

**AMENDMENT TO H.R. 467, AS REPORTED
OFFERED BY MS. KUSTER OF NEW HAMPSHIRE**

Redesignate sections 2 through 6 as sections 101 through 105, respectively.

Insert before section 101, as redesignated, the following:

1 **TITLE I—HALT FENTANYL**

On page 19, lines 6, 7, and 24, page 20, line 1, and page 21, lines 4, 5, 7, and 11, strike “this Act” each place it appears and insert “this title”.

At the end of the bill, add the following:

2 **TITLE II—IMPROVING**
3 **FENTANYL SURVEILLANCE**

4 **SEC. 201. ENHANCED DRUG SURVEILLANCE.**

5 (a) CDC SURVEILLANCE PROGRAM.—Title III of the
6 Public Health Service Act (42 U.S.C. 241 et seq.) is
7 amended by inserting after section 317V of such Act (42
8 U.S.C. 247b–24) the following:

9 **“SEC. 317W. ENHANCED DRUG SURVEILLANCE.**

10 “(a) IN GENERAL.—The Secretary, acting through
11 the Director of the Centers for Disease Control and Pre-

1 vention, shall enhance the Overdose Data to Action drug
2 surveillance program of the Centers and other drug sur-
3 veillance programs by—

4 “(1) encouraging States, political subdivisions
5 of States, and territories to participate;

6 “(2) increasing and accelerating the collection
7 of data on fentanyl, fentanyl-related substances,
8 other synthetic opioids, and new emerging drugs of
9 use (including harmful adulterants of fentanyl such
10 as xylazine), including the collection of related over-
11 dose data from medical examiners and drug treat-
12 ment admissions and information regarding drug
13 seizures; and

14 “(3) utilizing available and emerging informa-
15 tion on fentanyl, fentanyl-related substances, other
16 synthetic opioids, and new emerging drugs of abuse,
17 including information from—

18 “(A) the High Intensity Drug Trafficking
19 Areas program;

20 “(B) the National Drug Early Warning
21 System;

22 “(C) State and local public health authori-
23 ties;

24 “(D) Federal, State, and local public
25 health laboratories; and

1 “(E) drug seizures by Federal, State, and
2 local law enforcement agencies, including infor-
3 mation from the National Seizure System and
4 the National Forensic Laboratory Information
5 System of the Drug Enforcement Administra-
6 tion.

7 “(b) INFORMATION SHARING.—The Secretary, acting
8 through the Director of the Centers for Disease Control
9 and Prevention, shall publicly disseminate findings col-
10 lected through the Overdose Data to Action drug surveil-
11 lance program of the Centers for Disease Control and Pre-
12 vention.

13 “(c) DEFINITION.—In this section, the term
14 ‘fentanyl-related substance’ has the meaning given the
15 term in section 1308.11(h)(30)(i) of title 21, Code of Fed-
16 eral Regulations (or successor regulations).”.

17 (b) LAW ENFORCEMENT REPORTING.—Each Federal
18 law enforcement agency shall report information on all
19 drug seizures by that agency to the Drug Enforcement
20 Administration for inclusion in the National Seizure Sys-
21 tem.

22 (c) GAO REPORT.—Not later than 2 years after the
23 date of enactment of this Act, the Comptroller General
24 of the United States shall—

1 (1) publish a report analyzing how Federal
2 agencies can improve their collection, reporting,
3 sharing, and analytic use of drug seizure data across
4 Federal agencies and with State and local govern-
5 ments; and

6 (2) include in such report an analysis of how
7 well available data on drug seizures can measure
8 progress toward reducing drug trafficking into and
9 within the country, as outlined in strategies such as
10 the National Drug Control Strategy of the Office of
11 National Drug Control Policy.

12 **SEC. 202. COLLECTION OF OVERDOSE DATA.**

13 (a) IN GENERAL.—Not later than 2 years after the
14 date of enactment of this Act, the Secretary shall com-
15 mence a study on how to most efficiently track overdoses
16 by type of drug, including fentanyl.

