is amended by ~~adding at the end~~ **striking section 2997**  
**and inserting** the following:

1 “SEC. ~~3033~~ **2997. COMMUNITY-BASED COALITION**  
2 **ENHANCEMENT GRANTS TO ADDRESS LOCAL DRUG**  
3 **CRISES.**

4 “(a) Definitions.—In this section—

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

7 “(2) the term ‘eligible entity’ means an organization that—

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

10 “(B) has documented, using local data, rates of abuse of opioids **or**  
11 **methamphetamines** at levels that are—

12 “(i) significantly higher than the national average as determined by the  
13 Attorney General (including appropriate consideration of the **results of the**  
14 Monitoring the Future Survey published by the National Institute on Drug Abuse  
15 and the National Survey on Drug Use and Health **published** by the Substance  
16 Abuse and Mental Health ~~Service~~ **Services** Administration); or

17 “(ii) higher than the national average, as determined by the Attorney General  
18 (including appropriate consideration of the **results of the** surveys described in  
19 clause (i)), over a sustained period of time; and

20 “(3) the term ‘local drug crisis’ means, with respect to the area served by an eligible  
21 entity—

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

24 “(B) the abuse of prescription medications, specifically opioids **or**  
25 **methamphetamines**, that is significantly higher than the national average, over a  
26 sustained period of time, as documented by local data.

27 “(b) Program Authorized.—The Attorney General, in coordination with the Director **of the**  
28 **Office of National Drug Control Policy**, may make grants to eligible entities to implement  
29 comprehensive community-wide strategies that address local drug crises within the area served  
30 by the eligible entity.

31 “(c) Application.—

32 “(1) IN GENERAL.—An eligible entity ~~desiring~~ **seeking** a grant under this section shall  
33 submit an application to the Attorney General at such time, in such manner, and  
34 accompanied by such information as the Attorney General may require.

35 “(2) CRITERIA.—As part of an application for a grant under this section, the Attorney  
36 General shall require an eligible entity to submit a detailed, comprehensive, multi-sector  
37 plan for addressing the local drug crisis within the area served by the eligible entity.

38 “(d) Use of Funds.—An eligible entity shall use a grant received under this section—

1 “(1) for programs designed to implement comprehensive community-wide prevention  
2 strategies to address **the** local drug crisis in the area served by the eligible entity, in  
3 accordance with the plan submitted under subsection (c)(2); and

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

6 ~~“(e) Grant Amounts and Duration.—~~

7 ~~“(1) Amounts.—The Attorney General may not award a grant under this section for a fiscal-~~  
8 ~~year in an amount that exceeds—~~

9 ~~“(A) the amount of non Federal funds raised by the eligible entity, including in-kind-~~  
10 ~~contributions, for that fiscal year; or~~

11 ~~“(B) \$75,000.~~

12 ~~“(2) Duration.—The Attorney General shall award grants under this section for a period not to-~~  
13 ~~exceed 4 years.~~

14 ~~“(f) Supplement Not Supplant.—An eligible entity shall use Federal funds received under this~~  
15 ~~section only to supplement the funds that would, in the absence of those Federal funds, be made~~  
16 ~~available from other Federal and non-Federal sources for the activities described in this section,~~  
17 ~~and not to supplant those funds.~~

18 ~~“(g)“(f) Evaluation.—A grant under this section shall be subject to the same evaluation~~  
19 ~~requirements and procedures as the evaluation requirements and procedures imposed on the~~  
20 ~~recipient of a grant under the Drug-Free Communities Act of 1997.~~

21 ~~“(h)“(g) Limitation on Administrative Expenses.—Not more than 8 percent of the amounts~~  
22 ~~made available pursuant to subsection (i) for a fiscal year may be used by the Attorney General~~  
23 ~~to pay for administrative expenses.”. expenses.~~

24 ~~“(i) Authorization of Appropriations.—There are authorized to be appropriated to carry out~~  
25 ~~this section \$5,000,000 for each of fiscal years 2016 through 2020.”.~~

## 26 TITLE II—LAW ENFORCEMENT AND TREATMENT

### 27 SEC. 201. TREATMENT ALTERNATIVE TO 28 INCARCERATION PROGRAMS.

29 ~~Part MM of the Omnibus Crime Control and Safe Streets Act of 1968, as amended by section-~~  
30 ~~103, is amended by adding at the end the following:~~

31 ~~“SEC. 3034. TREATMENT ALTERNATIVE TO INCARCERATION PROGRAMS.~~

32 ~~“(a)(a) Definitions.—In this section— section:~~

33 ~~“(1) the term ‘eligible entity’~~**(1) ELIGIBLE ENTITY.—The term “eligible entity”** means a  
34 State, unit of local government, Indian tribe, or nonprofit organization;~~and.~~

35 ~~“(2) the term ‘eligible participant’~~**(2) ELIGIBLE PARTICIPANT.—The term “eligible**  
36 **participant”** means an individual who—

37 ~~“(A)(A) comes into contact with the juvenile justice system or criminal justice~~

1 system or is arrested or charged with an offense **that is not**—;

2 “~~(B)~~ has a history of or a current—(i) a crime of violence, as defined under  
3 applicable State law or section 16 of title 18, United States Code; or

4 “~~(i)~~(ii) a serious drug offense, as defined under section 924(e)(2)(A) of title  
5 18, United States Code;

6 **(B) has a current—**

7 **(i) substance use disorder; or**

8 “~~(ii)~~ mental illness; or

9 “~~(iii)~~(ii) co-occurring mental illness and substance use ~~disorders~~ **disorder**; and

10 “~~(C)~~(C) has been approved for participation in a program funded under this section  
11 by, as applicable depending on the stage of the criminal justice process, the relevant  
12 law enforcement agency or prosecuting attorney, defense attorney, probation or  
13 corrections official, judge, or representative from the relevant mental health or  
14 substance abuse agency.

15 “~~(b)~~(b) Program Authorized.—The **Secretary of Health and Human Services, in**  
16 **coordination with the** Attorney General, may make grants to eligible entities ~~to~~ **to—**

17 **(1) develop, implement, or expand a treatment alternative to incarceration program for**  
18 **eligible participants, including—**

19 “~~(1)~~(A) pre-booking, **including pre-arrest**, treatment alternative to incarceration  
20 programs, including—

21 “~~(A)~~(i) law enforcement training on substance use disorders, ~~mental illness~~, and  
22 co-occurring mental illness and substance use disorders;

23 “~~(B)~~(ii) receiving centers as alternatives to incarceration of eligible  
24 participants;

25 “~~(C)~~(iii) specialized response units for calls related to substance use disorders, ~~mental illness~~, and co-occurring mental illness and substance use disorders; and

27 “~~(D)~~(iv) other **pre-arrest and or** pre-booking treatment alternative to  
28 incarceration models; and

29 “~~(2)~~(B) post-booking treatment alternative to incarceration programs, including—

30 “~~(A)~~(i) specialized clinical case management;

31 “~~(B)~~(ii) pre-trial services related to ~~substances~~ **substance** use disorders, ~~mental~~  
32 ~~illness~~, and co-occurring mental illness and substance use disorders;

33 “~~(C)~~(iii) prosecutor and defender based programs;

34 “~~(D)~~(iv) specialized probation;

35 “~~(E)~~(v) programs utilizing the American Society of Addiction Medicine patient  
36 placement criteria;

37 “~~(F)~~(vi) treatment and rehabilitation programs and recovery support services;



and

~~“(G)(vii)~~ drug courts, DWI courts, and veterans treatment courts; **and-**

~~“(e) Application.—(2) facilitate or enhance planning and collaboration between State criminal justice systems and State substance abuse systems in order to more efficiently and effectively carry out programs described in paragraph (1) that address problems related to the use of heroin and misuse of prescription drugs among eligible participants.~~

~~“(1)(c) Application.—~~

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

~~“(A)(A)~~ that meets the criteria under paragraph (2); and

~~“(B)(B)~~ at such time, in such manner, and accompanied by such information as the ~~Attorney General~~ **Secretary of Health and Human Services** may require.

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

~~“(A)(A)~~ provide extensive evidence of collaboration with State and local government agencies overseeing health, community corrections, courts, prosecution, substance abuse, mental health, victims services, and employment services, and with local law enforcement agencies;

~~“(B)(B)~~ demonstrate consultation with the Single State Authority for Substance Abuse;

**(C) demonstrate consultation with the Single State criminal justice planning agency;**

**(D)**~~“(C)~~ demonstrate that evidence-based treatment practices, **including if applicable the use of medication assisted treatment,** will be utilized; and

~~“(D)(E)~~ demonstrate that evidenced-based screening and assessment tools will be utilized to place participants in the treatment alternative to incarceration program.

~~“(d)(d) Requirements.—~~Each eligible entity awarded a grant for a treatment alternative to incarceration program under this section shall—

~~“(1)(1)~~ determine the terms and conditions of participation in the program by eligible participants, taking into consideration the collateral consequences of an arrest, prosecution, or criminal conviction;

~~“(2)(2)~~ ensure that each substance abuse and mental health treatment component is licensed and qualified by the relevant jurisdiction;

~~“(3)(3)~~ for programs described in subsection (b)(2), organize an enforcement unit comprised of appropriately trained law enforcement professionals under the supervision of the State, tribal, or local criminal justice agency involved, the duties of which shall include—

~~“(A)(A)~~ the verification of addresses and other contacts of each eligible participant

who participates or desires to participate in the program; and

“(B)(B) if necessary, the location, apprehension, arrest, and return to court of an eligible participant in the program who has absconded from the facility of a treatment provider or has otherwise violated the terms and conditions of the program, consistent with Federal and State confidentiality requirements;

“(4)(4) notify the relevant criminal justice entity if any eligible participant in the program absconds from the facility of the treatment provider or otherwise violates the terms and conditions of the program, consistent with Federal and State confidentiality requirements;

“(5)(5) submit periodic reports on the progress of treatment or other measured outcomes from participation in the program of each eligible ~~offender-participating~~ **participant** in the program to the relevant State, tribal, or local criminal justice agency;

“(6)(6) describe the evidence-based methodology and outcome measurements that will be used to evaluate the program, and specifically explain how such measurements will provide valid measures of the impact of the program; and

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

“(e)(e) Use of Funds.—An eligible entity shall use a grant received under this section for expenses of a treatment alternative to incarceration program, including—

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

“(2)(2) payments for treatment providers that are approved by the relevant State or tribal jurisdiction and licensed, if necessary, to provide needed treatment to eligible ~~offenders-participating~~ **participants** in the program, including medication assisted treatment, aftercare supervision, vocational training, education, and job placement;

and

“(3)(3) payments to public and nonprofit private entities that are approved by the State or tribal jurisdiction and licensed, if necessary, to provide alcohol and drug addiction treatment and mental health treatment to eligible ~~offenders-participating in the program~~ **participants in the program; and**

“(4)(4) salaries, personnel costs, and other costs related to strategic planning among State and local government agencies.

(f) Supplement Not Supplant.—An eligible entity shall use Federal funds received under this section only to supplement the funds that would, in the absence of those Federal funds, be made available from other Federal and non-Federal sources for the activities described in this section, and not to supplant those funds.

“(g)(g) Geographic Distribution.—The ~~Attorney General~~ **Secretary of Health and Human Services** shall ensure that, to the extent practicable, the geographical distribution of grants under this section is equitable and includes a grant to an eligible entity in—

“(1)(1) each State;

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

1       ~~“(3)~~(3) tribal jurisdictions.

