

117TH CONGRESS
1ST SESSION

S. 166

To authorize grants to address substance use during COVID–19.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 2, 2021

Ms. SMITH (for herself and Ms. MURKOWSKI) introduced the following bill;
which was read twice and referred to the Committee on Health, Edu-
cation, Labor, and Pensions

A BILL

To authorize grants to address substance use during
COVID–19.

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 “Emergency Support
5 for Substance Use Disorders Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) In 2018, an estimated 164,800,000 people
9 aged 12 or older in the United States, or 60.2 per-
10 cent of such population, were substance users (in-

1 including, tobacco, alcohol, or illicit drugs) in the last
2 month.

3 (2) In 2018, nearly 1 in 5 people aged 12 or
4 older in the United States, or 19.4 percent of such
5 population, used an illicit drug in the past year,
6 which is a higher percentage than in 2015 and
7 2016.

8 (3) In 2018, an estimated 10,300,000 people
9 aged 12 or older in the United States misused
10 opioids in the past year, including 9,900,000 pre-
11 scription pain reliever misusers and 808,000 heroin
12 users.

13 (4) In 2017, overdose deaths involving opioids
14 in the United States, including fentanyl, was 6 times
15 higher than in 1999.

16 (5) The age-adjusted rate of drug overdose
17 deaths involving synthetic opioids in the United
18 States other than methadone increased by 10 per-
19 cent from 2017 to 2018.

20 (6) In 2018, approximately 20,300,000 people
21 aged 12 or older in the United States had a sub-
22 stance use disorder related to their use of alcohol or
23 illicit drugs in the past year.

1 (7) In 2018, an estimated 21,200,000 people
2 aged 12 or older in the United States needed sub-
3 stance use treatment.

4 (8) According to the Substance Abuse and Men-
5 tal Health Services Administration, COVID–19 will
6 certainly contribute to growth in the numbers re-
7 ferred to in the preceding paragraphs. Individuals
8 across the United States will struggle with increases
9 in depression, anxiety, trauma, and grief. There is
10 also anticipated increase in substance misuse in the
11 United States as lives are impacted for individuals
12 and families.

13 **SEC. 3. GRANT PROGRAM ON HARMS OF DRUG MISUSE.**

14 (a) IN GENERAL.—The Assistant Secretary for Men-
15 tal Health and Substance Use (referred to in this section
16 as the “Assistant Secretary”), in consultation with the Di-
17 rector of the Centers for Disease Control and Prevention,
18 shall award grants to States, political subdivisions of
19 States, Tribes, Tribal organizations, and community-based
20 entities to support the delivery of overdose prevention, sy-
21 ringe services programs, and other harm reduction serv-
22 ices that address the harms of drug misuse during the
23 COVID–19 pandemic, including by—

24 (1) preventing and controlling the spread of in-
25 fectious diseases, such as HIV/AIDS and viral hepa-

1 titis, and the consequences of such diseases for indi-
 2 viduals with substance use disorder;

3 (2) distributing opioid antagonists, such as
 4 naloxone, to individuals at risk of overdose;

5 (3) connecting individuals at risk for, or with,
 6 a substance use disorder to overdose education,
 7 counseling, and health education; and

8 (4) encouraging such individuals to take steps
 9 to reduce the negative personal and public health
 10 impacts of substance use or misuse during the emer-
 11 gency period.

12 (b) CONSIDERATIONS.—In awarding grants under
 13 this section, the Assistant Secretary shall prioritize grants
 14 to applicants that are—

15 (1) culturally specific organizations, Tribal be-
 16 havioral health and substance use disorder providers,
 17 or organizations that are intentional about serving
 18 populations where COVID–19 has had the most im-
 19 pact; or

20 (2) proposing to serve areas with—

21 (A) a higher proportion of the population
 22 who meet criteria for dependence on, or abuse
 23 of, illicit drugs;

24 (B) a higher drug overdose death rate;

1 (C) a greater telemedicine infrastructure
 2 need; and

3 (D) a greater behavioral health and sub-
 4 stance use disorder workforce need.

5 (c) USE OF GRANT AWARDS.—A recipient of a grant
 6 under this section may use such grant funds for the fol-
 7 lowing purposes:

8 (1) Adapt, maintain, and expand essential serv-
 9 ices provided by harm reduction service organiza-
 10 tions to address the risks of COVID–19, drug over-
 11 dose, and contraction of infectious disease.

12 (2) Maintain or hire staff.

13 (3) Support program operational costs, includ-
 14 ing staff, rent, and vehicle purchase or maintenance.

15 (4) Program supplies.

16 (5) Hygiene and personal protective equipment
 17 for both staff and program participants.

18 (6) Support and case management services.

19 (d) DEFINITION.—In this section, the term “emer-
 20 gency period” has the meaning given to such term in sec-
 21 tion 1135(g)(1)(B) of the Social Security Act (42 U.S.C.
 22 1320b–5(g)(1)(B)).

23 (e) AUTHORIZATION OF APPROPRIATIONS.—To carry
 24 out this section, there is authorized to be appropriated

- 1 \$50,000,000 for fiscal year 2021, to remain available until
- 2 expended.