17 (b) GRANT PROGRAM.—

18 (1) IN GENERAL.—Upon completion of the
19 study under subsection (a), and taking into consider-
20 ation the results of such study, the Secretary shall
21 award grants to States to facilitate the collection of
22 data with respect to fentanyl-involved overdoses.

23 (2) REQUIREMENT.—As a condition on receipt
24 of a grant under this subsection, an applicant shall
25 agree to share the data collected pursuant to the

1 grant with the Centers for Disease Control and Pre-
2 vention.

3 (3) PREFERENCE.—In awarding grants under
4 this subsection, the Secretary shall give preference
5 to applicants whose grant proposals demonstrate the
6 greatest need for collecting timely and accurate data
7 on overdoses.

8 **SEC. 203. PUBLIC HEALTH SUPPORT FOR LAW ENFORCE-**
9 **MENT.**

10 (a) SUPPORT FOR FENTANYL DETECTION AND HAN-
11 DLING.—The Secretary, in consultation with the Attorney
12 General, shall carry out a program to provide to Federal,
13 State, and local law enforcement agencies training on ac-
14 curate information about fentanyl and how to detect and
15 handle fentanyl.

16 (b) EVIDENCE-BASED.—The program under sub-
17 section (a) shall comply with evidence-based guidelines, in-
18 cluding the “Fentanyl Safety Recommendations for First
19 Responders” (or any successor guidelines) of the Office
20 of National Drug Control Policy.

21 **SEC. 204. FENTANYL DETECTION.**

22 (a) TESTING OF CONTAMINANTS.—The Secretary,
23 acting through the Assistant Secretary and in coordina-
24 tion with the Director of the Centers for Disease Control
25 and Prevention, shall continue to improve efforts to en-

1 hance screening and identification of contaminants in
2 drugs to prevent overdoses.

3 (b) RESEARCH INTO TECHNOLOGIES.—The Sec-
4 retary shall conduct or support research for the develop-
5 ment or improvement of portable and affordable tech-
6 nologies related to checking drugs for fentanyl and
7 fentanyl-related substances, including chemical screening
8 device methods.

9 **SEC. 205. GRANTS TO IMPROVE PUBLIC HEALTH SURVEIL-**
10 **LANCE IN FORENSIC LABORATORIES.**

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

14 **“PART PP—CONFRONTING THE USE OF HEROIN,**
15 **FENTANYL, AND ASSOCIATED SYNTHETIC DRUGS**
16 **“SEC. 3061. GRANTS TO ADDRESS PUBLIC SAFETY**
17 **THROUGH IMPROVED FORENSIC LABORA-**
18 **TORY DATA.**

19 “(a) PURPOSE.—The purpose of a grant awarded
20 under this section shall be to promote public health by
21 assisting a State or unit of local government—

22 “(1) establish or improve a surveillance pro-
23 gram in order to facilitate the seizure of covered
24 controlled substances; and

1 “(2) carry out the activities described in section
2 201 of the Halt All Lethal Trafficking of Fentanyl
3 Act.

4 “(b) ESTABLISHMENT OF GRANT.—The Attorney
5 General, acting through the Director of the Bureau of
6 Justice Assistance, may make a grant to a State or unit
7 of local government to promote public health by estab-
8 lishing or improving a surveillance program in order to
9 facilitate the seizure of covered controlled substances.

10 “(c) ELIGIBLE PROJECTS.— A grant awarded under
11 this section shall be used for a program, project, or other
12 activity to—

13 “(1) reimburse a State, local, or other forensic
14 science laboratory for costs associated with testing
15 to help address any backlog of untested samples of
16 covered controlled substances;

17 “(2) reimburse a State, local, or other forensic
18 science laboratory for the procurement of equipment,
19 technology, or other support systems;

20 “(3) reimburse State, local, or other forensic
21 science laboratory for improved, real time data ex-
22 change with the Centers for Disease Control and
23 Prevention on covered controlled substances; and

1 “(4) support a State or local health depart-
2 ments deployed to address the use of covered con-
3 trolled substances.