2       ~~“(h)~~(h) Priority Consideration With Respect to States.—In awarding grants to States under this  
3 section, the ~~Attorney General~~ **Secretary of Health and Human Services** shall give priority to a  
4 ~~State that to—~~

5           (1) a State that submits a joint application from the substance abuse agencies and  
6 criminal justice agencies of the State that proposes to use grant funds to facilitate or  
7 enhance planning and collaboration between the agencies, including coordination to  
8 better address the needs of incarcerated populations; and

9           (2) a State that—

10           (A) provides civil liability protection for first responders, health professionals, and  
11 family members **who have received appropriate training in the administration of**  
12 **naloxone in** administering naloxone to counteract opioid overdoses ~~by—~~; and

13           ~~“(1) enacting legislation that provides such civil liability protection; or~~

14           ~~“(2) providing~~(B) **submits to the Secretary** a certification by the attorney general of  
15 the State that the attorney general has—

16           ~~“(A)~~(i) reviewed any applicable civil liability protection law to determine the  
17 applicability of the law with respect to first responders, health care professionals,  
18 family members, and other individuals ~~who~~ **who—**

19                   **(I) have received appropriate training in the administration of**  
20 **naloxone; and**

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

23           ~~“(B)~~(ii) concluded that the law described in subparagraph (A) provides  
24 adequate civil liability protection applicable to such persons.

25       ~~“(i)~~(i) Reports and Evaluations.—

26           ~~“(1)~~(1) IN GENERAL.—Each fiscal year, each recipient of a grant under this section during  
27 that fiscal year shall submit to the ~~Attorney General~~ **Secretary of Health and Human**  
28 **Services** a report on the outcomes of activities carried out using that grant in such form,  
29 containing such information, and on such dates as the ~~Attorney General~~ **Secretary of**  
30 **Health and Human Services** shall specify.

31       ~~“(2)~~(2) CONTENTS.—A report submitted under paragraph (1) shall—

32           ~~“(A)~~(A) describe best practices for treatment alternatives; and

33           ~~“(B)~~(B) identify training requirements for law enforcement officers who participate  
34 in treatment alternative to incarceration programs.

35       ~~“(j) Authorization of Appropriations.—There are authorized to be appropriated to~~(j)  
36 **Funding.—During the 5-year period beginning on the date of enactment of this Act, the**  
37 **Secretary of Health and Human Services shall carry out this section \$5,000,000 for each of**  
38 **fiscal years 2016 through 2020.”** ~~using funds made available to the Substance Abuse and~~  
39 **Mental Health Services Administration for Criminal Justice Activities.**

~~SEC. 202. LAW ENFORCEMENT NALOXONE TRAINING AND IMPLEMENTATION DEMONSTRATION. SEC. 202.~~  
**FIRST RESPONDER TRAINING FOR THE USE OF  
DRUGS AND DEVICES THAT RAPIDLY REVERSE THE  
EFFECTS OF OPIOIDS.**

~~Part MM~~ **Part II** of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.), as amended by section 201 103, is amended by adding at the end the following:

~~“SEC. 3035. LAW ENFORCEMENT NALOXONE TRAINING AND IMPLEMENTATION DEMONSTRATION. 2998.~~  
**FIRST RESPONDER TRAINING FOR THE USE OF  
DRUGS AND DEVICES THAT RAPIDLY REVERSE THE  
EFFECTS OF OPIOIDS.**

“(a) Definition.—In this section, section—

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

“(2) the term ‘eligible entity’ means a State, local, or tribal law enforcement agency, a unit of local government, or an Indian tribal government;

~~“(b) Program Authorized.—The Attorney General, in coordination with”~~“(3) the term ‘first responder’ includes a firefighter, law enforcement officer, paramedic, emergency medical technician, or other individual (including an employee of a legally organized and recognized volunteer organization, whether compensated or not), who, in the course of professional duties, responds to fire, medical, hazardous material, or other similar emergencies; and

“(4) the term ‘Secretary’ means the Secretary of Health and Human Services ~~and the Director of the Office of National Drug Control Policy.~~

“(b) Program Authorized.—The Secretary, in coordination with the Attorney General, may make grants to eligible entities to ~~create a demonstration law enforcement program to prevent opioid and heroin overdose death.~~ allow appropriately trained first responders to administer an opioid overdose reversal drug to an individual who has—

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

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

“(c) Application.—

“(1) IN GENERAL.—An eligible entity ~~desiring~~ seeking a grant under this section shall submit an application to the ~~Attorney General—~~ Secretary—

1 “(A) that meets the criteria under paragraph (2); and  
2 “(B) at such time, in such manner, and accompanied by such information as the  
3 ~~Attorney General~~ **Secretary** may require.

4 “(2) CRITERIA.—An eligible entity, in submitting an application under paragraph (1),  
5 shall—

6 “(A) describe the evidence-based methodology and outcome measurements that will  
7 be used to evaluate the program funded with a grant under this section, and specifically  
8 explain how such measurements will provide valid measures of the impact of the  
9 program;

10 “(B) describe how the program could be broadly replicated if demonstrated to be  
11 effective;

12 “(C) identify the governmental and community agencies that the program will  
13 coordinate; and

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

18 “(d) Use of Funds.—An eligible entity shall use a grant received under this section to—

19 “(1) make ~~naloxone~~ **such opioid overdose reversal drugs or devices that are approved**  
20 **by the Food and Drug Administration, such as naloxone**, available to be carried and  
21 administered by ~~law enforcement officers~~ **first responders**;

22 “(2) train and provide resources for ~~law enforcement officers on carrying and~~  
23 ~~administering naloxone for the prevention of opioid and heroin overdose death~~ **first**  
24 **responders on carrying an opioid overdose reversal drug or device approved by the**  
25 **Food and Drug Administration, such as naloxone, and administering the drug or**  
26 **device to an individual who has experienced, or has been determined to have likely**  
27 **experienced, a prescription opioid or heroin overdose**; and

28 “(3) establish processes, protocols, and mechanisms for referral to ~~treatment~~.  
29 **appropriate treatment.**

30 “~~(e) Grant Amounts and Duration.—~~

31 “~~(1) Maximum amount.—The Attorney General may not award a grant under this section in~~  
32 ~~an amount that exceeds \$500,000.~~

33 “~~(2) Duration.—The Attorney General shall award grants under this section for a period not to~~  
34 ~~exceed 2 years.~~

35 “~~(f)~~“(e) Technical Assistance Grants.—The ~~Attorney General~~ **Secretary** shall make a grant  
36 for the purpose of providing technical assistance and training on the use of ~~naloxone to reverse~~  
37 ~~overdose deaths~~ **an opioid overdose reversal drug, such as naloxone, to respond to an**  
38 **individual who has experienced, or has been determined to have likely experienced, a**  
39 **prescription opioid or heroin overdose**, and mechanisms for referral to **appropriate** treatment  
40 for an eligible entity receiving a grant under this section.

1 ~~“(g)”~~**“(f) Evaluation.**—The ~~Attorney General~~ **Secretary** shall conduct an evaluation of grants  
2 made under this section to determine—

3 **“(1) the number of ~~officers~~ first responders** equipped with naloxone, **or another opioid**  
4 **overdose reversal drug,** for the prevention of fatal opioid and heroin overdose;

5 **“(2) the number of opioid and heroin overdoses reversed by ~~officers~~ first responders**  
6 **receiving training and supplies of naloxone, or another opioid overdose reversal drug,**  
7 **through a grant received under this section;**

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

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

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

14 ~~“(h) Authorization of Appropriations.—There are authorized to be appropriated to carry out~~  
15 ~~this section \$5,000,000 for each of fiscal years 2016 through 2020.”~~**“(g) Rural Areas With**  
16 **Limited Access to Emergency Medical Services.—In making grants under this section, the**  
17 **Secretary shall ensure that not less than 25 percent of grant funds are awarded to eligible**  
18 **entities that are not located in metropolitan statistical areas, as defined by the Office of**  
19 **Management and Budget.”**

## 20 SEC. 203. PRESCRIPTION DRUG TAKE BACK 21 EXPANSION.

22 ~~Part MM of the Omnibus Crime Control and Safe Streets Act of 1968, as amended by section-~~  
23 ~~202, is amended by adding at the end the following:~~

24 ~~“SEC. 3036. PRESCRIPTION DRUG TAKE BACK EXPANSION.~~

25 ~~“(a) Definition.—In~~**“(a) Definition of Covered Entity.—In** this section, the term ~~“eligible~~  
26 ~~entity”~~**“covered entity”** means—

27 ~~“(1)”~~**“(1) a State, local, or tribal law enforcement agency;**

28 ~~“(2)”~~**“(2) a manufacturer, distributor, or reverse distributor of prescription medications;**

29 ~~“(3)”~~**“(3) a retail pharmacy;**

30 ~~“(4)”~~**“(4) a registered narcotic treatment program;**

31 ~~“(5)”~~**“(5) a hospital or clinic with an on-site pharmacy;**

32 ~~“(6)”~~**“(6) an eligible long-term care facility; or**

33 ~~“(7)”~~**“(7) any other entity authorized by the Drug Enforcement Administration to dispose of**  
34 **prescription medications.**

35 ~~“(b) Program Authorized.—The Attorney General, in coordination with the Administrator~~  
36 ~~of the Drug Enforcement Administration, the Secretary of Health and Human Services, and the~~  
37 ~~Director of the Office of National Drug Control Policy, may make grants to eligible~~ **shall**  
38 **coordinate with covered entities to expand in expanding or make making** available disposal

1 sites for unwanted prescription medications.

2 ~~“(c) Application.—~~ **SEC. 204. HEROIN AND**  
3 **METHAMPHETAMINE TASK FORCES.**

4 ~~“(1) In general.—An eligible entity desiring a grant under this section shall submit an~~  
5 ~~application to the Attorney General—~~ **Part II of title I of the Omnibus Crime Control and**  
6 **Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.), as amended by section 202, is amended**  
7 **by adding at the end the following:**

8 ~~“(A) that meets the criteria under paragraph (2); and”~~ **SEC.**  
9 **2999. HEROIN AND METHAMPHETAMINE TASK**  
10 **FORCES.**

11 ~~“(B) at such time, in such manner, and accompanied by such information as the “The~~  
12 ~~Attorney General may require.~~

13 ~~“(2) Criteria.—An eligible entity, in submitting an application under paragraph (1), shall—~~

14 ~~“(A) describe the evidence-based methodology and outcome measurements that will be used~~  
15 ~~to evaluate the program funded with a grant under this section, and specifically explain how such~~  
16 ~~measurements will provide valid measures of the impact of the program;~~

17 ~~“(B) describe how the program could be broadly replicated if demonstrated to be effective;~~  
18 ~~and~~

19 ~~“(C) identify the governmental and community agencies that will coordinate the program.~~

20 ~~“(d) Use of Funds.—An eligible entity shall use a grant received under this section for—~~

21 ~~“(1) expenses of a prescription drug disposal site, including materials and resources;~~

22 ~~“(2) implementing disposal procedures and processes;~~

23 ~~“(3) implementing community education strategies, including community education materials~~  
24 ~~and resources;~~

25 ~~“(4) replicating a prescription drug take back initiative throughout multiple jurisdictions; and~~

26 ~~“(5) training of law enforcement officers and other community participants.~~

27 ~~“(e) Grant Amounts and Duration.—~~

28 ~~“(1) Maximum amount.—The Attorney General may not award a grant under this section in~~  
29 ~~an amount that exceeds \$250,000.~~

30 ~~“(2) Duration.—The Attorney General shall award grants under this section for a period not to~~  
31 ~~exceed 2 years.~~

