

116TH CONGRESS  
1ST SESSION

**S.** \_\_\_\_\_

To provide funding for programs and activities under the SUPPORT for Patients and Communities Act.

\_\_\_\_\_  
IN THE SENATE OF THE UNITED STATES

\_\_\_\_\_  
Mrs. SHAHEEN introduced the following bill; which was read twice and referred to the Committee on \_\_\_\_\_

\_\_\_\_\_  
**A BILL**

To provide funding for programs and activities under the SUPPORT for Patients and Communities Act.

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 “Turn the Tide Act”.

5 **SEC. 2. CONTROLLED SUBSTANCE PROVISIONS OF THE**

6 **SUPPORT FOR PATIENTS AND COMMUNITIES**

7 **ACT.**

8 (a) GRANTS TO ENHANCE ACCESS TO SUBSTANCE  
9 USE DISORDER TREATMENT.—Section 3203(b) of the  
10 Substance Use-Disorder Prevention that Promotes Opioid

1 Recovery and Treatment for Patients and Communities  
2 Act (Public Law 115–271) is amended to read as follows:

3 “(b) APPROPRIATIONS.—For grants under subsection  
4 (a), there is authorized to be appropriated, and there is  
5 appropriated, out of any monies in the Treasury not other-  
6 wise appropriated, \$4,000,000 for each of fiscal years  
7 2020 through 2023.”.

8 (b) ACCESS TO INCREASED DRUG DISPOSAL.—Sec-  
9 tion 3260 of the Substance Use-Disorder Prevention that  
10 Promotes Opioid Recovery and Treatment for Patients  
11 and Communities Act (Public Law 115– 271) is amended  
12 to read as follows:

13 **“SEC. 3260. APPROPRIATIONS.**

14 “To carry out this chapter, there is authorized to be  
15 appropriated, and there is appropriated, out of any monies  
16 in the Treasury not otherwise appropriated, such sums as  
17 may be necessary for each fiscal year.”.

18 **SEC. 3. PUBLIC HEALTH PROVISIONS OF THE SUPPORT**  
19 **FOR PATIENTS AND COMMUNITIES ACT.**

20 (a) FIRST RESPONDER TRAINING.—Section 546(h)  
21 of the Public Health Service Act (42 U.S.C. 290ee-1(h))  
22 is amended to read as follows:

23 “(h) APPROPRIATIONS.—To carry out this section,  
24 there is authorized to be appropriated, and there is appro-  
25 priated, out of any monies in the Treasury not otherwise

1 appropriated, \$36,000,000 for each of fiscal years 2020  
2 through 2023.”.

3 (b) PUBLIC HEALTH LABORATORIES PILOT PRO-  
4 GRAM.—Section 7011(d) of the Substance Use-Disorder  
5 Prevention that Promotes Opioid Recovery and Treatment  
6 for Patients and Communities Act (Public Law 115– 271)  
7 is amended to read as follows:

8 “(d) APPROPRIATIONS.—To carry out this section,  
9 there is authorized to be appropriated, and there is appro-  
10 priated, out of any monies in the Treasury not otherwise  
11 appropriated, \$15,000,000 for each of fiscal years 2020  
12 through 2023.”.

13 (c) NATIONAL RECOVERY HOUSING BEST PRAC-  
14 TICES.—Section 550(g) of the Public Health Service Act  
15 (42 U.S.C. 290ee-5(g)) is amended to read as follows:

16 “(g) APPROPRIATIONS.—To carry out this section,  
17 there is authorized to be appropriated, and there is appro-  
18 priated, out of any monies in the Treasury not otherwise  
19 appropriated, \$3,000,000 for the period of fiscal years  
20 2020 through 2021.”.

21 (d) MODEL TRAINING PROGRAMS FOR SUBSTANCE  
22 USE DISORDER PATIENT RECORDS.—Section 7053(e) of  
23 the Substance Use-Disorder Prevention that Promotes  
24 Opioid Recovery and Treatment for Patients and Commu-

1 nities Act (Public Law 115– 271) is amended to read as  
2 follows:

3 “(e) APPROPRIATIONS.—To carry out this section,  
4 there is authorized to be appropriated, and there is appro-  
5 priated, out of any monies in the Treasury not otherwise  
6 appropriated—

7 “(1) \$4,000,000 for fiscal years 2020;

8 “(2) \$2,000,000 for each of fiscal year 2021;

9 and

10 “(3) \$1,000,000 for each of fiscal years 2022  
11 and 2023.”.