4 “(d) ADDITIONAL REQUIREMENT.—A program,
5 project, or other activity pursuant to subsection (c)(2)
6 shall require that the State, unit of local government, or
7 Tribe demonstrate, to the satisfaction of the Attorney
8 General, that any reimbursement would result in improved
9 efficiency of laboratory testing and help prevent future
10 backlogs.

11 “(e) ALLOCATION.—

12 “(1) POPULATION ALLOCATION.—Seventy-five
13 percent of the amount made available to carry out
14 this section in a fiscal year shall be allocated to each
15 State or unit of local government that meets the re-
16 quirements of section 2802 so that each State or
17 unit of local government shall receive an amount
18 that bears the same ratio to the 75 percent of the
19 total amount made available to carry out this section
20 for that fiscal year as the population of the State or
21 unit of local government bears to the population of
22 all States or units of local governments.

23 “(2) DISCRETIONARY ALLOCATION.—Twenty-
24 five percent of the amount made available to carry
25 out this section in a fiscal year shall be allocated

1 pursuant to the discretion of the Attorney General
2 for competitive grants to States or units of local gov-
3 ernment with high rates of primary treatment ad-
4 missions for polysubstance use, including for covered
5 controlled substances, for use by State, local, or
6 Tribal law enforcement agencies.

7 “(3) LIMITATION.—Not less than 60 percent of
8 any amounts made available to carry out this section
9 shall be awarded for a program, project, or other ac-
10 tivity under paragraph (1) or (2) of subsection (c).

11 “(4) MINIMUM REQUIREMENT.—Notwith-
12 standing paragraphs (1), (2), and (3), each State re-
13 ceiving funds shall not receive less than 0.6 percent
14 of the amount made available to carry out this sec-
15 tion in each fiscal year.

16 “(f) COVERED CONTROLLED SUBSTANCE DE-
17 FINED.—In this section, the term ‘covered controlled sub-
18 stance’ means heroin, fentanyl, a fentanyl-related sub-
19 stance, and any associated synthetic drug.”.

20 **TITLE III—STEMMING THE**
21 **SUPPLY OF FENTANYL**

22 **SEC. 301. REPORT ON COUNTRIES THAT PRODUCE SYN-**
23 **THETIC DRUGS.**

24 Not later than one year after the date of enactment
25 of this Act, the Secretary of State shall submit to the

1 Committee on Energy and Commerce of the House of
2 Representatives and the Committee on the Judiciary of
3 the Senate a report—

4 (1) identifying the countries the Secretary de-
5 termines are the principal producers of synthetic
6 drugs trafficked into the United States;

7 (2) assessing how and why those countries are
8 producing such drugs; and

9 (3) describing measures the Secretary plans to
10 take to reduce the flow of such drugs into the
11 United States.

12 **SEC. 302. GAO REPORT ON INTERNATIONAL MAIL AND**
13 **CARGO SCREENING.**

14 Not later than one year after the date of enactment
15 of this Act, the Comptroller General of the United States
16 shall submit to the Congress a report reviewing the impact
17 of High Intensity Drug Trafficking Areas program on il-
18 licit fentanyl and fentanyl-related substances imported
19 through international mail and cargo, including discussion
20 of the following:

21 (1) The volume of fentanyl and fentanyl-related
22 substances being imported into the country by
23 means of international mail and cargo.