32 ~~“(f) Technical Assistance Grant.—The Attorney General shall make a grant to a national~~  
33 ~~nonprofit organization to provide technical assistance and training for an eligible entity receiving~~  
34 ~~a grant under this section.~~

35 ~~“(g) Evaluation.—~~

1     ~~“(1) In general.—The Attorney General shall make a grant for evaluation of the performance~~  
2     ~~of each eligible entity receiving a grant under this section.~~

3     ~~“(2) Reports.—Each fiscal year, the recipient of a grant under this subsection shall submit to~~  
4     ~~the Attorney General a report that evaluates—~~

5     ~~“(A) the effectiveness of the prescription drug take back program of each eligible entity~~  
6     ~~receiving a grant under this section; and~~

7     ~~“(B) the effect of disposal efforts on drug circulation.~~

8     ~~“(h) Authorization of Appropriations.—There are authorized to be appropriated to carry out~~  
9     ~~this section \$2,500,000 for each of fiscal years 2016 through 2020.”. make grants to State law~~  
10    ~~enforcement agencies for investigative purposes—~~

11         ~~“(1) to locate or investigate illicit activities through statewide collaboration,~~  
12         ~~including activities related to—~~

13                 ~~“(A) the distribution of heroin or fentanyl, or the unlawful distribution of~~  
14                 ~~prescription opioids; or~~

15                 ~~“(B) unlawful heroin, fentanyl, and prescription opioid traffickers; and~~

16         ~~“(2) to locate or investigate illicit activities, including precursor diversion,~~  
17         ~~laboratories, or methamphetamine traffickers.”.~~

## 18    **TITLE III—TREATMENT AND RECOVERY**

### 19    **SEC. 301. EVIDENCE-BASED OPIOID AND HEROIN** 20    **TREATMENT AND INTERVENTIONS DEMONSTRATION.**

21     ~~Subpart 1 of part B of title V of the Public Health Service Act (42 U.S.C. 290bb et seq.) is~~  
22     ~~amended—~~

23     ~~(1) by redesignating section 514 (42 U.S.C. 290bb9), as added by section 3632 of the~~  
24     ~~Methamphetamine Anti Proliferation Act of 2000 (Public Law 106310; 114 Stat. 1236), as~~  
25     ~~section 514B; and~~

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

### 29     ~~“SEC. 514~~ **2999A. EVIDENCE-BASED OPIOID AND** 30     **HEROIN TREATMENT AND INTERVENTIONS** 31     **DEMONSTRATION.**

32         ~~“(a) Grants.— Definitions.—In this section—~~

33                 ~~“(1) Authority to make grants.—The Director of the Center for Substance Abuse~~  
34                 ~~Treatment (referred to in this section as the ‘Director’) may award grants to State substance~~  
35                 ~~abuse agencies, units of local government, nonprofit organizations, and Indian tribes or~~  
36                 ~~tribal organizations (as defined “(1) the terms ‘Indian tribe’ and ‘tribal organization’~~  
37                 ~~have the meaning given those terms in section 4 of the Indian Health Care Improvement~~



Act (25 U.S.C. 1603)); ~~that have a high rate, or have had a rapid increase, in the use of heroin or other opioids, in order to permit such entities to expand activities, including an expansion in the availability of medication assisted treatment, with respect to the treatment of addiction in the specific geographical areas of such entities where there is a rate or rapid increase in the use of heroin or other opioids.~~

~~“(2) Recipients.—The entities receiving grants under paragraph (1) shall be selected by the Director.~~

**\*\* 3** ~~“(2) the term ‘medication assisted treatment’ means the use, for problems relating to heroin and other opioids, of medications approved by the Food and Drug Administration in combination with counseling and behavioral therapies;~~

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

**\*\* 4** ~~“(2)“(4) the term ‘State substance abuse agency’ means the agency of the a State responsible for the State prevention, treatment, and recovery system, including management of the Substance Abuse Prevention and Treatment Block Grant under subpart II of part B of title XIX of the Public Health Service Act (42 U.S.C. 300x–21 et seq.).~~

**“(b) Grants.—**

**“(1) AUTHORITY TO MAKE GRANTS.—The Secretary, acting through the Director of the Center for Substance Abuse Treatment of the Substance Abuse and Mental Health Services Administration, and in coordination with the Attorney General and other departments or agencies, as appropriate, may award grants to State substance abuse agencies, units of local government, nonprofit organizations, and Indian tribes or tribal organizations that have a high rate, or have had a rapid increase, in the use of heroin or other opioids, in order to permit such entities to expand activities, including an expansion in the availability of medication assisted treatment and other clinically appropriate services, with respect to the treatment of addiction in the specific geographical areas of such entities where there is a high rate or rapid increase in the use of heroin or other opioids.**

~~“(2)“(3) NATURE OF ACTIVITIES.—The grant funds awarded under paragraph (1) shall be used for activities that are based on reliable scientific evidence of efficacy in the treatment of problems related to heroin or other opioids.~~

~~“(b)“(c) Geographic Distribution.—The Director~~ **“(c)“(d) Geographic Distribution.—The Secretary** shall ensure that grants awarded under subsection ~~(a)“(b)~~ **(b)** are distributed equitably among the various regions of the ~~Nation~~ **United States** and among rural, urban, and suburban areas that are affected by the use of heroin or other opioids.

~~“(c) Additional Activities.—The Director~~ **“(d) Additional Activities.—In administering grants under subsection (b), the Secretary shall—**

**“(1) evaluate the activities supported by grants awarded under subsection ~~(a)“(b)~~;**

**“(2) disseminate widely such significant information, as appropriate, derived from the evaluation as the ~~Director~~ Secretary considers appropriate;**

**“(3) provide States, Indian tribes and tribal organizations, and providers with technical assistance in connection with the provision of treatment of problems related to heroin and**

1 other opioids; and

2 “(4) fund only those applications that specifically support recovery services as a critical  
3 component of the grant **program.**”. ~~program.~~

4 ~~“(d) Definition.—The term ‘medication-assisted treatment’ means the use, for problems-~~  
5 ~~relating to heroin and other opioids, of medications approved by the Food and Drug-~~  
6 ~~Administration in combination with counseling and behavioral therapies.~~

7 ~~“(e) Authorization of Appropriations.—~~

8 ~~“(1) In general.—There are authorized to be appropriated to carry out this section-~~  
9 ~~\$12,000,000 for fiscal year 2016 and such sums as may be necessary for each of fiscal years-~~  
10 ~~2016 through 2020.~~

11 ~~“(2) Use of certain funds.—Of the funds appropriated to carry out this section in any-~~  
12 ~~fiscal year, the lesser of 5 percent of such funds or \$1,000,000 shall be available to the-~~  
13 ~~Director for purposes of carrying out subsection (e).”.~~

## 14 SEC. 302. CRIMINAL JUSTICE MEDICATION ASSISTED 15 TREATMENT AND INTERVENTIONS DEMONSTRATION.

16 ~~Part MM of the Omnibus Crime Control and Safe Streets Act of 1968, as amended by section-~~  
17 ~~203, is amended by adding at the end the following:~~

18 ~~“SEC. 3037. CRIMINAL JUSTICE MEDICATION ASSISTED TREATMENT AND-~~  
19 ~~INTERVENTIONS DEMONSTRATION.~~

20 ~~“(a)(a) Definitions.—In this section—~~

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

23 ~~“(A)(A) court;~~

24 ~~“(B)(B) prison;~~

25 ~~“(C)(C) jail; or~~

26 ~~“(D)(D) other agency that performs the administration of criminal justice, including~~  
27 ~~prosecution, pretrial services, and community supervision;~~

28 ~~and~~

29 ~~“(2)(2) the term ‘eligible entity’~~**“eligible entity”** means a State, unit of local government,  
30 or Indian tribe; ~~and.~~

31 ~~“(b) Program Authorized.—The Attorney General, in coordination with~~**(3) the term**  
32 **“Secretary” means** the Secretary of Health and Human Services ~~and the Director of the~~  
33 ~~Office of National Drug Control Policy.~~

34 **(b) Program Authorized.—The Secretary, in coordination with the Attorney General,**  
35 **may make grants to eligible entities to implement medication assisted treatment programs**  
36 **through criminal justice agencies.**

37 ~~“(e)(c) Application.—~~

1       ~~“(1)~~**(1)** IN GENERAL.—An eligible entity ~~desiring~~ **seeking** a grant under this section shall  
2       submit an application to the ~~Attorney General~~ **Secretary**—

3               ~~“(A)~~**(A)** that meets the criteria under paragraph (2); and

4               ~~“(B)~~**(B)** at such time, in such manner, and accompanied by such information as the  
5       ~~Attorney General~~ **Secretary** may require.

6       ~~“(2)~~**(2)** CRITERIA.—An eligible entity, in submitting an application under paragraph (1),  
7       shall—

8               ~~“(A)~~**(A)** certify that each medication assisted treatment program funded with a grant  
9       under this section has been developed in consultation with the Single State Authority  
10      for Substance Abuse; and

11              ~~“(B)~~**(B)** describe how data will be collected and analyzed to determine the  
12      effectiveness of the program described in subparagraph (A).

13      ~~“(d)~~**(d)** Use of Funds.—An eligible entity shall use a grant received under this section for  
14      expenses of—

15              ~~“(1)~~**(1)** a medication assisted treatment program, including the expenses of prescribing  
16      medications recognized by the Food and Drug Administration for opioid treatment in  
17      conjunction with psychological and behavioral therapy;

18              ~~“(2)~~**(2)** training criminal justice agency personnel and treatment providers on medication  
19      assisted treatment;

20              ~~“(3)~~**(3)** cross-training personnel providing behavioral health and health services,  
21      administration of medicines, and other administrative expenses, including required reports;  
22      and

23              ~~“(4)~~**(4)** the provision of recovery coaches who are responsible for providing mentorship  
24      and transition plans to individuals reentering society following incarceration or alternatives  
25      to incarceration.

26      ~~“(e) Grant Amounts and Duration.—~~

27              ~~“(1) Maximum amount.—The Attorney General may not award a grant under this section in~~  
28      ~~an amount that exceeds \$750,000.~~

29              ~~“(2) Duration.—The Attorney General shall award grants under this section for a period not to~~  
30      ~~exceed 2 years.~~

31      ~~“(f)~~**(e)** Priority Consideration With Respect to States.—In awarding grants to States under this  
32      section, the ~~Attorney General~~ **Secretary** shall give priority to a State ~~that that~~—

33              **(1)** provides civil liability protection for first responders, health professionals, and family  
34      members **who have received appropriate training in the administration of naloxone in**  
35      administering naloxone to counteract opioid overdoses **by—; and**

36              ~~“(1) enacting legislation that provides such civil liability protection; or~~

37              ~~“(2) providing~~**(2) submits to the Secretary** a certification by the attorney general of the  
38      State that the attorney general has—

39              ~~“(A)~~**(A)** reviewed any applicable civil liability protection law to determine the

applicability of the law with respect to first responders, health care professionals,  
family members, and other individuals ~~who~~ **who—**

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

**(ii) may administer naloxone to individuals reasonably believed to be suffering  
from opioid overdose; and**

~~“(B)(B) concluded that the law described in subparagraph (A) provides adequate  
civil liability protection applicable to such persons.~~

~~“(g)(f) Technical Assistance.—The Attorney General~~ **Secretary**, in coordination with the  
Director of the National Institute on Drug Abuse and the ~~Secretary of Health and Human  
Services~~ **Attorney General**, shall provide technical assistance and training for an eligible entity  
receiving a grant under this section.

