

116TH CONGRESS
1ST SESSION

S. 2102

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

IN THE SENATE OF THE UNITED STATES

JULY 11, 2019

Mrs. SHAHEEN introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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”.

5 **SEC. 2. CONTROLLED SUBSTANCE PROVISIONS OF THE**

6 **SUPPORT FOR PATIENTS AND COMMUNITIES**

7 **ACT.**

8 (a) GRANTS TO ENHANCE ACCESS TO SUBSTANCE
9 USE DISORDER TREATMENT.—Section 3203(b) of the
10 Substance Use-Disorder Prevention that Promotes Opioid

1 Recovery and Treatment for Patients and Communities
2 Act (Public Law 115–271) is amended to read as follows:

3 “(b) APPROPRIATIONS.—For grants under subsection
4 (a), there is authorized to be appropriated, and there is
5 appropriated, out of any monies in the Treasury not other-
6 wise appropriated, \$4,000,000 for each of fiscal years
7 2020 through 2023.”.

8 (b) ACCESS TO INCREASED DRUG DISPOSAL.—Sec-
9 tion 3260 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 **“SEC. 3260. APPROPRIATIONS.**

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

18 **SEC. 3. PUBLIC HEALTH PROVISIONS OF THE SUPPORT**
19 **FOR PATIENTS AND COMMUNITIES ACT.**

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

23 “(h) 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, \$36,000,000 for each of fiscal years 2020
2 through 2023.”.

3 (b) PUBLIC HEALTH LABORATORIES PILOT PRO-
4 GRAM.—Section 7011(d) of the Substance Use-Disorder
5 Prevention that Promotes Opioid Recovery and Treatment
6 for Patients and Communities Act (Public Law 115–271)
7 is amended to read as follows:

8 “(d) 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, \$15,000,000 for each of fiscal years 2020
12 through 2023.”.

13 (c) NATIONAL RECOVERY HOUSING BEST PRAC-
14 TICES.—Section 550(g) of the Public Health Service Act
15 (42 U.S.C. 290ee–5(g)) is amended to read as follows:

16 “(g) 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, \$3,000,000 for the period of fiscal years
20 2020 through 2021.”.

21 (d) MODEL TRAINING PROGRAMS FOR SUBSTANCE
22 USE DISORDER PATIENT RECORDS.—Section 7053(e) of
23 the Substance Use-Disorder Prevention that Promotes
24 Opioid Recovery and Treatment for Patients and Commu-

1 nities Act (Public Law 115–271) is amended to read as
2 follows:

3 “(e) 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—

7 “(1) \$4,000,000 for fiscal years 2020;

8 “(2) \$2,000,000 for each of fiscal year 2021;

9 and

10 “(3) \$1,000,000 for each of fiscal years 2022
11 and 2023.”.

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

20 (f) PRENATAL AND POSTNATAL HEALTH.—Section
21 317L(d) of the Public Health Service Act (42 U.S.C.
22 247b–13(d)) is amended to read as follows:

23 “(d) 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, such sums as may be necessary for each of
2 fiscal years 2020 through 2023.”.

3 (g) PROGRAM FOR EDUCATION AND TRAINING IN
4 PAIN CARE.—Section 759(e) of the Public Health Service
5 Act (42 U.S.C. 294i(e)) is 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, such sums as may be necessary for each of
10 fiscal years 2020 through 2023. Amounts appropriated
11 under this subsection shall remain available until ex-
12 pended.”.

13 (h) MENTAL AND BEHAVIORAL HEALTH EDUCATION
14 AND TRAINING GRANTS.—Section 756(f) of the Public
15 Health Service Act (42 U.S.C. 294e–1(f)) is amended to
16 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, \$50,000,000 for each of fiscal years 2020
21 through 2023.”.

