

114TH CONGRESS
1ST SESSION

S. _____

To amend the Public Health Service Act to provide grants to improve the treatment of substance use disorders.

IN THE SENATE OF THE UNITED STATES

_____ introduced the following bill; which was read twice
and referred to the Committee on _____

A BILL

To amend the Public Health Service Act to provide grants to improve the treatment of substance use disorders.

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 “Treatment and Recov-
5 ery Investment Act”.

6 **SEC. 2. OPIOID TREATMENT AND RECOVERY INITIATIVE.**

7 Subpart 1 of part B of title V of the Public Health
8 Service Act (42 U.S.C. 290bb et seq.) is amended—

9 (1) by redesignating the second section 514 re-
10 lating to the methamphetamine and amphetamine

1 treatment initiative (42 U.S.C. 290bb-9) as section
2 514B; and

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

4 **“SEC. 514C. OPIOID TREATMENT AND RECOVERY INITIA-**
5 **TIVE.**

6 “(a) GRANTS.—

7 “(1) AUTHORITY TO MAKE GRANTS.—The Di-
8 rector of the Center for Substance Abuse Treatment
9 may award grants to the State agencies responsible
10 for administering funds received under the substance
11 abuse prevention and treatment block grant program
12 under title XIX, units of local government that have
13 a high rate, or have had a rapid increase, in the use
14 of, or death related to the use of, heroin or other
15 opioids, including prescription opioids, and Indian
16 tribes or tribal organizations (as defined in section
17 4 of the Indian Health Care Improvement Act), in
18 order to permit such entities to expand evidence-
19 based treatment activities and related recovery serv-
20 ices in the specific geographical areas of such enti-
21 ties where there exists a need to address the use of,
22 or death related to the use of, heroin or other
23 opioids.

24 “(2) RECIPIENTS.—Grants awarded under
25 paragraph (1) shall be directed to the substance

1 abuse directors of the States and the appropriate
2 tribal government authorities of the Indian tribes.

3 “(3) NATURE OF ACTIVITIES.—Grant funds
4 awarded under paragraph (1) shall be used for ac-
5 tivities that are based on reliable scientific evidence
6 of efficacy in the treatment of problems related to
7 the use or misuse of heroin or other opioids.

8 “(b) GEOGRAPHIC DISTRIBUTION.—The Director
9 shall ensure that grants awarded under subsection (a) are
10 distributed equitably among the various regions of the
11 United States and among rural, urban, and suburban
12 areas that are affected by the use of heroin or other
13 opioids.

14 “(c) EVALUATION AND REPORTING.—A State agen-
15 cy, unit of local government, or Indian tribe or tribal orga-
16 nization receiving a grant under subsection (a) shall pro-
17 vide the Director with aggregate data and other informa-
18 tion determined by the Director to be necessary to enable
19 the Director—

20 “(1) to evaluate the success of the grant pro-
21 gram involved in achieving its purposes; and

22 “(2) to prepare and submit the report to Con-
23 gress on an annual basis.

24 “(d) ADDITIONAL ACTIVITIES.—In carrying out this
25 section, the Director shall—

1 “(1) disseminate widely such findings derived
2 from the evaluation conducted under subsection (c)
3 as the Director considers appropriate;

4 “(2) provide States, Indian tribes, and tribal or-
5 ganizations, and health care providers with technical
6 assistance in connection with the provision of evi-
7 dence-based treatment for problems related to heroin
8 and other opioids; and

9 “(3) give priority to applications for grants
10 under this section that support recovery and related
11 services as a critical component of the grant pro-
12 gram, including comprehensive social services that
13 assist with housing, employment, or education.

14 “(e) AUTHORIZATION OF APPROPRIATIONS.—

15 “(1) IN GENERAL.—There is authorized to be
16 appropriated to carry out this section, \$27,000,000
17 for fiscal year 2016, and such sums as may be nec-
18 essary for each of fiscal years 2016 through 2020.

