

116TH CONGRESS
1ST SESSION

H. R. 4460

To provide funding for programs and activities under the SUPPORT for Patients and Communities Act.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 24, 2019

Ms. KUSTER of New Hampshire introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, the Judiciary, Oversight and Reform, Education and Labor, and Financial Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To provide funding for programs and activities under the SUPPORT for Patients and Communities Act.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Turn the Tide Act”.

1 **SEC. 2. CONTROLLED SUBSTANCE PROVISIONS OF THE**
2 **SUPPORT FOR PATIENTS AND COMMUNITIES**
3 **ACT.**

4 (a) **GRANTS TO ENHANCE ACCESS TO SUBSTANCE**
5 **USE DISORDER TREATMENT.**—Section 3203(b) of the
6 Substance Use-Disorder Prevention that Promotes Opioid
7 Recovery and Treatment for Patients and Communities
8 Act (Public Law 115–271) is amended to read as follows:

9 “(b) **APPROPRIATIONS.**—For grants under subsection
10 (a), there is authorized to be appropriated, and there is
11 appropriated, out of any monies in the Treasury not other-
12 wise appropriated, \$4,000,000 for each of fiscal years
13 2020 through 2023.”.

14 (b) **ACCESS TO INCREASED DRUG DISPOSAL.**—Sec-
15 tion 3260 of the Substance Use-Disorder Prevention that
16 Promotes Opioid Recovery and Treatment for Patients
17 and Communities Act (Public Law 115–271) is amended
18 to read as follows:

19 **“SEC. 3260. APPROPRIATIONS.**

20 “To carry out this chapter, there is authorized to be
21 appropriated, and there is appropriated, out of any monies
22 in the Treasury not otherwise appropriated, such sums as
23 may be necessary for each fiscal year.”.

1 **SEC. 3. PUBLIC HEALTH PROVISIONS OF THE SUPPORT**
2 **FOR PATIENTS AND COMMUNITIES ACT.**

3 (a) **FIRST RESPONDER TRAINING.**—Section 546(h)
4 of the Public Health Service Act (42 U.S.C. 290ee–1(h))
5 is amended to read as follows:

6 “(h) **APPROPRIATIONS.**—To carry out this section,
7 there is authorized to be appropriated, and there is appro-
8 priated, out of any monies in the Treasury not otherwise
9 appropriated, \$36,000,000 for each of fiscal years 2020
10 through 2023.”.

11 (b) **PUBLIC HEALTH LABORATORIES PILOT PRO-**
12 **GRAM.**—Section 7011(d) of the Substance Use-Disorder
13 Prevention that Promotes Opioid Recovery and Treatment
14 for Patients and Communities Act (Public Law 115–271)
15 is amended to read as follows:

16 “(d) **APPROPRIATIONS.**—To carry out this section,
17 there is authorized to be appropriated, and there is appro-
18 priated, out of any monies in the Treasury not otherwise
19 appropriated, \$15,000,000 for each of fiscal years 2020
20 through 2023.”.

21 (c) **NATIONAL RECOVERY HOUSING BEST PRAC-**
22 **TICES.**—Section 550(g) of the Public Health Service Act
23 (42 U.S.C. 290ee–5(g)) is amended to read as follows:

24 “(g) **APPROPRIATIONS.**—To carry out this section,
25 there is authorized to be appropriated, and there is appro-
26 priated, out of any monies in the Treasury not otherwise

1 appropriated, \$3,000,000 for the period of fiscal years
2 2020 through 2021.”.

3 (d) MODEL TRAINING PROGRAMS FOR SUBSTANCE
4 USE DISORDER PATIENT RECORDS.—Section 7053(e) of
5 the Substance Use-Disorder Prevention that Promotes
6 Opioid Recovery and Treatment for Patients and Commu-
7 nities Act (Public Law 115–271) is amended to read as
8 follows:

9 “(e) APPROPRIATIONS.—To carry out this section,
10 there is authorized to be appropriated, and there is appro-
11 priated, out of any monies in the Treasury not otherwise
12 appropriated—

13 “(1) \$4,000,000 for fiscal years 2020;

14 “(2) \$2,000,000 for each of fiscal year 2021;

15 and

16 “(3) \$1,000,000 for each of fiscal years 2022
17 and 2023.”.

18 (e) RESIDENTIAL TREATMENT PROGRAMS FOR
19 PREGNANT AND POSTPARTUM WOMEN.—Section 508(s)
20 of the Public Health Service Act (42 U.S.C. 290bb–1(s))
21 is amended by striking the first sentence and inserting the
22 following: “To carry out this section, there is authorized
23 to be appropriated, and there is appropriated, out of any
24 monies in the Treasury not otherwise appropriated,
25 \$29,931,000 for each of fiscal years 2020 through 2023.”.

1 (f) PRENATAL AND POSTNATAL HEALTH.—Section
2 317L(d) of the Public Health Service Act (42 U.S.C.
3 247b–13(d)) is amended to read as follows:

4 “(d) APPROPRIATIONS.—To carry out this section,
5 there is authorized to be appropriated, and there is appro-
6 priated, out of any monies in the Treasury not otherwise
7 appropriated, such sums as may be necessary for each of
8 fiscal years 2020 through 2023.”.

9 (g) PROGRAM FOR EDUCATION AND TRAINING IN
10 PAIN CARE.—Section 759(e) of the Public Health Service
11 Act (42 U.S.C. 294i(e)) is amended to read as follows:

12 “(e) APPROPRIATIONS.—To carry out this section,
13 there is authorized to be appropriated, and there is appro-
14 priated, out of any monies in the Treasury not otherwise
15 appropriated, such sums as may be necessary for each of
16 fiscal years 2020 through 2023. Amounts appropriated
17 under this subsection shall remain available until ex-
18 pended.”.

19 (h) MENTAL AND BEHAVIORAL HEALTH EDUCATION
20 AND TRAINING GRANTS.—Section 756(f) of the Public
21 Health Service Act (42 U.S.C. 294e–1(f)) is amended to
22 read as follows:

23 “(f) APPROPRIATIONS.—To carry out this section,
24 there is authorized to be appropriated, and there is appro-
25 priated, out of any monies in the Treasury not otherwise

1 appropriated, \$50,000,000 for each of fiscal years 2020
2 through 2023.”.

3 (i) COORDINATION AND CONTINUATION OF CARE
4 FOR DRUG OVERDOSE PATIENTS.—Section 7081(f) of the
5 Substance Use-Disorder Prevention that Promotes Opioid
6 Recovery and Treatment for Patients and Communities
7 Act (Public Law 115–271) is amended to read as follows:

8 “(f) APPROPRIATIONS.—To carry out this section,
9 there is authorized to be appropriated, and there is appro-
10 priated, out of any monies in the Treasury not otherwise
11 appropriated, \$10,000,000 for each of fiscal years 2020
12 through 2023.”.

