



(Original Signature of Member)

117TH CONGRESS  
1ST SESSION

**H. R.**

To establish programs to address addiction and overdoses caused by illicit fentanyl and other opioids, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Ms. KUSTER of New Hampshire introduced the following bill; which was referred to the Committee on \_\_\_\_\_

**A BILL**

To establish programs to address addiction and overdoses caused by illicit fentanyl and other opioids, 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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the  
5 “Support, Treatment, and Overdose Prevention of  
6 Fentanyl Act of 2021” or the “STOP Fentanyl Act of  
7 2021”.

1 (b) TABLE OF CONTENTS.—The table of contents for  
2 this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Definitions.
- Sec. 3. Findings.

TITLE I—FENTANYL RESEARCH AND EDUCATION

- Sec. 101. Enhanced fentanyl surveillance.
- Sec. 102. Collection of overdose data.
- Sec. 103. Fentanyl detection.
- Sec. 104. GAO report on international mail and cargo screening.
- Sec. 105. Contingency management program.

TITLE II —OVERDOSE PREVENTION AND SUBSTANCE USE  
DISORDER TREATMENT PROGRAMS

- Sec. 201. NAM report on overdose prevention centers.
- Sec. 202. Naloxone.
- Sec. 203. Good Samaritan immunity.
- Sec. 204. Medication-assisted treatment.
- Sec. 205. Telehealth for substance use disorder treatment.
- Sec. 206. Grant program on harms of drug misuse.
- Sec. 207. Opioid treatment education.

TITLE III—PUBLIC HEALTH DATA AND TRAINING SUPPORT FOR  
FENTANYL DETECTION

- Sec. 301. Public health support for law enforcement.
- Sec. 302. Report on countries that produce synthetic drugs.
- Sec. 303. Grants to improve public health surveillance in forensic laboratories.

3 **SEC. 2. DEFINITIONS.**

4 In this Act, except as otherwise provided:

5 (1) The term “Assistant Secretary” means the  
6 Assistant Secretary for Mental Health and Sub-  
7 stance Use.

8 (2) The term “Secretary” means the Secretary  
9 of Health and Human Services.

10 (3) The term “fentanyl-related substance” has  
11 the meaning given the term in section

1 1308.11(h)(30)(i) of title 21, Code of Federal Regu-  
2 lations (or successor regulations).

3 **SEC. 3. FINDINGS.**

4 Congress finds the following:

5 (1) The opioid epidemic has led to a rise in  
6 overdose deaths across the Nation.

7 (2) In 2017, the number of overdose deaths in-  
8 volving opioids, including fentanyl, was six times  
9 higher than in 1999.

10 (3) The age-adjusted rate of drug overdose  
11 deaths involving synthetic opioids other than metha-  
12 done increased by 10 percent from 2017 to 2018.

13 (4) The COVID–19 pandemic has been associ-  
14 ated with substance use. According to the Centers  
15 for Disease Control and Prevention (CDC), 13 per-  
16 cent of surveyed adults had started or increased sub-  
17 stance use to cope with stress or emotions related to  
18 COVID–19.

19 (5) Federal agencies, along with Federal, State,  
20 and local lawmakers, have worked together to re-  
21 spond to the rise in overdose deaths through in-  
22 creased funding and targeted policy initiatives.

23 (6) This includes the successful passage of the  
24 Comprehensive Addiction and Recovery Act of 2016  
25 (CARA), the 21st Century Cures Act, and the Sub-

1        stance Use-Disorder Prevention that Promotes  
2        Opioid Recovery and Treatment for Patients and  
3        Communities Act (SUPPORT for Patient and Com-  
4        munities Act).

5            (7) These efforts have helped prevent, treat,  
6        and combat the opioid epidemic, but the rise in over-  
7        dose deaths involving synthetic opioids like fentanyl  
8        means that not all communities are seeing a reduc-  
9        tion in fatalities.

10           (8) Drug overdose deaths in the United States  
11        involving fentanyl have risen from 2011 through  
12        2016, growing from 1,600 fentanyl overdose related  
13        deaths in 2011 and 2012 to 18,000 deaths in 2016.

14           (9) This rise in fentanyl overdose related deaths  
15        has disproportionately impacted communities of  
16        color.

17           (10) According to the Centers for Disease Con-  
18        trol and Prevention (CDC), drug overdose death  
19        rates involving fentanyl for non-Hispanic African  
20        Americans had the largest annual percentage in-  
21        crease from 2011 to 2016 at 140.6 percent per year,  
22        followed by Hispanic persons at 118.3 percent per  
23        year. Fentanyl-involved overdose rates for non-His-  
24        panic White persons increased by 108.8 percent  
25        from 2013 to 2016.

1           (11) According to the CDC, rates of drug over-  
2           dose deaths involving fentanyl increased exponen-  
3           tially from 2011 through 2016 for most regions of  
4           the United States.