12 (e) RESIDENTIAL TREATMENT PROGRAMS FOR  
13 PREGNANT AND POSTPARTUM WOMEN.—Section 508(s)  
14 of the Public Health Service Act (42 U.S.C. 290bb-1(s))  
15 is amended by striking the first sentence and inserting the  
16 following: “To carry out this section, there is authorized  
17 to be appropriated, and there is appropriated, out of any  
18 monies in the Treasury not otherwise appropriated,  
19 \$29,931,000 for each of fiscal years 2020 through 2023.”.

20 (f) PRENATAL AND POSTNATAL HEALTH.—Section  
21 317L(d) of the Public Health Service Act (42 U.S.C.  
22 247b-13(d)) is amended to read as follows:

23 “(d) APPROPRIATIONS.—To carry out this section,  
24 there is authorized to be appropriated, and there is appro-  
25 priated, out of any monies in the Treasury not otherwise

1 appropriated, such sums as may be necessary for each of  
2 fiscal years 2020 through 2023.”.

3 (g) PROGRAM FOR EDUCATION AND TRAINING IN  
4 PAIN CARE.—Section 759(e) of the Public Health Service  
5 Act (42 U.S.C. 294i(e)) is amended to read as follows:

6 “(e) APPROPRIATIONS.—To carry out this section,  
7 there is authorized to be appropriated, and there is appro-  
8 priated, out of any monies in the Treasury not otherwise  
9 appropriated, such sums as may be necessary for each of  
10 fiscal years 2020 through 2023. Amounts appropriated  
11 under this subsection shall remain available until ex-  
12 pended.”.

13 (h) MENTAL AND BEHAVIORAL HEALTH EDUCATION  
14 AND TRAINING GRANTS.—Section 756(f) of the Public  
15 Health Service Act (42 U.S.C. 294e-1(f)) is amended to  
16 read as follows:

17 “(f) APPROPRIATIONS.—To carry out this section,  
18 there is authorized to be appropriated, and there is appro-  
19 priated, out of any monies in the Treasury not otherwise  
20 appropriated, \$50,000,000 for each of fiscal years 2020  
21 through 2023.”.

22 (i) COORDINATION AND CONTINUATION OF CARE  
23 FOR DRUG OVERDOSE PATIENTS.—Section 7081(f) of the  
24 Substance Use-Disorder Prevention that Promotes Opioid

1 Recovery and Treatment for Patients and Communities  
2 Act (Public Law 115– 271) is amended to read as follows:

3 “(f) APPROPRIATIONS.—To carry out this section,  
4 there is authorized to be appropriated, and there is appro-  
5 priated, out of any monies in the Treasury not otherwise  
6 appropriated, \$10,000,000 for each of fiscal years 2020  
7 through 2023.”.

8 (j) EMERGENCY DEPARTMENT ALTERNATIVES TO  
9 OPIOIDS DEMONSTRATION PROGRAM.—Section 7091(g)  
10 of the Substance Use-Disorder Prevention that Promotes  
11 Opioid Recovery and Treatment for Patients and Commu-  
12 nities Act (Public Law 115– 271) is amended to read as  
13 follows:

14 “(g) APPROPRIATIONS.—To carry out this section,  
15 there is authorized to be appropriated, and there is appro-  
16 priated, out of any monies in the Treasury not otherwise  
17 appropriated, \$10,000,000 for each of fiscal years 2020  
18 through 2023.”.

19 (k) REGIONAL CENTERS OF EXCELLENCE IN SUB-  
20 STANCE USE DISORDER EDUCATION.—Section 551(f) of  
21 the Public Health Service Act (42 U.S.C. 290ee-6(f)) is  
22 amended to read as follows:

23 “(f) APPROPRIATIONS.—To carry out this section,  
24 there is authorized to be appropriated, and there is appro-  
25 priated, out of any monies in the Treasury not otherwise

1 appropriated, \$4,000,000 for each of fiscal years 2020  
2 through 2023.”.