19 “(2) USE OF CERTAIN FUNDS.—Of the funds
20 appropriated to carry out this section in any fiscal
21 year under paragraph (1), the lesser of 5 percent of
22 such funds or \$1,000,000 shall be available to the
23 Director for purposes of carrying out subsection
24 (c).”.

1 **SEC. 3. GRANTS FOR ENHANCING PRIMARY CARE ACCESS**
2 **FOR OPIOID DEPENDENT PREGNANT AND**
3 **PARENTING WOMEN.**

4 Subpart 1 of part B of title V of the Public Health
5 Service Act (42 U.S.C. 290bb et seq.), as amended by sec-
6 tion 2, is further amended by adding at the end the fol-
7 lowing:

8 **“SEC. 514D. GRANTS FOR ENHANCING PRIMARY CARE AC-**
9 **CESS FOR OPIOID DEPENDENT PREGNANT**
10 **AND PARENTING WOMEN.**

11 “(a) IN GENERAL.—The Director of the Center for
12 Substance Abuse Treatment shall award grants to State
13 substance abuse agencies, Indian tribes or tribal organiza-
14 tions (as defined in section 4 of the Indian Health Care
15 Improvement Act), and public nonprofit entities for the
16 purpose of enhancing access to primary care and related
17 services for pregnant and parenting women diagnosed with
18 opioid dependence.

19 “(b) USE OF FUNDS.—Amount awarded under a
20 grant under subsection (a) may be used to assist health
21 care providers or facilities caring for pregnant and par-
22 enting opioid dependent women to provide the following
23 services:

24 “(1) Clinically appropriate trauma informed
25 gender-specific services that are based on reliable

1 scientific evidence of efficacy in the treatment of
2 problems related to substance use disorder.

3 “(2) Prenatal and postpartum care.

4 “(3) Child care for infants and other children
5 under the age of 18 of the opioid dependent woman.

6 “(4) Prevention and wellness services, including
7 nutrition education, exercise instruction, and train-
8 ing in other life and coping skills.

9 “(5) Developmental and therapeutic services for
10 children of opioid dependent woman.

11 “(6) Domestic violence services.

12 “(7) Educational services for women on proper
13 care for newborns with neonatal abstinence syn-
14 drome and other clinical indications for newborns re-
15 lated to substance use during pregnancy.

16 “(8) Parenting courses.

17 “(9) HIV/AIDS and Hepatitis C care and serv-
18 ices.

19 “(10) Dental services.

20 “(11) Recovery coaches and mentors that can
21 assist in supporting the opioid dependent woman in
22 achieving long term recovery according to the needs
23 of the woman.

24 “(12) Case management services, including as-
25 sistance in establishing eligibility for public pro-

1 grams, housing assistance, job training, educational
2 or vocational opportunities, transportation, and
3 other related activities.

4 “(c) LENGTH OF GRANT.—Each grant awarded
5 under subsection (a) shall be for a period of 5 years.

6 “(d) ADDITIONAL ACTIVITIES.—The Director shall—

7 “(1) collect and evaluate data regarding activi-
8 ties supported by grants awarded under subsection
9 (a);

10 “(2) give priority in awarding grants to appli-
11 cants that are meeting a geographical need for sub-
12 stance use disorder services for pregnant,
13 postpartum or parenting women; and

14 “(3) give priority in awarding grants to entities
15 that are collaborating with State health care, public
16 health, criminal justice, and child welfare agencies
17 as well as local Federally qualified health centers for
18 the purpose of enhancing access to primary care and
19 related services for pregnant and parenting women
20 diagnosed with opioid dependence.

21 “(e) AUTHORIZATION OF APPROPRIATIONS.—

22 “(1) IN GENERAL.—There is authorized to be
23 appropriated to carry out this section, \$15,000,000
24 for fiscal year 2016, and such sums as may be nec-
25 essary for each of fiscal years 2016 through 2020.

1 “(2) USE OF CERTAIN FUNDS.—Of the funds
2 appropriated to carry out this section in any fiscal
3 year, the lesser of 5 percent of such funds or
4 \$1,000,000 shall be available to the Director for
5 purposes of carrying out subsection (d).”.