22 (i) COORDINATION AND CONTINUATION OF CARE
23 FOR DRUG OVERDOSE PATIENTS.—Section 7081(f) of the
24 Substance Use-Disorder Prevention that Promotes Opioid

1 Recovery and Treatment for Patients and Communities
2 Act (Public Law 115–271) is 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, \$10,000,000 for each of fiscal years 2020
7 through 2023.”.

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

14 “(g) 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, \$10,000,000 for each of fiscal years 2020
18 through 2023.”.

19 (k) REGIONAL CENTERS OF EXCELLENCE IN SUB-
20 STANCE USE DISORDER EDUCATION.—Section 551(f) of
21 the Public Health Service Act (42 U.S.C. 290ee–6(f)) is
22 amended to 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, \$4,000,000 for each of fiscal years 2020
2 through 2023.”.

3 (l) YOUTH PREVENTION AND RECOVERY.—Section
4 7102(c)(9) of the Substance Use-Disorder Prevention that
5 Promotes Opioid Recovery and Treatment for Patients
6 and Communities Act (Public Law 115–271) is amended
7 to read as follows:

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

13 (m) COMPREHENSIVE OPIOID RECOVERY CEN-
14 TERS.—Section 552(j) of the Public Health Service Act
15 (42 U.S.C. 290ee–7(j)) is amended to read as follows:

16 “(j) 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, \$10,000,000 for each of fiscal years 2020
20 through 2023.”.

21 (n) CDC SURVEILLANCE AND DATA COLLECTION.—
22 Section 7131(e) of the Substance Use-Disorder Prevention
23 that Promotes Opioid Recovery and Treatment for Pa-
24 tients and Communities Act (Public Law 115–271) is
25 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, \$2,000,000 for each of fiscal years 2020
5 through 2023.”.

6 (o) NATIONAL CHILD TRAUMATIC STRESS INITIA-
7 TIVE.—Section 582(j) of the Public Health Service Act
8 (42 U.S.C. 290hh–1(j)) is amended to read as follows:

9 “(j) 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, \$63,887,000 for each of fiscal years 2020
13 through 2023.”.

14 (p) TRAUMA SUPPORT SERVICES AND MENTAL
15 HEALTH CARE.—Section 7134(l) of the Substance Use-
16 Disorder Prevention that Promotes Opioid Recovery and
17 Treatment for Patients and Communities Act (Public Law
18 115–271) is amended to read as follows:

19 “(l) 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, \$50,000,000 for each of fiscal years 2020
23 through 2023.”.

24 (q) SURVEILLANCE AND EDUCATION REGARDING IN-
25 FECTIONS ASSOCIATED WITH ILLICIT DRUG USE AND

1 OTHER RISK FACTORS.—Section 317N(d) of the Public
2 Health Service Act (42 U.S.C. 247b–15(d)) is amended
3 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, \$40,000,000 for each of fiscal years 2020
8 through 2023.”.

9 (r) BUILDING COMMUNITIES OF RECOVERY.—Sec-
10 tion 547(f) of the Public Health Service Act (42 U.S.C.
11 290ee–2(f)) is amended to read as follows:

12 “(f) 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, \$5,000,000 for each of fiscal years 2020
16 through 2023.”.

17 (s) PEER SUPPORT TECHNICAL ASSISTANCE CEN-
18 TER.—Section 547A(e) of the Public Health Service Act
19 (42 U.S.C. 290ee–2a(e)) is amended to read as follows:

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

1 (t) PREVENTING OVERDOSES OF CONTROLLED SUB-
2 STANCES.—Section 392A(d) of the Public Health Service
3 Act (42 U.S.C. 280b–1(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, \$496,000,000 for each of fiscal years 2020
8 through 2023.”.

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

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

18 **SEC. 4. HOUSING AND DEPARTMENT OF JUSTICE PROVI-**
19 **SIONS OF THE SUPPORT FOR PATIENTS AND**
20 **COMMUNITIES ACT.**

21 (a) ASSISTANCE TO HELP INDIVIDUALS IN RECOV-
22 ERY FROM SUBSTANCE USE DISORDER BECOME STABLY
23 HOUSED.—Section 8071(a) of the Substance Use-Dis-
24 order Prevention that Promotes Opioid Recovery and
25 Treatment for Patients and Communities Act (Public Law

1 115–271) is amended by inserting “, and there are appro-
2 priated, out of any monies in the Treasury not otherwise
3 appropriated,” after “appropriated under this section”.