3 (l) YOUTH PREVENTION AND RECOVERY.—Section  
4 7102(c)(9) of the Substance Use-Disorder Prevention that  
5 Promotes Opioid Recovery and Treatment for Patients  
6 and Communities Act (Public Law 115– 271) is amended  
7 to read as follows:

8 “(9) APPROPRIATIONS.—To carry out this sub-  
9 section, there is authorized to be appropriated, and  
10 there is appropriated, out of any monies in the  
11 Treasury not otherwise appropriated, \$10,000,000  
12 for each of fiscal years 2020 through 2023.”.

13 (m) COMPREHENSIVE OPIOID RECOVERY CEN-  
14 TERS.—Section 552(j) of the Public Health Service Act  
15 (42 U.S.C. 290ee-7(j)) is amended to read as follows:

16 “(j) APPROPRIATIONS.—To carry out this section,  
17 there is authorized to be appropriated, and there is appro-  
18 priated, out of any monies in the Treasury not otherwise  
19 appropriated, \$10,000,000 for each of fiscal years 2020  
20 through 2023.”.

21 (n) CDC SURVEILLANCE AND DATA COLLECTION.—  
22 Section 7131(e) of the Substance Use-Disorder Prevention  
23 that Promotes Opioid Recovery and Treatment for Pa-  
24 tients and Communities Act (Public Law 115– 271) is  
25 amended to read as follows:

1           “(e) APPROPRIATIONS.—To carry out this section,  
2 there is authorized to be appropriated, and there is appro-  
3 priated, out of any monies in the Treasury not otherwise  
4 appropriated, \$2,000,000 for each of fiscal years 2020  
5 through 2023.”.

6           (o) NATIONAL CHILD TRAUMATIC STRESS INITIA-  
7 TIVE.—Section 582(j) of the Public Health Service Act  
8 (42 U.S.C. 290hh-1(j)) is amended to read as follows:

9           “(j) APPROPRIATIONS.—To carry out this section,  
10 there is authorized to be appropriated, and there is appro-  
11 priated, out of any monies in the Treasury not otherwise  
12 appropriated, \$63,887,000 for each of fiscal years 2020  
13 through 2023.”.

14           (p) TRAUMA SUPPORT SERVICES AND MENTAL  
15 HEALTH CARE.—Section 7134(l) of the Substance Use-  
16 Disorder Prevention that Promotes Opioid Recovery and  
17 Treatment for Patients and Communities Act (Public Law  
18 115– 271) is amended to read as follows:

19           “(l) APPROPRIATIONS.—To carry out this section,  
20 there is authorized to be appropriated, and there is appro-  
21 priated, out of any monies in the Treasury not otherwise  
22 appropriated, \$50,000,000 for each of fiscal years 2020  
23 through 2023.”.

24           (q) SURVEILLANCE AND EDUCATION REGARDING IN-  
25 FECTIONS ASSOCIATED WITH ILLICIT DRUG USE AND

1 OTHER RISK FACTORS.—Section 317N(d) of the Public  
2 Health Service Act (42 U.S.C. 247b-15(d)) is amended  
3 to read as follows:

4 “(d) APPROPRIATIONS.—To carry out this section,  
5 there is authorized to be appropriated, and there is appro-  
6 priated, out of any monies in the Treasury not otherwise  
7 appropriated, \$40,000,000 for each of fiscal years 2020  
8 through 2023.”.

9 (r) BUILDING COMMUNITIES OF RECOVERY.—Sec-  
10 tion 547(f) of the Public Health Service Act (42 U.S.C.  
11 290ee-2(f)) is amended to read as follows:

12 “(f) APPROPRIATIONS.—To carry out this section,  
13 there is authorized to be appropriated, and there is appro-  
14 priated, out of any monies in the Treasury not otherwise  
15 appropriated, \$5,000,000 for each of fiscal years 2020  
16 through 2023.”.

17 (s) PEER SUPPORT TECHNICAL ASSISTANCE CEN-  
18 TER.—Section 547A(e) of the Public Health Service Act  
19 (42 U.S.C. 290ee-2a(e)) is amended to read as follows:

20 “(e) APPROPRIATIONS.—To carry out this section,  
21 there is authorized to be appropriated, and there is appro-  
22 priated, out of any monies in the Treasury not otherwise  
23 appropriated, \$1,000,000 for each of fiscal years 2020  
24 through 2023.”.

1 (t) PREVENTING OVERDOSES OF CONTROLLED SUB-  
2 STANCES.—Section 392A(d) of the Public Health Service  
3 Act (42 U.S.C. 280b-1(d)) is amended to read as follows:

4 “(d) APPROPRIATIONS.—To carry out this section,  
5 there is authorized to be appropriated, and there is appro-  
6 priated, out of any monies in the Treasury not otherwise  
7 appropriated, \$496,000,000 for each of fiscal years 2020  
8 through 2023.”.

