

117TH CONGRESS
2D SESSION

S. 4839

To reauthorize and expand a grant program for State and Tribal response to opioid and stimulant use and misuse, and for other purposes.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 13, 2022

Ms. BALDWIN (for herself and Mrs. SHAHEEN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To reauthorize and expand a grant program for State and Tribal response to opioid and stimulant use and misuse, and for other purposes.

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 “State Opioid Response
5 Grant Authorization Act of 2022”.

1 **SEC. 2. GRANT PROGRAM FOR STATE AND TRIBAL RE-**
2 **SPONSE TO OPIOID AND STIMULANT USE AND**
3 **MISUSE.**

4 Section 1003 of the 21st Century Cures Act (42
5 U.S.C. 290ee3 note) is amended to read as follows:

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

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

16 “(b) GRANTS PROGRAM.—

17 “(1) IN GENERAL.—Subject to the availability
18 of appropriations, the Secretary shall award grants
19 to States, Indian Tribes, Tribal organizations, and
20 Urban Indian organizations for the purpose of ad-
21 dressing opioid use disorder and stimulant use and
22 misuse, within such States, such Indian Tribes, and
23 populations served by such Tribal organizations and
24 Urban Indian organizations, in accordance with
25 paragraph (2).

1 “(2) MINIMUM ALLOCATIONS; PREFERENCE.—

2 In determining grant amounts for each recipient of
3 a grant under paragraph (1), the Secretary shall—

4 “(A) ensure that each State receives not
5 less than \$12,000,000; and

6 “(B) give preference to States, Indian
7 Tribes, Tribal organizations, and Urban Indian
8 organizations—

9 “(i) whose populations have an inci-
10 dence or prevalence of opioid use disorder
11 that is substantially higher relative to the
12 populations of other States, Indian Tribes,
13 Tribal organizations, or Urban Indian or-
14 ganizations, as applicable; or

15 “(ii) whose areas are more rural rel-
16 ative to the populations of other States, In-
17 dian Tribes, Tribal organizations, or
18 Urban Indian organizations, as applicable.

19 “(3) FORMULA METHODOLOGY.—

20 “(A) IN GENERAL.—At least 30 days be-
21 fore publishing a funding opportunity an-
22 nouncement with respect to grants under this
23 section, the Secretary shall—

24 “(i) develop a formula methodology,
25 consistent with paragraph (2), to be fol-

lowed in allocating grant funds awarded under this section among grantees, which includes performance assessments for continuation awards; and

“(ii) not later than 30 days after developing the formula methodology under clause (i), submit the formula methodology to—

“(I) the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate; and

“(II) the Committee on Energy and Commerce and the Committee on Appropriations of the House of Representatives.

“(B) TRANSITION PERIOD FOR NEW FORMULA METHODOLOGY.—The Secretary shall set a 2-year transition period for the implementation of any new formula methodology if such new formula methodology would reduce the allocation of any State by more than 10 percent.

“(C) CONSIDERATION.—The Secretary shall ensure that the formula developed under subparagraph (A) avoids a significant cliff be-

1 tween States with similar mortality rates re-
2 lated to opioid use disorders to prevent unusu-
3 ally large funding changes in States when com-
4 pared to prior year allocations.

5 “(D) REPORT.—Not later than 2 years
6 after the date of the enactment of the State
7 Opioid Response Grant Authorization Act of
8 2022, the Comptroller General of the United
9 States shall submit to the Committee on
10 Health, Education, Labor, and Pensions of the
11 Senate and the Committee on Energy and Com-
12 merce of the House of Representatives a report
13 that assesses—

14 “(i) how grant funding is allocated to
15 States under this section and how such al-
16 locations have changed over time;

17 “(ii) how any changes within the spec-
18 ified 2-year period after the date of enact-
19 ment of the State Opioid Response Grant
20 Authorization Act of 2022 have affected
21 the efforts of States to address opioid use
22 disorder or stimulant use and misuse; and

23 “(iii) the use of funding provided
24 through the grant program under this sec-
25 tion and other similar grant programs ad-

1 ministered by the Substance Abuse and
2 Mental Health Services Administration.

3 “(4) USE OF FUNDS.—Grants awarded under
4 this subsection shall be used for carrying out activi-
5 ties that supplement activities pertaining to opioid
6 use disorder and stimulant use and misuse, under-
7 taken by the State agency responsible for admin-
8 istering the substance abuse prevention and treat-
9 ment block grant under subpart II of part B of title
10 XIX of the Public Health Service Act (42 U.S.C.
11 300x–21 et seq.), which may include public health-
12 related activities such as the following:

13 “(A) Implementing substance use disorder
14 and overdose prevention activities and evalu-
15 ating such activities to identify effective strate-
16 gies to prevent substance use disorders and
17 overdoses.

18 “(B) Establishing or improving prescrip-
19 tion drug monitoring programs.

20 “(C) Training for health care practitioners,
21 such as best practices for prescribing opioids
22 and stimulants, pain management, recognizing
23 potential cases of substance use disorders, re-
24 ferral of patients to treatment programs, pre-

venting diversion of controlled substances, and
overdose prevention.