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

9 “(c) 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, \$20,000,000 for fiscal years 2020, which
13 shall remain available through fiscal year 2023.”.

14 (c) COMPREHENSIVE OPIOID ABUSE GRANT PRO-
15 GRAM.—Section 1001(a)(27) of title I of the Omnibus
16 Crime Control and Safe Streets Act of 1968 (34 U.S.C.
17 10261(a)(27)) is amended to read as follows:

18 “(27) To carry out part LL, there is authorized to
19 be appropriated, and there is appropriated, out of any
20 monies in the Treasury not otherwise appropriated,
21 \$500,000,000 for each of fiscal years 2020 through
22 2023.”.

23 (d) OFFICE OF NATIONAL DRUG CONTROL POL-
24 ICY.—Section 714 of the Office of National Drug Control

1 Policy Reauthorization Act of 1998 (21 U.S.C. 1711) is
2 amended to read as follows:

3 **“SEC. 714. AUTHORIZATION OF APPROPRIATIONS; APPRO-**
4 **PRIATIONS.**

5 “To carry out this title, except activities otherwise
6 specified, there is authorized to be appropriated, and there
7 is appropriated, out of any monies in the Treasury not
8 otherwise appropriated, \$50,000,000 for each of fiscal
9 years 2020 through 2023, to remain available until ex-
10 pended.”.

11 (e) DRUG-FREE COMMUNITIES PROGRAM.—Section
12 1024 of the Anti-Drug Abuse Act of 1988 (21 U.S.C.
13 1524) is amended—

14 (1) in the heading, by inserting “; **APPRO-**
15 **PRIATIONS**” after “**AUTHORIZATION OF APPRO-**
16 **PRIATIONS**”; and

17 (2) by striking subsection (a) and inserting the
18 following:

19 “(a) IN GENERAL.—To carry out this chapter, there
20 is authorized to be appropriated to the Office of National
21 Drug Control Policy, and there is appropriated, out of any
22 monies in the Treasury not otherwise appropriated,
23 \$150,000,000 for each of fiscal years 2020 through
24 2023.”.

1 (f) HIGH-INTENSITY DRUG TRAFFICKING AREA PRO-
2 GRAM.—Section 707(p) of the Office of National Drug
3 Control Policy Reauthorization Act of 1988 (21 U.S.C.
4 1706(p)) is amended—

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

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

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

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

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

14 (B) in subparagraph (F), as so redesign-
15 ated, by striking “each of fiscal years 2018
16 through 2023” and inserting “fiscal year
17 2018”; and

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

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

1 (g) DRUG COURT PROGRAM.—Section
2 1001(a)(25)(A) of title I of the Omnibus Crime Control
3 and Safe Streets Act of 1968 (34 U.S.C.
4 10261(a)(25)(A)) is amended to read as follows:

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

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

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

20 (i) ADMINISTRATION OF THE OFFICE OF NATIONAL
21 DRUG CONTROL POLICY.—Section 704(i)(2) of the Office
22 of National Drug Control Policy Reauthorization Act of
23 1998 (21 U.S.C. 1703(i)(2)) is amended to read as fol-
24 lows:

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

7 (j) EMERGING THREATS COMMITTEE, PLAN, AND
8 MEDIA CAMPAIGN.—Section 709(g) of the Office of Na-
9 tional Drug Control Policy Reauthorization Act of 1998
10 (21 U.S.C. 1708(g)) is amended to read as follows:

