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 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 “Support, Treatment, and Overdoses Prevention of Fentanyl Overdoses Act of 2023” or the “STOP Fentanyl Overdoses Act of 2023”.

(Original Signature of Member)
(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.
Sec. 2. Definitions.

TITLE I—IMPROVING FENTANYL SURVEILLANCE
Sec. 101. Enhanced drug surveillance.
Sec. 102. Collection of overdose data.
Sec. 103. Public health support for law enforcement.
Sec. 104. Fentanyl detection.
Sec. 105. Grants to improve public health surveillance in forensic laboratories.

TITLE II—STEMMING THE SUPPLY OF FENTANYL
Sec. 201. Report on countries that produce synthetic drugs.
Sec. 202. GAO report on international mail and cargo screening.

TITLE III—OVERDOSE PREVENTION AND SUBSTANCE USE DISORDER TREATMENT PROGRAMS
Sec. 301. Opioid treatment education.
Sec. 302. Study on naloxone access.
Sec. 303. Increasing access to medication for opioid overdose reversal.
Sec. 304. Grant program on harms of drug misuse.
Sec. 305. Good Samaritan immunity.

SEC. 2. DEFINITIONS.

In this Act, except as otherwise provided:

(1) The term “Assistant Secretary” means the Assistant Secretary for Mental Health and Substance Use.

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

(3) The term “fentanyl-related substance” has the meaning given the term in section 1308.11(h)(30)(i) of title 21, Code of Federal Regulations (or successor regulations).
TITLE I—IMPROVING FENTANYL SURVEILLANCE

SEC. 101. ENHANCED DRUG SURVEILLANCE.

(a) CDC SURVEILLANCE PROGRAM.—Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by inserting after section 317V of such Act (42 U.S.C. 247b–24) the following:

“SEC. 317W. ENHANCED DRUG SURVEILLANCE.

“(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall enhance the Overdose Data to Action drug surveillance program of the Centers and other drug surveillance programs by—

“(1) encouraging States, political subdivisions of States, and territories to participate;

“(2) increasing and accelerating the collection of data on fentanyl, fentanyl-related substances, other synthetic opioids, and new emerging drugs of use (including harmful adulterants of fentanyl such as xylazine), including the collection of related overdose data from medical examiners and drug treatment admissions and information regarding drug seizures; and

“(3) utilizing available and emerging information on fentanyl, fentanyl-related substances, other
synthetic opioids, and new emerging drugs of abuse, including information from—

“(A) the High Intensity Drug Trafficking Areas program;

“(B) the National Drug Early Warning System;

“(C) State and local public health authorities;

“(D) Federal, State, and local public health laboratories; and

“(E) drug seizures by Federal, State, and local law enforcement agencies, including information from the National Seizure System and the National Forensic Laboratory Information System of the Drug Enforcement Administration.

“(b) INFORMATION SHARING.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall publicly disseminate findings collected through the Overdose Data to Action drug surveillance program of the Centers for Disease Control and Prevention.

“(c) DEFINITION.—In this section, the term ‘fentanyl-related substance’ has the meaning given the
term in section 1308.11(h)(30)(i) of title 21, Code of Fed-
eral Regulations (or successor regulations).”.

(b) LAW ENFORCEMENT REPORTING.—Each Federal law enforcement agency shall report information on all drug seizures by that agency to the Drug Enforcement Administration for inclusion in the National Seizure System.

c) GAO REPORT.—Not later than 2 years after the date of enactment of this Act, the Comptroller General of the United States shall—

(1) publish a report analyzing how Federal agencies can improve their collection, reporting, sharing, and analytic use of drug seizure data across Federal agencies and with State and local governments; and

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

SEC. 102. COLLECTION OF OVERDOSE DATA.

(a) IN GENERAL.—Not later than 2 years after the date of enactment of this Act, the Secretary shall com-
mence a study on how to most efficiently track overdoses by type of drug, including fentanyl.

(b) Grant Program.—

(1) In General.—Upon completion of the study under subsection (a), and taking into consideration the results of such study, the Secretary shall award grants to States to facilitate the collection of data with respect to fentanyl-involved overdoses.

(2) Requirement.—As a condition on receipt of a grant under this subsection, an applicant shall agree to share the data collected pursuant to the grant with the Centers for Disease Control and Prevention.