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

“(i) services provided by federally-cer-
tified opioid or stimulant treatment pro-
grams;

“(ii) outpatient and residential sub-
stance use disorder treatment services that
utilize, or refer patients to, medication-as-
sisted treatment, where clinically appro-
priate;

“(iii) services to treat substance use
disorders provided by other appropriate
health care providers and at other loca-
tions; or

“(iv) overdose prevention programs
and services, including drugs or devices ap-
proved, cleared, or otherwise legally mar-
keted under the Federal Food, Drug, and
Cosmetic Act for emergency treatment of
known or suspected overdose.

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

1 “(i) community-based services that in-
2 clude peer supports;

3 “(ii) mutual aid recovery programs
4 that support medication-assisted treat-
5 ment;

6 “(iii) services to address housing
7 needs, transportation needs, food insecu-
8 rity, and employment issues; or

9 “(iv) resources or programs that sup-
10 port families that include an individual
11 with a substance use disorder, including
12 education, training, outreach, and peer
13 support services.

14 “(F) Other public health-related activities,
15 as the grant recipient determines appropriate,
16 related to addressing substance use disorders
17 within the State, Indian Tribe, Tribal organiza-
18 tion, or Urban Indian organization, including
19 directing resources in accordance with local
20 needs related to substance use disorders.

21 “(c) ACCOUNTABILITY AND OVERSIGHT.—A State re-
22 ceiving a grant under subsection (b) shall include in re-
23 porting related to substance use disorders submitted to the
24 Secretary pursuant to section 1942 of the Public Health
25 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 each of the activities of the State under the grant
9 and the total number of individuals served through
10 the grant.

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

13 “(1) notwithstanding any transfer authority in
14 any appropriations Act, shall not be used for any
15 purpose other than the grant program under sub-
16 section (b); and

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

22 “(e) INDIAN TRIBES, TRIBAL ORGANIZATIONS, AND
23 URBAN INDIAN ORGANIZATIONS.—The Secretary, in con-
24 sultation with Indian Tribes, Tribal organizations, and
25 Urban Indian organizations, shall identify and establish

1 appropriate mechanisms for Indian Tribes, Tribal organi-
2 zations, and Urban Indian organizations to demonstrate
3 or report information as required under subsections (b),
4 (c), and (d).

5 “(f) REPORT TO CONGRESS.—Not later than Sep-
6 tember 30, 2024, and biennially thereafter, the Secretary
7 shall submit to the Committee on Health, Education,
8 Labor, and Pensions and the Committee on Appropria-
9 tions of the Senate and the Committee on Energy and
10 Commerce and the Committee on Appropriations of the
11 House of Representatives a report that includes a sum-
12 mary of the information provided to the Secretary in re-
13 ports made pursuant to subsections (c) and (e), includ-
14 ing—

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

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

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

22 “(g) TECHNICAL ASSISTANCE.—The Secretary, act-
23 ing, as appropriate, through the Tribal Training and
24 Technical Assistance Center of the Substance Abuse and
25 Mental Health Services Administration, shall provide

1 States, Indian Tribes, Tribal organizations, and Urban In-
 2 dian organizations, as applicable, with—

3 “(1) technical assistance concerning grant ap-
 4 plication and submission procedures under this sec-
 5 tion;

6 “(2) award management activities; and

7 “(3) enhancement of outreach and direct sup-
 8 port to rural and underserved communities and pro-
 9 viders in addressing substance use disorders.

10 “(h) DEFINITIONS.—In this section:

11 “(1) INDIAN TRIBE; TRIBAL ORGANIZATION.—
 12 The terms ‘Indian Tribe’ and ‘Tribal organization’
 13 have the meanings given such terms in section 4 of
 14 the Indian Self-Determination and Education Assist-
 15 ance Act (25 U.S.C. 5304).

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

19 “(3) URBAN INDIAN ORGANIZATION.—The term
 20 ‘Urban Indian organization’ has the meaning given
 21 such term in section 4 of the Indian Health Care
 22 Improvement Act (25 U.S.C. 1603).

23 “(i) AUTHORIZATION OF APPROPRIATIONS.—

24 “(1) IN GENERAL.—For purposes of carrying
 25 out the grant program under subsection (b), there is

1 authorized to be appropriated \$2,700,000,000 for
2 each of fiscal years 2023 through 2027, to remain
3 available until expended.

4 “(2) FEDERAL ADMINISTRATIVE EXPENSES.—
5 Of the amounts made available for each fiscal year
6 to award grants under subsection (b), the Secretary
7 shall use not more than 2 percent for Federal ad-
8 ministrative expenses, training, technical assistance,
9 and evaluation.

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

13 “(A) award 5 percent to Indian Tribes,
14 Tribal organizations, and Urban Indian organi-
15 zations; and

16 “(B) award up to 15 percent to States
17 with the highest age-adjusted rates of drug
18 overdose death over the most recent 2-year pe-
19 riod, according to the Director of the Centers
20 for Disease Control and Prevention.”.

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