6 **SEC. 4. ADOLESCENT TREATMENT PROGRAMS.**

7 Subpart 1 of part B of title V of the Public Health
8 Service Act (42 U.S.C. 290bb et seq.), as amended by sec-
9 tion 3, is further amended by adding at the end the fol-
10 lowing:

11 **“SEC. 514E. GRANTS TO IMPROVE ACCESS TO TREATMENT**
12 **AND RECOVERY FOR ADOLESCENTS.**

13 “(a) IN GENERAL.—The Secretary, acting through
14 the Director of the Center for Substance Abuse Treat-
15 ment, shall award grants, contracts, or cooperative agree-
16 ments to eligible State substance abuse agencies and other
17 entities determined appropriate by the Director for the
18 purpose of increasing the capacity of substance use dis-
19 order treatment and recovery services for adolescents.

20 “(b) ELIGIBILITY.—To be eligible to receive a grant,
21 contract, or cooperative agreement under subsection (a)
22 an entity shall—

23 “(1) prepare and submit to the Director an ap-
24 plication at such time, in such manner, and contain
25 such information as the Director may require, in-

1 including a plan for the evaluation of any activities
2 carried out with the funds provided under this sec-
3 tion;

4 “(2) ensure that all entities receiving support
5 under the grant, contract, or cooperative agreement
6 comply with all applicable State licensure or certifi-
7 cation requirements regarding the provision of the
8 services involved; and

9 “(3) provide the Director with periodic evalua-
10 tions of the progress of the activities funded under
11 this section and an evaluation at the completion of
12 such activities, as the Director determines to be ap-
13 propriate.

14 “(c) PRIORITY.—In awarding grants, contracts, and
15 cooperative agreements under subsection (a), the Director
16 shall give priority to applicants who propose to fill a dem-
17 onstrated geographic need for adolescent specific residen-
18 tial treatment services.

19 “(d) USE OF FUNDS.—Amounts awarded under
20 grants, contracts, or cooperative agreements under this
21 section may be used to enable health care providers or fa-
22 cilities that provide treatment and recovery assistance for
23 adolescents with a substance use disorder to provide the
24 following services:

1 “(1) Individualized patient centered care that is
2 specific to circumstances of the individual patient.

3 “(2) Clinically appropriate, trauma-informed,
4 gender-specific and age appropriate treatment serv-
5 ices that are based on reliable scientific evidence of
6 efficacy in the treatment of problems related to sub-
7 stance use disorders.

8 “(3) Clinically appropriate care to address
9 treatment for substance use and any co-occurring
10 physical and mental health disorders at the same lo-
11 cation, and through access to primary care services.

12 “(4) Coordination of treatment services with re-
13 covery and other social support, including edu-
14 cational, vocational training, assistance with the ju-
15 venile justice system, child welfare, and mental
16 health agencies.

17 “(5) Aftercare and long-term recovery support,
18 including peer support services.

19 “(e) DURATION OF ASSISTANCE.—Grants, contracts,
20 and cooperative agreements awarded under subsection (a)
21 shall be for a period of not to exceed 5 years.

22 “(f) ADDITIONAL ACTIVITIES.—The Director shall—

23 “(1) collect and evaluate the activities carried
24 out with amount received under subsection (a);

1 “(2) disseminate widely such significant infor-
2 mation derived from the evaluation as the Secretary
3 considers appropriate.

4 “(g) AUTHORIZATION OF APPROPRIATIONS.—

5 “(1) IN GENERAL.—There is authorized to be
6 appropriated to carry out this section, \$25,000,000
7 for fiscal year 2016, and such sums as may be nec-
8 essary for each of fiscal years 2016 through 2020.

9 “(2) USE OF CERTAIN FUNDS.—Of the funds
10 appropriated to carry out this section in any fiscal
11 year, the lesser of 5 percent of such funds or
12 \$1,000,000 shall be available to the Director for
13 purposes of carrying out subsection (f).”.