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

SEC. 103. PUBLIC HEALTH SUPPORT FOR LAW ENFORCEMENT.

(a) Support for Fentanyl Detection and Handling.—The Secretary, in consultation with the Attorney General, shall carry out a program to provide to Federal, State, and local law enforcement agencies training on ac-
curate information about fentanyl and how to detect and handle fentanyl.

(b) Evidence-Based.—The program under subsection (a) shall comply with evidence-based guidelines, including the “Fentanyl Safety Recommendations for First Responders” (or any successor guidelines) of the Office of National Drug Control Policy.

SEC. 104. FENTANYL DETECTION.

(a) Testing of Contaminants.—The Secretary, acting through the Assistant Secretary and in coordination with the Director of the Centers for Disease Control and Prevention, shall continue to improve efforts to enhance screening and identification of contaminants in drugs to prevent overdoses.

(b) Research into Technologies.—The Secretary shall conduct or support research for the development or improvement of portable and affordable technologies related to checking drugs for fentanyl and fentanyl-related substances, including chemical screening device methods.

SEC. 105. GRANTS TO IMPROVE PUBLIC HEALTH SURVEILLANCE IN FORENSIC LABORATORIES.

Title I of the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. 10101 et seq.) is amended by adding at the end the following:
“PART PP—CONFRONTING THE USE OF HEROIN, FENTANYL, AND ASSOCIATED SYNTHETIC DRUGS

“SEC. 3061. GRANTS TO ADDRESS PUBLIC SAFETY THROUGH IMPROVED FORENSIC LABORATORY DATA.

“(a) PURPOSE.—The purpose of a grant awarded under this section shall be to promote public health by assisting a State or unit of local government—

“(1) establish or improve a surveillance program in order to facilitate the seizure of covered controlled substances; and

“(2) carry out the activities described in section 101 of the STOP Fentanyl Overdoses Act of 2023.

“(b) ESTABLISHMENT OF GRANT.—The Attorney General, acting through the Director of the Bureau of Justice Assistance, may make a grant to a State or unit of local government to promote public health by establishing or improving a surveillance program in order to facilitate the seizure of covered controlled substances.

“(c) ELIGIBLE PROJECTS.— A grant awarded under this section shall be used for a program, project, or other activity to—

“(1) reimburse a State, local, or other forensic science laboratory for costs associated with testing to help address any backlog of untested samples of covered controlled substances;
“(2) reimburse a State, local, or other forensic science laboratory for the procurement of equipment, technology, or other support systems;

“(3) reimburse State, local, or other forensic science laboratory for improved, real time data exchange with the Centers for Disease Control and Prevention on covered controlled substances; and

“(4) support a State or local health departments deployed to address the use of covered controlled substances.

“(d) ADDITIONAL REQUIREMENT.—A program, project, or other activity pursuant to subsection (c)(2) shall require that the State, unit of local government, or Tribe demonstrate, to the satisfaction of the Attorney General, that any reimbursement would result in improved efficiency of laboratory testing and help prevent future backlogs.

“(e) ALLOCATION.—

“(1) POPULATION ALLOCATION.—Seventy-five percent of the amount made available to carry out this section in a fiscal year shall be allocated to each State or unit of local government that meets the requirements of section 2802 so that each State or unit of local government shall receive an amount that bears the same ratio to the 75 percent of the
total amount made available to carry out this section
for that fiscal year as the population of the State or
unit of local government bears to the population of
all States or units of local governments.

“(2) DISCRETIONARY ALLOCATION.—Twenty-five percent of the amount made available to carry
out this section in a fiscal year shall be allocated
pursuant to the discretion of the Attorney General
for competitive grants to States or units of local gov-
ernment with high rates of primary treatment ad-
missions for polysubstance use, including for covered
controlled substances, for use by State, local, or
Tribal law enforcement agencies.

“(3) LIMITATION.—Not less than 60 percent of
any amounts made available to carry out this section
shall be awarded for a program, project, or other ac-
tivity under paragraph (1) or (2) of subsection (c).

“(4) MINIMUM REQUIREMENT.—Notwith-
standing paragraphs (1), (2), and (3), each State re-
ceiving funds shall not receive less than 0.6 percent
of the amount made available to carry out this sec-
tion in each fiscal year.