13 (j) EMERGENCY DEPARTMENT ALTERNATIVES TO
14 OPIOIDS DEMONSTRATION PROGRAM.—Section 7091(g)
15 of the Substance Use-Disorder Prevention that Promotes
16 Opioid Recovery and Treatment for Patients and Commu-
17 nities Act (Public Law 115–271) is amended to read as
18 follows:

19 “(g) APPROPRIATIONS.—To carry out this section,
20 there is authorized to be appropriated, and there is appro-
21 priated, out of any monies in the Treasury not otherwise
22 appropriated, \$10,000,000 for each of fiscal years 2020
23 through 2023.”.

24 (k) REGIONAL CENTERS OF EXCELLENCE IN SUB-
25 STANCE USE DISORDER EDUCATION.—Section 551(f) of

1 the Public Health Service Act (42 U.S.C. 290ee–6(f)) is
2 amended to read as follows:

3 “(f) APPROPRIATIONS.—To carry out this section,
4 there is authorized to be appropriated, and there is appro-
5 priated, out of any monies in the Treasury not otherwise
6 appropriated, \$4,000,000 for each of fiscal years 2020
7 through 2023.”.

8 (l) YOUTH PREVENTION AND RECOVERY.—Section
9 7102(c)(9) of the Substance Use-Disorder Prevention that
10 Promotes Opioid Recovery and Treatment for Patients
11 and Communities Act (Public Law 115–271) is amended
12 to read as follows:

13 “(9) APPROPRIATIONS.—To carry out this sub-
14 section, there is authorized to be appropriated, and
15 there is appropriated, out of any monies in the
16 Treasury not otherwise appropriated, \$10,000,000
17 for each of fiscal years 2020 through 2023.”.

18 (m) COMPREHENSIVE OPIOID RECOVERY CEN-
19 TERS.—Section 552(j) of the Public Health Service Act
20 (42 U.S.C. 290ee–7(j)) is amended to read as follows:

21 “(j) APPROPRIATIONS.—To carry out this section,
22 there is authorized to be appropriated, and there is appro-
23 priated, out of any monies in the Treasury not otherwise
24 appropriated, \$10,000,000 for each of fiscal years 2020
25 through 2023.”.

1 (n) CDC SURVEILLANCE AND DATA COLLECTION.—
2 Section 7131(e) of the Substance Use-Disorder Prevention
3 that Promotes Opioid Recovery and Treatment for Pa-
4 tients and Communities Act (Public Law 115–271) is
5 amended to read as follows:

6 “(e) APPROPRIATIONS.—To carry out this section,
7 there is authorized to be appropriated, and there is appro-
8 priated, out of any monies in the Treasury not otherwise
9 appropriated, \$2,000,000 for each of fiscal years 2020
10 through 2023.”.

11 (o) NATIONAL CHILD TRAUMATIC STRESS INITIA-
12 TIVE.—Section 582(j) of the Public Health Service Act
13 (42 U.S.C. 290hh–1(j)) is amended to read as follows:

14 “(j) APPROPRIATIONS.—To carry out this section,
15 there is authorized to be appropriated, and there is appro-
16 priated, out of any monies in the Treasury not otherwise
17 appropriated, \$63,887,000 for each of fiscal years 2020
18 through 2023.”.

19 (p) TRAUMA SUPPORT SERVICES AND MENTAL
20 HEALTH CARE.—Section 7134(l) of the Substance Use-
21 Disorder Prevention that Promotes Opioid Recovery and
22 Treatment for Patients and Communities Act (Public Law
23 115–271) is amended to read as follows:

24 “(l) APPROPRIATIONS.—To carry out this section,
25 there is authorized to be appropriated, and there is appro-

1 priated, out of any monies in the Treasury not otherwise
2 appropriated, \$50,000,000 for each of fiscal years 2020
3 through 2023.”.

4 (q) SURVEILLANCE AND EDUCATION REGARDING IN-
5 FECTIONS ASSOCIATED WITH ILLICIT DRUG USE AND
6 OTHER RISK FACTORS.—Section 317N(d) of the Public
7 Health Service Act (42 U.S.C. 247b–15(d)) is amended
8 to read as follows:

9 “(d) APPROPRIATIONS.—To carry out this section,
10 there is authorized to be appropriated, and there is appro-
11 priated, out of any monies in the Treasury not otherwise
12 appropriated, \$40,000,000 for each of fiscal years 2020
13 through 2023.”.

14 (r) BUILDING COMMUNITIES OF RECOVERY.—Sec-
15 tion 547(f) of the Public Health Service Act (42 U.S.C.
16 290ee–2(f)) is amended to read as follows:

17 “(f) APPROPRIATIONS.—To carry out this section,
18 there is authorized to be appropriated, and there is appro-
19 priated, out of any monies in the Treasury not otherwise
20 appropriated, \$5,000,000 for each of fiscal years 2020
21 through 2023.”.

22 (s) PEER SUPPORT TECHNICAL ASSISTANCE CEN-
23 TER.—Section 547A(e) of the Public Health Service Act
24 (42 U.S.C. 290ee–2a(e)) is amended to read as follows:

1 “(e) APPROPRIATIONS.—To carry out this section,
2 there is authorized to be appropriated, and there is appro-
3 priated, out of any monies in the Treasury not otherwise
4 appropriated, \$1,000,000 for each of fiscal years 2020
5 through 2023.”.

6 (t) PREVENTING OVERDOSES OF CONTROLLED SUB-
7 STANCES.—Section 392A(d) of the Public Health Service
8 Act (42 U.S.C. 280b–1(d)) is amended to read as follows:

9 “(d) APPROPRIATIONS.—To carry out this section,
10 there is authorized to be appropriated, and there is appro-
11 priated, out of any monies in the Treasury not otherwise
12 appropriated, \$496,000,000 for each of fiscal years 2020
13 through 2023.”.

14 (u) CAREER ACT.—Section 7183(k) of the Substance
15 Use-Disorder Prevention that Promotes Opioid Recovery
16 and Treatment for Patients and Communities Act (Public
17 Law 115–271) is amended to read as follows:

18 “(k) APPROPRIATIONS.—To carry out this section,
19 there is authorized to be appropriated, and there is appro-
20 priated, out of any monies in the Treasury not otherwise
21 appropriated, \$5,000,000 for each of fiscal years 2020
22 through 2023.”.