~~“(h)(g) Reports.—~~

~~“(1)(1) IN GENERAL.—An eligible entity receiving a grant under this subsection~~ **section**  
shall submit a report to the ~~Attorney General~~ **Secretary** on the outcomes of each grant  
received under this section for individuals receiving medication assisted treatment, based  
on—

~~“(A)(A) the recidivism of the individuals;~~

~~“(B)(B) the treatment outcomes of the individuals, including maintaining abstinence  
from illegal, unauthorized, and unprescribed or undispensed opioids and heroin;~~

~~“(C)(C) a comparison of the cost of providing medication assisted treatment to the  
cost of incarceration or other participation in the criminal justice system;~~

~~“(D)(D) the housing status of the individuals; and~~

~~“(E)(E) the employment status of the individuals.~~

~~“(2)(2) CONTENTS AND TIMING.—Each report described in paragraph (1) shall be  
submitted annually in such form, containing such information, and on such dates as the  
Attorney General shall specify.~~ **Secretary shall specify.**

~~“(i) Authorization of Appropriations.—There are authorized to be appropriated to (h)  
Funding.—During the 5-year period beginning on the date of enactment of this Act, the  
Secretary shall carry out this section \$5,000,000 for each of fiscal years 2016 through 2020.”.~~  
**using funds made available to the Substance Abuse and Mental Health Services  
Administration for Criminal Justice Activities.**

## **SEC. 303. NATIONAL YOUTH RECOVERY INITIATIVE.**

**Part II of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C.  
3797cc et seq.), as amended by section 301, is amended by adding at the end the following:**

## **“SEC. 2999B. NATIONAL YOUTH RECOVERY INITIATIVE.**

**“(a)(a) Definitions.—In this section:**

- 1           ~~(1)~~“(1) ELIGIBLE ENTITY.—The term “~~eligible entity~~” ‘**eligible entity**’ means—
- 2                   ~~(A)~~“(A) a high school that has been accredited as a recovery high school by the
- 3                   Association of Recovery Schools;
- 4                   ~~(B)~~“(B) an accredited high school that is seeking to establish or expand recovery
- 5                   support services;
- 6                   ~~(C)~~“(C) an institution of higher education;
- 7                   ~~(D)~~“(D) a recovery program at a nonprofit collegiate institution; or
- 8                   ~~(E)~~“(E) a nonprofit organization.
- 9           ~~(2)~~“(2) INSTITUTION OF HIGHER EDUCATION.—The term “~~institution~~” ‘**institution** of higher
- 10           ~~education~~” **education**’ has the meaning given the term in section 101 of the Higher
- 11           Education Act of 1965 (20 U.S.C. 1001).
- 12           ~~(3)~~“(3) RECOVERY PROGRAM.—The term “~~recovery program~~” ‘**recovery program**’—
- 13                   ~~(A)~~“(A) means a program to help individuals who are recovering from substance use
- 14                   disorders to initiate, stabilize, and maintain healthy and productive lives in the
- 15                   community; and
- 16                   ~~(B)~~“(B) includes peer-to-peer support and communal activities to build recovery
- 17                   skills and supportive social networks.
- 18           ~~(b)~~“(b) Grants Authorized.—The ~~ONDCP Recovery Branch, in consultation~~ **Secretary of**
- 19           **Health and Human Services, in coordination** with the Secretary of Education, may award
- 20           grants to eligible entities to enable the entities to—
- 21                   ~~(1)~~“(1) provide substance use recovery support services to young people in high school
- 22                   and enrolled in institutions of higher education;
- 23                   ~~(2)~~“(2) help build communities of support for young people in recovery through a
- 24                   spectrum of activities such as counseling and ~~healthy~~ **health-** and wellness-oriented social
- 25                   activities; and
- 26                   ~~(3)~~“(3) encourage initiatives designed to help young people achieve and sustain recovery
- 27                   from substance use disorders.
- 28           ~~(c)~~“(c) Use of Funds.—Grants awarded under subsection (b) may be used for activities to
- 29           develop, support, and maintain youth recovery support services, including—
- 30                   ~~(1)~~“(1) the development and maintenance of a dedicated physical space for recovery
- 31                   programs;
- 32                   ~~(2)~~“(2) dedicated staff for the provision of recovery programs;
- 33                   ~~(3) healthy~~“(3) **health-** and wellness-oriented social activities and community
- 34                   engagement;
- 35                   ~~(4)~~“(4) establishment of recovery high schools;
- 36                   ~~(5)~~“(5) coordination of recovery programs with—
- 37                   ~~(A)~~“(A) substance use disorder treatment programs and systems;

- 1           ~~(B)~~“(B) providers of mental health services;  
2           ~~(C)~~“(C) primary care providers **and physicians**;;  
3           ~~(D)~~“(D) the criminal justice system, including the juvenile justice system;  
4           ~~(E)~~“(E) employers;  
5           ~~(F)~~“(F) housing services;  
6           ~~(G)~~“(G) child welfare services;  
7           ~~(H)~~institutions of secondary higher education“(H) **high schools** and institutions of  
8           higher education; and  
9           ~~(I)~~“(I) other programs or services related to the welfare of an individual in recovery  
10          from a substance use disorder;  
11          ~~(6)~~“(6) the development of peer-to-peer support programs or services; and  
12          ~~(7)~~“(7) additional activities that help youths and young adults to achieve recovery from  
13          substance use **disorders.**”. ~~disorders.~~  
14          ~~(d) Resource Center.—The ONDCP Recovery Branch shall establish a resource center to~~  
15          ~~provide technical support to recipients of grants under this section.~~  
16          ~~(e) Authorization of Appropriations.—There are authorized to be appropriated to carry~~  
17          ~~out this section \$3,000,000 for fiscal year 2016 and each of the 5 succeeding fiscal years.~~

## 18   SEC. 304. BUILDING COMMUNITIES OF RECOVERY.

19       Part II of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C.  
20       3797cc et seq.), as amended by section 303, is amended by adding at the end the following:

### 21   “SEC. 2999C. BUILDING COMMUNITIES OF 22   RECOVERY.

23       “(a)~~(a)~~ Definition.—In this section, the term “~~recovery~~ ‘**recovery community organization**’”  
24       **organization**’ means an independent nonprofit organization that—

25           ~~(1)~~“(1) mobilizes resources within and outside of the recovery community to increase the  
26           prevalence and quality of long-term recovery from substance use disorders; and

27           ~~(2)~~“(2) is wholly or principally governed by people in recovery for substance use  
28           disorders who reflect the community served.

29       ~~(b)~~“(b) Grants Authorized.—The ~~ONDCP Recovery Branch, in consultation with the~~  
30       ~~Substance Abuse and Mental Health Services Administration, Secretary of Health and Human~~  
31       **Services** may award grants to recovery community organizations to enable such organizations to  
32       develop, expand, and enhance recovery services.

33  
34       ~~(c) Maximum Grant Amount.—The ONDCP Recovery Branch may not award a grant under~~  
35       ~~this section in an amount that exceeds \$200,000.~~

36       ~~(d)~~“(c) Federal Share.—The Federal share of the costs of a program funded by a grant under

1 this section may not exceed 50 percent.

2 ~~(e)~~“(d) Use of Funds.—Grants awarded under subsection (b)—

3 ~~(1)~~“(1) shall be used to develop, expand, and enhance community and statewide recovery  
4 support services; and

5 ~~(2)~~“(2) may be used to—

6 ~~(A)~~“(A) advocate for individuals in recovery from substance use disorders;

7 ~~(B)~~“(B) build connections between recovery networks, between recovery  
8 community organizations, and with other recovery support services, including—

9 ~~(i)~~“(i) substance use disorder treatment programs and systems;

10 ~~(ii)~~“(ii) providers of mental health services;

11 ~~(iii)~~“(iii) primary care providers **and physicians;**

12 ~~(iv)~~“(iv) the criminal justice system;

13 ~~(v)~~“(v) employers;

14 ~~(vi)~~“(vi) housing services;

15 ~~(vii)~~“(vii) child welfare agencies; and

16 ~~(viii)~~“(viii) other recovery support services that facilitate recovery from  
17 substance use disorders;

18 ~~(C)~~“(C) reduce the stigma associated with substance use disorders;

19 ~~(D)~~“(D) conduct public education and outreach on issues relating to substance use  
20 disorders and recovery, including—

21 ~~(i)~~“(i) how to identify the signs of addiction;

22 ~~(ii)~~“(ii) the resources that are available ~~for~~ **to** individuals struggling with  
23 addiction **and families who have a family member struggling with or being**  
24 **treated for addiction, including programs that mentor and provide support**  
25 **services to children;**

26 ~~(iii)~~“(iii) the resources that are available to help support individuals in  
27 recovery; and

28 ~~(iv)~~“(iv) information on the medical consequences of substance use disorders,  
29 including neonatal abstinence syndrome and potential infection with human  
30 immunodeficiency virus and viral hepatitis; and

31 ~~(E)~~“(E) carry out other activities that strengthen the network of community support  
32 for individuals in **recovery.**” ~~recovery.~~

33 ~~(f) Resource Center.—The ONDCP Recovery Branch shall establish a resource-~~  
34 ~~center to provide technical assistance to recipients of grants under this section and to~~  
35 ~~provide information to individuals seeking to support people in recovery from~~  
36 ~~substance use disorders.~~

37 ~~(g) Authorization of Appropriations.—There are authorized to be appropriated to~~

1 ~~carry out this section \$5,700,000 in fiscal year 2016 and each of the 3 succeeding fiscal~~  
2 ~~years.~~

## 3 TITLE IV—ADDRESSING COLLATERAL 4 CONSEQUENCES

### 5 SEC. 401. CORRECTIONAL EDUCATION 6 DEMONSTRATION GRANT PROGRAM.

7 ~~Title Part II of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C.~~  
8 ~~3711 et seq.) is amended— 3797cc et seq.), as amended by section 304, is amended by adding~~  
9 ~~at the end the following:~~

10 ~~(1) by redesignating part KK as part LL;~~

11 ~~(2) by redesignating sections 3011 and 3012 as sections 3021~~  
12 ~~and 3022, respectively; and~~

13 ~~(3) by inserting before part LL, as redesignated, the following:~~

14 ~~“PART KK—CORRECTIONAL EDUCATION~~  
15 ~~DEMONSTRATION GRANT PROGRAM~~

16 ~~“SEC. 3011“SEC. 2999D. CORRECTIONAL EDUCATION~~  
17 ~~DEMONSTRATION GRANT PROGRAM.~~

18 “(a) Definition.—In this section, the term ‘eligible entity’ means a State, unit of local  
19 government, nonprofit organization, or Indian tribe.

20 “(b) Grant Program Authorized.—The Attorney General may make grants ~~of not more than~~  
21 ~~\$750,000~~ to eligible entities to design, implement, and expand educational programs for  
22 offenders in prisons, jails, and juvenile facilities, including to pay for—

23 “(1) basic education, secondary level academic education, high school equivalency  
24 examination preparation, career technical education, and English as a second language  
25 instruction at the basic, secondary, or post-secondary levels, for adult and juvenile  
26 populations;

27 “(2) screening and assessment of inmates to assess education level, needs, occupational  
28 interest or aptitude, risk level, and other needs, and case management services;

29 “(3) hiring and training of instructors and aides, reimbursement of non-corrections staff  
30 and experts, reimbursement of stipends paid to inmate tutors or aides, and the costs of  
31 training inmate tutors and aides;

32 “(4) instructional supplies and equipment, including occupational program supplies and  
33 equipment to the extent that the supplies and equipment are used for instructional purposes;

34 “(5) partnerships and agreements with community colleges, universities, and career



1 technology education program providers,~~including tuition payments~~;

2 “(6) certification programs providing recognized high school equivalency certificates and  
3 industry recognized credentials; and

4 “(7) technology solutions to—

5 “(A) meet the instructional, assessment, and information needs of correctional  
6 populations; and

7 “(B) facilitate the continued participation of incarcerated students in  
8 community-based education programs after the students are released from  
9 incarceration.