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

17 **SEC. 5. BOLSTERING COMMITMENTS TO STATE GRANTS**
18 **FOR SUBSTANCE USE DISORDER TREATMENT**
19 **AND PREVENTION.**

20 (a) STATE OPIOID RESPONSE GRANTS.—

21 (1) IN GENERAL.—To carry out activities under
22 section 1003 of the 21st Century Cures Act (42
23 U.S.C. 290ee–3 note) relating to opioids by the
24 State agency responsible for administering the sub-
25 stance abuse prevention and treatment block grant

1 under subpart II of part B of title XIX of the Public
2 Health Service Act (42 U.S.C. 300x–21 et seq.),
3 there is authorized to be appropriated, and there is
4 appropriated, \$5,500,000,000 for each of fiscal
5 years 2020 through 2024.

6 (2) FLEXIBILITY IN USE OF FUNDS.—Section
7 1003(b) of the 21st Century Cures Act (42 U.S.C.
8 290ee–3 note) is amended by adding at the end the
9 following:

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

17 “(4) RULE OF CONSTRUCTION.—Nothing in
18 this subsection shall be construed to prohibit States
19 from using grant funds under this subsection to allo-
20 cate amounts to local governments to establish sub-
21 grantee awards in such localities.”.

22 (3) SUBSTANCE ABUSE PREVENTION AND
23 TREATMENT BLOCK GRANTS.—Section 1935(a) of
24 the Public Health Service Act (42 U.S.C. 300x–
25 35(a)) is amended to read as follows:

1 “(a) APPROPRIATIONS.—To carry out this subpart,
2 subpart III, and section 505(d), there is authorized to be
3 appropriated, and there is appropriated, out of any monies
4 in the Treasury not otherwise appropriated,
5 \$3,000,000,000 for each of fiscal years 2020 through
6 2024, and \$2,500,000,000 for each of fiscal years 2025
7 through 2029.”.

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

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

17 (2) Of such remaining amounts for each such
18 fiscal year, 15 percent shall be made available to the
19 States with the highest mortality rate related to
20 opioid use disorders.

21 (3) Of the amount made available for each fis-
22 cal year under subsections (a)(1) for State Opioid
23 Response Grants, not more than 2 percent of such
24 amount shall be available for Federal administrative

1 expenses, training, technical assistance, and evalua-
2 tion.

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

10 (5) The formula methodology under paragraph
11 (4) shall be submitted to the Committees on Appro-
12 priations of the House of Representatives and the
13 Committee on Appropriations of the Senate not less
14 than 15 days prior to publishing a Funding Oppor-
15 tunity Announcement.

16 (6) The prevention and treatment activities
17 funded through grants under this section may in-
18 clude education, treatment (including the provision
19 of medication), behavioral health services for individ-
20 uals in treatment programs, referral to treatment
21 services, recovery support, and medical screening as-
22 sociated with such treatment.

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

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

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

15 (B) \$2,000,000 to evaluate substance
16 abuse treatment programs.

17 (9) None of the funds provided for under sec-
18 tion 1921 of the Public Health Service Act (42
19 U.S.C. 300x-21) or State Opioid Response Grants
20 under this section shall be subject to section 241 of
21 such Act (42 U.S.C. 238j).

22 **SEC. 6. ELIMINATING INSURANCE BARRIERS TO MEDICA-**
23 **TION-ASSISTED TREATMENT.**

24 (a) LIMITATION ON USE OF UTILIZATION CONTROL
25 POLICIES OR PROCEDURES FOR MEDICATION-ASSISTED

1 TREATMENTS.—Subpart II of part A of title XXVII of
 2 the Public Health Service Act (42 U.S.C. 300gg–11 et
 3 seq.) is amended by adding at the end the following:

4 **“SEC. 2729A. ELIMINATING BARRIERS TO MEDICATION-AS-**
 5 **SISTED TREATMENT.**

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

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

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

18 “(9) with respect to any amount expended for
 19 medical assistance for medication-assisted treatment
 20 (as defined in section 1905(ee)) if the State imposes
 21 any utilization control policies or procedures (as de-
 22 fined by the Secretary), including any prior author-
 23 ization requirements, with respect to the provision of
 24 such assistance; or”.