9 (u) CAREER ACT.—Section 7183(k) of the Substance  
10 Use-Disorder Prevention that Promotes Opioid Recovery  
11 and Treatment for Patients and Communities Act (Public  
12 Law 115– 271) is amended to read as follows:

13 “(k) APPROPRIATIONS.—To carry out this section,  
14 there is authorized to be appropriated, and there is appro-  
15 priated, out of any monies in the Treasury not otherwise  
16 appropriated, \$5,000,000 for each of fiscal years 2020  
17 through 2023.”.

18 **SEC. 4. HOUSING AND DEPARTMENT OF JUSTICE PROVI-**  
19 **SIONS OF THE SUPPORT FOR PATIENTS AND**  
20 **COMMUNITIES ACT.**

21 (a) ASSISTANCE TO HELP INDIVIDUALS IN RECOV-  
22 ERY FROM SUBSTANCE USE DISORDER BECOME STABLY  
23 HOUSED.—Section 8071(a) of the Substance Use-Dis-  
24 order Prevention that Promotes Opioid Recovery and  
25 Treatment for Patients and Communities Act (Public Law

1 115– 271) is amended by inserting “, and there are appro-  
2 priated, out of any monies in the Treasury not otherwise  
3 appropriated,” after “appropriated under this section”.

4 (b) BUILDING CAPACITY FOR FAMILY-FOCUSED RES-  
5 IDENTIAL TREATMENT.—Section 8083(c) of the Sub-  
6 stance Use-Disorder Prevention that Promotes Opioid Re-  
7 covery and Treatment for Patients and Communities Act  
8 (Public Law 115– 271) is amended to read as follows:

9 “(c) APPROPRIATIONS.—To carry out this section,  
10 there is authorized to be appropriated, and there is appro-  
11 priated, out of any monies in the Treasury not otherwise  
12 appropriated, \$20,000,000 for fiscal years 2020, which  
13 shall remain available through fiscal year through 2023.”.

14 (c) COMPREHENSIVE OPIOID ABUSE GRANT PRO-  
15 GRAM.—Section 1001(a)(27) of title I of the Omnibus  
16 Crime Control and Safe Streets Act of 1968 (34 U.S.C.  
17 10261(a)(27)) is amended to read as follows:

18 “(27) To carry out part LL, there is authorized to  
19 be appropriated, and there is appropriated, out of any  
20 monies in the Treasury not otherwise appropriated,  
21 \$500,000,000 for each of fiscal years 2020 through  
22 2023.”.

23 (d) OFFICE OF NATIONAL DRUG CONTROL POL-  
24 ICY.—Section 714 of the Office of National Drug Control

1 Policy Reauthorization Act of 1998 (21 U.S.C. 1711) is  
2 amended to read as follows:

3 **“SEC. 714. AUTHORIZATION OF APPROPRIATIONS; APPRO-**  
4 **PRIATIONS.**

5 “To carry out this title, except activities otherwise  
6 specified, there is authorized to be appropriated, and there  
7 is appropriated, out of any monies in the Treasury not  
8 otherwise appropriated, \$50,000,000 for each of fiscal  
9 years 2020 through 2023, to remain available until ex-  
10 pended.”.

11 (e) DRUG-FREE COMMUNITIES PROGRAM.—Section  
12 1024 of the Anti-Drug Abuse Act of 1988 (21 U.S.C.  
13 1524) is amended—

14 (1) in the heading, by inserting “**; APPRO-**  
15 **PRIATIONS**” after “**AUTHORIZATION OF APPRO-**  
16 **PRIATIONS**”; and

17 (2) by striking subsection (a) and inserting the  
18 following:

19 “(a) IN GENERAL.—To carry out this chapter, there  
20 is authorized to be appropriated to the Office of National  
21 Drug Control Policy, and there is appropriated, out of any  
22 monies in the Treasury not otherwise appropriated,  
23 \$150,000,000 for each of fiscal years 2020 through  
24 2023.”.