10 “(c) Application.—An eligible entity ~~desiring~~ **seeking** a grant under this section shall submit  
11 to the Attorney General an application in such form and manner, at such time, and accompanied  
12 by such information as the Attorney General specifies.

13 “(d) Priority Considerations.—In awarding grants under this section, the Attorney General  
14 shall give priority to applicants that—

15 “(1) assess the level of risk and need of inmates, including by—

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

17 “(B) conducting educational assessments; and

18 “(C) assessing occupational interests and aptitudes;

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

21 “(3) target career technology education programs to—

22 “(A) areas of identified occupational demand; and

23 “(B) employment opportunities in the communities in which students are reasonably  
24 expected to reside post-release;

25 “(4) include a range of appropriate educational opportunities at the basic, secondary, and  
26 post-secondary levels;

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

28 “(6) include partnership or articulation agreements linking institutional education  
29 programs with community sited programs provided by adult education program providers  
30 and accredited institutions of higher education, community colleges, and vocational training  
31 institutions; and

32 “(7) explicitly include career pathways models offering opportunities for incarcerated  
33 students to develop academic skills, in-demand occupational skills and credentials,  
34 occupational experience in institutional work programs or work release programs, and  
35 linkages with employers in the community, so that incarcerated students have opportunities  
36 to embark on careers with strong prospects for both post-release employment and  
37 advancement in a career ladder over time.

38 “(e) Requirements.—An eligible entity desiring a grant under this section shall—

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

“ (2) describe how the program described in paragraph (1) could be broadly replicated if demonstrated to be effective.

“(f) Control of Internet Access.—An entity that receives a grant under this section ~~shall~~ **may** restrict access to the Internet by prisoners, as appropriate, ~~to ensure public safety.~~

~~“SEC. 3012. AUTHORIZATION OF APPROPRIATIONS.~~

~~“There are authorized to be appropriated \$5,000,000 to carry out this part for fiscal years 2016 through 2020.”.~~

~~SEC. 402. REVISION OF FAFSA FORM.~~

~~Section 483 of the Higher Education Act of 1965 (20 U.S.C. 1090) is amended by adding at the end the following:~~

~~“(i) Convictions.—The Secretary shall not include any question about the conviction of an applicant for the possession or sale of illegal drugs on the FAFSA (or any other form developed under subsection (a)).”.~~

~~SEC. 403 and in accordance with Federal and State law, to ensure public safety.”.~~

## **SEC. 402. NATIONAL TASK FORCE ON RECOVERY AND COLLATERAL CONSEQUENCES.**

(a) Definition.—In this section, the term “collateral consequence” means a penalty, disability, or ~~disadvantage~~ **disadvantage**—

~~(1) imposed on an individual as a result of a criminal conviction~~ **who is in recovery for a substance use disorder (including by an administrative agency, official, or civil court ) as a result of a Federal or State conviction for a drug-related offense** but not as part of the judgment of the court that imposes the conviction; ~~or~~

~~(2) that an administrative agency, official, or civil court is authorized, but not required, to impose on an individual convicted of a felony, misdemeanor, or other criminal offense.~~

(b) Establishment.—

(1) IN GENERAL.—Not later than 30 days after the date of enactment of this Act, the ~~Secretary of Health and Human Services (in this section referred to as the “Secretary”)~~ **Attorney General** shall establish a bipartisan task force to be known as the Task Force on Recovery and Collateral Consequences (in this section referred to as the “Task Force”).

(2) MEMBERSHIP.—

(A) TOTAL NUMBER OF MEMBERS.—The Task Force shall include 10 members, who shall be appointed by the ~~Secretary~~ **Attorney General** in accordance with subparagraphs (B) and (C).

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

(i) members who have national recognition and significant expertise in areas such as health care, housing, employment, substance use ~~disorder~~ **disorders**, mental health, law enforcement, and law;

(ii) not fewer than 2 members—

(I) who have personally experienced substance abuse or addiction and are in recovery; and

(II) not fewer than 1 one of whom has ~~benefited~~ **benefitted** from medication assisted treatment; and

(iii) to the extent practicable, members who formerly served as elected officials at the State and Federal levels.

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

(3) **CHAIRPERSON.**—The Task Force shall select a chairperson or co-chairpersons from among the members of the Task Force.

(c) **Duties of the Task Force.**—

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

(A) identify collateral consequences for individuals with Federal or State ~~drug~~ convictions **for drug-related offenses** who are in recovery for substance use disorder; and

(B) ~~determine whether to~~ **examine any policy basis for the imposition of** collateral consequences identified under subparagraph (A) ~~unnecessarily delay and the effect of the collateral consequences on~~ individuals in recovery from resuming their personal and professional activities.

(2) **RECOMMENDATIONS.**—Not later than 180 days after the date of the first meeting of the Task Force, the Task Force shall develop recommendations, **as it considers appropriate**, for proposed legislative and regulatory changes ~~to reduce and, to the extent practicable, eliminate~~ **related to** the collateral consequences identified ~~by the Task Force~~ under paragraph (1).

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

(4) ~~REPORT.~~ **NOT REPORT.**—

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

~~(A) each relevant committee of Congress;~~

~~(B)~~ **(i)** the head of each relevant department or agency of the United States;

~~(C)~~ **(ii)** the President; and

1                   ~~(D)~~(iii) the Vice President.

2                   **(B) SUBMISSION TO CONGRESS.**—The individuals who receive the report under  
3                   subparagraph (A) shall submit to Congress such legislative recommendations, if  
4                   any, as those individuals consider appropriate based on the report.

5                   **TITLE V—ADDICTION AND TREATMENT SERVICES**  
6                   **FOR WOMEN, FAMILIES, AND VETERANS**

7                   ~~SEC. 501. AUTHORITY TO AWARD COMPETITIVE~~  
8                   ~~GRANTS TO ADDRESS OPIOID AND HEROIN ABUSE BY~~  
9                   ~~PREGNANT AND PARENTING FEMALE OFFENDERS.~~  
10                  **IMPROVING TREATMENT FOR PREGNANT AND**  
11                  **POSTPARTUM WOMEN.**

12                  ~~Part MM~~ **Part II** of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42  
13                  U.S.C. 3797cc et seq.), as amended by section 302 ~~401~~, is amended by adding at the end the  
14                  following:

15                  ~~“SEC. 3038. AUTHORITY TO AWARD COMPETITIVE~~  
16                  ~~GRANTS TO ADDRESS OPIOID AND HEROIN ABUSE BY~~  
17                  ~~PREGNANT AND PARENTING FEMALE OFFENDERS.~~

18                  ~~“(a) Definitions. In this section—~~

19                  ~~“(1) the term ‘State criminal justice agency’ means the agency~~  
20                  ~~of the State responsible for administering criminal justice funds,~~  
21                  ~~including the Edward Byrne Memorial Justice Assistance Grant~~  
22                  ~~Program under subpart 1 of part E; and~~ **2999E. IMPROVING**  
23                  **TREATMENT FOR PREGNANT AND POSTPARTUM**  
24                  **WOMEN.**

25                  ~~“(a) In General.—The Secretary of Health and Human Services (referred to in this~~  
26                  ~~section as the ‘Secretary’), acting through the Director of the Center for Substance Abuse~~  
27                  ~~Treatment, may carry out a pilot program under which the Secretary makes competitive~~  
28                  ~~grants to State substance abuse agencies to—~~

29                         ~~“(1) enhance flexibility in the use of funds designed to support family-based services~~  
30                         ~~for pregnant and postpartum women with a primary diagnosis of a substance use~~  
31                         ~~disorder, including opioid use disorders;~~

32                         ~~“(2) help State substance abuse agencies address identified gaps in services~~  
33                         ~~furnished to such women along the continuum of care, including services provided to~~  
34                         ~~women in non-residential based settings; and~~

1       “(3) promote a coordinated, effective, and efficient State system managed by State  
2       substance abuse agencies by encouraging new approaches and models of service  
3       delivery that are evidence-based, including effective family-based programs for  
4       women involved with the criminal justice system.

5       “(b) Requirements.—In carrying out the pilot program under this section, the  
6       Secretary—

7               “(1) shall require State substance abuse agencies to submit to the Secretary  
8               applications, in such form and manner and containing such information as specified  
9               by the Secretary, to be eligible to receive a grant under the program;

10              “(2) shall identify, based on such submitted applications, State substance abuse  
11              agencies that are eligible for such grants;

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

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

17              “(5) shall not require that grant recipients under the program make available all  
18              services described in section 508(d) of the Public Health Service Act (42 U.S.C.  
19              290bb–1(d)).

20       “(c) Required Services.—

21              “(1) IN GENERAL.—The Secretary shall specify minimum services required to be  
22              made available to eligible women through a grant awarded under the pilot program  
23              under this section. Such minimum services—

24                      “(A) shall include the requirements described in section 508(c) of the Public  
25                      Health Service Act (42 U.S.C. 290bb–1(c));

26                      “(B) may include any of the services described in section 508(d) of the Public  
27                      Health Service Act (42 U.S.C. 290bb–1(d));

28                      “(C) may include other services, as appropriate; and

29                      “(D) shall be based on the recommendations submitted under paragraph (2).

30              “(2) STAKEHOLDER INPUT.—The Secretary shall convene and solicit  
31              recommendations from stakeholders, including State substance abuse agencies, health  
32              care providers, persons in recovery from a substance use disorder, and other  
33              appropriate individuals, for the minimum services described in paragraph (1).

34       “(d) Duration.—The pilot program under this section shall not exceed 5 years.

35       “(e) Evaluation and Report to Congress.—

36              “(1) IN GENERAL.—Out of amounts made available to the Center for Behavioral  
37              Health Statistics and Quality, the Director of the Center for Behavioral Health  
38              Statistics and Quality, in cooperation with the recipients of grants under this section,  
39              shall conduct an evaluation of the pilot program, beginning 1 year after the date on  
40              which a grant is first awarded under this section. The Director of the Center for

1 Behavioral Health Statistics and Quality, in coordination with the Director of the  
2 Center for Substance Abuse Treatment, not later than 120 days after completion of  
3 such evaluation, shall submit to the relevant Committees of the Senate and the House  
4 of Representatives a report on such evaluation.

5 “(2) CONTENTS.—The report to Congress under paragraph (1) shall include, at a  
6 minimum, outcomes information from the pilot program, including any resulting  
7 reductions in the use of alcohol and other drugs, engagement in treatment services,  
8 retention in the appropriate level and duration of services, increased access to the use  
9 of drugs approved by the Food and Drug Administration for the treatment of  
10 substance use disorders in combination with counseling, and other appropriate  
11 measures.

12 “(f) State Substance Abuse Agency Defined.—For purposes of this section, the term  
13 ‘State substance abuse agency’ means, with respect to a State, the agency in such State that  
14 manages the substance abuse prevention and treatment block grant program under part B  
15 of title XIX of the Public Health Service Act.”.