1 (2) CONFORMING AMENDMENT.—Section
 2 1905(a)(29) of the Social Security Act (42 U.S.C.
 3 1396d(a)(29)) is amended by inserting “and section
 4 1903(i)(9)” after “subsection (ee)”.

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

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

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

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

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

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

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

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

7 (b) LIMITATIONS ON COST-SHARING UNDER MEDI-
8 CARE PART D.—

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

12 (A) in paragraph (1)(A), by striking “The
13 coverage” and inserting “Subject to paragraph
14 (8), the coverage”;

15 (B) in paragraph (2)(A), by striking “and
16 (D)” and inserting “and (D) and paragraph
17 (8)”;

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

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

23 (E) by adding at the end the following new
24 paragraph:

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

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

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

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

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

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

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

5 (2) CONFORMING AMENDMENTS TO COST-SHAR-
 6 ING FOR LOW-INCOME INDIVIDUALS.—Section
 7 1860D–14(a) of the Social Security Act (42 U.S.C.
 8 1395w–114(a)) is amended—

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

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

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

19 (a) LOAN REPAYMENT PROGRAM FOR SUBSTANCE
 20 USE DISORDER TREATMENT WORKFORCE.—Section
 21 781(j) of the Public Health Service Act (42 U.S.C.
 22 295h(j)) is amended to read as follows:

23 “(j) APPROPRIATIONS.—

24 “(1) IN GENERAL.—To carry out this section
 25 (other than paragraph (2)), there is authorized to be

1 appropriated, and there is appropriated, out of any
2 monies in the Treasury not otherwise appropriated,
3 \$25,000,000 for each of fiscal years 2020 through
4 2023.

5 “(2) STATES WITH HIGHEST DRUG OVERDOSE
6 DEATH RATES.—

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

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

23 “(C) APPLICATION OF SECTION.—Except
24 as provided in this paragraph, the requirements
25 of this section otherwise applicable to individ-

1 uals under this section shall apply to individuals
2 receiving assistance under this paragraph.”.

3 (b) TRAINING DEMONSTRATION PROGRAM.—Section
4 760(g) of the Public Health Service Act (42 U.S.C.
5 294k(g)) is amended to read as follows:

6 “(g) APPROPRIATIONS.—

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

13 “(2) STATES WITH HIGHEST DRUG OVERDOSE
14 DEATH RATES.—

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

23 “(B) STATES DESCRIBED.—A State de-
24 scribed in this subparagraph is a State that is
25 in the top quintile of all States in terms of the

1 highest mean drug overdose death rate per
 2 100,000 residents for the 3-year period imme-
 3 diately preceding the year for which the deter-
 4 mination is being made, as determined by the
 5 Secretary.

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

11 **SEC. 9. MEDICAID PAYMENTS FOR BEHAVIORAL HEALTH**
 12 **AND MENTAL HEALTH PROVIDERS.**

13 (a) IN GENERAL.—

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

16 (A) in subsection (a)(13)—

17 (i) by striking “and” at the end of
 18 subparagraph (B);

19 (ii) by adding “and” at the end of
 20 subparagraph (C); and

21 (iii) by adding at the end the fol-
 22 lowing new subparagraph:

23 “(D) payment for mental health and be-
 24 havioral health services (as defined in sub-
 25 section (qq)(1)) furnished on or after October

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

16 (B) by adding at the end the following new
 17 subsection:

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

20 “(1) MENTAL HEALTH AND BEHAVIORAL
 21 HEALTH SERVICES.—

22 “(A) IN GENERAL.—The term ‘mental
 23 health and behavioral health services’ means the
 24 following services, when provided to a patient
 25 with a diagnosis of substance use disorder (as

1 defined in subparagraph (B)) as a part of the
2 management or treatment of the patient’s sub-
3 stance use disorder (as determined in accord-
4 ance with regulations promulgated by the Sec-
5 retary under subparagraph (C)):

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

15 “(ii) Counseling services, as defined
16 by the Secretary.

