

AMENDMENT TO
RULES COMMITTEE PRINT 117-51
OFFERED BY M . _____

At the end of title II, add the following new subtitle:

1 **Subtitle I—Opioid Epidemic**
2 **Response**

3 **SEC. 271. GRANT PROGRAM FOR STATE AND TRIBAL RE-**
4 **SPONSE TO OPIOID AND STIMULANT USE AND**
5 **MISUSE.**

6 Section 1003 of the 21st Century Cures Act (42
7 U.S.C. 290ee-3 note) is amended to read as follows:

8 **“SEC. 1003. GRANT PROGRAM FOR STATE AND TRIBAL RE-**
9 **SPONSE TO OPIOID AND STIMULANT USE AND**
10 **MISUSE.**

11 “(a) IN GENERAL.—The Secretary of Health and
12 Human Services (referred to in this section as the ‘Sec-
13 retary’) shall carry out the grant program described in
14 subsection (b) for purposes of addressing opioid and stim-
15 ulant use and misuse, within States, Indian Tribes, and
16 populations served by Tribal organizations and Urban In-
17 dian organizations.

18 “(b) GRANTS PROGRAM.—

1 “(1) IN GENERAL.—Subject to the availability
2 of appropriations, the Secretary shall award grants
3 to States, Indian Tribes, Tribal organizations, and
4 Urban Indian organizations for the purpose of ad-
5 dressing opioid and stimulant use and misuse, within
6 such States, such Indian Tribes, and populations
7 served by such Tribal organizations and Urban In-
8 dian organizations, in accordance with paragraph
9 (2).

10 “(2) MINIMUM ALLOCATIONS; PREFERENCE.—
11 In determining grant amounts for each recipient of
12 a grant under paragraph (1), the Secretary shall—

13 “(A) ensure that each State receives not
14 less than \$4,000,000; and

15 “(B) give preference to States, Indian
16 Tribes, Tribal organizations, and Urban Indian
17 organizations whose populations have an inci-
18 dence or prevalence of opioid use disorders or
19 stimulant use or misuse that is substantially
20 higher relative to the populations of other
21 States, other Indian Tribes, Tribal organiza-
22 tions, or Urban Indian organizations, as appli-
23 cable.

24 “(3) FORMULA METHODOLOGY.—

1 “(A) IN GENERAL.—Before publishing a
2 funding opportunity announcement with respect
3 to grants under this section, the Secretary
4 shall—

5 “(i) develop a formula methodology to
6 be followed in allocating grant funds
7 awarded under this section among grant-
8 ees, which includes performance assess-
9 ments for continuation awards; and

10 “(ii) not later than 30 days after de-
11 veloping the formula methodology under
12 clause (i), submit the formula methodology
13 to—

14 “(I) the Committee on Energy
15 and Commerce and the Committee on
16 Appropriations of the House of Rep-
17 resentatives; and

18 “(II) the Committee on Health,
19 Education, Labor, and Pensions and
20 the Committee on Appropriations of
21 the Senate.

22 “(B) REPORT.—Not later than two years
23 after the date of the enactment of the Restoring
24 Hope for Mental Health and Well-Being Act of
25 2022, the Comptroller General of the United

1 States shall submit to the Committee on
2 Health, Education, Labor, and Pensions of the
3 Senate and the Committee on Energy and Com-
4 merce of the House of Representatives a report
5 that—

6 “(i) assesses how grant funding is al-
7 located to States under this section and
8 how such allocations have changed over
9 time;

10 “(ii) assesses how any changes in
11 funding under this section have affected
12 the efforts of States to address opioid or
13 stimulant use or misuse; and

14 “(iii) assesses the use of funding pro-
15 vided through the grant program under
16 this section and other similar grant pro-
17 grams administered by the Substance
18 Abuse and Mental Health Services Admin-
19 istration.

20 “(4) USE OF FUNDS.—Grants awarded under
21 this subsection shall be used for carrying out activi-
22 ties that supplement activities pertaining to opioid
23 and stimulant use and misuse, undertaken 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 which may include public health-related activities
4 such as the following:

5 “(A) Implementing prevention activities,
6 and evaluating such activities to identify effec-
7 tive strategies to prevent substance use dis-
8 orders.

9 “(B) Establishing or improving prescrip-
10 tion drug monitoring programs.

11 “(C) Training for health care practitioners,
12 such as best practices for prescribing opioids,
13 pain management, recognizing potential cases
14 of substance use disorders, referral of patients
15 to treatment programs, preventing diversion of
16 controlled substances, and overdose prevention.

17 “(D) Supporting access to health care
18 services, including—

19 “(i) services provided by federally cer-
20 tified opioid treatment programs;

21 “(ii) outpatient and residential sub-
22 stance use disorder treatment services that
23 utilize medication-assisted treatment, as
24 appropriate; or

1 “(iii) other appropriate health care
2 providers to treat substance use disorders.

3 “(E) Recovery support services, includ-
4 ing—

5 “(i) community-based services that in-
6 clude peer supports;

7 “(ii) mutual aid recovery programs
8 that support medication-assisted treat-
9 ment; or

10 “(iii) services to address housing
11 needs and family issues.