1 (2) The potential impact of increased screening
2 for illicit fentanyl and fentanyl-related substances
3 on—

4 (A) deterring drug trafficking in the
5 United States;

6 (B) interdicting fentanyl and fentanyl-re-
7 lated substances that were manufactured out-
8 side of the United States and intended, or at-
9 tempted, to be imported into the United States;

10 (C) the number of Federal criminal pros-
11 ecutions based on the manufacture, distribu-
12 tion, or possession of fentanyl or fentanyl-re-
13 lated substances, disaggregated by demographic
14 data, including sex, race, and ethnicity, of the
15 offender;

16 (D) the charges brought in such prosecu-
17 tions;

18 (E) the impacts of prosecutions on reduc-
19 ing demand and availability to users; and

20 (F) the development of new fentanyl-re-
21 lated substances.

22 (3) The need for non-invasive technology in
23 screening for fentanyl and fentanyl-related sub-
24 stances, taking into account the findings pursuant to
25 paragraphs (1) and (2).

1 **TITLE IV—OVERDOSE PREVEN-**
2 **TION AND SUBSTANCE USE**
3 **DISORDER TREATMENT PRO-**
4 **GRAMS**

5 **SEC. 401. OPIOID TREATMENT EDUCATION.**

6 Part D of title V of the Public Health Service Act
7 (42 U.S.C. 290dd et seq.) is amended by adding at the
8 end the following:

9 **“SEC. 553. OPIOID TREATMENT EDUCATION.**

10 “(a) IN GENERAL.—The Secretary shall award
11 grants to States and local governmental entities to provide
12 education to stakeholders, including health care providers,
13 criminal justice professionals, and substance use disorder
14 treatment personnel, on the current state of research on
15 treatment for opioid use disorder, including—

16 “(1) the use of opioid agonists or partial
17 agonists; and

18 “(2) the potential benefits of the use of opioid
19 agonists or partial agonists for affected individuals.

20 “(b) REPORT.—Not later than one year after the
21 date of enactment of the Halt All Lethal Trafficking of
22 Fentanyl Act, the Secretary shall submit a report to the
23 Committee on Energy and Commerce of the House of
24 Representatives and the Committee on Health, Education,

1 Labor, and Pensions of the Senate, including the following
2 data:

3 “(1) The number of people reached by edu-
4 cational materials funded pursuant to this section.

5 “(2) The geographic areas where people re-
6 ceived such educational materials.

7 “(3) The remaining populations and areas tar-
8 geted for awareness of educational materials, includ-
9 ing the characteristics of such populations and areas
10 such as the type of stakeholder and geographic area.

11 “(4) The select outcomes of education funded
12 pursuant to this section as determined by the Sec-
13 retary.”.

14 **SEC. 402. STUDY ON NALOXONE ACCESS.**

15 (a) IN GENERAL.—The Comptroller General of the
16 United States shall conduct a study on actions that may
17 be taken to ensure appropriate access and affordability of
18 naloxone for individuals seeking to purchase naloxone.
19 Such study shall address what is known about—

20 (1) coverage of naloxone (in any available
21 form), including whether naloxone can be covered as
22 an over-the-counter drug under a group health plan
23 or group or individual health insurance coverage (as
24 such terms are defined in section 2791 of the Public
25 Health Service Act (42 U.S.C. 300gg–91)) or for in-

1 individuals entitled to benefits under part A or en-
2 rolled under part B of title XVIII of the Social Se-
3 curity Act (42 U.S.C. 1395 et seq.) or receiving
4 medical assistance under a State plan under title
5 XIX of such Act (42 U.S.C. 1396 et seq.) or a waiv-
6 er of such plan;

7 (2) the out-of-pocket cost to consumers pur-
8 chasing naloxone—

9 (A) with a prescription, with and without
10 coverage under any such plan or coverage;

11 (B) over-the-counter, with and without cov-
12 erage under any such plan or coverage; and

13 (C) pursuant to a standing order; and

14 (3) other factors impacting coverage, including
15 barriers in covering naloxone as an over-the-counter
16 drug, the relative net costs of naloxone when pur-
17 chased over-the-counter without insurance coverage
18 compared to when purchased with a prescription and
19 covered under a group health plan or health insur-
20 ance coverage, and the availability of naloxone pur-
21 chased and distributed through public health enti-
22 ties.