16  
17 ~~\* 4 “(2) the term ‘State substance abuse agency’ means the~~  
18 ~~agency of the State responsible for the State prevention,~~  
19 ~~treatment, and recovery system, including management of the~~  
20 ~~Substance Abuse Prevention and Treatment Block Grant under~~  
21 ~~subpart II of part B of title XIX of the Public Health Service Act~~  
22 ~~(42 U.S.C. 300x21 et seq.).~~

23 ~~“(b) Purpose and Program Authority.—~~

24 ~~“(1) Grant authorization.—The Attorney General, in~~  
25 ~~coordination with the Secretary of Health and Human Services,~~  
26 ~~may award competitive grants jointly to a State substance abuse~~  
27 ~~agency and a State criminal justice agency to address the use of~~  
28 ~~opioids and heroin among pregnant and parenting female~~  
29 ~~offenders in the State to promote public safety, public health,~~  
30 ~~family permanence, and well-being.~~

31 ~~“(2) Purposes and program authority.—A grant under this~~  
32 ~~section shall be used to facilitate or enhance collaboration~~  
33 ~~between the State criminal justice and State substance abuse~~  
34 ~~systems in order to carry out programs to address the use of~~

~~opioid and heroin abuse by pregnant and parenting female offenders.~~

~~“(c) Applications.—~~

~~“(1) In general.—A State substance abuse agency and State criminal justice agency desiring a grant under this section shall jointly submit to the Attorney General an application in such form, and containing such information, as the Attorney General may prescribe by regulation or guidelines.~~

~~“(2) Contents.—~~

~~“(A) In general.—Each application for a grant under this section shall contain a plan to expand the services of the State for pregnant and parenting female offenders for the use of opioids, heroin, and other drugs, which shall be in accordance with regulations or guidelines established by the Attorney General, in consultation with the Secretary of Health and Human Services.~~

~~“(B) Plan.—A plan submitted under subparagraph (A) shall, at a minimum, include—~~

~~“(i) a description of how the applicants will work jointly to address the needs associated with the use of opioids or heroin by pregnant and parenting female offenders to promote family stability and permanence;~~

~~“(ii) a description of the nature and the extent of the problem of opioid and heroin use by pregnant and parenting female offenders in the State;~~

~~“(iii) a certification that the State has involved counties and other units of local government, when appropriate, in the development, expansion, modification, operation, or improvement of proposed programs to address the problems~~

1 ~~associated with opioid and heroin use;~~

2 ~~“(iv) a certification that funds received under this section will be~~  
3 ~~used to supplement, not supplant, other Federal, State, and local~~  
4 ~~funds; and~~

5 ~~“(v) a description of clinically appropriate practices and~~  
6 ~~procedures to—~~

7 ~~“(I) screen and assess pregnant and parenting female offenders~~  
8 ~~for problems associated with opioids and heroin;~~

9 ~~“(II) screen and assess pregnant and parenting female offenders~~  
10 ~~demonstrating problems associated with opioids and heroin for~~  
11 ~~co-occurring mental disorders;~~

12 ~~“(III) provide clinically appropriate services, including~~  
13 ~~medication assisted treatment, for female offenders and their~~  
14 ~~children in the same location to promote family permanence and~~  
15 ~~self sufficiency; and~~

16 ~~“(IV) provide for a process to enhance or ensure the abilities of~~  
17 ~~the State criminal justice agency and State substance abuse~~  
18 ~~agency to work together to reunite families when appropriate in~~  
19 ~~the case where family treatment is not provided.~~

20 ~~“(d) Period of Grant; Renewal.—~~

21 ~~“(1) Period.— A grant under this section shall be for a period of~~  
22 ~~3 years.~~

23 ~~“(2) Renewal.— A State substance abuse agency and a State~~  
24 ~~criminal justice agency receiving a grant under this section may~~  
25 ~~apply for and, after the end of the period of the first grant under~~  
26 ~~this section, receive 1 additional grant under this section.~~

27 ~~“(e) Performance Accountability; Reports.—~~

28 ~~“(1) Reports.— A State substance abuse agency and a State~~



~~criminal justice agency receiving a grant under this section shall jointly submit to the Attorney General a report on the activities carried out under the grant at the end of each fiscal year during the period of the grant.~~

~~“(2) Evaluation.—Not later than 1 year after the end of the period of a grant under this section, the Attorney General shall submit a report to each committee of Congress with jurisdiction of the program under this section that summarizes the reports of the recipients of the grant and provides recommendations, if any, for further legislative action.~~

~~“(f) Training and Technical Assistance.—The Attorney General shall support State substance abuse and State criminal justice agencies by developing, in consultation with State substance abuse and State criminal justice agencies, and offering a program of training and technical assistance to assist the agencies in developing programs and protocols—~~

~~“(1) to implement this section; and~~

~~“(2) for effectively working across the Federal and State criminal and substance abuse systems.~~

~~“(g) Authorization of Appropriations.—There are authorized to be appropriated to carry out this section \$5,000,000 for each of fiscal years 2016 through 2020.”.~~

## ~~SEC. 502.~~ **SEC. 502. REPORT ON GRANTS FOR FAMILY-BASED SUBSTANCE ABUSE TREATMENT.**

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

(1) by striking “An entity” and inserting “(a) Entity Reports.—An entity”; and

(2) by adding at the end the following:

“(b) Attorney General Report on Family-Based Substance Abuse Treatment.—The Attorney General shall submit to Congress an annual report that describes the number of grants awarded

under section 2921(1) and how such grants are used by the recipients for family-based substance abuse treatment programs that serve as alternatives to incarceration for custodial parents to receive treatment and services as a family.”.

## SEC. 503. VETERANS’ TREATMENT COURTS.

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

~~(1) by redesignating subsection (i) as subsection (j);~~ (1) by inserting “(I)” after “(ii)”;

~~(2) by inserting after subsection (h) the following:~~ (2) in subclause (I), as so designated, by striking the period and inserting “; or”; and

~~“(i) Assisting Veterans.—~~

~~“(1) Definitions.—In this subsection:~~

~~“(A) Peer to peer services or programs.—The term ‘peer to peer services or programs’ means services or programs that connect qualified veterans with other veterans for the purpose of providing support and mentorship to assist qualified veterans in obtaining treatment, recovery, stabilization, or rehabilitation.~~

~~“(B) Qualified veteran.—The term ‘qualified veteran’ means a preliminarily qualified offender who—~~

~~“(i) has served on active duty in any branch of the Armed Forces, including the National Guard and reserve components; and~~

~~“(ii) (I) was discharged or released from such service under conditions other than dishonorable; or~~ (3) by adding at the end the following:

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

~~“(C) Veterans treatment court program.—The term ‘veterans treatment court program’ means a court program involving collaboration among criminal justice, veterans, and mental health and substance abuse agencies that provides qualified veterans with—~~

~~“(i) intensive judicial supervision and case management, which may include random and frequent drug testing where appropriate;~~

~~“(ii) a full continuum of treatment services, including mental health services, substance abuse services, medical services, and services to address trauma;~~

~~“(iii) alternatives to incarceration; and~~

~~“(iv) other appropriate services, including housing, transportation, mentoring, employment, job training, education, and assistance in applying for and obtaining available benefits.~~

~~“(2) Veterans assistance program.—~~

~~“(A) In general.—The Attorney General, in consultation with the Secretary of~~

~~Veterans Affairs, may award grants under this subsection to applicants to establish or expand—~~

~~“(i) veterans treatment court programs;~~

~~“(ii) peer to peer services or programs for qualified veterans;~~

~~“(iii) practices that identify and provide treatment, rehabilitation, legal, transitional, and other appropriate services to qualified veterans who have been incarcerated; and~~

~~“(iv) training programs to teach criminal justice, law enforcement, corrections, mental health, and substance abuse personnel how to identify and appropriately respond to incidents involving qualified veterans.~~

~~“(B) Priority.—In awarding grants under this subsection, the Attorney General shall give priority to applications that—~~

~~“(i) demonstrate collaboration between and joint investments by criminal justice, mental health, substance abuse, and veterans service agencies;~~

~~“(ii) promote effective strategies to identify and reduce the risk of harm to qualified veterans and public safety; and~~

~~“(iii) propose interventions with empirical support to improve outcomes for qualified veterans.”; and~~

~~(3) in subsection (j), as so redesignated—~~

~~(A) by redesignating paragraph (2) as paragraph (3); and~~

~~(B) by inserting after paragraph (1) the following:~~

~~“(2) Veterans treatment courts.—In addition to the amounts authorized under paragraph (1), there are authorized to be appropriated to the Attorney General \$5,000,000 for each of fiscal years 2016 through 2020 to carry out subsection (i).”.~~

## TITLE VI—INCENTIVIZING STATE COMPREHENSIVE INITIATIVES TO ADDRESS OPIOID AND HEROIN ABUSE

### SEC. 601. STATE DEMONSTRATION GRANTS FOR COMPREHENSIVE OPIOID ABUSE RESPONSE.

~~Part MM of the Omnibus Crime Control and Safe Streets Act of 1968, as amended by section 501, is amended by adding at the end the following:~~

~~“SEC. 3039. STATE DEMONSTRATION GRANTS FOR COMPREHENSIVE OPIOID ABUSE RESPONSE.~~

~~“(a)(a) Definitions.—In this section—~~

~~“(1)(1) the term ‘dispenser’~~**“dispenser”** ~~has the meaning given the term in section 102 of the Controlled Substances Act (21 U.S.C. 802);~~

1       ~~“(2)(2) the term ‘prescriber’~~**“prescriber** of a schedule II, III, or IV controlled substance<sup>2</sup>  
2       **substance”** does not include a prescriber of a schedule II, III, or IV controlled substance  
3       that dispenses the substance—

4               ~~“(A)(A)~~ for use on the premises on which the substance is dispensed;

5               ~~“(B)(B)~~ in a hospital emergency room, when the substance is in short supply;

6               ~~“(C)(C)~~ for a certified opioid treatment program; or

7               ~~“(D)(D)~~ in other situations as the Attorney General may reasonably determine;

8       ~~“(3)(3) the term ‘prescriber’~~**“prescriber”** means a dispenser who prescribes a controlled  
9       substance, or the agent of such a dispenser; and

10       ~~“(4)(4) the term ‘schedule’~~**“schedule II, III, or IV controlled substance<sup>2</sup> substance”**  
11       means a controlled substance that is listed on schedule II, schedule III, or schedule IV of  
12       section 202(c) of the Controlled Substances Act (21 U.S.C. 812(c)).

13       ~~“(b)(b)~~ Planning and Implementation Grants.—

14               ~~“(1)(1) IN GENERAL.—~~The Attorney General, in coordination with the Secretary of Health  
15       and Human Services and **in consultation with** the Director of the Office of National Drug  
16       Control Policy, may award grants to States, and combinations thereof, to prepare a  
17       comprehensive plan for and implement an integrated opioid abuse response initiative.