1 (f) HIGH-INTENSITY DRUG TRAFFICKING AREA PRO-  
2 GRAM.—Section 707(p) of the Office of National Drug  
3 Control Policy Reauthorization Act of 1988 (21 U.S.C.  
4 1706(p)) is amended—

5 (1) by redesignating paragraphs (1) through  
6 (6) as subparagraphs (A) through (F), respectively,  
7 and adjusting the margins accordingly;

8 (2) by striking “There is authorized” and in-  
9 serting the following:

10 “(1) IN GENERAL.—There is authorized”;

11 (3) in paragraph (1), as so designated—

12 (A) in subparagraph (E), as so redesign-  
13 ated, by striking “each of”; and

14 (B) in subparagraph (F), as so redesign-  
15 ated, by striking “each of fiscal years 2018  
16 through 2023” and inserting “fiscal year  
17 2018”; and

18 (4) by adding at the end the following:

19 “(2) APPROPRIATIONS.—To carry out this sec-  
20 tion, there is authorized to be appropriated to the  
21 Office of National Drug Control Policy, and there is  
22 appropriated, out of any monies in the Treasury not  
23 otherwise appropriated, \$280,000,000 for each of  
24 fiscal years 2020 through 2023.”.

1 (g) DRUG COURT PROGRAM.—Section  
2 1001(a)(25)(A) of title I of the Omnibus Crime Control  
3 and Safe Streets Act of 1968 (34 U.S.C.  
4 10261(a)(25)(A)) is amended to read as follows:

5 “(25)(A) Except as provided in subparagraph (C), to  
6 carry out part EE, there is authorized to be appropriated,  
7 and there is appropriated, out of any monies in the Treas-  
8 ury not otherwise appropriated, \$75,000,000 for each of  
9 fiscal years 2020 through 2023.”.

10 (h) DRUG COURT TRAINING AND TECHNICAL AS-  
11 SISTANCE.—Section 705(e)(2) of the Office of National  
12 Drug Control Policy Reauthorization Act of 1988 (21  
13 U.S.C. 1704(e)(2)) is amended to read as follows:

14 “(2) AUTHORIZATION OF APPROPRIATIONS; AP-  
15 PROPRIATIONS.—To carry out this subsection, there  
16 is authorized to be appropriated, and there is appro-  
17 priated, out of any monies in the Treasury not oth-  
18 erwise appropriated, \$2,000,000 for each of fiscal  
19 years 2020 through 2023.”.

20 (i) ADMINISTRATION OF THE OFFICE OF NATIONAL  
21 DRUG CONTROL POLICY.—Section 704(i)(2) of the Office  
22 of National Drug Control Policy Reauthorization Act of  
23 1998 (21 U.S.C. 1703(i)(2)) is amended to read as fol-  
24 lows:



1 subpart II of part B of title XIX of the Public  
2 Health Service Act (42 U.S.C. 300x–21 et seq.),  
3 there is authorized to be appropriated, and there is  
4 appropriated, \$5,500,000,000 for each of fiscal  
5 years 2020 through 2024.

6 (2) FLEXIBILITY IN USE OF FUNDS.—Section  
7 1003(b) of the 21st Century Cures Act (42 U.S.C.  
8 290ee-3 note) is amended by adding at the end the  
9 following:

10 “(3) FLEXIBILITY.—States and Indian tribes  
11 may use amounts provided under grants under this  
12 subsection to support substance use disorder treat-  
13 ment care and related services regardless of whether  
14 the patient involved has a primary diagnosis of  
15 opioid use disorder, so long as the individual has a  
16 substance use disorder diagnosis.

17 “(4) RULE OF CONSTRUCTION.—Nothing in  
18 this subsection shall be construed to prohibit States  
19 from using grant funds under this subsection to allo-  
20 cate amounts to local governments to establish sub-  
21 grantee awards in such localities.”.

22 (3) SUBSTANCE ABUSE PREVENTION AND  
23 TREATMENT BLOCK GRANTS.—Section 1935(a) of  
24 the Public Health Service Act (42 U.S.C. 300x-  
25 35(a)) is amended to read as follows:

1       “(a) APPROPRIATIONS.—To carry out this subpart,  
2 subpart III, and section 505(d), there is authorized to be  
3 appropriated, and there is appropriated, out of any monies  
4 in the Treasury not otherwise appropriated,  
5 \$3,000,000,000 for each of fiscal years 2020 through  
6 2024, and \$2,500,000,000 for each of fiscal years 2025  
7 through 2029.”.