1 **SEC. 4. HOUSING AND DEPARTMENT OF JUSTICE PROVI-**
2 **SIONS OF THE SUPPORT FOR PATIENTS AND**
3 **COMMUNITIES ACT.**

4 (a) ASSISTANCE TO HELP INDIVIDUALS IN RECOV-
5 ERY FROM SUBSTANCE USE DISORDER BECOME STABLY
6 HOUSED.—Section 8071(a) of the Substance Use-Dis-
7 order Prevention that Promotes Opioid Recovery and
8 Treatment for Patients and Communities Act (Public Law
9 115–271) is amended by inserting “, and there are appro-
10 priated, out of any monies in the Treasury not otherwise
11 appropriated,” after “appropriated under this section”.

12 (b) BUILDING CAPACITY FOR FAMILY-FOCUSED RES-
13 IDENTIAL TREATMENT.—Section 8083(c) of the Sub-
14 stance Use-Disorder Prevention that Promotes Opioid Re-
15 covery and Treatment for Patients and Communities Act
16 (Public Law 115–271) is amended to read as follows:

17 “(c) APPROPRIATIONS.—To carry out this section,
18 there is authorized to be appropriated, and there is appro-
19 priated, out of any monies in the Treasury not otherwise
20 appropriated, \$20,000,000 for fiscal years 2020, which
21 shall remain available through fiscal year 2023.”.

22 (c) COMPREHENSIVE OPIOID ABUSE GRANT PRO-
23 GRAM.—Section 1001(a)(27) of title I of the Omnibus
24 Crime Control and Safe Streets Act of 1968 (34 U.S.C.
25 10261(a)(27)) is amended to read as follows:

1 “(27) To carry out part LL, there is authorized to
2 be appropriated, and there is appropriated, out of any
3 monies in the Treasury not otherwise appropriated,
4 \$500,000,000 for each of fiscal years 2020 through
5 2023.”.

6 (d) OFFICE OF NATIONAL DRUG CONTROL POL-
7 ICY.—Section 714 of the Office of National Drug Control
8 Policy Reauthorization Act of 1998 (21 U.S.C. 1711) is
9 amended to read as follows:

10 **“SEC. 714. AUTHORIZATION OF APPROPRIATIONS; APPRO-**
11 **PRIATIONS.**

12 “To carry out this title, except activities otherwise
13 specified, there is authorized to be appropriated, and there
14 is appropriated, out of any monies in the Treasury not
15 otherwise appropriated, \$50,000,000 for each of fiscal
16 years 2020 through 2023, to remain available until ex-
17 pended.”.

18 (e) DRUG-FREE COMMUNITIES PROGRAM.—Section
19 1024 of the Anti-Drug Abuse Act of 1988 (21 U.S.C.
20 1524) is amended—

21 (1) in the heading, by inserting “**;** **APPRO-**
22 **PRIATIONS**” after “**AUTHORIZATION OF APPRO-**
23 **PRIATIONS**”; and

24 (2) by striking subsection (a) and inserting the
25 following:

1 “(a) IN GENERAL.—To carry out this chapter, there
2 is authorized to be appropriated to the Office of National
3 Drug Control Policy, and there is appropriated, out of any
4 monies in the Treasury not otherwise appropriated,
5 \$150,000,000 for each of fiscal years 2020 through
6 2023.”.

7 (f) HIGH-INTENSITY DRUG TRAFFICKING AREA PRO-
8 GRAM.—Section 707(p) of the Office of National Drug
9 Control Policy Reauthorization Act of 1988 (21 U.S.C.
10 1706(p)) is amended—

11 (1) by redesignating paragraphs (1) through
12 (6) as subparagraphs (A) through (F), respectively,
13 and adjusting the margins accordingly;

14 (2) by striking “There is authorized” and in-
15 serting the following:

16 “(1) IN GENERAL.—There is authorized”;

17 (3) in paragraph (1), as so designated—

18 (A) in subparagraph (E), as so redesign-
19 ated, by striking “each of”; and

20 (B) in subparagraph (F), as so redesign-
21 ated, by striking “each of fiscal years 2018
22 through 2023” and inserting “fiscal year
23 2018”; and

24 (4) by adding at the end the following:

1 “(2) APPROPRIATIONS.—To carry out this sec-
2 tion, there is authorized to be appropriated to the
3 Office of National Drug Control Policy, and there is
4 appropriated, out of any monies in the Treasury not
5 otherwise appropriated, \$280,000,000 for each of
6 fiscal years 2020 through 2023.”.

7 (g) DRUG COURT PROGRAM.—Section
8 1001(a)(25)(A) of title I of the Omnibus Crime Control
9 and Safe Streets Act of 1968 (34 U.S.C.
10 10261(a)(25)(A)) is amended to read as follows:

11 “(25)(A) Except as provided in subparagraph (C), to
12 carry out part EE, there is authorized to be appropriated,
13 and there is appropriated, out of any monies in the Treas-
14 ury not otherwise appropriated, \$75,000,000 for each of
15 fiscal years 2020 through 2023.”.

16 (h) DRUG COURT TRAINING AND TECHNICAL AS-
17 SISTANCE.—Section 705(e)(2) of the Office of National
18 Drug Control Policy Reauthorization Act of 1988 (21
19 U.S.C. 1704(e)(2)) is amended to read as follows:

20 “(2) AUTHORIZATION OF APPROPRIATIONS; AP-
21 PROPRIATIONS.—To carry out this subsection, there
22 is authorized to be appropriated, and there is appro-
23 priated, out of any monies in the Treasury not oth-
24 erwise appropriated, \$2,000,000 for each of fiscal
25 years 2020 through 2023.”.

1 (i) ADMINISTRATION OF THE OFFICE OF NATIONAL
2 DRUG CONTROL POLICY.—Section 704(i)(2) of the Office
3 of National Drug Control Policy Reauthorization Act of
4 1998 (21 U.S.C. 1703(i)(2)) is amended to read as fol-
5 lows:

6 “(2) AUTHORIZATION OF APPROPRIATIONS; AP-
7 PROPRIATIONS.—To carry out this subsection, there
8 is authorized to be appropriated, and there is appro-
9 priated, out of any monies in the Treasury not oth-
10 erwise appropriated, \$1,250,000 for each of fiscal
11 years 2020 through 2023.”.

12 (j) EMERGING THREATS COMMITTEE, PLAN, AND
13 MEDIA CAMPAIGN.—Section 709(g) of the Office of Na-
14 tional Drug Control Policy Reauthorization Act of 1998
15 (21 U.S.C. 1708(g)) is amended to read as follows:

16 “(g) AUTHORIZATION OF APPROPRIATIONS; APPRO-
17 PRIATIONS.—To carry out this section, there is authorized
18 to be appropriated to the Office, and there is appropriated,
19 out of any monies in the Treasury not otherwise appro-
20 priated, \$25,000,000 for each of fiscal years 2020 through
21 2023.”.