5           (12) Fentanyl is increasingly being identified in  
6           nonopioid substances, like methamphetamine and co-  
7           caine.

8           (13) By 2017, over half of heroin and cocaine  
9           overdose death records involved synthetic opioids.

10          (14) Previous policies to counter the widespread  
11          use of illicit substances through tougher sentencing  
12          guidelines disproportionately impact communities of  
13          color.

14          (15) There is a growing need for a comprehen-  
15          sive plan focused on monitoring, researching, treat-  
16          ing, and preventing fentanyl overdose deaths.

17          (16) Taking a public health approach to revers-  
18          ing overdose death trends and promoting equity  
19          should emphasize increasing research and expanding  
20          access to treatment.

1     **TITLE I—FENTANYL RESEARCH**  
2                     **AND EDUCATION**

3     **SEC. 101. ENHANCED FENTANYL SURVEILLANCE.**

4             (a) IN GENERAL.—The Director of the Centers for  
5 Disease Control and Prevention shall enhance the drug  
6 surveillance program of the Centers by—

7                     (1) expanding such surveillance program to in-  
8 clude all 50 States, the territories of the United  
9 States, and all Tribes and Tribal organizations;

10                    (2) increasing and accelerating the collection of  
11 data on fentanyl, fentanyl-related substances, other  
12 synthetic opioids, and new emerging drugs of abuse,  
13 including related overdose data from medical exam-  
14 iners and drug treatment admissions and informa-  
15 tion regarding drug seizures; and

16                    (3) utilizing available and emerging information  
17 on fentanyl, fentanyl-related substances, other syn-  
18 thetic opioids, and new emerging drugs of abuse, in-  
19 cluding information from—

20                             (A) the National Drug Early Warning Sys-  
21 tem;

22                             (B) State and local public health authori-  
23 ties;

24                             (C) Federal, State, and local public health  
25 laboratories; and

1 (D) drug seizures by Federal, State, and  
2 local law enforcement agencies, including infor-  
3 mation from the National Seizure System and  
4 the National Forensic Laboratory Information  
5 System of the Drug Enforcement Administra-  
6 tion.

7 (b) INFORMATION SHARING.—The Director of the  
8 Centers for Disease Control and Prevention shall share  
9 the information collected through the drug surveillance  
10 program of the Centers with entities including the Office  
11 of National Drug Control Policy, State and local public  
12 health agencies, and Federal, State, and local law enforce-  
13 ment agencies.

14 (c) LAW ENFORCEMENT REPORTING.—Each Federal  
15 law enforcement agency shall report information on all  
16 drug seizures by that agency to the Drug Enforcement  
17 Administration for inclusion in the National Seizure Sys-  
18 tem.

19 (d) GAO REPORT.—Not later than 2 years after the  
20 date of enactment of this Act, the Comptroller General  
21 of the United States shall—

22 (1) publish a report analyzing how Federal  
23 agencies can improve their collection, reporting,  
24 sharing, and analytic use of drug seizure data across

1 Federal agencies and with State and local govern-  
2 ments; and

3 (2) include in such report an analysis of how  
4 well available data on drug seizures can measure  
5 progress toward reducing drug trafficking into and  
6 within the country, as outlined in strategies such as  
7 the National Drug Control Strategy of the Office of  
8 National Drug Control Policy.

9 (e) AUTHORIZATION OF APPROPRIATIONS.—To carry  
10 out this section, there is authorized to be appropriated  
11 \$125,000,000 for each of fiscal years 2022 through 2026.

12 **SEC. 102. COLLECTION OF OVERDOSE DATA.**

13 (a) IN GENERAL.—Not later than one year after the  
14 date of enactment of this Act, the Secretary shall conduct  
15 a study on how to most efficiently track overdoses by type  
16 of drug, including fentanyl.

17 (b) GRANT PROGRAM.—

18 (1) IN GENERAL.—Upon completion of the  
19 study under subsection (a), and taking into consider-  
20 ation the results of such study, the Secretary shall  
21 award grants to States to facilitate the collection of  
22 data with respect to fentanyl-involved overdoses.

23 (2) REQUIREMENT.—As a condition on receipt  
24 of a grant under this subsection, an applicant shall  
25 agree to share the data collected pursuant to the



1 grant with the Centers for Disease Control and Pre-  
2 vention.

3 (3) PREFERENCE.—In awarding grants under  
4 this subsection, the Secretary shall give preference  
5 to applicants whose grant proposals demonstrate the  
6 greatest need for collecting timely and accurate data  
7 on overdoses.

8 **SEC. 103. FENTANYL DETECTION.**

9 (a) TESTING OF CONTAMINANTS.—

10 (1) IN GENERAL.—The Secretary, acting  
11 through the Assistant Secretary and in coordination  
12 with the Director of the Centers for Disease Control  
13 and Prevention, shall establish a pilot program  
14 through which 5 entities, in 5 States representing  
15 diverse regions, use chemical screening devices to  
16 identify contaminants, including fentanyl and  
17 fentanyl-related substances, in illicit street drugs.