“(f) COVERED CONTROLLED SUBSTANCE DE-
FINED.—In this section, the term ‘covered controlled sub-
stance’ means heroin, fentanyl, a fentanyl-related sub-
stance, and any associated synthetic drug.’’.

TITLE II—STEMMING THE SUPPLY OF FENTANYL

SEC. 201. REPORT ON COUNTRIES THAT PRODUCE SYN-
THETIC DRUGS.

Not later than one year after the date of enactment
of this Act, the Secretary of State shall submit to the
Committee on Energy and Commerce of the House of
Representatives and the Committee on the Judiciary of
the Senate a report—

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

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

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

SEC. 202. GAO REPORT ON INTERNATIONAL MAIL AND
CARGO SCREENING.

Not later than one year after the date of enactment
of this Act, the Comptroller General of the United States
shall submit to the Congress a report reviewing the impact
of High Intensity Drug Trafficking Areas program on il-
licit fentanyl and fentanyl-related substances imported through international mail and cargo, including discussion of the following:

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

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

(A) deterring drug trafficking in the United States;

(B) interdicting fentanyl and fentanyl-related substances that were manufactured outside of the United States and intended, or attempted, to be imported into the United States;

(C) the number of Federal criminal prosecutions based on the manufacture, distribution, or possession of fentanyl or fentanyl-related substances, disaggregated by demographic data, including sex, race, and ethnicity, of the offender;

(D) the charges brought in such prosecutions;

(E) the impacts of prosecutions on reducing demand and availability to users; and
(F) the development of new fentanyl-related substances.

(3) The need for non-invasive technology in screening for fentanyl and fentanyl-related substances, taking into account the findings pursuant to paragraphs (1) and (2).

**TITLE III—OVERDOSE PREVENTION AND SUBSTANCE USE DISORDER TREATMENT PROGRAMS**

**SEC. 301. OPIOID TREATMENT EDUCATION.**

Part D of title V of the Public Health Service Act (42 U.S.C. 290dd et seq.) is amended by adding at the end the following:

“SEC. 553. OPIOID TREATMENT EDUCATION.

“(a) IN GENERAL.—The Secretary shall award grants to States and local governmental entities to provide education to stakeholders, including health care providers, criminal justice professionals, and substance use disorder treatment personnel, on the current state of research on treatment for opioid use disorder, including—

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

“(2) the potential benefits of the use of opioid agonists or partial agonists for affected individuals.
“(b) REPORT.—Not later than one year after the date of enactment of the STOP Fentanyl Overdoses Act of 2023, the Secretary shall submit a report to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate, including the following data:

“(1) The number of people reached by educational materials funded pursuant to this section.

“(2) The geographic areas where people received such educational materials.

“(3) The remaining populations and areas targeted for awareness of educational materials, including the characteristics of such populations and areas such as the type of stakeholder and geographic area.

“(4) The select outcomes of education funded pursuant to this section as determined by the Secretary.”.

SEC. 302. STUDY ON NALOXONE ACCESS.

(a) IN GENERAL.—The Comptroller General of the United States shall conduct a study on actions that may be taken to ensure appropriate access and affordability of naloxone for individuals seeking to purchase naloxone. Such study shall address what is known about—
(1) coverage of naloxone (in any available form), including whether naloxone can be covered as an over-the-counter drug under a group health plan or group or individual health insurance coverage (as such terms are defined in section 2791 of the Public Health Service Act (42 U.S.C. 300gg–91)) or for individuals entitled to benefits under part A or enrolled under part B of title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) or receiving medical assistance under a State plan under title XIX of such Act (42 U.S.C. 1396 et seq.) or a waiver of such plan;

(2) the out-of-pocket cost to consumers purchasing naloxone—

(A) with a prescription, with and without coverage under any such plan or coverage;

(B) over-the-counter, with and without coverage under any such plan or coverage; and

(C) pursuant to a standing order; and

(3) other factors impacting coverage, including barriers in covering naloxone as an over-the-counter drug, the relative net costs of naloxone when purchased over-the-counter without insurance coverage compared to when purchased with a prescription and covered under a group health plan or health insur-
ance coverage, and the availability of naloxone pur-
chased and distributed through public health enti-

ties.