23 (b) REPORT.—Not later than 2 years after the date
24 of the enactment of this Act, the Comptroller General of
25 the United States shall submit to Congress a report that

1 contains the findings of the study conducted under sub-
2 section (a).

3 **SEC. 403. INCREASING ACCESS TO MEDICATION FOR**
4 **OPIOID OVERDOSE REVERSAL.**

5 (a) TRANSACTIONS.—Section 581(24)(B) of the Fed-
6 eral Food, Drug, and Cosmetic Act (21 U.S.C.
7 360eee(24)(B)) is amended—

8 (1) by redesignating clauses (xvii) and (xviii) as
9 clauses (xviii) and (xix), respectively; and

10 (2) by inserting after clause (xvi) the following:

11 “(xvii) the distribution of an opioid
12 antagonist indicated for emergency treat-
13 ment of opioid overdose, such as naloxone,
14 by or to an overdose prevention, syringe
15 services program, or other harm reduction
16 service;”.

17 (b) WHOLESALE DISTRIBUTION.—Section 503(e)(4)
18 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C.
19 353(e)(4)) is amended—

20 (1) by redesignating subparagraphs (R) and (S)
21 as subparagraphs (S) and (T), respectively; and

22 (2) by inserting after subparagraph (Q) the fol-
23 lowing:

24 “(R) the distribution of an opioid antago-
25 nist indicated for emergency treatment of opioid

1 overdose, such as naloxone, by or to an over-
2 dose prevention, syringe services program, or
3 other harm reduction service;”.

4 **SEC. 404. GRANT PROGRAM ON HARMS OF DRUG MISUSE.**

5 Part D of title V of the Public Health Service Act
6 (42 U.S.C. 290dd et seq.), as amended by section 401,
7 is further amended by adding at the end the following:

8 **“SEC. 554. GRANT PROGRAM ON HARMS OF DRUG MISUSE.**

9 “(a) IN GENERAL.—The Assistant Secretary, in con-
10 sultation with the Director of the Centers for Disease Con-
11 trol and Prevention, shall award grants to States and po-
12 litical subdivisions of States to support the delivery of
13 overdose prevention services, including distribution of
14 Food and Drug Administration-approved opioid reversal
15 agents such as naloxone, fentanyl strips, and other harm
16 reduction services that address the harms of drug misuse,
17 including by—

18 “(1) connecting individuals at risk for, or with,
19 a substance use disorder to overdose education,
20 counseling, and health education; and

21 “(2) encouraging such individuals to take steps
22 to reduce the harms associated with substance mis-
23 use.

1 “(b) CONSIDERATIONS.—In awarding grants under
2 this section, the Assistant Secretary shall prioritize grants
3 to applicants that are—

4 “(1) organizations providing culturally com-
5 petent care in terms of considerations based on race,
6 language, ethnicity, gender, sexuality, or disability;
7 or

8 “(2) proposing to serve areas with—

9 “(A) a higher proportion of the population
10 who meet criteria for dependence on, or abuse
11 of, illicit drugs;

12 “(B) a higher drug overdose death rate;
13 and

14 “(C) a greater behavioral health and sub-
15 stance use disorder workforce need.

16 “(c) SPECIAL CONSIDERATIONS.—A recipient of a
17 grant under this section for the purposes described in sub-
18 section (a)(2) shall provide overdose prevention services,
19 as follows:

20 “(1) Ensure that not less than 60 percent of
21 the grant funds are used for harm reduction pro-
22 grams.

23 “(2) Prioritize the delivery of opioid antagonists
24 to—

1 “(A) people who use opioids or illicit
2 drugs;

3 “(B) families of such people;

4 “(C) first responders such as law enforce-
5 ment personnel and nonemergency services such
6 as fire fighters and park rangers; and

7 “(D) community service providers, such as
8 library, school, and public transportation per-
9 sonnel.