18 (2) EVALUATION.—Not later than the end of  
19 fiscal year 2025, the Secretary shall—

20 (A) complete an evaluation of the most ef-  
21 fective ways of expanding the pilot program  
22 under this subsection to decrease rates of over-  
23 dose; and

1 (B) submit a report to the appropriate  
2 congressional committees on the results of such  
3 evaluation.

4 (3) DEFINITION.— In this subsection, the term  
5 “chemical screening device” means an infrared spec-  
6 trophotometer, mass spectrometer, nuclear magnetic  
7 resonance spectrometer, Raman spectrophotometer,  
8 ion mobility spectrometer, or any other device or  
9 other technology that is able to determine the pres-  
10 ence of, or identify, one or more contaminants in il-  
11 legal street drugs.

12 (4) AUTHORIZATION OF APPROPRIATIONS.—To  
13 carry out this subsection, there is authorized to be  
14 appropriated \$5,000,000 for each of fiscal years  
15 2022 through 2026.

16 (b) RESEARCH INTO TECHNOLOGIES.—

17 (1) IN GENERAL.—The Secretary shall conduct  
18 or support research for the development or improve-  
19 ment of portable and affordable technologies related  
20 to testing drugs for fentanyl and fentanyl-related  
21 substances, including chemical screening device  
22 methods.

23 (2) AUTHORIZATION OF APPROPRIATIONS.—To  
24 carry out this subsection, there is authorized to be

1 appropriated \$25,000,000 for each of fiscal years  
2 2022 through 2026.

3 **SEC. 104. GAO REPORT ON INTERNATIONAL MAIL AND**  
4 **CARGO SCREENING.**

5 Not later than one year after the date of enactment  
6 of this Act, the Comptroller General of the United States  
7 shall submit to the Congress a report reviewing the impact  
8 of illicit fentanyl and fentanyl-related substances imported  
9 through international mail and cargo, including discussion  
10 of the following:

11 (1) The volume of fentanyl and fentanyl-related  
12 substances being imported into the country by  
13 means of international mail and cargo.

14 (2) The potential impact of increased screening  
15 for illicit fentanyl and fentanyl-related substances  
16 on—

17 (A) deterring drug trafficking in the  
18 United States;

19 (B) interdicting fentanyl and fentanyl-re-  
20 lated substances that were manufactured out-  
21 side of the United States and intended, or at-  
22 tempted, to be imported into the United States;

23 (C) the number of Federal criminal pros-  
24 ecutions based on the manufacture, distribu-  
25 tion, or possession of fentanyl or fentanyl-re-

1           lated substances, disaggregated by demographic  
2           data, including sex, race, and ethnicity, of the  
3           offender;

4           (D) the charges brought in such prosecu-  
5           tions;

6           (E) the impacts of prosecutions on reduc-  
7           ing demand and availability to users; and

8           (F) the development of new fentanyl-re-  
9           lated substances.

10          (3) The need for non-invasive technology in  
11          screening for fentanyl and fentanyl-related sub-  
12          stances, taking into account the findings pursuant to  
13          paragraphs (1) and (2).

14 **SEC. 105. CONTINGENCY MANAGEMENT PROGRAM.**

15          (a) IN GENERAL.—The Secretary shall—

16               (1) develop and implement a program of using  
17               contingency management principles to discourage  
18               the use of illicit drugs; and

19               (2) as part of such program use incentive-based  
20               interventions—

21                       (A) to increase substance misuse treatment  
22                       retention; and

23                       (B) to promote adherence to treatment  
24                       goals, including negative urinalysis.

1 (b) AUTHORIZATION OF APPROPRIATIONS.—To carry  
2 out this section, there is authorized to be appropriated  
3 \$25,000,000 for each of fiscal years 2022 through 2026.

4 **TITLE II —OVERDOSE PREVEN-**  
5 **TION AND SUBSTANCE USE**  
6 **DISORDER TREATMENT PRO-**  
7 **GRAMS**

8 **SEC. 201. NAM REPORT ON OVERDOSE PREVENTION CEN-**  
9 **TERS.**

10 Not later than one year after the date of enactment  
11 of this Act, the Comptroller General of the United States  
12 shall enter into an arrangement with the National Acad-  
13 emy of Medicine (or, if the Academy declines, another ap-  
14 propriate entity) to—

15 (1) submit to the Congress a report on overdose  
16 prevention centers; and

17 (2) include in such report—

18 (A) a review of the effectiveness of legally  
19 authorized overdose prevention centers in the  
20 United States and abroad on lowering overdose  
21 deaths; and

22 (B) an assessment of the effectiveness of  
23 overdose prevention centers on improving access  
24 to medication-assisted treatment and recovery  
25 services.