17 “(iii) Payment codes established by
18 the Secretary for opioid use disorder treat-
19 ment services under section 1866F.

20 “(iv) Any other services the Secretary
21 determines are necessary for the manage-
22 ment or treatment of a patient with a di-
23 agnosis of substance use disorder.

24 “(B) PATIENT WITH A DIAGNOSIS OF SUB-
25 STANCE USE DISORDER.—For purposes of sub-

1 paragraph (A), the term ‘patient with a diag-
2 nosis of substance use disorder’ means an indi-
3 vidual who has been diagnosed with 1 or more
4 diagnosis codes within the code set entitled the
5 ‘Mental health and behavioral disorders due to
6 psychoactive substance use’ under the 10th re-
7 vision of the International Statistical Classifica-
8 tion of Diseases and Related Health Problems.

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

15 “(2) APPLICABLE PROFESSIONAL.—The term
16 ‘applicable professional’ means—

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

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

21 “(C) a medical professional approved to
22 furnish medication-assisted treatment under
23 section 303(g)(2) of the Controlled Substances
24 Act; or

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

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

7 (A) in the subsection heading, by inserting
 8 “AND MENTAL HEALTH AND BEHAVIORAL
 9 HEALTH SERVICES” after “CARE SERVICES”;
 10 and

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

19 (b) INCREASED FMAP FOR ADDITIONAL COSTS.—

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

23 “(ff) INCREASED FMAP FOR ADDITIONAL EXPENDI-
 24 TURES FOR MENTAL HEALTH AND BEHAVIORAL HEALTH
 25 SERVICES.—Notwithstanding subsection (b), with respect

1 to the portion of the amounts expended for medical assist-
2 ance for services described in section 1902(a)(13)(D) fur-
3 nished on or after October 1, 2019, and before October
4 1, 2024, that is attributable to the amount by which the
5 minimum payment rate required under such section (or,
6 by application, section 1932(f)) exceeds the payment rate
7 applicable to such services under the State plan or a waiv-
8 er of such plan as of July 1, 2019, the Federal medical
9 assistance percentage for a State shall be equal to 100
10 percent. The preceding sentence shall not be construed as
11 prohibiting the payment of Federal financial participation
12 based on the Federal medical assistance percentage for the
13 portion of the amounts expended for medical assistance
14 for such services that is attributable to the amount (if
15 any) by which the payment rate applicable to such services
16 under the State plan or waiver exceeds such minimum
17 payment rate.”.

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

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

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

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

2 “(B) OTHER EXPENDITURES.—The
3 amounts received by a commonwealth or terri-
4 tory for a calendar quarter of a fiscal year that
5 are attributable to the application of section
6 1905(ff), shall not be taken into account in ap-
7 plying subsection (f) (as increased in accord-
8 ance with paragraphs (1), (2), (3), and (5) of
9 this subsection) to such commonwealth or terri-
10 tory for such fiscal year.”.

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

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

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

20 (2) apply the same annual dollar allotment for
21 the period for which the waiver is extended under
22 paragraph (1) as the annual dollar allotment that
23 applied to the waiver period in effect on the date of
24 enactment of this Act; and

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

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

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

13 (2) is in effect on the date of enactment of this
14 Act; and

15 (3) was approved for any State that ranks in
16 the top quintile of all States in terms of the highest
17 mean drug overdose death rate per 100,000 resi-
18 dents for the most recent 3-year period preceding
19 the date of enactment of this Act for which data is
20 available.

