

AMENDMENT TO RULES COMMITTEE PRINT

117-51

OFFERED BY MR. LAMB OF PENNSYLVANIA

Page 135, after line 21, add the following:

1 **SEC. 264. ELIGIBILITY OF RURAL COMMUNITY RESPONSE**
2 **PILOT PROGRAMS FOR FUNDING UNDER THE**
3 **COMPREHENSIVE OPIOID ABUSE GRANT PRO-**
4 **GRAM.**

5 Section 3021 of title I of the Omnibus Crime Control
6 and Safe Streets Act of 1968 (34 U.S.C. 10701) is amend-
7 ed—

8 (1) in subsection (a)(1)—

9 (A) in subparagraph (F), by striking
10 “and”;

11 (B) in subparagraph (G), by striking the
12 period at the end and inserting “; and”; and

13 (C) by adding at the end the following:

14 “(H) a pilot program for rural areas to im-
15 plement community response programs that
16 focus on reducing opioid overdose deaths, which
17 may include presenting alternatives to incarcer-
18 ation, as described in subsection (f).”; and

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

1 “(f) RURAL PILOT PROGRAM.—

2 “(1) IN GENERAL.—The pilot program de-
3 scribed under this subsection shall make grants to
4 rural areas to implement community response pro-
5 grams to reduce opioid overdose deaths. Grants
6 issued under this subsection shall be jointly operated
7 by units of local government, in collaboration with
8 public safety and public health agencies or public
9 safety, public health and behavioral health collabora-
10 tions. A community response program under this
11 subsection shall identify gaps in community preven-
12 tion, treatment, and recovery services for individuals
13 who encounter the criminal justice system and shall
14 establish treatment protocols to address identified
15 shortcomings. The Attorney General, through the
16 Office of Justice Programs, shall increase the
17 amount provided as a grant under this section for a
18 pilot program by no more than five percent for each
19 of the two years following certification by the Attor-
20 ney General of the submission of data by the rural
21 area on the prescribing of schedules II, III, and IV
22 controlled substances to a prescription drug moni-
23 toring program, or any other centralized database
24 administered by an authorized State agency, which
25 includes tracking the dispensation of such sub-

1 stances, and providing for interoperability and data
2 sharing with each other such program (including an
3 electronic health records system) in each other
4 State, and with any interstate entity that shares in-
5 formation between such programs.

6 “(2) RULES OF CONSTRUCTION.—Nothing in
7 this subsection shall be construed to—

8 “(A) direct or encourage a State to use a
9 specific interstate data sharing program; or

10 “(B) limit or prohibit the discretion of a
11 prescription drug monitoring program for inter-
12 operability connections to other programs (in-
13 cluding electronic health records systems, hos-
14 pital systems, pharmacy dispensing systems, or
15 health information exchanges).”.