1 **SEC. 202. NALOXONE.**

2 (a) NALOXONE PRICING TRANSPARENCY.—

3 (1) REPORTING REQUIREMENT.—Not later than  
4 the date that is one year after the date of enactment  
5 of this Act, and annually thereafter, to better under-  
6 stand how research and development costs, manufac-  
7 turing and marketing costs, acquisitions, Federal in-  
8 vestments, revenues and sales, and other factors in-  
9 fluence drug prices, each manufacturer of naloxone  
10 or any other drug approved by the Food and Drug  
11 Administration for opioid overdose reversal shall re-  
12 port to the Secretary—

13 (A) with respect to naloxone (or such other  
14 drug)—

15 (i) total expenditures of the manufac-  
16 turer on—

17 (I) materials and manufacturing  
18 for such drug;

19 (II) acquiring patents and licens-  
20 ing; and

21 (III) costs to purchase or acquire  
22 the drug from another company, if ap-  
23 plicable;

24 (ii) the percentage of total expendi-  
25 tures of the manufacturer on research and

1 development for such drug that was de-  
2 rived from Federal funds;

3 (iii) the total expenditures of the man-  
4 ufacturer on research and development for  
5 such drug;

6 (iv) the total revenue and net profit  
7 generated from the applicable drug for  
8 each calendar year since drug approval;

9 (v) the total expenditures of the man-  
10 ufacturer that are associated with mar-  
11 keting and advertising for such drug;

12 (vi) the wholesale acquisition cost for  
13 such drug;

14 (vii) the average out-of-pocket cost of  
15 such drug to the consumer;

16 (viii) patient utilization rates for such  
17 drug; and

18 (B) additional information specific to the  
19 manufacturer as the Secretary may require, to  
20 include at a minimum—

21 (i) the total revenue and net profit of  
22 the manufacturer for the reporting period;

23 (ii) metrics used to determine execu-  
24 tive compensation; and

1 (iii) any additional information related  
2 to drug pricing decisions of the manufac-  
3 turer, such as total expenditures on—

4 (I) drug research and develop-  
5 ment; or

6 (II) clinical trials on drugs that  
7 failed to receive approval by the Food  
8 and Drug Administration.

9 (2) REPORTING PERIOD.—The reporting period  
10 for the reports under paragraph (1) shall be as fol-  
11 lows:

12 (A) For the initial report under paragraph  
13 (1), the 10-year period preceding the report.

14 (B) For subsequent reports, the 12-month  
15 period preceding the respective reports.

16 (3) PUBLICLY AVAILABLE.—

17 (A) IN GENERAL.—Subject to subpara-  
18 graph (B), not later than 30 days after receiv-  
19 ing the information under paragraph (1), the  
20 Secretary shall post on the internet website of  
21 the Centers for Medicare & Medicaid Services  
22 the information reported under paragraph (1)  
23 in written format and using language that is  
24 easily understandable by beneficiaries under ti-



1           tles XVIII and XIX of the Social Security Act  
2           (42 U.S.C. 1395 et seq.; 1396 et seq.).

3           (B) EXCLUSION OF PROPRIETARY INFOR-  
4           MATION.—The Secretary shall exclude propri-  
5           etary information, such as trade secrets and in-  
6           tellectual property, submitted by the manufac-  
7           turer under paragraph (1) from the posting de-  
8           scribed in subparagraph (A).

9           (b) STUDY ON CLASSIFICATION OF NALOXONE AS A  
10          PRESCRIPTION DRUG.—The Commissioner of Food and  
11          Drugs shall—

12           (1) not later one year after the date of enact-  
13          ment of this Act, determine whether naloxone should  
14          remain subject to the requirements of section  
15          503(b)(1) of the Federal Food, Drug, and Cosmetic  
16          Act (21 U.S.C. 353(b)(1)) or be reclassified as an  
17          over-the-counter drug; and

18           (2) take such actions as may be appropriate,  
19          consistent with such determination.

20          **SEC. 203. GOOD SAMARITAN IMMUNITY.**

21          (a) LIMITATION ON CIVIL LIABILITY FOR INDIVID-  
22          UALS WHO ADMINISTER OPIOID OVERDOSE REVERSAL  
23          DRUGS.—

24           (1) IN GENERAL.—Notwithstanding any other  
25          provision of law, except as provided in paragraph

1 (2), no individual shall be liable in any Federal or  
2 State proceeding for harm caused by the emergency  
3 administration of an opioid overdose reversal drug to  
4 an individual who has or reasonably appears to have  
5 suffered an overdose from heroin or another opioid,  
6 if—

7 (A) the individual who administers the  
8 opioid overdose reversal drug obtained the drug  
9 from—

10 (i) a health care professional as part  
11 of an opioid overdose prevention program;

12 or

13 (ii) any source as permitted under ap-  
14 plicable State law; or

15 (B) the individual administers the opioid  
16 overdose reversal drug in good faith.

17 (2) EXCEPTION.—Paragraph (1) shall not  
18 apply to an individual if the harm was caused by the  
19 gross negligence or reckless misconduct of the indi-  
20 vidual who administers the drug.