14 **SEC. 5. GRANTS TO ENHANCE AND EXPAND RECOVERY**
15 **SUPPORT SERVICES.**

16 Subpart 1 of part B of title V of the Public Health
17 Service Act (42 U.S.C. 290bb et seq.), as amended by sec-
18 tion 4, is further amended by adding at the end the fol-
19 lowing:

20 **“SEC. 514F. GRANTS TO ENHANCE AND EXPAND RECOVERY**
21 **SUPPORT SERVICES.**

22 “(a) IN GENERAL.—The Secretary, acting through
23 the Administrator of the Substance Abuse and Mental
24 Health Services Administration, shall award grants to
25 State substance abuse agencies and non-profit organiza-

1 tions to develop, expand, and enhance recovery support
2 services for individuals with substance use disorders.

3 “(b) ELIGIBLE ENTITIES.—In the case of an appli-
4 cant that is not a State substance abuse agency, to be
5 eligible to receive a grant under this section, the entity
6 shall—

7 “(1) prepare and submit to the Secretary an
8 application at such time, in such manner, and con-
9 tain such information as the Secretary may require,
10 including a plan for the evaluation of any activities
11 carried out with the funds provided under this sec-
12 tion;

13 “(2) demonstrate the inclusion of individuals in
14 recovery from a substance use disorder in leadership
15 levels or governing bodies of the entity;

16 “(3) have as a primary mission the provision of
17 long-term recovery support for substance use dis-
18 orders; and

19 “(4) be accredited by the Council on the Ac-
20 creditation of Peer Recovery Support Services or
21 meet any applicable State certification requirements
22 regarding the provision of the recovery services in-
23 volved.

1 “(c) USE OF FUNDS.—Amounts awarded under a
2 grant under this section shall be used to provide for the
3 following activities:

4 “(1) Educating and mentoring that assists indi-
5 viduals and families with substance use disorders in
6 navigating systems of care.

7 “(2) Peer recovery support services which in-
8 clude peer coaching and mentoring.

9 “(3) Recovery-focused community education
10 and outreach programs, including training on the
11 use of all forms of opioid overdose antagonists used
12 to counter the effects of an overdose.

13 “(4) Training, mentoring, and education to de-
14 velop and enhance peer mentoring and coaching.

15 “(5) Programs aimed at identifying and reduc-
16 ing stigma and discriminatory practices that serve as
17 barriers to substance use disorder recovery and
18 treatment of these disorders.

19 “(6) Developing partnerships between networks
20 that support recovery and other community organi-
21 zations and services, including—

22 “(A) public and private substance use dis-
23 order treatment programs and systems;

24 “(B) health care providers;

1 under this subsection increased by the annual percentage
2 increase in the Consumer Price Index for such year”.

3 **SEC. 7. STUDY ON TREATMENT INFRASTRUCTURE.**

4 Not later than one year after the date of enactment
5 of this Act, the Comptroller General of the United States
6 shall initiate an evaluation, and submit to Congress a re-
7 port, of the in-patient and outpatient treatment capacity,
8 availability, and needs of the United States, which shall
9 include—

10 (1) the capacity of acute residential or inpatient
11 detoxification programs;

12 (2) the capacity of inpatient clinical stabiliza-
13 tion programs, transitional residential support serv-
14 ices, and residential rehabilitation programs;

15 (3) the capacity of demographic specific resi-
16 dential or inpatient treatment programs, such as
17 those designed for pregnant women or adolescents;

18 (4) geographical differences of the availability
19 of residential and outpatient treatment and recovery
20 options for substance use disorders across the con-
21 tinuum of care;

22 (5) the availability of residential and outpatient
23 treatment programs that offer treatment options
24 based on reliable scientific evidence of efficacy for
25 the treatment of substance use disorders, including

1 the use of Food and Drug Administration-approved
2 medicines and evidence-based non pharmacological
3 therapies;

4 (6) the number of patients in residential and
5 specialty outpatient treatment services for substance
6 use disorders; and

7 (7) an assessment of the need for residential
8 and outpatient treatment for substance use disorders
9 across the continuum of care.