18               ~~“(2)(2) PURPOSES.—~~A State receiving a grant under this section shall establish a  
19       comprehensive response to opioid abuse, which shall include—

20               ~~“(A)(A)~~ prevention and education efforts around heroin and opioid use, treatment,  
21       and recovery, **including education of residents, medical students, and physicians**  
22       **and other prescribers of schedule II, III, or IV controlled substances on relevant**  
23       **prescribing guidelines and the prescription drug monitoring program of the State**  
24       ;;

25               ~~“(B)(B)~~ a comprehensive prescription drug monitoring program to track dispensing  
26       of schedule II, III, or IV controlled substances, which ~~shall include—~~ **shall—**

27                       ~~“(i)(i)~~ **provide for** data sharing with other States by statute, regulation, or  
28       interstate agreement; and

29                       ~~“(ii) educating physicians, residents, medical students, and other prescribers of~~  
30       **Schedule(ii) allow for access to all individuals authorized by the State to write**  
31       **prescriptions for schedule II, III, or IV controlled substances on the prescription**  
32       **drug monitoring program of the State;.**

33               ~~“(C)(C)~~ developing, implementing, or expanding ~~the prescription drug and opioid~~  
34       addiction treatment ~~program of the State by—~~ **programs by—**

35                       ~~“(i)(i)~~ expanding programs for medication assisted treatment of prescription  
36       drug and opioid addiction, including training for treatment and recovery support  
37       providers;

38                       ~~“(ii)(ii)~~ developing, implementing, or expanding programs for behavioral health  
39       therapy for individuals who are in treatment for prescription drug and opioid  
40       addiction, ~~including contingency management, cognitive behavioral therapy, and~~

1 motivational enhancements;;

2 “~~(iii)~~(iii) developing, implementing, or expanding programs to screen  
3 individuals who are in treatment for prescription drug and opioid addiction for  
4 hepatitis C and HIV, and provide treatment for those individuals if clinically  
5 appropriate; or

6 “~~(iv)~~(iv) developing, implementing, or expanding programs that provide  
7 screening, early intervention, and referral to treatment (commonly referred to as  
8 ‘SBIRT’) known as “SBIRT”) to teenagers and young adults in primary care,  
9 middle schools, high schools, universities, school-based health centers, and other  
10 community-based health care settings frequently accessed by teenagers or young  
11 adults; and

12 “~~(D)~~(D) developing, implementing, and expanding programs to prevent overdose  
13 death of from prescription medications and opioids.

14 “~~(3)~~(3) PLANNING GRANT APPLICATIONS.—

15 “(A)(A) APPLICATION.—

16 “~~(i)~~(i) IN GENERAL.—A State desiring seeking a planning grant under this  
17 section to prepare a comprehensive plan for an integrated opioid abuse response  
18 initiative shall submit to the Attorney General an application in such form, and  
19 containing such information, as the Attorney General may prescribe by regulation  
20 or guidelines. require.

21 “~~(ii)~~(ii) REQUIREMENTS.—An application for a planning grant under this  
22 section shall, at a minimum, include—

23 “~~(I)~~(I) a budget and a budget justification for the activities to be carried  
24 out using the grant;

25 “~~(II)~~(II) a description of the activities proposed to be carried out using the  
26 grant, including a schedule for completion of such activities;

27 “~~(III)~~(III) outcome measures that will be used to measure the effectiveness  
28 of the programs and initiatives to address opioids; and

29 “~~(IV)~~(IV) a description of the personnel necessary to complete such  
30 activities.

31 “~~(B)~~(B) PERIOD; NONRENEWABILITY.—A planning grant under this section shall be  
32 for a period of 1 year. A State may not receive more than 1 planning grant under this  
33 section.

34 “~~(C)~~(C) AMOUNT.—A planning grant under this section may not exceed \$100,000,  
35 except that the Attorney General may, for good cause, approve a grant in a higher  
36 amount..

37 “~~(D)~~(D) STRATEGIC PLAN AND PROGRAM IMPLEMENTATION PLAN.—A State receiving  
38 a planning grant under this section shall develop a strategic plan and a program  
39 implementation plan.

40 “~~(4)~~(4) IMPLEMENTATION GRANTS.—

1           ~~“(A)(A)~~ **APPLICATION.**—A State ~~desiring~~ **seeking** an implementation grant under  
2 this section to implement a comprehensive strategy for addressing opioid abuse shall  
3 submit to the Attorney General an application in such form, and containing such  
4 information, as the Attorney General may ~~prescribe by regulation or guidelines.~~  
5 **require.**

6           ~~“(B)(B)~~ **USE OF FUNDS.**—A State that receives an implementation grant under this  
7 section shall use the grant for the cost of carrying out an integrated opioid abuse  
8 response program in accordance with this section, including for technical assistance,  
9 training, and administrative expenses.

10          ~~“(C)(C)~~ **REQUIREMENTS.**—An integrated opioid abuse response program carried out  
11 using an implementation grant under this section shall—

12           ~~“(i) ensure(i)~~ **require** that each prescriber of a schedule II, III, or IV controlled  
13 substance in the State—

14           ~~“(I)(I)~~ registers with the prescription drug monitoring program of the  
15 State; and

16           ~~“(H)(II)~~ consults the prescription drug monitoring program database of the  
17 State before prescribing a schedule II, III, or IV controlled substance;

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

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

22           ~~“(H)(II)~~ consults the prescription drug monitoring program database of the  
23 State before dispensing a schedule II, III, or IV controlled substance; and

24           ~~“(H)(III)~~ reports to the prescription drug monitoring program of the State,  
25 at a minimum, each instance in which a schedule II, III, or IV controlled  
26 substance is dispensed, with limited exceptions, as defined by the State,  
27 which shall indicate the prescriber by name and National Provider Identifier;

28           ~~“(iii)(iii)~~ **require** that, not fewer than 4 times each year, the State agency or  
29 agencies that administer the prescription drug monitoring program of the State  
30 prepare and provide to each prescriber of a schedule II, III, or IV controlled  
31 substance an informational report that shows how the prescribing patterns of the  
32 prescriber compare to prescribing practices of the peers of the prescriber and  
33 expected norms;

34           ~~“(iv)(iv)~~ if informational reports provided to a prescriber under clause (iii)  
35 indicate that the prescriber is repeatedly falling outside of expected norms or  
36 standard practices for the prescriber’s field, direct the prescriber to educational  
37 resources on appropriate prescribing of controlled substances;

38           ~~“(v)(v)~~ **ensure** that the prescriber licensing board of the State receives a report  
39 describing any prescribers that repeatedly fall outside of expected norms or  
40 standard practices for the prescriber’s field, as described in clause (iii);

41           ~~“(vi)(vi)~~ **require** consultation with the Single State Authority for Substance

Abuse; and

~~“(vii)(vii)~~ establish requirements for how data will be collected and analyzed to determine the effectiveness of the program.

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

~~“(E)(E)~~ AMOUNT.—The amount of an implementation grant under this section may not exceed \$5,000,000 ~~except that the Attorney General may, for good cause, approve a grant in a higher amount.~~

~~“(5)(5)~~ PRIORITY CONSIDERATIONS.—In awarding planning and implementation grants under this section, the Attorney General shall give priority to a State that—

~~“(A)(A)(i)~~ provides civil liability protection for first responders, health professionals, and family members **who have received appropriate training in the administration of naloxone in** administering naloxone to counteract opioid overdoses ~~by—; and~~

~~“(i) enacting legislation that provides such civil liability protection; or~~

~~“(ii) providing~~ **(ii) submits to the Attorney General** a certification by the attorney general of the State that the attorney general has—

~~“(I)(I)~~ reviewed any applicable civil liability protection law to determine the applicability of the law with respect to first responders, health care professionals, family members, and other individuals ~~who who—~~

**(aa) have received appropriate training in the administration of naloxone; and**

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

~~“(H)(II)~~ concluded that the law described in subclause (I) provides adequate civil liability protection applicable to such persons;

~~“(B) have~~ **(B) has** in effect legislation or ~~implement~~ **implements** a policy under which the State shall not terminate, but may suspend, enrollment under the State plan for medical assistance under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) for an individual who is incarcerated for a period of fewer than 2 years;

~~“(C) have~~ **(C) has** a process for enrollment in services and benefits necessary by criminal justice agencies to initiate or continue treatment in the community, under which an individual who is incarcerated may, while incarcerated, enroll in services and benefits that are necessary for the individual to continue treatment upon release from incarceration;

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

~~“(E)(E)~~ ensures that data recorded in the prescription drug monitoring program database of the State is available within 24 hours, to the extent possible; and

~~“(F)(F)~~ ensures that the prescription drug monitoring program of the State notifies

prescribers and dispensers of schedule II, III, or IV controlled substances when overuse or misuse of such controlled substances by patients is suspected.

~~“(c) Authorization of Appropriations.—There are authorized to be appropriated to carry out this section \$15,000,000 for~~ **(c) Authorization of Funding.—For** each of fiscal years 2016 through 2020.” **2020, the Attorney General may use, from any unobligated balances made available under the heading “GENERAL ADMINISTRATION” to the Department of Justice in an appropriations Act, such amounts as are necessary to carry out this section, not to exceed \$5,000,000 per fiscal year.**

## ~~TITLE VII—OFFSET; GAO REPORT TITLE~~ **VII—MISCELLANEOUS**

### ~~SEC. 701. OFFSET.~~

~~It is the sense of Congress that the amounts expended to carry out this Act and the amendments made by this Act should be offset by a corresponding reduction in Federal non-defense discretionary spending.~~

### ~~SEC. 702~~ **SEC. 701. GAO REPORT ON IMD EXCLUSION.**

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

(b) Report Required.—Not later than ~~180 days~~ **1 year** after the date of enactment of this Act, the Comptroller General of the United States shall submit to Congress a report on the impact that the Medicaid Institutions for Mental Disease exclusion has on access to treatment for individuals with a substance use disorder.

(c) Elements.—The report required under subsection (b) shall include ~~the following~~:

~~(1) An analysis of whether the following policy changes to the Medicaid Institutions for Mental Disease exclusion would enhance access to treatment for individuals with a substance use disorder:~~

~~(A) Removing substance use disorder treatment and facilities from the Medicaid Institutions for Mental Disease exclusion.~~

~~(B) Amending section 1905(i) of the Social Security Act (42 U.S.C. 1396d(i)) to modestly raise the 16-bed limit in the definition of an institution for mental diseases under that section.~~

~~(C) Repealing the Medicaid Institutions for Mental Disease exclusion.~~

~~(2) An analysis of whether and to what extent the quality of care for substance use disorder treatment is impacted by the Medicaid Institutions for Mental Disease exclusion.~~



~~(3) An analysis of barriers in accessing State-specific information related to the impact of the Medicaid Institutions for Mental Disease exclusion on access to treatment.~~

~~(4) An analysis of the difference in cost between treatment for a substance use disorder in a hospital setting compared to a community-based care setting.~~

~~(5) An analysis of the characteristics of institutions for mental diseases (as defined in section 1905(i) of the Social Security Act (42 U.S.C. 1396d(i))), including the patient capacity of such institutions as well as the type of care setting, among other characteristics. a review of what is known regarding—~~

(1) Medicaid beneficiary access to substance use disorder treatments in institutions for mental disease; and

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

## **SEC. 702. FUNDING.**

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

### **“SEC. 2999F. FUNDING.**

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

## **SEC. 703. CONFORMING AMENDMENTS.**

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

(1) in the part heading, by striking “confronting use of methamphetamine” and inserting “comprehensive addiction and recovery”; and

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

## **SEC. 704. GRANT ACCOUNTABILITY.**

(a) Grants Under Part II of Title I of the Omnibus Crime Control and Safe Streets Act of 1968.—

