

117TH CONGRESS
1ST SESSION

H. R. 4200

To amend the Omnibus Crime Control and Safe Streets Act of 1968 to reauthorize the residential substance use disorder treatment program, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 28, 2021

Ms. JACKSON LEE (for herself and Mr. JEFFRIES) introduced the following bill; which was referred to the Committee on the Judiciary

A BILL

To amend the Omnibus Crime Control and Safe Streets Act of 1968 to reauthorize the residential substance use disorder treatment program, 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 “Residential Substance
5 Use Disorder Treatment Act of 2021”.

1 **SEC. 2. RESIDENTIAL SUBSTANCE USE DISORDER TREAT-**
2 **MENT PROGRAM.**

3 (a) AMENDMENTS.—Part S of title I of the Omnibus
4 Crime Control and Safe Streets Act of 1968 (34 U.S.C.
5 10421 et seq.) is amended—

6 (1) in the part heading, by striking “**SUB-**
7 **STANCE ABUSE**” and inserting “**SUBSTANCE USE**
8 **DISORDER**”;

9 (2) in section 1901 (34 U.S.C. 10421)—

10 (A) in subsection (a)—

11 (i) in paragraph (1)—

12 (I) by striking “substance abuse”
13 each place it appears and inserting
14 “substance use disorder”; and

15 (II) by inserting after “pro-
16 grams” the following: “, including
17 medication-assisted treatment pro-
18 grams, which shall be permitted to
19 use any type of medication that has
20 been approved to treat substance use
21 disorders pursuant to section 505 of
22 the Federal Food, Drug, and Cos-
23 metic Act (21 U.S.C. 355), or any
24 type of biological product licensed
25 under section 351 of the Public

1 Health Service Act (42 U.S.C. 262),”;

2 and

3 (ii) in paragraph (3), by striking
4 “substance abuse” each place it appears
5 and inserting “substance use disorder”;

6 (B) in subsection (b), by striking “sub-
7 stance abuse” and inserting “substance use dis-
8 order”; and

9 (C) in subsection (c)—

10 (i) by striking “part for treatment”
11 and inserting “part for—
12 “(1) treatment”;

13 (ii) in paragraph (1), as so des-
14 ignated, by striking the period at the end
15 and inserting “; and”; and

16 (iii) by adding at the end the fol-
17 lowing:

18 “(2) expanding residential substance use dis-
19 order treatment programs to use not less than 1
20 medication or treatment that has been approved to
21 treat substance use disorders pursuant to section
22 505 of the Federal Food, Drug, and Cosmetic Act
23 (21 U.S.C. 355).”;

24 (3) in section 1902 (34 U.S.C. 10422)—

25 (A) in subsection (b)—

1 (i) in the subsection heading, by strik-
2 ing “ABUSE” and inserting “USE”; and

3 (ii) by striking “substance abuse”
4 each place it appears and inserting “sub-
5 stance use disorder”;

6 (B) in subsection (c), by striking “sub-
7 stance abuse” each place it appears and insert-
8 ing “substance use disorder”;

9 (C) in subsection (d), by striking “sub-
10 stance abuse treatment” and inserting “sub-
11 stance use disorder treatment”;

12 (D) in subsection (f), by striking “sub-
13 stance abuse” and inserting “substance use dis-
14 order”; and

15 (E) by adding at the end the following:

16 “(g) TRAINING REQUIREMENT.—

17 “(1) IN GENERAL.—To be eligible to receive
18 funds under this part, the chief medical officer of
19 the prison or jail or appropriate staff overseeing the
20 program shall complete training, before or within a
21 reasonable amount of time after receiving the funds,
22 on, at a minimum—

23 “(A) the science of addiction;

24 “(B) the latest research and clinical guid-
25 ance for detoxification and withdrawal manage-

1 ment and the treatment of substance use dis-
2 orders in criminal justice settings;

3 “(C) strategies for continuity of care dur-
4 ing and after incarceration;

5 “(D) an overview of—

6 “(i) all medications for the treatment
7 of substance use disorders;

8 “(ii) how to obtain certification as an
9 opioid treatment provider (OTP) or waiv-
10 ers under the Controlled Substances Act
11 (21 U.S.C. 801 et seq.) for prescribing cer-
12 tain medications; and

13 “(iii) evidence-based behavioral thera-
14 pies used in addition to medication to im-
15 prove medication adherence and treatment
16 outcomes; and

17 “(E) any other topic determined by the At-
18 torney General, in coordination with the Sec-
19 retary of Health and Human Services and in
20 consultation with experts in addiction science,
21 to be a core element for successful training
22 under this paragraph.