22 **SEC. 5. BOLSTERING COMMITMENTS TO STATE GRANTS**
23 **FOR SUBSTANCE USE DISORDER TREATMENT**
24 **AND PREVENTION.**

25 (a) STATE OPIOID RESPONSE GRANTS.—

1 (1) IN GENERAL.—To carry out activities under
2 section 1003 of the 21st Century Cures Act (42
3 U.S.C. 290ee–3 note) relating to opioids by the
4 State agency responsible for administering the sub-
5 stance abuse prevention and treatment block grant
6 under subpart II of part B of title XIX of the Public
7 Health Service Act (42 U.S.C. 300x–21 et seq.),
8 there is authorized to be appropriated, and there is
9 appropriated, \$5,500,000,000 for each of fiscal
10 years 2020 through 2024.

11 (2) FLEXIBILITY IN USE OF FUNDS.—Section
12 1003(b) of the 21st Century Cures Act (42 U.S.C.
13 290ee–3 note) is amended by adding at the end the
14 following:

15 “(3) FLEXIBILITY.—States and Indian tribes
16 may use amounts provided under grants under this
17 subsection to support substance use disorder treat-
18 ment care and related services regardless of whether
19 the patient involved has a primary diagnosis of
20 opioid use disorder, so long as the individual has a
21 substance use disorder diagnosis.

22 “(4) RULE OF CONSTRUCTION.—Nothing in
23 this subsection shall be construed to prohibit States
24 from using grant funds under this subsection to allo-

1 cate amounts to local governments to establish sub-
2 grantee awards in such localities.”.

3 (3) SUBSTANCE ABUSE PREVENTION AND
4 TREATMENT BLOCK GRANTS.—Section 1935(a) of
5 the Public Health Service Act (42 U.S.C. 300x-
6 35(a)) is amended to read as follows:

7 “(a) APPROPRIATIONS.—To carry out this subpart,
8 subpart III, and section 505(d), there is authorized to be
9 appropriated, and there is appropriated, out of any monies
10 in the Treasury not otherwise appropriated,
11 \$3,000,000,000 for each of fiscal years 2020 through
12 2024, and \$2,500,000,000 for each of fiscal years 2025
13 through 2029.”.

14 (b) REQUIREMENTS.—For the purposes of carrying
15 out activities with amounts appropriated under this sec-
16 tion (and the amendment made by this section), the Sec-
17 retary of Health and Human Services shall ensure that
18 the following requirements are complied with:

19 (1) Of the amount appropriated for each fiscal
20 year under subsection (a) (and the amendment made
21 by such subsection), \$50,000,000 shall be made
22 available to Indian Tribes or tribal organizations.

23 (2) Of such remaining amounts for each such
24 fiscal year, 15 percent shall be made available to the

1 States with the highest mortality rate related to
2 opioid use disorders.

3 (3) Of the amount made available for each fis-
4 cal year under subsections (a)(1) for State Opioid
5 Response Grants, not more than 2 percent of such
6 amount shall be available for Federal administrative
7 expenses, training, technical assistance, and evalua-
8 tion.

9 (4) Of the amounts not reserved under para-
10 graphs (1) through (3), the Secretary shall make al-
11 locations to States, territories, and the District of
12 Columbia according to a formula using national sur-
13 vey results that the Secretary determines are the
14 most objective and reliable measure of drug use and
15 drug-related deaths.

16 (5) The formula methodology under paragraph
17 (4) shall be submitted to the Committees on Appro-
18 priations of the House of Representatives and the
19 Committee on Appropriations of the Senate not less
20 than 15 days prior to publishing a Funding Oppor-
21 tunity Announcement.

22 (6) The prevention and treatment activities
23 funded through grants under this section may in-
24 clude education, treatment (including the provision
25 of medication), behavioral health services for individ-

1 uals in treatment programs, referral to treatment
2 services, recovery support, and medical screening as-
3 sociated with such treatment.

4 (7) Each State, including the District of Co-
5 lumbia, shall receive not less than \$4,000,000 under
6 grants under this section.

7 (8) In addition to amounts appropriated under
8 this section (and the amendment made by this sec-
9 tion), the following amounts shall be available under
10 section 241 of the Public Health Service Act (42
11 U.S.C. 238j):

12 (A) \$79,200,000 to carry out subpart II of
13 part B of title XIX of the Public Health Service
14 Act to fund section 1935(b) (42 U.S.C. 300x-
15 35) (relating to technical assistance, national
16 data, data collection and evaluation activities)
17 and the total available under this Act for activi-
18 ties under such section 1935(b) shall not exceed
19 5 percent of the amounts appropriated for such
20 subpart II of part B of title XIX.

21 (B) \$2,000,000 to evaluate substance
22 abuse treatment programs.

23 (9) None of the funds provided for under sec-
24 tion 1921 of the Public Health Service Act (42
25 U.S.C. 300x-21) or State Opioid Response Grants

1 under this section shall be subject to section 241 of
2 such Act (42 U.S.C. 238j).

3 **SEC. 6. ELIMINATING INSURANCE BARRIERS TO MEDICA-**
4 **TION-ASSISTED TREATMENT.**

5 (a) LIMITATION ON USE OF UTILIZATION CONTROL
6 POLICIES OR PROCEDURES FOR MEDICATION-ASSISTED
7 TREATMENTS.—Subpart II of part A of title XXVII of
8 the Public Health Service Act (42 U.S.C. 300gg–11 et
9 seq.) is amended by adding at the end the following:

10 **“SEC. 2729A. ELIMINATING BARRIERS TO MEDICATION-AS-**
11 **SISTED TREATMENT.**

12 “A group health plan (other than a self-insured plan)
13 or a health insurance issuer offering group or individual
14 health insurance coverage shall not impose any utilization
15 control policies or procedures (as defined by the Sec-
16 retary), including prior authorization requirements, with
17 respect to medication-assisted treatment covered under
18 the plan or coverage.”.

19 (b) NO PRIOR AUTHORIZATION OR OTHER UTILIZA-
20 TION RESTRICTIONS UNDER MEDICAID.—

21 (1) PROHIBITION.—Section 1903(i) of the So-
22 cial Security Act (42 U.S.C. 1396b(i)) is amended
23 by inserting after paragraph (8), the following:

24 “(9) with respect to any amount expended for
25 medical assistance for medication-assisted treatment

1 (as defined in section 1905(ee)) if the State imposes
2 any utilization control policies or procedures (as de-
3 fined by the Secretary), including any prior author-
4 ization requirements, with respect to the provision of
5 such assistance; or”.