21 (3) DEFINITIONS.—In this subsection:

22 (A) The term “health care professional”  
23 means a person licensed by a State to prescribe  
24 prescription drugs.

1           (B) The term “opioid overdose reversal  
2 drug” means a drug approved under section  
3 505 of the Federal Food, Drug, and Cosmetic  
4 Act (21 U.S.C. 355) that is indicated for the  
5 partial or complete reversal of the pharma-  
6 cological effects of an opioid overdose in the  
7 human body.

8           (C) The term “opioid overdose prevention  
9 program” means a program operated by a local  
10 health department, harm reduction or other  
11 community-based organization, substance abuse  
12 treatment organization, law enforcement agen-  
13 cy, fire department, other first responder de-  
14 partment, or voluntary association, or a pro-  
15 gram funded by a Federal, State, or local gov-  
16 ernment, that works to prevent opioid overdoses  
17 by in part providing opioid overdose reversal  
18 drugs and education—

19                   (i) to individuals at risk of experi-  
20 encing an opioid overdose; or

21                   (ii) to an individual in a position to  
22 assist another individual at risk of experi-  
23 encing an opioid overdose.

24           (b) IMMUNITY FROM LIABILITY.—

1           (1) IN GENERAL.—An individual who, in good  
2 faith and in a timely manner—

3           (A) seeks medical assistance for another  
4 individual who is experiencing a drug overdose  
5 shall not be cited, arrested, prosecuted, crimi-  
6 nally liable, or subject to any sanction for a vio-  
7 lation of a condition of supervised release under  
8 section 404 of the Controlled Substances Act  
9 (21 U.S.C. 844) for the possession or use of a  
10 controlled substance, or under any other provi-  
11 sion of Federal law regulating the misuse of  
12 prescription drugs, as a result of seeking such  
13 medical assistance; or

14           (B) seeks medical assistance for himself or  
15 herself for a drug overdose, or is the subject of  
16 a request for medical assistance described in  
17 subparagraph (A), shall not be cited, arrested,  
18 prosecuted, criminally liable, or subject to any  
19 sanction for a violation of a condition of super-  
20 vised release, under section 404 of the Con-  
21 trolled Substances Act (21 U.S.C. 844) for the  
22 possession or use of a controlled substance, or  
23 under any other provision of Federal law regu-  
24 lating the misuse of prescription drugs, as a re-  
25 sult of seeking such medical assistance.

1           (2) PREEMPTION.—This subsection preempts  
2           the laws of a State or any political subdivision of a  
3           State to the extent that such laws are inconsistent  
4           with this section, unless such laws provide greater  
5           protection from liability.

6           (3) DEFINITIONS.—In this section:

7                   (A) The term “controlled substance” has  
8                   the meaning given the term in section 102 of  
9                   the Controlled Substances Act (21 U.S.C. 802).

10                   (B) The term “drug overdose” means an  
11                   acute condition resulting from or believed to be  
12                   resulting from the use of a controlled sub-  
13                   stance, which an individual, who is not a health  
14                   care professional, would reasonably believe re-  
15                   quires medical assistance.

16                   (C) The term “prescription drug” means a  
17                   drug subject to section 503(b)(1) of the Federal  
18                   Food, Drug, and Cosmetic Act (21 U.S.C.  
19                   353(b)(1)).

20                   (D) The terms “seeks medical assistance”  
21                   and “seeking such medical assistance” in-  
22                   clude—

23                           (i) reporting a drug or alcohol over-  
24                           dose or other medical emergency to a law  
25                           enforcement authority, the 9–1–1 system,

1 a poison control center, or a medical pro-  
2 vider;

3 (ii) assisting another individual who is  
4 making a report described in clause (i); or

5 (iii) providing care to someone who is  
6 experiencing a drug or alcohol overdose or  
7 other medical emergency while awaiting  
8 the arrival of medical assistance.

9 (c) SEEKING ASSISTANCE AS A MITIGATING FAC-  
10 TOR.—Section 3553 of title 18, United States Code, is  
11 amended—

12 (1) by redesignating subsection (g) as sub-  
13 section (h); and

14 (2) by inserting after subsection (f) the fol-  
15 lowing:

16 “(g) SEEKING MEDICAL ASSISTANCE.—

17 “(1) IN GENERAL.—Notwithstanding any other  
18 provision of law, in imposing a sentence pursuant to  
19 guidelines promulgated by the United States Sen-  
20 tencing Commission under section 994 of title 28  
21 against a defendant convicted of an offense as a re-  
22 sult of seeking medical assistance for another indi-  
23 vidual who is experiencing a drug overdose, or for  
24 himself or herself for a drug overdose, other than an  
25 offense described in section 203(b)(1)(A) of the

1 STOP Fentanyl Act of 2021, the court shall con-  
2 sider the act of seeking medical assistance as a miti-  
3 gating factor.