10 “(d) USE OF GRANT AWARDS.—A recipient of a
11 grant under this section may use grant funds for the fol-
12 lowing:

13 “(1) Adapting, maintaining, and expanding es-
14 sential services provided by harm reduction service
15 organizations to address the risks of drug overdose
16 and contraction of infectious disease.

17 “(2) Maintaining or hiring staff.

18 “(3) Supporting program operational costs, in-
19 cluding staff, rent, and vehicle purchase or mainte-
20 nance.

21 “(4) Program supplies.

22 “(5) Support and case management services.”.

1 **SEC. 405. GOOD SAMARITAN IMMUNITY.**

2 (a) IN GENERAL.—Part B of title II of the Public
3 Health Service Act is amended by inserting after section
4 248 of such Act (42 U.S.C. 238q) the following:

5 **“SEC. 249. GOOD SAMARITAN IMMUNITY.**

6 “(a) LIMITATION ON CIVIL LIABILITY FOR INDIVID-
7 UALS WHO ADMINISTER OPIOID OVERDOSE REVERSAL
8 DRUGS.—

9 “(1) IN GENERAL.—Notwithstanding any other
10 provision of law, except as provided in paragraph
11 (2), no individual shall be liable in any Federal or
12 State proceeding for harm caused by the emergency
13 administration of an opioid overdose reversal drug to
14 an individual who has or reasonably appears to have
15 suffered an overdose from heroin or another opioid,
16 if the individual who administers the opioid overdose
17 reversal drug does so in good faith.

18 “(2) EXCEPTION.—Paragraph (1) shall not
19 apply to an individual if the harm was caused by the
20 gross negligence or reckless misconduct of the indi-
21 vidual who administers the drug.

22 “(3) DEFINITIONS.—In this subsection:

23 “(A) The term ‘health care professional’
24 means a person licensed by a State to prescribe
25 prescription drugs.

1 “(B) The term ‘opioid overdose reversal
2 drug’ means a drug approved under section 505
3 of the Federal Food, Drug, and Cosmetic Act
4 that is indicated for the partial or complete re-
5 versal of the pharmacological effects of an
6 opioid overdose in the human body.

7 “(C) The term ‘opioid overdose prevention
8 program’ means a program operated by a local
9 health department, harm reduction or other
10 community-based organization, substance abuse
11 treatment organization, law enforcement agen-
12 cy, fire department, other first responder de-
13 partment, or voluntary association, or a pro-
14 gram funded by a Federal, State, or local gov-
15 ernment, that works to prevent opioid overdoses
16 by in part providing opioid overdose reversal
17 drugs and education—

18 “(i) to individuals at risk of experi-
19 encing an opioid overdose; or

20 “(ii) to an individual in a position to
21 assist another individual at risk of experi-
22 encing an opioid overdose.

23 “(b) IMMUNITY FROM LIABILITY.—

24 “(1) IN GENERAL.—An individual who, in good
25 faith and in a timely manner—

1 “(A) seeks medical assistance for another
2 individual who is experiencing a drug overdose,
3 or

4 “(B) seeks medical assistance for himself
5 or herself for a drug overdose, or is the subject
6 of a request for medical assistance described in
7 subparagraph (A),

8 shall not be cited, arrested, prosecuted, criminally
9 liable, or subject to any sanction for a violation of
10 a condition of supervised release under section 404
11 of the Controlled Substances Act for the possession
12 or use of a controlled substance, or under any other
13 provision of Federal law regulating the misuse of
14 prescription drugs, as a result of seeking such med-
15 ical assistance.

16 “(2) PREEMPTION.—This subsection preempts
17 the laws of a State or any political subdivision of a
18 State to the extent that such laws are inconsistent
19 with this section, unless such laws provide greater
20 protection from liability.