(b) REPORT.—Not later than 2 years after the date
of the enactment of this Act, the Comptroller General of
the United States shall submit to Congress a report that
contains the findings of the study conducted under sub-
section (a).

SEC. 303. INCREASING ACCESS TO MEDICATION FOR

OPIOID OVERDOSE REVERSAL.

(a) TRANSACTIONS.—Section 581(24)(B) of the Fed-
eral Food, Drug, and Cosmetic Act (21 U.S.C.
360eee(24)(B)) is amended—

(1) by redesignating clauses (xvii) and (xviii) as
clauses (xviii) and (xix), respectively; and

(2) by inserting after clause (xvi) the following:

“(xvii) the distribution of an opioid
antagonist indicated for emergency treat-
ment of opioid overdose, such as naloxone,
by or to an overdose prevention, syringe
services program, or other harm reduction
service,”.

(b) WHOLESALE DISTRIBUTION.—Section 503(e)(4)
353(e)(4)) is amended—
(1) by redesignating subparagraphs (R) and (S) as subparagraphs (S) and (T), respectively; and

(2) by inserting after subparagraph (Q) the following:

“(R) the distribution of an opioid antagonist indicated for emergency treatment of opioid overdose, such as naloxone, by or to an overdose prevention, syringe services program, or other harm reduction service;”.

SEC. 304. GRANT PROGRAM ON HARMS OF DRUG MISUSE.

Part D of title V of the Public Health Service Act (42 U.S.C. 290dd et seq.), as amended by section 301, is further amended by adding at the end the following:

“SEC. 554. GRANT PROGRAM ON HARMS OF DRUG MISUSE.

“(a) In General.—The Assistant Secretary, in consultation with the Director of the Centers for Disease Control and Prevention, shall award grants to States and political subdivisions of States to support the delivery of overdose prevention services, including distribution of Food and Drug Administration-approved opioid reversal agents such as naloxone, fentanyl strips, and other harm reduction services that address the harms of drug misuse, including by—
“(1) connecting individuals at risk for, or with, a substance use disorder to overdose education, counseling, and health education; and

“(2) encouraging such individuals to take steps to reduce the harms associated with substance misuse.

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

“(1) organizations providing culturally competent care in terms of considerations based on race, language, ethnicity, gender, sexuality, or disability; or

“(2) proposing to serve areas with—

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

“(B) a higher drug overdose death rate; and

“(C) a greater behavioral health and substance use disorder workforce need.

“(c) SPECIAL CONSIDERATIONS.—A recipient of a grant under this section for the purposes described in subsection (a)(2) shall provide overdose prevention services, as follows:
“(1) Ensure that not less than 60 percent of the grant funds are used for harm reduction programs.

“(2) Prioritize the delivery of opioid antagonists to—

“(A) people who use opioids or illicit drugs;

“(B) families of such people;

“(C) first responders such as law enforcement personnel and nonemergency services such as fire fighters and park rangers; and

“(D) community service providers, such as library, school, and public transportation personnel.

“(d) USE OF GRANT AWARDS.—A recipient of a grant under this section may use grant funds for the following:

“(1) Adapting, maintaining, and expanding essential services provided by harm reduction service organizations to address the risks of drug overdose and contraction of infectious disease.

“(2) Maintaining or hiring staff.

“(3) Supporting program operational costs, including staff, rent, and vehicle purchase or maintenance.
“(4) Program supplies.
“(5) Support and case management services.”.

SEC. 305. GOOD SAMARITAN IMMUNITY.
(a) IN GENERAL.—Part B of title II of the Public Health Service Act is amended by inserting after section 248 of such Act (42 U.S.C. 238q) the following:

“SEC. 249. GOOD SAMARITAN IMMUNITY.
“(a) LIMITATION ON CIVIL LIABILITY FOR INDIVIDUALS WHO ADMINISTER OPIOID OVERDOSE REVERSAL DRUGS.—

“(1) IN GENERAL.—Notwithstanding any other provision of law, except as provided in paragraph (2), no individual shall be liable in any Federal or State proceeding for harm caused by the emergency administration of an opioid overdose reversal drug to an individual who has or reasonably appears to have suffered an overdose from heroin or another opioid, if the individual who administers the opioid overdose reversal drug does so in good faith.