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

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

11 (1) in paragraph (2)(A), by striking “the Sec-
 12 retary” and inserting “subject to paragraph (23),
 13 the Secretary”; and

14 (2) by adding at the end the following new
 15 paragraph:

16 “(23) SEPARATE APCs FOR SURGERIES USING
 17 NON-OPIOID PAIN MANAGEMENT DRUGS.—

18 “(A) IN GENERAL.—In the case of covered
 19 OPD services furnished on or after January 1,
 20 2021, the classification system developed under
 21 paragraph (2)(A) shall provide for separate am-
 22 bulatory payment classification codes for—

23 “(i) surgeries that utilize non-opioid
 24 drugs, including such drugs delivered using
 25 an external infusion pump and the delivery
 26 mechanisms necessary for the delivery of

1 such drugs, to treat pain after the surgery;

2 and

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

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

7 “(i) treat any drug with a Food and
8 Drug Administration indication for pain
9 management during and after surgery that
10 is also non-opioid as a ‘non-opioid drug’;
11 and

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

17 (b) AMBULATORY SURGICAL CENTER PAYMENT SYS-
18 TEM.—Section 1833(i)(2)(D) of the Social Security Act
19 (42 U.S.C. 1395l(i)(2)(D)) is amended—

20 (1) by aligning the margins of clause (v) with
21 the margins of clause (iv);

22 (2) by redesignating clause (vi) as clause (vii);
23 and

24 (3) by inserting after clause (v) the following
25 new clause:

1 “(vi) In the case of surgical services furnished on or
 2 after January 1, 2021, the payment system described in
 3 clause (i) shall provide for separate ambulatory payment
 4 classification codes for—

5 “(I) consistent with subsection (t)(23), sur-
 6 geries that utilize non-opioid drugs, including such
 7 drugs delivered using an external infusion pump and
 8 the delivery mechanisms necessary for the delivery of
 9 such drugs, to treat pain after the surgery; and

10 “(II) surgeries that utilize opioid drugs to treat
 11 pain after the surgery.”.

12 **SEC. 12. ADVERSE CHILDHOOD EXPERIENCES RESPONSE**
 13 **TEAM GRANT PROGRAM.**

14 Title I of the Omnibus Crime Control and Safe
 15 Streets Act of 1968 (34 U.S.C. 10101 et seq.) is amended
 16 by adding at the end the following:

17 **“PART OO—ADVERSE CHILDHOOD EXPERIENCES**
 18 **RESPONSE TEAM GRANT PROGRAM**

19 **“SEC. 3051. GRANTS FOR ADVERSE CHILDHOOD EXPERI-**
 20 **ENCES RESPONSE TEAMS.**

21 “(a) GRANTS AUTHORIZED.—From amounts made
 22 available to carry out this section, the Attorney General,
 23 in coordination with the Secretary of Health and Human
 24 Services, shall make grants to States, units of local gov-
 25 ernment, Indian Tribes, and neighborhood or community-

1 based organizations to address adverse childhood experi-
2 ences associated with exposure to trauma.

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

6 “(1) establishing protocols to follow when en-
7 countering a child or youth exposed to trauma to fa-
8 cilitate access to services;

9 “(2) developing referral partnership agreements
10 with behavioral health providers, substance treat-
11 ment facilities, and recovery services for family
12 members of children exposed to trauma;

13 “(3) integrating law enforcement, mental
14 health, and crisis services to respond to situations
15 where children have been exposed to trauma;

16 “(4) implementing comprehensive, evidence-
17 based programs and practices to support children
18 exposed to trauma;

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

21 “(6) providing training in trauma-informed care
22 to emergency response providers, victim service pro-
23 viders, child protective service professionals, edu-
24 cational institutions, and other community partners;
25 and

1 “(7) supporting cross-system planning and col-
 2 laboration among officers and employees who work
 3 in law enforcement, court systems, child welfare
 4 services, correctional reentry programs, emergency
 5 medical services, health care services, public health,
 6 and substance abuse treatment and recovery sup-
 7 port.