12 “(F) Other public health-related activities,
13 as the State, Indian Tribe, Tribal organization,
14 or Urban Indian organization determines appro-
15 priate, related to addressing substance use dis-
16 orders within the State, Indian Tribe, Tribal or-
17 ganization, or Urban Indian organization, in-
18 cluding directing resources in accordance with
19 local needs related to substance use disorders.

20 “(c) ACCOUNTABILITY AND OVERSIGHT.—A State re-
21 ceiving a grant under subsection (b) shall include in re-
22 porting related to substance use disorders submitted to the
23 Secretary pursuant to section 1942 of the Public Health
24 Service Act (42 U.S.C. 300x–52), a description of—

1 “(1) the purposes for which the grant funds re-
2 ceived by the State under such subsection for the
3 preceding fiscal year were expended and a descrip-
4 tion of the activities of the State under the grant;

5 “(2) the ultimate recipients of amounts pro-
6 vided to the State; and

7 “(3) the number of individuals served through
8 the grant.

9 “(d) LIMITATIONS.—Any funds made available pur-
10 suant to subsection (i)—

11 “(1) shall not be used for any purpose other
12 than the grant program under subsection (b); and

13 “(2) shall be subject to the same requirements
14 as substance use disorders prevention and treatment
15 programs under titles V and XIX of the Public
16 Health Service Act (42 U.S.C. 290aa et seq., 300w
17 et seq.).

18 “(e) INDIAN TRIBES, TRIBAL ORGANIZATIONS, AND
19 URBAN INDIAN ORGANIZATIONS.—The Secretary, in con-
20 sultation with Indian Tribes, Tribal organizations, and
21 Urban Indian organizations, shall identify and establish
22 appropriate mechanisms for Indian Tribes, Tribal organi-
23 zations, and Urban Indian organizations to demonstrate
24 or report the information as required under subsections
25 (b), (c), and (d).

1 “(f) REPORT TO CONGRESS.—Not later than Sep-
2 tember 30, 2024, and biennially thereafter, the Secretary
3 shall submit to the Committee on Health, Education,
4 Labor, and Pensions of the Senate and the Committee on
5 Energy and Commerce of the House of Representatives,
6 and the Committees on Appropriations of the House of
7 Representatives and the Senate, a report that includes a
8 summary of the information provided to the Secretary in
9 reports made pursuant to subsections (c) and (e), includ-
10 ing—

11 “(1) the purposes for which grant funds are
12 awarded under this section;

13 “(2) the activities of the grant recipients; and

14 “(3) for each State, Indian Tribe, Tribal orga-
15 nization, and Urban Indian organization that re-
16 ceives a grant under this section, the funding level
17 provided to such recipient.

18 “(g) TECHNICAL ASSISTANCE.—The Secretary, in-
19 cluding through the Tribal Training and Technical Assist-
20 ance Center of the Substance Abuse and Mental Health
21 Services Administration, shall provide States, Indian
22 Tribes, Tribal organizations, and Urban Indian organiza-
23 tions, as applicable, with technical assistance concerning
24 grant application and submission procedures under this
25 section, award management activities, and enhancing out-

1 reach and direct support to rural and underserved commu-
2 nities and providers in addressing substance use disorders.

3 “(h) DEFINITIONS.—In this section:

4 “(1) INDIAN TRIBE.—The term ‘Indian Tribe’
5 has the meaning given the term ‘Indian tribe’ in sec-
6 tion 4 of the Indian Self-Determination and Edu-
7 cation Assistance Act (25 U.S.C. 5304).

8 “(2) TRIBAL ORGANIZATION.—The term ‘Tribal
9 organization’ has the meaning given the term ‘tribal
10 organization’ in such section 4.

11 “(3) STATE.—The term ‘State’ has the mean-
12 ing given such term in section 1954(b) of the Public
13 Health Service Act (42 U.S.C. 300x–64(b)).

14 “(4) URBAN INDIAN ORGANIZATION.—The term
15 ‘Urban Indian organization’ has the meaning given
16 such term in section 4 of the Indian Health Care
17 Improvement Act.

18 “(i) AUTHORIZATION OF APPROPRIATIONS.—

19 “(1) IN GENERAL.—For purposes of carrying
20 out the grant program under subsection (b), there is
21 authorized to be appropriated \$1,750,000,000 for
22 each of fiscal years 2023 through 2027, to remain
23 available until expended.

24 “(2) FEDERAL ADMINISTRATIVE EXPENSES.—
25 Of the amounts made available for each fiscal year

1 to award grants under subsection (b), the Secretary
2 shall not use more than 20 percent for Federal ad-
3 ministrative expenses, training, technical assistance,
4 and evaluation.

5 “(3) SET ASIDE.—Of the amounts made avail-
6 able for each fiscal year to award grants under sub-
7 section (b) for a fiscal year, the Secretary shall—

8 “(A) award 5 percent to Indian Tribes,
9 Tribal organizations, and Urban Indian organi-
10 zations; and

11 “(B) of the amount remaining after appli-
12 cation of subparagraph (A), set aside up to 15
13 percent for awards to States with the highest
14 age-adjusted rate of drug overdose death based
15 on the ordinal ranking of States according to
16 the Director of the Centers for Disease Control
17 and Prevention.”.