23 “(2) REQUIREMENT.—The training required
24 under paragraph (1) shall include guidance on how
25 to—

1 “(A) engage relevant stakeholders;

2 “(B) identify available resources for, and
3 gaps and barriers to, providing residential sub-
4 stance use disorder treatment; and

5 “(C) develop a plan to overcome obstacles
6 to administering and offering medication-as-
7 sisted treatment.

8 “(h) PROVIDER AFFILIATION.—Any entity, including
9 a prison or jail, that receives Federal funds for a program
10 or activity that offers medication-assisted treatment shall
11 have an affiliation with a provider that can—

12 “(1) prescribe not less than 1 medication-as-
13 sisted treatment to patients after release from the
14 entity; and

15 “(2) discuss the risks and benefits of, and alter-
16 natives to, medication-assisted treatment with pa-
17 tients.”; and

18 (4) in section 1904 (34 U.S.C. 10424)—

19 (A) by amending subsection (c) to read as
20 follows:

21 “(c) LOCAL ALLOCATION.—

22 “(1) IN GENERAL.—Not less than 10 percent of
23 the total amount made available to a State under
24 subsection (a) for any fiscal year shall be used by
25 the State to make grants to local correctional and

1 detention facilities in the State (provided such facili-
2 ties exist therein).

3 “(2) JAIL-BASED SUBSTANCE USE TREATMENT
4 PROGRAMS.—A jail-based substance use disorder
5 treatment program described in paragraph (1) may
6 be made available to any individual who is—

7 “(A) awaiting trial or is otherwise in pre-
8 trial detention; or

9 “(B) serving a sentence of imprisonment in
10 the jail.”; and

11 (B) by amending subsection (d) to read as
12 follows:

13 “(d) EVIDENCE-BASED TREATMENTS.—

14 “(1) IN GENERAL.—A State may use amounts
15 received under this part to—

16 “(A) provide any type of medication-as-
17 sisted treatment that has been approved to
18 treat substance use disorders pursuant to sec-
19 tion 505 of the Federal Food, Drug, and Cos-
20 metic Act (21 U.S.C. 355), and any type of bio-
21 logical product licensed under section 351 of
22 the Public Health Service Act (42 U.S.C. 262),
23 and prescribe overdose reversal medications
24 during the residential substance use disorder
25 treatment program or after care;

1 “(B) cover costs associated with the train-
2 ing required under section 1902(g);

3 “(C) obtain waivers under clause (ii) or
4 (iv) of section 303(g)(2)(G) of the Controlled
5 Substances Act (21 U.S.C. 823(g)(2)(G)); and

6 “(D) obtain certification as an opioid
7 treatment provider (OTP) in accordance with
8 part 8 of title 42, Code of Federal Regulations,
9 or any successor thereto, or the prescription of
10 medications to treat substance use disorders.

11 “(2) DEFINITION.—In this subsection, the term
12 ‘medication-assisted treatment’ means a treatment
13 plan that combines behavioral therapy with any type
14 of medication that has been approved to treat sub-
15 stance use disorders pursuant to section 505 of the
16 Federal Food, Drug, and Cosmetic Act (21 U.S.C.
17 355), or any type of biological product licensed
18 under section 351 of the Public Health Service Act
19 (42 U.S.C. 262).”.

20 (b) AUTHORIZATION OF APPROPRIATIONS.—Section
21 1001(a)(17) of title I of the Omnibus Crime Control and
22 Safe Streets Act of 1968 (34 U.S.C. 10261(a)(17)) is
23 amended to read as follows:

1 “(17) There are authorized to be appropriated to
2 carry out the projects under part S \$40,000,000 for each
3 of fiscal years 2022 through 2026.”.

4 (c) DEFINITION.—Section 901(25) of title I of the
5 Omnibus Crime Control and Safe Streets Act of 1968 (34
6 U.S.C. 10251(25)) is amended to read as follows:

7 “(25) the term ‘residential substance use dis-
8 order treatment program’ means a course of com-
9 prehensive individual and group substance use dis-
10 order treatment services in residential treatment fa-
11 cilities that, to the greatest extent practicable, follow
12 the guidance entitled, ‘Promising Practice Guidelines
13 for Residential Substance Abuse Treatment’, pub-
14 lished in November 2017 by the Bureau of Justice
15 Assistance, or as thereafter amended to conform to
16 current standards of care;”.

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