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

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

19 **SEC. 13. EXPANDING DRUG FREE COMMUNITIES SUPPORT**
 20 **GRANTS.**

21 Section 1032 of the Anti-Drug Abuse Act of 1988
 22 (21 U.S.C. 1532) is amended—

23 (1) in subsection (b)—

24 (A) in paragraph (3)—

1 (i) in subparagraph (A), by striking
2 “subparagraph (F)” and inserting “sub-
3 paragraph (H)”;

4 (ii) by redesignating subparagraphs
5 (D), (E), and (F) as subparagraphs (F),
6 (G), and (H), respectively;

7 (iii) by inserting after subparagraph
8 (C) the following:

9 “(D) SUBSEQUENT ADDITIONAL
10 GRANTS.—Subject to subparagraph (H), the
11 Administrator may award a subsequent addi-
12 tional grant to a grant recipient under subpara-
13 graph (A), for each fiscal year during the 4-fis-
14 cal-year period following the fiscal year for
15 which the initial additional grant under sub-
16 paragraph (A) is awarded, in an amount not to
17 exceed the amount of non-Federal funds, in-
18 cluding in-kind contributions, raised by the
19 grant recipient for the fiscal year for which the
20 subsequent additional grant is awarded.

21 “(E) RENEWAL GRANTS.—Subject to sub-
22 paragraph (H), the Administrator may award a
23 renewal grant to a grant recipient under sub-
24 paragraph (D), for the first fiscal year following
25 the 4-fiscal-year period for which the subse-

1 quent additional grant under subparagraph (D)
2 is awarded, in an amount not to exceed the
3 amount of non-Federal funds, including in-kind
4 contributions, raised by the grant recipient for
5 the fiscal year for which the renewal grant is
6 awarded.”; and

7 (iv) in subparagraph (F), as so reded-
8 ignated—

9 (I) in the subparagraph heading,
10 by striking “RENEWAL” and inserting
11 “SUBSEQUENT RENEWAL”; and

12 (II) in the matter preceding
13 clause (i)—

14 (aa) by striking “subpara-
15 graph (F)” and inserting “sub-
16 paragraph (H)”;

17 (bb) by striking “renewal
18 grant to a grant recipient under
19 this paragraph” and inserting
20 “subsequent renewal grant to a
21 grant recipient under subpara-
22 graph (E)”;

23 (cc) by striking “initial addi-
24 tional grant under subparagraph
25 (A)” and inserting “renewal

1 grant under subparagraph (E)”;

2 and

3 (B) in paragraph (4), by striking “(3)(E)”

4 and inserting “(3)(G)”;

5 (2) in subsection (d)—

6 (A) by striking “In awarding” and insert-

7 ing the following:

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

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

11 “(2) PRIORITY FOR STATES DEMONSTRATING
12 HIGH MORTALITY RATES RELATING TO OPIOID USE
13 DISORDER.—

14 “(A) GRANTS TO MORE THAN 1 ELIGIBLE
15 COALITION REPRESENTING A COMMUNITY.—In
16 awarding grants under subsection (b)(1)(B)(ii),
17 the Administrator shall give priority to eligible
18 coalitions that serve 1 or more communities in
19 a State that has a high mortality rate relating
20 to opioid use disorder.

21 “(B) SUBSEQUENT ADDITIONAL
22 GRANTS.—In awarding subsequent additional
23 grants under subsection (b)(3)(D), the Admin-
24 istrator shall give priority to an eligible coali-
25 tion that serves 1 or more communities in a

1 State that has a high mortality rate relating to
2 opioid use disorder.”; and

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

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

8 **SEC. 14. SUPPORT FOR LAW ENFORCEMENT MENTAL**
9 **HEALTH AND WELLNESS.**

10 There is authorized to be appropriated, and there is
11 appropriated, out of any monies in the Treasury not other-
12 wise appropriated, \$10,000,000 for each of fiscal years
13 2020 through 2023 for grants under section 1701(b)(23)
14 of title I of the Omnibus Crime Control and Safe Streets
15 Act of 1968 (34 U.S.C. 10381(b)(23)) to establish peer
16 mentoring mental health and wellness pilot programs
17 within State, tribal, and local law enforcement agencies.

○