6 (2) CONFORMING AMENDMENT.—Section
7 1905(a)(29) of the Social Security Act (42 U.S.C.
8 1396d(a)(29)) is amended by inserting “and section
9 1903(i)(9)” after “subsection (ee)”.

10 (3) EFFECTIVE DATE.—The amendments made
11 by this subsection take effect on October 1, 2019.

12 **SEC. 7. LIMITATIONS ON COST-SHARING FOR OPIOID OVER-**
13 **DOSE REVERSAL MEDICATIONS.**

14 (a) LIMITATIONS ON COST-SHARING.—Subpart II of
15 part A of title XXVII of the Public Health Service Act
16 (42 U.S.C. 300gg–11 et seq.), as amended by section 6,
17 is further amended by adding at the end the following:

18 **“SEC. 2729B. LIMITATIONS ON COST-SHARING FOR OPIOID**
19 **OVERDOSE REVERSAL MEDICATIONS.**

20 “(a) IN GENERAL.—A group health plan (other than
21 a self-insured plan) or a health insurance issuer offering
22 group or individual health insurance coverage shall not im-
23 pose any cost-sharing requirement under the plan or cov-
24 erage with respect to at least one brand or generic version
25 of opioid overdose reversal drug.

1 “(b) DEFINITION.—In this section, the term ‘opioid
2 overdose reversal drug’ means a drug or biological ap-
3 proved by the Food and Drug Administration for—

4 “(1) complete or partial reversal of opioid de-
5 pression, including respiratory depression, induced
6 by opioids; or

7 “(2) emergency treatment of a known or sus-
8 pected opioid overdose, as manifested by respiratory
9 or central nervous system depression.”.

10 (b) LIMITATIONS ON COST-SHARING UNDER MEDI-
11 CARE PART D.—

12 (1) IN GENERAL.—Section 1860D–2(b) of the
13 Social Security Act (42 U.S.C. 1395w–102(b)) is
14 amended—

15 (A) in paragraph (1)(A), by striking “The
16 coverage” and inserting “Subject to paragraph
17 (8), the coverage”;

18 (B) in paragraph (2)(A), by striking “and
19 (D)” and inserting “and (D) and paragraph
20 (8)”;

21 (C) in paragraph (3)(A), by striking “and
22 (4)” and inserting “(4), and (8)”;

23 (D) in paragraph (4)(A)(i), by striking
24 “The coverage” and inserting “Subject to para-
25 graph (8), the coverage”; and

1 (E) by adding at the end the following new
2 paragraph:

3 “(8) LIMITATIONS ON COST-SHARING FOR
4 OPIOID OVERDOSE REVERSAL DRUGS.—

5 “(A) IN GENERAL.—For plan year 2021
6 and each subsequent plan year, each prescrip-
7 tion drug plan and MA–PD plan shall not im-
8 pose any cost-sharing requirement under the
9 plan with respect to at least one brand or ge-
10 neric version of an opioid overdose reversal
11 drug (as defined in section 2729B of the Public
12 Health Service Act). The requirement under the
13 preceding sentence shall also apply to cost-shar-
14 ing applicable to subsidy eligible individuals
15 under section 1814D–14.

16 “(B) COST-SHARING.—For purposes of
17 subparagraph (A), the elimination of cost-shar-
18 ing shall include the following:

19 “(i) NO APPLICATION OF DEDUCT-
20 IBLE.—The waiver of the deductible under
21 paragraph (1).

22 “(ii) NO APPLICATION OF COINSUR-
23 ANCE.—The waiver of coinsurance under
24 paragraph (2).

1 “(iii) NO APPLICATION OF INITIAL
2 COVERAGE LIMIT.—The initial coverage
3 limit under paragraph (3) shall not apply.

4 “(iv) NO COST-SHARING ABOVE AN-
5 NUAL OUT-OF-POCKET THRESHOLD.—The
6 waiver of cost-sharing under paragraph
7 (4).”.

8 (2) CONFORMING AMENDMENTS TO COST-SHAR-
9 ING FOR LOW-INCOME INDIVIDUALS.—Section
10 1860D–14(a) of the Social Security Act (42 U.S.C.
11 1395w–114(a)) is amended—

12 (A) in paragraph (1), in the matter pre-
13 ceding subparagraph (A), by striking “In the
14 case” and inserting “Subject to section 1860D–
15 2(b)(8), in the case”; and

16 (B) in paragraph (2), in the matter pre-
17 ceding subparagraph (A), by striking “In the
18 case” and inserting “Subject to section 1860D–
19 2(b)(8), in the case”.

20 **SEC. 8. TARGETING HEALTH WORKFORCE LOAN REPAY-**
21 **MENT ASSISTANCE TO HARDEST-HIT STATES.**

22 (a) LOAN REPAYMENT PROGRAM FOR SUBSTANCE
23 USE DISORDER TREATMENT WORKFORCE.—Section
24 781(j) of the Public Health Service Act (42 U.S.C.
25 295h(j)) is amended to read as follows:

1 “(j) APPROPRIATIONS.—

2 “(1) IN GENERAL.—To carry out this section
3 (other than paragraph (2)), there is authorized to be
4 appropriated, and there is appropriated, out of any
5 monies in the Treasury not otherwise appropriated,
6 \$25,000,000 for each of fiscal years 2020 through
7 2023.

8 “(2) STATES WITH HIGHEST DRUG OVERDOSE
9 DEATH RATES.—

10 “(A) IN GENERAL.—To carry out the pro-
11 gram under this section with respect to individ-
12 uals who agree to provide obligated service in
13 States described in subparagraph (B), there is
14 authorized to be appropriated, and there is ap-
15 propriated, out of any monies in the Treasury
16 not otherwise appropriated, \$25,000,000 for
17 each of fiscal years 2020 through 2024.

18 “(B) STATES DESCRIBED.—A State de-
19 scribed in this subparagraph is a State that is
20 in the top quintile of all States in terms of the
21 highest mean drug overdose death rate per
22 100,000 residents for the 3-year period imme-
23 diately preceding the year for which the deter-
24 mination is being made, as determined by the
25 Secretary.

1 “(C) APPLICATION OF SECTION.—Except
2 as provided in this paragraph, the requirements
3 of this section otherwise applicable to individ-
4 uals under this section shall apply to individuals
5 receiving assistance under this paragraph.”.

6 (b) TRAINING DEMONSTRATION PROGRAM.—Section
7 760(g) of the Public Health Service Act (42 U.S.C.
8 294k(g)) is amended to read as follows:

9 “(g) APPROPRIATIONS.—

10 “(1) IN GENERAL.—To carry out this section
11 (other than paragraph (2)), there is authorized to be
12 appropriated, and there is appropriated, out of any
13 monies in the Treasury not otherwise appropriated,
14 \$10,000,000 for each of fiscal years 2020 through
15 2024.