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

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

“(a) Definitions.—In this section—

“(1) the term ‘applicable committees’—

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

1                   “(i) the Committee on the Judiciary of the Senate; and  
2                   “(ii) the Committee on the Judiciary of the House of Representatives; and  
3                   “(B) with respect to the Secretary of Health and Human Services and any other  
4                   official of the Department of Health and Human Services, means—  
5                   “(i) the Committee on Health, Education, Labor, and Pensions of the  
6                   Senate; and  
7                   “(ii) the Committee on Energy and Commerce of the House of  
8                   Representatives;  
9                   “(2) the term ‘covered agency’ means—  
10                  “(A) the Department of Justice; and  
11                  “(B) the Department of Health and Human Services; and  
12                  “(3) the term ‘covered official’ means—  
13                  “(A) the Attorney General; and  
14                  “(B) the Secretary of Health and Human Services.  
15                  “(b) Accountability.—All grants awarded by a covered official under this part shall be  
16                  subject to the following accountability provisions:  
17                  “(1) AUDIT REQUIREMENT.—  
18                       “(A) DEFINITION.—In this paragraph, the term ‘unresolved audit finding’  
19                       means a finding in the final audit report of the Inspector General of a covered  
20                       agency that the audited grantee has utilized grant funds for an unauthorized  
21                       expenditure or otherwise unallowable cost that is not closed or resolved within 12  
22                       months after the date on which the final audit report is issued.  
23                       “(B) AUDIT.—Beginning in the first fiscal year beginning after the date of  
24                       enactment of this section, and in each fiscal year thereafter, the Inspector General  
25                       of a covered agency shall conduct audits of recipients of grants awarded by the  
26                       applicable covered official under this part to prevent waste, fraud, and abuse of  
27                       funds by grantees. The Inspector General shall determine the appropriate  
28                       number of grantees to be audited each year.  
29                       “(C) MANDATORY EXCLUSION.—A recipient of grant funds under this part that  
30                       is found to have an unresolved audit finding shall not be eligible to receive grant  
31                       funds under this part during the first 2 fiscal years beginning after the end of the  
32                       12-month period described in subparagraph (A).  
33                       “(D) PRIORITY.—In awarding grants under this part, a covered official shall  
34                       give priority to eligible applicants that did not have an unresolved audit finding  
35                       during the 3 fiscal years before submitting an application for a grant under this  
36                       part.  
37                       “(E) REIMBURSEMENT.—If an entity is awarded grant funds under this part  
38                       during the 2-fiscal-year period during which the entity is barred from receiving  
39                       grants under subparagraph (C), the covered official that awarded the grant funds

1 shall—

2 “(i) deposit an amount equal to the amount of the grant funds that were  
3 improperly awarded to the grantee into the General Fund of the Treasury;  
4 and

5 “(ii) seek to recoup the costs of the repayment to the fund from the grant  
6 recipient that was erroneously awarded grant funds.

7 **“(2) NONPROFIT ORGANIZATION REQUIREMENTS.—**

8 **“(A) DEFINITION.—**For purposes of this paragraph and the grant programs  
9 under this part, the term ‘nonprofit organization’ means an organization that is  
10 described in section 501(c)(3) of the Internal Revenue Code of 1986 and is exempt  
11 from taxation under section 501(a) of such Code.

12 **“(B) PROHIBITION.—**A covered official may not award a grant under this part  
13 to a nonprofit organization that holds money in offshore accounts for the purpose  
14 of avoiding paying the tax described in section 511(a) of the Internal Revenue  
15 Code of 1986.

16 **“(C) DISCLOSURE.—**Each nonprofit organization that is awarded a grant under  
17 this part and uses the procedures prescribed in regulations to create a rebuttable  
18 presumption of reasonableness for the compensation of its officers, directors,  
19 trustees, and key employees, shall disclose to the applicable covered official, in the  
20 application for the grant, the process for determining such compensation,  
21 including the independent persons involved in reviewing and approving such  
22 compensation, the comparability data used, and contemporaneous substantiation  
23 of the deliberation and decision. Upon request, a covered official shall make the  
24 information disclosed under this subparagraph available for public inspection.

25 **“(3) CONFERENCE EXPENDITURES.—**

26 **“(A) LIMITATION.—**No amounts made available to a covered official under this  
27 part may be used by the covered official, or by any individual or entity awarded  
28 discretionary funds through a cooperative agreement under this part, to host or  
29 support any expenditure for conferences that uses more than \$20,000 in funds  
30 made available by the covered official, unless the covered official provides prior  
31 written authorization that the funds may be expended to host the conference.

32 **“(B) WRITTEN AUTHORIZATION.—**Written authorization under subparagraph  
33 (A) shall include a written estimate of all costs associated with the conference,  
34 including the cost of all food, beverages, audio-visual equipment, honoraria for  
35 speakers, and entertainment.

36 **“(C) REPORT.—**

37 **“(i) DEPARTMENT OF JUSTICE.—**The Deputy Attorney General shall submit  
38 to the applicable committees an annual report on all conference expenditures  
39 approved by the Attorney General under this paragraph.

40 **“(ii) DEPARTMENT OF HEALTH AND HUMAN SERVICES.—**The Deputy  
41 Secretary of Health and Human Services shall submit to the applicable

committees an annual report on all conference expenditures approved by the Secretary of Health and Human Services under this paragraph.

**“(4) ANNUAL CERTIFICATION.—Beginning in the first fiscal year beginning after the date of enactment of this section, each covered official shall submit to the applicable committees an annual certification—**

**“(A) indicating whether—**

**“(i) all audits issued by the Office of the Inspector General of the applicable agency under paragraph (1) have been completed and reviewed by the appropriate Assistant Attorney General or Director, or the appropriate official of the Department of Health and Human Services, as applicable;**

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

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

**“(B) that includes a list of any grant recipients excluded under paragraph (1) from the previous year.**

**“(c) Preventing Duplicative Grants.—**

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

**“(2) REPORT.—If a covered official awards duplicate grants to the same applicant for the same purpose, the covered official shall submit to the applicable committees a report that includes—**

**“(A) a list of all duplicate grants awarded, including the total dollar amount of any duplicate grants awarded; and**

**“(B) the reason the covered official awarded the duplicate grants.”.**

**(b) Other Grants.—**

**(1) DEFINITIONS.—In this subsection—**

**(A) the term “applicable committees”—**

**(i) with respect to the Attorney General and any other official of the Department of Justice, means—**

**(I) the Committee on the Judiciary of the Senate; and**

**(II) the Committee on the Judiciary of the House of Representatives; and**

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

**(I) the Committee on Health, Education, Labor, and Pensions of the**

Senate; and

(II) the Committee on Energy and Commerce of the House of Representatives;

(B) the term “covered agency” means—

(i) the Department of Justice; and

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

(C) the term “covered official” means—

(i) the Attorney General; and

(ii) the Secretary of Health and Human Services.

(2) ACCOUNTABILITY.—All grants awarded by a covered official under section 201, 302, or 601 shall be subject to the following accountability provisions:

(A) AUDIT REQUIREMENT.—

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

(ii) AUDIT.—Beginning in the first fiscal year beginning after the date of enactment of this Act, and in each fiscal year thereafter, the Inspector General of a covered agency shall conduct audits of recipients of grants awarded by the applicable covered official under section 201, 302, or 601 to prevent waste, fraud, and abuse of funds by grantees. The Inspector General shall determine the appropriate number of grantees to be audited each year.

(iii) MANDATORY EXCLUSION.—A recipient of grant funds under section 201, 302, or 601 that is found to have an unresolved audit finding shall not be eligible to receive grant funds under those sections during the first 2 fiscal years beginning after the end of the 12-month period described in clause (i).

(iv) PRIORITY.—In awarding grants under section 201, 302, or 601, a covered official shall give priority to eligible applicants that did not have an unresolved audit finding during the 3 fiscal years before submitting an application for a grant under such section.

(v) REIMBURSEMENT.—If an entity is awarded grant funds under section 201, 302, or 601 during the 2-fiscal-year period during which the entity is barred from receiving grants under clause (iii), the covered official that awarded the funds shall—

(I) deposit an amount equal to the amount of the grant funds that were improperly awarded to the grantee into the General Fund of the Treasury; and

(II) seek to recoup the costs of the repayment to the fund from the

1 grant recipient that was erroneously awarded grant funds.

2 **(B) NONPROFIT ORGANIZATION REQUIREMENTS.—**

3 **(i) DEFINITION.—**For purposes of this subparagraph and the grant  
4 programs under sections 201, 302, and 601, the term “nonprofit  
5 organization” means an organization that is described in section 501(c)(3) of  
6 the Internal Revenue Code of 1986 and is exempt from taxation under  
7 section 501(a) of such Code.

8 **(ii) PROHIBITION.—**A covered official may not award a grant under this  
9 section 201, 302, or 601 to a nonprofit organization that holds money in  
10 offshore accounts for the purpose of avoiding paying the tax described in  
11 section 511(a) of the Internal Revenue Code of 1986.

12 **(iii) DISCLOSURE.—**Each nonprofit organization that is awarded a grant  
13 under section 201, 302, or 601 and uses the procedures prescribed in  
14 regulations to create a rebuttable presumption of reasonableness for the  
15 compensation of its officers, directors, trustees, and key employees, shall  
16 disclose to the applicable covered official, in the application for the grant, the  
17 process for determining such compensation, including the independent  
18 persons involved in reviewing and approving such compensation, the  
19 comparability data used, and contemporaneous substantiation of the  
20 deliberation and decision. Upon request, a covered official shall make the  
21 information disclosed under this clause available for public inspection.

22 **(C) CONFERENCE EXPENDITURES.—**

23 **(i) LIMITATION.—**No amounts made available to a covered official under  
24 section 201, 302, or 601 may be used by the covered official, or by any  
25 individual or entity awarded discretionary funds through a cooperative  
26 agreement under those sections, to host or support any expenditure for  
27 conferences that uses more than \$20,000 in funds made available by the  
28 covered official, unless the covered official provides prior written  
29 authorization that the funds may be expended to host the conference.

30 **(ii) WRITTEN AUTHORIZATION.—**Written authorization under clause (i)  
31 shall include a written estimate of all costs associated with the conference,  
32 including the cost of all food, beverages, audio-visual equipment, honoraria  
33 for speakers, and entertainment.

34 **(iii) REPORT.—**

35 **(I) DEPARTMENT OF JUSTICE.—**The Deputy Attorney General shall  
36 submit to the applicable committees an annual report on all conference  
37 expenditures approved by the Attorney General under this  
38 subparagraph.

39 **(II) DEPARTMENT OF HEALTH AND HUMAN SERVICES.—**The Deputy  
40 Secretary of Health and Human Services shall submit to the applicable  
41 committees an annual report on all conference expenditures approved  
42 by the Secretary of Health and Human Services under this

1                   subparagraph.

2           **(D) ANNUAL CERTIFICATION.**—Beginning in the first fiscal year beginning after  
3 the date of enactment of this Act, each covered official shall submit to the  
4 applicable committees an annual certification—

5           **(i) indicating whether—**

6                   **(I) all audits issued by the Office of the Inspector General of the**  
7                   **applicable agency under subparagraph (A) have been completed and**  
8                   **reviewed by the appropriate Assistant Attorney General or Director, or**  
9                   **the appropriate official of the Department of Health and Human**  
10                  **Services, as applicable;**

11                  **(II) all mandatory exclusions required under subparagraph (A)(iii)**  
12                  **have been issued; and**

13                  **(III) all reimbursements required under subparagraph (A)(v) have**  
14                  **been made; and**

15           **(ii) that includes a list of any grant recipients excluded under**  
16           **subparagraph (A) from the previous year.**

17   **(3) PREVENTING DUPLICATIVE GRANTS.—**

18           **(A) IN GENERAL.**—Before a covered official awards a grant to an applicant  
19 under section 201, 302, or 601, the covered official shall compare potential grant  
20 awards with other grants awarded under those sections by the covered official to  
21 determine if duplicate grant awards are awarded for the same purpose.

22           **(B) REPORT.**—If a covered official awards duplicate grants to the same  
23 applicant for the same purpose, the covered official shall submit to the to the  
24 applicable committees a report that includes—

25                  **(i) a list of all duplicate grants awarded, including the total dollar amount**  
26                  **of any duplicate grants awarded; and**

27                  **(ii) the reason the covered official awarded the duplicate grants.**