4 “(2) DEFINITIONS.—In this subsection, the  
5 terms ‘drug overdose’ and ‘seeking medical assist-  
6 ance’ have the meanings given to such terms in sec-  
7 tion 203(b) of the STOP Fentanyl Act of 2021.”.

8 **SEC. 204. MEDICATION-ASSISTED TREATMENT.**

9 (a) OPIOID TREATMENT PROGRAM REGULATIONS.—

10 (1) DEFINITION.—In this subsection, the term  
11 “opioid treatment program” means a program or  
12 practitioner engaged in opioid treatment of individ-  
13 uals with an opioid agonist treatment medication  
14 registered under section 303(g)(1) of the Controlled  
15 Substances Act (21 U.S.C. 823(g)(1)).

16 (2) ELIMINATION OF PATIENT ELIGIBILITY RE-  
17 QUIREMENT.—The Secretary shall amend section  
18 8.12(e)(1) of title 42, Code of Federal Regulations  
19 (and such other regulations in part 8 of such title  
20 42 as may be necessary) to eliminate the require-  
21 ment that the person became addicted at least 1  
22 year before admission for maintenance treatment  
23 under an opioid treatment program.

24 (3) SURVEY.—

1 (A) IN GENERAL.—Not later than one year  
2 after the date of enactment of this Act, the As-  
3 sistant Secretary shall—

4 (i) complete a survey of the use in  
5 opioid treatment programs of “take-home”  
6 prescription medications; and

7 (ii) submit a report to Congress on  
8 the findings of the survey.

9 (B) REQUIRED ASSESSMENT.—The survey  
10 under paragraph (1) shall assess—

11 (i) the frequency of use of “take-  
12 home” medication, as allowed under sec-  
13 tion 8.12(i) of title 42, Code of Federal  
14 Regulations;

15 (ii) the extent to which the limitations  
16 on doses for “take-home” use listed in sec-  
17 tion 8.12(i)(3)(i), (ii), (iii), and (iv) of such  
18 title 42 unduly burden treatment of indi-  
19 viduals with opioid use disorder; and

20 (iii) whether and how individuals re-  
21 ceiving medications for “take-home” use  
22 receive all services listed in section 8.12(f)  
23 of such title 42.

24 (b) TREATMENT IN RURAL AND UNDERSERVED POP-  
25 ULATIONS.—Not later than 1 year after the date of enact-



1 ment of this Act, the Assistant Secretary shall complete  
2 a study and submit a report to the Congress on ways in  
3 which the Substance Abuse and Mental Health Services  
4 Administration can provide and support health services,  
5 including treatment for substance use disorders, to indi-  
6 viduals in rural (including agricultural) and medically un-  
7 derserved communities (as defined in section 799B of the  
8 Public Health Service Act (42 U.S.C. 295p)), taking into  
9 account the following:

- 10 (1) Stigma.
- 11 (2) Using data.
- 12 (3) Telemedicine.
- 13 (4) Managing fiscal resources in a community  
14 impacted by addiction.
- 15 (5) Workforce development.
- 16 (6) Broadband.
- 17 (7) Overcoming economic challenges.
- 18 (8) Prevention.
- 19 (9) Transportation.
- 20 (10) Nutritional services.
- 21 (11) Medication-assisted treatment.
- 22 (12) Educating law enforcement personnel  
23 about addiction.
- 24 (13) Drug courts.

1           (14) Educating the faith community about ad-  
2           diction.

3           (15) Recovery support.

4           (16) Housing.

5           (17) Harm reduction services.

6           (c) PRISONS AND MEDICATION-ASSISTED TREAT-  
7           MENT.—

8           (1) IN GENERAL.—The Director of the Bureau  
9           of Prisons shall establish a program to offer—

10           (A) medication-assisted treatment for  
11           opioid use disorder to individuals in the custody  
12           of the Bureau of Prisons and include in such  
13           treatment all drugs that are approved by the  
14           Food and Drug Administration to treat opioid  
15           use disorder; and

16           (B) withdrawal management services to in-  
17           dividuals in the custody of the Bureau of Pris-  
18           ons to provide a comprehensive treatment ap-  
19           proach substance use disorders.

20           (2) AUTHORIZATION OF APPROPRIATIONS.—To  
21           carry out this subsection, there is authorized to be  
22           appropriated to the Director of the Bureau of Pris-  
23           ons \$150,000,000 for each of fiscal years 2022  
24           through 2026.

1 (d) RESIDENTIAL SUBSTANCE ABUSE TREATMENT  
2 FOR STATE PRISONERS.—Section 1904(d) of title I of the  
3 Omnibus Crime Control and Safe Streets Act of 1968 (34  
4 U.S.C. 10424(d)) is amended—

5 (1) by striking “means” and inserting the fol-  
6 lowing:

7 “(1) means”; and

8 (2) by striking the period at the end and insert-  
9 ing “; and”; and

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

11 “(2) includes any such course of comprehensive  
12 individual and group substance abuse treatment  
13 services using medication-assisted treatment for  
14 opioid use disorder (including the use of any drug  
15 approved or licensed by the Food and Drug Admin-  
16 istration for such treatment).”.