16 “(2) STATES WITH HIGHEST DRUG OVERDOSE
17 DEATH RATES.—

18 “(A) IN GENERAL.—To carry out the pro-
19 gram under this section with respect to grant-
20 ees located in States described in subparagraph
21 (B), there is authorized to be appropriated, and
22 there is appropriated, out of any monies in the
23 Treasury not otherwise appropriated,
24 \$20,000,000 for each of fiscal years 2020
25 through 2024.

1 “(B) STATES DESCRIBED.—A State de-
2 scribed in this subparagraph is a State that is
3 in the top quintile of all States in terms of the
4 highest mean drug overdose death rate per
5 100,000 residents for the 3-year period imme-
6 diately preceding the year for which the deter-
7 mination is being made, as determined by the
8 Secretary.

9 “(C) APPLICATION OF SECTION.—Except
10 as provided in this paragraph, the requirements
11 of this section otherwise applicable to grantees
12 under this section shall apply to grantees re-
13 ceiving assistance under this paragraph.”.

14 **SEC. 9. MEDICAID PAYMENTS FOR BEHAVIORAL HEALTH**
15 **AND MENTAL HEALTH PROVIDERS.**

16 (a) IN GENERAL.—

17 (1) FEE-FOR-SERVICE.—Section 1902 of the
18 Social Security Act (42 U.S.C. 1396a) is amended—

19 (A) in subsection (a)(13)—

20 (i) by striking “and” at the end of
21 subparagraph (B);

22 (ii) by adding “and” at the end of
23 subparagraph (C); and

24 (iii) by adding at the end the fol-
25 lowing new subparagraph:

1 “(D) payment for mental health and be-
2 havioral health services (as defined in sub-
3 section (qq)(1)) furnished on or after October
4 1, 2019, and before October 1, 2024, by a phy-
5 sician or applicable professional (as defined in
6 subsection (qq)(2)) at a rate not less than 100
7 percent of the payment rate that applies to
8 such services and physician or applicable profes-
9 sional under part B of title XVIII (or, if great-
10 er, the payment rate that would be applicable
11 under such part if the conversion factor under
12 section 1848(d) for the year involved were the
13 conversion factor under such section for 2019,
14 and, if such services are not covered under such
15 part, the reasonable and customary rate the
16 Secretary determines would apply to such serv-
17 ices and physician or applicable professional);”;
18 and

19 (B) by adding at the end the following new
20 subsection:

21 “(qq) MENTAL HEALTH AND BEHAVIORAL HEALTH
22 SERVICES.—For purposes of subsection (a)(13)(D):

23 “(1) MENTAL HEALTH AND BEHAVIORAL
24 HEALTH SERVICES.—

1 “(A) IN GENERAL.—The term ‘mental
2 health and behavioral health services’ means the
3 following services, when provided to a patient
4 with a diagnosis of substance use disorder (as
5 defined in subparagraph (B)) as a part of the
6 management or treatment of the patient’s sub-
7 stance use disorder (as determined in accord-
8 ance with regulations promulgated by the Sec-
9 retary under subparagraph (C)):

10 “(i) Evaluation and management serv-
11 ices that are procedure codes (for services
12 covered under title XVIII) for services in
13 the category designated Evaluation and
14 Management in the Healthcare Common
15 Procedure Coding System (established by
16 the Secretary under section 1848(c)(5) as
17 of December 31, 2018, and as subse-
18 quently modified).

19 “(ii) Counseling services, as defined
20 by the Secretary.

21 “(iii) Payment codes established by
22 the Secretary for opioid use disorder treat-
23 ment services under section 1866F.

24 “(iv) Any other services the Secretary
25 determines are necessary for the manage-

1 ment or treatment of a patient with a di-
2 agnosis of substance use disorder.

3 “(B) PATIENT WITH A DIAGNOSIS OF SUB-
4 STANCE USE DISORDER.—For purposes of sub-
5 paragraph (A), the term ‘patient with a diag-
6 nosis of substance use disorder’ means an indi-
7 vidual who has been diagnosed with 1 or more
8 diagnosis codes within the code set entitled the
9 ‘Mental health and behavioral disorders due to
10 psychoactive substance use’ under the 10th re-
11 vision of the International Statistical Classifica-
12 tion of Diseases and Related Health Problems.

13 “(C) REGULATIONS.—Not later than 90
14 days after the enactment of this subsection, the
15 Secretary shall promulgate regulations regard-
16 ing when services are sufficiently related to part
17 of the management or treatment of a patient’s
18 substance use disorder.

19 “(2) APPLICABLE PROFESSIONAL.—The term
20 ‘applicable professional’ means—

21 “(A) a clinical psychologist (as defined for
22 purposes of section 1861(ii));

23 “(B) a clinical social worker (as defined in
24 section 1861(hh)(1));

1 “(C) a medical professional approved to
2 furnish medication-assisted treatment under
3 section 303(g)(2) of the Controlled Substances
4 Act; or

5 “(D) a medical professional that is author-
6 ized under the State plan to furnish mental and
7 behavioral health services (as defined in para-
8 graph (1)).”.

9 (2) MANAGED CARE.—Section 1932(f) of such
10 Act (42 U.S.C. 1396u–2(f)) is amended—

11 (A) in the subsection heading, by inserting
12 “AND MENTAL HEALTH AND BEHAVIORAL
13 HEALTH SERVICES” after “CARE SERVICES”;
14 and

15 (B) by inserting before the period at the
16 end the following: “, and, in the case of mental
17 health and behavioral health services described
18 in section 1902(a)(13)(D), consistent with the
19 minimum payment rates specified in such sec-
20 tion (regardless of the manner in which such
21 payments are made, including in the form of
22 capitation or partial capitation)”.

23 (b) INCREASED FMAP FOR ADDITIONAL COSTS.—

1 (1) IN GENERAL.—Section 1905 of the Social
2 Security Act (42 U.S.C. 1396d) is amended by add-
3 ing at the end the following new subsection:

4 “(ff) INCREASED FMAP FOR ADDITIONAL EXPENDI-
5 TURES FOR MENTAL HEALTH AND BEHAVIORAL HEALTH
6 SERVICES.—Notwithstanding subsection (b), with respect
7 to the portion of the amounts expended for medical assist-
8 ance for services described in section 1902(a)(13)(D) fur-
9 nished on or after October 1, 2019, and before October
10 1, 2024, that is attributable to the amount by which the
11 minimum payment rate required under such section (or,
12 by application, section 1932(f)) exceeds the payment rate
13 applicable to such services under the State plan or a waiv-
14 er of such plan as of July 1, 2019, the Federal medical
15 assistance percentage for a State shall be equal to 100
16 percent. The preceding sentence shall not be construed as
17 prohibiting the payment of Federal financial participation
18 based on the Federal medical assistance percentage for the
19 portion of the amounts expended for medical assistance
20 for such services that is attributable to the amount (if
21 any) by which the payment rate applicable to such services
22 under the State plan or waiver exceeds such minimum
23 payment rate.”.

