

117TH CONGRESS
1ST SESSION

H. R. 2379

To amend the 21st Century Cures Act to reauthorize and expand a grant program for State response to the opioid use disorders crisis, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 8, 2021

Mr. TRONE (for himself and Ms. SHERRILL) introduced the following bill;
which was referred to the Committee on Energy and Commerce

A BILL

To amend the 21st Century Cures Act to reauthorize and expand a grant program for State response to the opioid use disorders crisis, 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 2021”.

1 **SEC. 2. GRANT PROGRAM FOR STATE AND TRIBAL RE-**
2 **SPONSE TO SUBSTANCE USE DISORDERS OF**
3 **SIGNIFICANCE.**

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

6 **“SEC. 1003. GRANT PROGRAM FOR STATE AND TRIBAL RE-**
7 **SPONSE TO SUBSTANCE USE DISORDERS OF**
8 **SIGNIFICANCE.**

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 substance use
13 disorders of significance, including opioid and stimulant
14 use disorders, within States, Indian Tribes, and popu-
15 lations served by Tribal organizations and Urban Indian
16 organizations.

17 “(b) GRANTS PROGRAM.—

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

1 dian organizations, in accordance with paragraph
2 (2).

3 “(2) MINIMUM ALLOCATIONS; PREFERENCE.—

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

6 “(A) ensure that each State and the Dis-
7 trict of Columbia receives not less than
8 \$4,000,000; and

9 “(B) give preference to States, Indian
10 Tribes, Tribal organizations, and Urban Indian
11 organizations whose populations have an inci-
12 dence or prevalence of opioid use disorders that
13 is substantially higher relative to the popu-
14 lations of other States, other Indian Tribes,
15 Tribal organizations, or Urban Indian organiza-
16 tions, as applicable.

17 “(3) FORMULA METHODOLOGY.—

18 “(A) IN GENERAL.—Not less than 15 days
19 before publishing a funding opportunity an-
20 nouncement with respect to grants under this
21 section, the Secretary shall—

22 “(i) develop a formula methodology to
23 be followed in allocating grant funds
24 awarded under this section among grant-

ees, which includes performance assessments for continuation awards; and

“(ii) submit the formula methodology to—

“(I) the Committee on Energy and Commerce and the Committee on Appropriations of the House of Representatives; and

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

“(B) FORMULA ADJUSTMENTS.—The Secretary may make adjustments to the formula developed under subparagraph (A)(i) in order to ensure that no State receives an amount for a fiscal year that is significantly lower than the amount received by the State for the previous fiscal year.

“(4) USE OF FUNDS.—Grants awarded under this subsection shall be used for carrying out activities that supplement activities pertaining to substance use disorders of significance, including opioid and stimulant use disorders, undertaken by the State agency responsible for administering the sub-

1 stance abuse prevention and treatment block grant
2 under subpart II of part B of title XIX of the Public
3 Health Service Act (42 U.S.C. 300x–21 et seq.),
4 which may include public health-related activities
5 such as the following:

6 “(A) Implementing prevention activities,
7 and evaluating such activities to identify effective
8 strategies to prevent substance use disorders.
9 orders.

10 “(B) Establishing or improving prescription
11 drug monitoring programs.

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

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

20 “(i) services provided by federally certified
21 opioid treatment programs;

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

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

3 “(E) Recovery support services, including
4 community-based services that include peer sup-
5 ports, and address housing needs and family
6 issues.

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

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

20 “(1) the purposes for which the grant funds re-
21 ceived by the State under such subsection for the
22 preceding fiscal year were expended and a descrip-
23 tion of the activities of the State under the grant;
24 and

1 “(2) the ultimate recipients of amounts pro-
2 vided to the State through the grant.

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

5 “(1) notwithstanding any transfer authority in
6 any appropriations Act, shall not be used for any
7 purpose other than the grant program in subsection
8 (b); and

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

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

22 “(f) REPORT TO CONGRESS.—Not later than Sep-
23 tember 30, 2024, and biennially thereafter, the Secretary
24 shall submit to the Committee on Health, Education,
25 Labor, and Pensions of the Senate and the Committee on

1 Energy and Commerce of the House of Representatives,
2 and the Committees on Appropriations of the House of
3 Representatives and the Senate, a report that includes—

4 “(1) a summary of the information provided to
5 the Secretary in reports made pursuant to sub-
6 sections (c) and (e), including the purposes for
7 which grant funds are awarded under this section
8 and the activities of such grant recipients; and

9 “(2) with respect to States that experience sig-
10 nificant reductions in funding compared to previous
11 years based on reduced mortality rates, an analysis
12 of the impact of such reductions on such States and
13 the extent to which such reductions have impacted
14 outreach and direct support services to providers
15 and underserved communities, and statewide treat-
16 ment and recovery outcomes in such States.

17 “(g) TECHNICAL ASSISTANCE.—The Secretary, in-
18 cluding through the Tribal Training and Technical Assist-
19 ance Center of the Substance Abuse and Mental Health
20 Services Administration, shall provide States, Indian
21 Tribes, Tribal organizations, and Urban Indian organiza-
22 tions, as applicable, with technical assistance concerning
23 grant application and submission procedures under this
24 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 2022 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 2 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.”.

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