17 **SEC. 205. TELEHEALTH FOR SUBSTANCE USE DISORDER**  
18 **TREATMENT.**

19 Section 309(e)(2) of the Controlled Substances Act  
20 (21 U.S.C. 829(e)(2)) is amended—

21 (1) in subparagraph (A)(i)—

22 (A) by striking “at least 1 in-person med-  
23 ical evaluation” and inserting the following: “at  
24 least—

1                   “(I) 1 in-person medical evalua-  
2                   tion”;

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

4                   “(II) for purposes of prescribing  
5                   a controlled substance in schedule III  
6                   or IV, 1 telehealth evaluation; or”;  
7                   and

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

9                   “(D)(i) The term ‘telehealth evaluation’  
10                  means a medical evaluation that is conducted in  
11                  accordance with applicable Federal and State  
12                  laws by a practitioner (other than a phar-  
13                  macist) who is at a location remote from the  
14                  patient and is communicating with the patient  
15                  using a telecommunications system referred to  
16                  in section 1834(m) of the Social Security Act  
17                  that includes, at a minimum, audio and video  
18                  equipment permitting two-way, real-time inter-  
19                  active communication between the patient and  
20                  distant site practitioner.

21                  “(ii) Nothing in clause (i) shall be con-  
22                  strued to imply that 1 telehealth evaluation  
23                  demonstrates that a prescription has been  
24                  issued for a legitimate medical purpose within  
25                  the usual course of professional practice.

1           “(iii) A practitioner who prescribes the  
2           drugs or combination of drugs that are covered  
3           under section 303(g)(2)(C) using the authority  
4           under subparagraph (A)(i)(II) of this para-  
5           graph shall adhere to nationally recognized evi-  
6           dence-based guidelines for the treatment of pa-  
7           tients with opioid use disorders and a diversion  
8           control plan, as those terms are defined in sec-  
9           tion 8.2 of title 42, Code of Federal Regula-  
10          tions, as in effect on the date of enactment of  
11          this subparagraph.”.

12 **SEC. 206. GRANT PROGRAM ON HARMS OF DRUG MISUSE.**

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

23                   (1) preventing and controlling the spread of in-  
24          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.

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

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

19 (2) proposing to serve areas with—

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

23 (B) a higher drug overdose death rate;

24 (C) a greater telemedicine infrastructure  
25 need; and

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

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

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

10 (2) Maintain or hire staff.

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

13 (4) Program supplies.

14 (5) Support and case management services.

15 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry  
16 out this section, there is authorized to be appropriated  
17 \$50,000,000 for fiscal year 2022, to remain available until  
18 expended.

19 **SEC. 207. OPIOID TREATMENT EDUCATION.**

20 (a) IN GENERAL.—The Secretary shall award grants  
21 to States and local governmental entities to provide edu-  
22 cation to stakeholders, including health care providers,  
23 criminal justice professionals, and substance use disorder  
24 treatment personnel, on the current state of research on  
25 treatment for opioid dependence, including—

1           (1) the use of opioid agonists or partial  
2 agonists; and

3           (2) the potential benefits of the use of opioid  
4 agonists or partial agonists for affected individuals.

5           (b) AUTHORIZATION OF APPROPRIATIONS.—To carry  
6 out this section, there is authorized to be appropriated  
7 \$100,000,000 for each of fiscal years 2022 through 2026.

8       **TITLE III—PUBLIC HEALTH**  
9       **DATA AND TRAINING SUP-**  
10       **PORT FOR FENTANYL DETEC-**  
11       **TION**

12       **SEC. 301. PUBLIC HEALTH SUPPORT FOR LAW ENFORCE-**  
13               **MENT.**

14           (a) SUPPORT FOR FENTANYL DETECTION AND HAN-  
15 DLING.—The Secretary, in consultation with the Attorney  
16 General, shall establish a program to provide to Federal,  
17 State, and local law enforcement agencies public health  
18 training on how to detect and handle fentanyl.

19           (b) EVIDENCE-BASED.—The program under sub-  
20 section (a) shall comply with evidence-based guidelines, in-  
21 cluding the “Fentanyl Safety Recommendations for First  
22 Responders” (or any successor guidelines) of the Office  
23 of National Drug Control Policy.



1           (c) AUTHORIZATION OF APPROPRIATIONS.—To carry  
2 out this section, there is authorized to be appropriated  
3 \$5,000,000 for each of fiscal years 2022 through 2026.