1 (2) DISREGARD OF LIMITS ON PAYMENTS TO
2 TERRITORIES.—Section 1108(g)(4) of the Social Se-
3 curity Act (42 U.S.C. 1308(g)(4)) is amended—

4 (A) by striking “With respect to fiscal
5 years beginning with fiscal year 2009,” and in-
6 serting the following:

7 “(A) IN GENERAL.—With respect to fiscal
8 years beginning with fiscal year 2009,”; and

9 (B) by adding at the end the following:

10 “(B) OTHER EXPENDITURES.—The
11 amounts received by a commonwealth or terri-
12 tory for a calendar quarter of a fiscal year that
13 are attributable to the application of section
14 1905(ff), shall not be taken into account in ap-
15 plying subsection (f) (as increased in accord-
16 ance with paragraphs (1), (2), (3), and (5) of
17 this subsection) to such commonwealth or terri-
18 tory for such fiscal year.”.

19 **SEC. 10. EXTENSION OF MEDICAID DELIVERY SYSTEM RE-**
20 **FORM AND INCENTIVE PAYMENT WAIVERS.**

21 (a) EXTENSION OF WAIVERS.—In the case of a Med-
22 icaid section 1115 waiver described in subsection (b), not
23 later than 60 days after the date of enactment of this Act,
24 the Secretary of Health and Human Services shall—

1 (1) extend the termination date for the waiver
2 to December 31, 2025 (or such earlier date as the
3 State conducting the waiver may elect);

4 (2) apply the same annual dollar allotment for
5 the period for which the waiver is extended under
6 paragraph (1) as the annual dollar allotment that
7 applied to the waiver period in effect on the date of
8 enactment of this Act; and

9 (3) allow any State with such a waiver to use
10 funds provided during the period for which the waiv-
11 er is extended under paragraph (1) to support the
12 training of direct service workers that provide home
13 and community-based services.

14 (b) MEDICAID SECTION 1115 WAIVER DESCRIBED.—
15 The Medicaid section 1115 waiver described in this sub-
16 section is a waiver approved under section 1115 of the
17 Social Security Act (42 U.S.C. 1315) relating to delivery
18 system reform incentive payments that—

19 (1) as of the date of enactment of this Act, is
20 to terminate on or before December 31, 2020;

21 (2) is in effect on the date of enactment of this
22 Act; and

23 (3) was approved for any State that ranks in
24 the top quintile of all States in terms of the highest
25 mean drug overdose death rate per 100,000 resi-

1 dents for the most recent 3-year period preceding
2 the date of enactment of this Act for which data is
3 available.

4 **SEC. 11. SEPARATE AMBULATORY PAYMENT CLASSIFICA-**
5 **TIONS (APC) CODES UNDER THE MEDICARE**
6 **HOSPITAL OUTPATIENT DEPARTMENT PRO-**
7 **SPECTIVE PAYMENT SYSTEM AND THE MEDI-**
8 **CARE AMBULATORY SURGICAL CENTER PAY-**
9 **MENT SYSTEM FOR SURGERIES UTILIZING**
10 **NON-OPIOID PAIN MANAGEMENT DRUGS.**

11 (a) HOSPITAL OUTPATIENT DEPARTMENT PROSPEC-
12 TIVE PAYMENT SYSTEM.—Section 1833(t) of the Social
13 Security Act (42 U.S.C. 1395l(t)) is amended—

14 (1) in paragraph (2)(A), by striking “the Sec-
15 retary” and inserting “subject to paragraph (23),
16 the Secretary”; and

17 (2) by adding at the end the following new
18 paragraph:

19 “(23) SEPARATE APCS FOR SURGERIES USING
20 NON-OPIOID PAIN MANAGEMENT DRUGS.—

21 “(A) IN GENERAL.—In the case of covered
22 OPD services furnished on or after January 1,
23 2021, the classification system developed under
24 paragraph (2)(A) shall provide for separate am-
25 bulatory payment classification codes for—

1 “(i) surgeries that utilize non-opioid
2 drugs, including such drugs delivered using
3 an external infusion pump and the delivery
4 mechanisms necessary for the delivery of
5 such drugs, to treat pain after the surgery;
6 and

7 “(ii) surgeries that utilize opioid
8 drugs to treat pain after the surgery.

9 “(B) APPLICATION.—For purposes of this
10 paragraph, the Secretary shall—

11 “(i) treat any drug with a Food and
12 Drug Administration indication for pain
13 management during and after surgery that
14 is also non-opioid as a ‘non-opioid drug’;
15 and

16 “(ii) establish a clear definition for
17 non-opioid pain management drugs that do
18 not have a Food and Drug Administration
19 indication for pain management during or
20 after the surgery.”.

21 (b) AMBULATORY SURGICAL CENTER PAYMENT SYS-
22 TEM.—Section 1833(i)(2)(D) of the Social Security Act
23 (42 U.S.C. 1395l(i)(2)(D)) is amended—

24 (1) by aligning the margins of clause (v) with
25 the margins of clause (iv);

1 (2) by redesignating clause (vi) as clause (vii);

2 and

3 (3) by inserting after clause (v) the following

4 new clause:

5 “(vi) In the case of surgical services furnished on or

6 after January 1, 2021, the payment system described in

7 clause (i) shall provide for separate ambulatory payment

8 classification codes for—

9 “(I) consistent with subsection (t)(23), sur-

10 geries that utilize non-opioid drugs, including such

11 drugs delivered using an external infusion pump and

12 the delivery mechanisms necessary for the delivery of

13 such drugs, to treat pain after the surgery; and

14 “(II) surgeries that utilize opioid drugs to treat

15 pain after the surgery.”.

16 **SEC. 12. ADVERSE CHILDHOOD EXPERIENCES RESPONSE**

17 **TEAM GRANT PROGRAM.**

18 Title I of the Omnibus Crime Control and Safe

19 Streets Act of 1968 (34 U.S.C. 10101 et seq.) is amended

20 by adding at the end the following:

1 **“PART 00—ADVERSE CHILDHOOD EXPERIENCES**
2 **RESPONSE TEAM GRANT PROGRAM**

3 **“SEC. 3051. GRANTS FOR ADVERSE CHILDHOOD EXPERI-**
4 **ENCES RESPONSE TEAMS.**

5 “(a) GRANTS AUTHORIZED.—From amounts made
6 available to carry out this section, the Attorney General,
7 in coordination with the Secretary of Health and Human
8 Services, shall make grants to States, units of local gov-
9 ernment, Indian Tribes, and neighborhood or community-
10 based organizations to address adverse childhood experi-
11 ences associated with exposure to trauma.