21 “(3) DEFINITIONS.—In this section:

22 “(A) The term ‘controlled substance’ has
23 the meaning given the term in section 102 of
24 the Controlled Substances Act.

1 “(B) The term ‘drug overdose’ means an
2 acute condition resulting from or believed to be
3 resulting from the use of a controlled sub-
4 stance, which an individual, who is not a health
5 care professional, would reasonably believe re-
6 quires medical assistance.

7 “(C) The term ‘prescription drug’ means a
8 drug subject to section 503(b)(1) of the Federal
9 Food, Drug, and Cosmetic Act.

10 “(D) The terms ‘seeks medical assistance’
11 and ‘seeking such medical assistance’ include—

12 “(i) reporting a drug or alcohol over-
13 dose or other medical emergency to a law
14 enforcement authority, the 9–1–1 system,
15 a poison control center, or a medical pro-
16 vider;

17 “(ii) assisting another individual who
18 is making a report described in clause (i);
19 or

20 “(iii) providing care to someone who
21 is experiencing a drug or alcohol overdose
22 or other medical emergency while awaiting
23 the arrival of medical assistance.”.

24 (b) PUBLIC AWARENESS CAMPAIGN.—The Secretary
25 of Health and Human Services, in coordination with the

1 Administrator of the Drug Enforcement Administration,
2 shall carry out a campaign to increase public awareness
3 of the limitations on civil and criminal liability established
4 by section 249 of the Public Health Service Act, as added
5 by subsection (a).

6 **SEC. 406. REPORT ON OVERDOSE PREVENTION CENTERS.**

7 The Secretary of Health and Human Services shall
8 enter into appropriate arrangements with the National
9 Academies of Sciences, Engineering, and Medicine under
10 which the Academies agree to—

11 (1) not later than two years after the date of
12 enactment of this Act, submit to the Congress a re-
13 port on overdose prevention centers; and

14 (2) include in such report—

15 (A) identification of barriers to operating
16 overdose prevention centers;

17 (B) a compilation of the data available to
18 measure effectiveness of overdose prevention
19 centers on reducing overdose deaths, and im-
20 proving access to medication for opioid use dis-
21 order and recovery services;

22 (C) identification of best practices to pro-
23 mote individual and community public health,
24 provide resources to individuals and families,

1 improve access to substance use disorder and
2 behavioral health services, and reduce stigma;

3 (D) recommendations for developing inte-
4 grated care settings inclusive of overdose pre-
5 vention sites and incorporating overdose preven-
6 tion sites into referral networks; and

7 (E) approaches to overdose prevention
8 services that may serve as effective strategies
9 for recovery for people using fentanyl.

10 **SEC. 407. PRISONS AND SUBSTANCE USE DISORDER TREAT-**
11 **MENT.**

12 (a) PRISONS AND MEDICATION-ASSISTED TREAT-
13 MENT.—The Director of the Bureau of Prisons, in collabo-
14 ration with the Director of the Office of National Drug
15 Control Policy, shall establish a program to offer to indi-
16 viduals in the custody of the Bureau of Prisons—

17 (1) drugs that are approved by the Food and
18 Drug Administration for treatment of a substance
19 use disorder;

20 (2) counseling and other psychosocial treat-
21 ments for the treatment of substance use disorders;
22 and

23 (3) evidence-based withdrawal management
24 services.

1 (b) RESIDENTIAL SUBSTANCE ABUSE TREATMENT
2 FOR STATE PRISONERS.—Section 1904(d) of title I of the
3 Omnibus Crime Control and Safe Streets Act of 1968 (34
4 U.S.C. 10424(d)) is amended—

5 (1) by striking “means” and inserting the fol-
6 lowing:

7 “(1) means”;

8 (2) by striking the period at the end and insert-
9 ing “; and”; and

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

11 “(2) includes any drug approved by the Food
12 and Drug Administration for the treatment of sub-
13 stance use disorder.”.