4 **SEC. 302. REPORT ON COUNTRIES THAT PRODUCE SYN-**  
5 **THETIC DRUGS.**

6           Not later than 1 year after the date of enactment  
7 of this Act, the Secretary of State shall submit to the Con-  
8 gress a report—

9           (1) identifying the countries the Secretary de-  
10 termines are the principal producers of synthetic  
11 drugs trafficked into the United States;

12           (2) assessing how and why those countries are  
13 producing such drugs; and

14           (3) describing measures the Secretary plans to  
15 take to reduce the flow of such drugs into the  
16 United States.

17 **SEC. 303. GRANTS TO IMPROVE PUBLIC HEALTH SURVEIL-**  
18 **LANCE IN FORENSIC LABORATORIES.**

19           Title I of the Omnibus Crime Control and Safe  
20 Streets Act of 1968 (34 U.S.C. 10101 et seq.) is amended  
21 by adding at the end the following:

1 **“PART PP—CONFRONTING THE USE OF HEROIN,**  
2 **FENTANYL, AND ASSOCIATED SYNTHETIC DRUGS**  
3 **“SEC. 3061. AUTHORITY TO MAKE GRANTS TO ADDRESS**  
4 **PUBLIC SAFETY THROUGH IMPROVED FO-**  
5 **RENSIC LABORATORY DATA.**

6 “(a) PURPOSE.—The purpose of this section is to as-  
7 sist States and units of local government in—

8 “(1) carrying out programs to improve surveil-  
9 lance of seized heroin, fentanyl, and associated syn-  
10 thetic drugs to enhance public health; and

11 “(2) improving the ability of State, tribal, and  
12 local government institutions to carry out such pro-  
13 grams.

14 “(b) GRANT AUTHORIZATION.—The Attorney Gen-  
15 eral, acting through the Director of the Bureau of Justice  
16 Assistance, may make grants to States and units of local  
17 government to improve surveillance of seized heroin,  
18 fentanyl, and associated synthetic drugs to enhance public  
19 health.

20 “(c) GRANT PROJECTS TO IMPROVE SURVEILLANCE  
21 OF SEIZED HEROIN, FENTANYL, AND ASSOCIATED SYN-  
22 THETIC DRUGS.—Grants made under subsection (b) shall  
23 be used for programs, projects, and other activities to—

24 “(1) reimburse State, local, or other forensic  
25 science laboratories to help address backlogs of un-

1 tested samples of heroin, fentanyl, and associated  
2 synthetic drugs;

3 “(2) reimburse State, local, or other forensic  
4 science laboratories for procuring equipment, tech-  
5 nology, or other support systems if the applicant for  
6 the grant demonstrates to the satisfaction of the At-  
7 torney General that expenditures for such purposes  
8 would result in improved efficiency of laboratory  
9 testing and help prevent future backlogs;

10 “(3) reimburse State, local, or other forensic  
11 science laboratories for improved, real time data ex-  
12 change with the Centers for Disease Control and  
13 Prevention on fentanyl, fentanyl-related substances,  
14 and other synthetic drugs present in the local com-  
15 munities; and

16 “(4) support State, tribal, and local health de-  
17 partment services deployed to address the use of  
18 heroin, fentanyl, and associated synthetic drugs.

19 “(d) LIMITATION.—Not less than 60 percent of the  
20 amounts made available to carry out this section shall be  
21 awarded for the purposes under paragraph (1) or (2) of  
22 subsection (c).

23 “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
24 are authorized to be appropriated to carry out this section  
25 \$10,000,000 for each of fiscal years 2022 and 2023.

1 “(f) ALLOCATION.—

2 “(1) POPULATION ALLOCATION.—Seventy-five  
3 percent of the amount made available to carry out  
4 this section in a fiscal year shall be allocated to each  
5 State that meets the requirements of section 2802  
6 so that each State shall receive an amount that  
7 bears the same ratio to the 75 percent of the total  
8 amount made available to carry out this section for  
9 that fiscal year as the population of the State bears  
10 to the population of all States.

11 “(2) DISCRETIONARY ALLOCATION.—Twenty-  
12 five percent of the amount made available to carry  
13 out this section in a fiscal year shall be allocated  
14 pursuant to the discretion of the Attorney General  
15 for competitive grants to States or units of local gov-  
16 ernment with high rates of primary treatment ad-  
17 missions for heroin and other opioids, for use by  
18 State or local law enforcement agencies.

19 “(3) MINIMUM REQUIREMENT.—Each State  
20 shall receive not less than 0.6 percent of the amount  
21 made available to carry out this section in each fis-  
22 cal year.

23 “(4) CERTAIN TERRITORIES.—

24 “(A) IN GENERAL.—For purposes of the  
25 allocation under this section, American Samoa

1           and the Commonwealth of the Northern Mar-  
2           iana Islands shall be considered as 1 State.

3                   “(B) ALLOCATION AMONGST CERTAIN TER-  
4           RITORIES.—For purposes of subparagraph (A),  
5           67 percent of the amount allocated shall be al-  
6           located to American Samoa and 33 percent  
7           shall be allocated to the Commonwealth of the  
8           Northern Mariana Islands.”.