“(2) EXCEPTION.—Paragraph (1) shall not apply to an individual if the harm was caused by the gross negligence or reckless misconduct of the individual who administers the drug.

“(3) DEFINITIONS.—In this subsection:
“(A) The term ‘health care professional’ means a person licensed by a State to prescribe prescription drugs.

“(B) The term ‘opioid overdose reversal drug’ means a drug approved under section 505 of the Federal Food, Drug, and Cosmetic Act that is indicated for the partial or complete reversal of the pharmacological effects of an opioid overdose in the human body.

“(C) The term ‘opioid overdose prevention program’ means a program operated by a local health department, harm reduction or other community-based organization, substance abuse treatment organization, law enforcement agency, fire department, other first responder department, or voluntary association, or a program funded by a Federal, State, or local government, that works to prevent opioid overdoses by in part providing opioid overdose reversal drugs and education—

“(i) to individuals at risk of experiencing an opioid overdose; or

“(ii) to an individual in a position to assist another individual at risk of experiencing an opioid overdose.
“(b) IMMUNITY FROM LIABILITY.—

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

“(A) seeks medical assistance for another individual who is experiencing a drug overdose, or

“(B) seeks medical assistance for himself or herself for a drug overdose, or is the subject of a request for medical assistance described in subparagraph (A), shall not be cited, arrested, prosecuted, criminally liable, or subject to any sanction for a violation of a condition of supervised release under section 404 of the Controlled Substances Act for the possession or use of a controlled substance, or under any other provision of Federal law regulating the misuse of prescription drugs, as a result of seeking such medical assistance.

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

“(3) DEFINITIONS.—In this section:
“(A) The term ‘controlled substance’ has
the meaning given the term in section 102 of
the Controlled Substances Act.

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

“(C) The term ‘prescription drug’ means a
drug subject to section 503(b)(1) of the Federal

“(D) The terms ‘seeks medical assistance’
and ‘seeking such medical assistance’ include—

“(i) reporting a drug or alcohol over-
dose or other medical emergency to a law
enforcement authority, the 9–1–1 system,
a poison control center, or a medical pro-
vider;

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

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

(b) Public Awareness Campaign.—The Secretary
of Health and Human Services, in coordination with the
Administrator of the Drug Enforcement Administration,
shall carry out a campaign to increase public awareness
of the limitations on civil and criminal liability established
by section 249 of the Public Health Service Act, as added
by subsection (a).

Sec. 306. Report on Overdose Prevention Centers.

The Secretary of Health and Human Services shall
enter into appropriate arrangements with the National
Academies of Sciences, Engineering, and Medicine under
which the Academies agree to—

(1) not later than two years after the date of
enactment of this Act, submit to the Congress a re-
port on overdose prevention centers; and

(2) include in such report—

(A) identification of barriers to operating
overdose prevention centers;

(B) a compilation of the data available to
measure effectiveness of overdose prevention
centers on reducing overdose deaths, and im-
proving access to medication for opioid use dis-
order and recovery services;
(C) identification of best practices to promote individual and community public health, provide resources to individuals and families, improve access to substance use disorder and behavioral health services, and reduce stigma;

(D) recommendations for developing integrated care settings inclusive of overdose prevention sites and incorporating overdose prevention sites into referral networks; and

(E) approaches to overdose prevention services that may serve as effective strategies for recovery for people using fentanyl.

SEC. 307. PRISONS AND SUBSTANCE USE DISORDER TREATMENT.

(a) PRISONS AND MEDICATION-ASSISTED TREATMENT.—The Director of the Bureau of Prisons, in collaboration with the Director of the Office of National Drug Control Policy, shall establish a program to offer to individuals in the custody of the Bureau of Prisons—

(1) drugs that are approved by the Food and Drug Administration for treatment of a substance use disorder;

(2) counseling and other psychosocial treatments for the treatment of substance use disorders; and
(3) evidence-based withdrawal management services.

(b) Residential Substance Abuse Treatment for State Prisoners.—Section 1904(d) of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. 10424(d)) is amended—

(1) by striking “means” and inserting the following:

“(1) means”;

(2) by striking the period at the end and inserting “; and”; and

(3) by adding at the end the following:

“(2) includes any drug approved by the Food and Drug Administration for the treatment of substance use disorder.”.