12 “(b) USE OF FUNDS.—Amounts received under a
13 grant under this section may be used to establish an ad-
14 verse childhood experiences response team, including by—

15 “(1) establishing protocols to follow when en-
16 counteracting a child or youth exposed to trauma to fa-
17 cilitate access to services;

18 “(2) developing referral partnership agreements
19 with behavioral health providers, substance treat-
20 ment facilities, and recovery services for family
21 members of children exposed to trauma;

22 “(3) integrating law enforcement, mental
23 health, and crisis services to respond to situations
24 where children have been exposed to trauma;

1 “(4) implementing comprehensive, evidence-
2 based programs and practices to support children
3 exposed to trauma;

4 “(5) identifying barriers for children to access
5 trauma-informed care in their communities;

6 “(6) providing training in trauma-informed care
7 to emergency response providers, victim service pro-
8 viders, child protective service professionals, edu-
9 cational institutions, and other community partners;
10 and

11 “(7) supporting cross-system planning and col-
12 laboration among officers and employees who work
13 in law enforcement, court systems, child welfare
14 services, correctional reentry programs, emergency
15 medical services, health care services, public health,
16 and substance abuse treatment and recovery sup-
17 port.

18 “(c) APPLICATION.—A State, unit of local govern-
19 ment, Indian Tribe, or neighborhood or community-based
20 organization desiring a grant under this section shall sub-
21 mit to the Attorney General an application in such form,
22 and containing such information, as the Attorney General
23 may reasonably require.

24 “(d) FUNDING.—To carry out this section, there is
25 authorized to be appropriated, and there is appropriated,

1 out of any monies in the Treasury not otherwise appro-
2 priated, \$20,000,000 for each of fiscal years 2020 through
3 2023.”.

4 **SEC. 13. EXPANDING DRUG FREE COMMUNITIES SUPPORT**
5 **GRANTS.**

6 Section 1032 of the Anti-Drug Abuse Act of 1988
7 (21 U.S.C. 1532) is amended—

8 (1) in subsection (b)—

9 (A) in paragraph (3)—

10 (i) in subparagraph (A), by striking
11 “subparagraph (F)” and inserting “sub-
12 paragraph (H)”;

13 (ii) by redesignating subparagraphs
14 (D), (E), and (F) as subparagraphs (F),
15 (G), and (H), respectively;

16 (iii) by inserting after subparagraph
17 (C) the following:

18 “(D) SUBSEQUENT ADDITIONAL
19 GRANTS.—Subject to subparagraph (H), the
20 Administrator may award a subsequent addi-
21 tional grant to a grant recipient under subpara-
22 graph (A), for each fiscal year during the 4-fis-
23 cal-year period following the fiscal year for
24 which the initial additional grant under sub-
25 paragraph (A) is awarded, in an amount not to

1 exceed the amount of non-Federal funds, in-
2 cluding in-kind contributions, raised by the
3 grant recipient for the fiscal year for which the
4 subsequent additional grant is awarded.

5 “(E) RENEWAL GRANTS.—Subject to sub-
6 paragraph (H), the Administrator may award a
7 renewal grant to a grant recipient under sub-
8 paragraph (D), for the first fiscal year following
9 the 4-fiscal-year period for which the subse-
10 quent additional grant under subparagraph (D)
11 is awarded, in an amount not to exceed the
12 amount of non-Federal funds, including in-kind
13 contributions, raised by the grant recipient for
14 the fiscal year for which the renewal grant is
15 awarded.”; and

16 (iv) in subparagraph (F), as so redese-
17 gnated—

18 (I) in the subparagraph heading,
19 by striking “RENEWAL” and inserting
20 “SUBSEQUENT RENEWAL”; and

21 (II) in the matter preceding
22 clause (i)—

23 (aa) by striking “subpara-
24 graph (F)” and inserting “sub-
25 paragraph (H)”;

1 (bb) by striking “renewal
2 grant to a grant recipient under
3 this paragraph” and inserting
4 “subsequent renewal grant to a
5 grant recipient under subpara-
6 graph (E)”; and

7 (cc) by striking “initial addi-
8 tional grant under subparagraph
9 (A)” and inserting “renewal
10 grant under subparagraph (E)”;
11 and

12 (B) in paragraph (4), by striking “(3)(E)”
13 and inserting “(3)(G)”;

14 (2) in subsection (d)—

15 (A) by striking “In awarding” and insert-
16 ing the following:

17 “(1) PRIORITY FOR ECONOMICALLY DISADVAN-
18 TAGED AREAS.—In awarding”; and

19 (B) by adding at the end the following:

20 “(2) PRIORITY FOR STATES DEMONSTRATING
21 HIGH MORTALITY RATES RELATING TO OPIOID USE
22 DISORDER.—

23 “(A) GRANTS TO MORE THAN 1 ELIGIBLE
24 COALITION REPRESENTING A COMMUNITY.—In
25 awarding grants under subsection (b)(1)(B)(ii),

1 the Administrator shall give priority to eligible
2 coalitions that serve 1 or more communities in
3 a State that has a high mortality rate relating
4 to opioid use disorder.

5 “(B) SUBSEQUENT ADDITIONAL
6 GRANTS.—In awarding subsequent additional
7 grants under subsection (b)(3)(D), the Admin-
8 istrator shall give priority to an eligible coali-
9 tion that serves 1 or more communities in a
10 State that has a high mortality rate relating to
11 opioid use disorder.”; and

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

13 “(e) LIMITATION ON SUBSEQUENT RENEWAL
14 GRANTS.—A recipient of a subsequent renewal grant
15 awarded under subsection (b)(3)(F) may not be awarded
16 any further grant under this section.”.

17 **SEC. 14. SUPPORT FOR LAW ENFORCEMENT MENTAL**
18 **HEALTH AND WELLNESS.**

19 There is authorized to be appropriated, and there is
20 appropriated, out of any monies in the Treasury not other-
21 wise appropriated, \$10,000,000 for each of fiscal years
22 2020 through 2023 for grants under section 1701(b)(23)
23 of title I of the Omnibus Crime Control and Safe Streets
24 Act of 1968 (34 U.S.C. 10381(b)(23)) to establish peer

- 1 mentoring mental health and wellness pilot programs
- 2 within State, tribal, and local law enforcement agencies.

○