8       (b) REQUIREMENTS.—For the purposes of carrying  
9 out activities with amounts appropriated under this sec-  
10 tion (and the amendment made by this section), the Sec-  
11 retary of Health and Human Services shall ensure that  
12 the following requirements are complied with:

13           (1) Of the amount appropriated for each fiscal  
14 year under subsection (a) (and the amendment made  
15 by such subsection), \$50,000,000 shall be made  
16 available to Indian Tribes or tribal organizations.

17           (2) Of such remaining amounts for each such  
18 fiscal year, 15 percent shall be made available to the  
19 States with the highest mortality rate related to  
20 opioid use disorders.

21           (3) Of the amount made available for each fis-  
22 cal year under subsections (a)(1) for State Opioid  
23 Response Grants, not more than 2 percent of such  
24 amount shall be available for Federal administrative

1 expenses, training, technical assistance, and evalua-  
2 tion.

3 (4) Of the amounts not reserved under para-  
4 graphs (1) through (3), the Secretary shall make al-  
5 locations to States, territories, and the District of  
6 Columbia according to a formula using national sur-  
7 vey results that the Secretary determines are the  
8 most objective and reliable measure of drug use and  
9 drug-related deaths.

10 (5) The formula methodology under paragraph  
11 (4) shall be submitted to the Committees on Appro-  
12 priations of the House of Representatives and the  
13 Committee on Appropriations of the Senate not less  
14 than 15 days prior to publishing a Funding Oppor-  
15 tunity Announcement.

16 (6) The prevention and treatment activities  
17 funded through grants under this section may in-  
18 clude education, treatment (including the provision  
19 of medication), behavioral health services for individ-  
20 uals in treatment programs, referral to treatment  
21 services, recovery support, and medical screening as-  
22 sociated with such treatment.

23 (7) Each State, including the District of Co-  
24 lumbia, shall receive not less than \$4,000,000 under  
25 grants under this section.

1           (8) In addition to amounts appropriated under  
2 this section (and the amendment made by this sec-  
3 tion), the following amounts shall be available under  
4 section 241 of the Public Health Service Act (42  
5 U.S.C. 238j):

6           (A) \$79,200,000 to carry out subpart II of  
7 part B of title XIX of the Public Health Service  
8 Act to fund section 1935(b) (42 U.S.C. 300x-  
9 35) (relating to technical assistance, national  
10 data, data collection and evaluation activities)  
11 and the total available under this Act for activi-  
12 ties under such section 1935(b) shall not exceed  
13 5 percent of the amounts appropriated for such  
14 subpart II of part B of title XIX.

15           (B) \$2,000,000 to evaluate substance  
16 abuse treatment programs.

17           (9) None of the funds provided for under sec-  
18 tion 1921 of the Public Health Service Act (42  
19 U.S.C. 300x-21) or State Opioid Response Grants  
20 under this section shall be subject to section 241 of  
21 such Act (42 U.S.C. 238j).

22 **SEC. 6. ELIMINATING INSURANCE BARRIERS TO MEDICA-**  
23 **TION-ASSISTED TREATMENT.**

24           (a) LIMITATION ON USE OF UTILIZATION CONTROL  
25 POLICIES OR PROCEDURES FOR MEDICATION-ASSISTED

1 TREATMENTS.—Subpart II of part A of title XXVII of  
2 the Public Health Service Act (42 U.S.C. 300gg-11 et  
3 seq.) is amended by adding at the end the following:

4 **“SEC. 2729A. ELIMINATING BARRIERS TO MEDICATION-AS-**  
5 **SISTED TREATMENT.**

6 “A group health plan (other than a self-insured plan)  
7 or a health insurance issuer offering group or individual  
8 health insurance coverage shall not impose any utilization  
9 control policies or procedures (as defined by the Sec-  
10 retary), including prior authorization requirements, with  
11 respect to medication-assisted treatment covered under  
12 the plan or coverage.”.

13 (b) NO PRIOR AUTHORIZATION OR OTHER UTILIZA-  
14 TION RESTRICTIONS UNDER MEDICAID.—

15 (1) PROHIBITION.—Section 1903(i) of the So-  
16 cial Security Act (42 U.S.C. 1396b(i)) is amended  
17 by inserting after paragraph (8), the following:

18 “(9) with respect to any amount expended for  
19 medical assistance for medication-assisted treatment  
20 (as defined in section 1905(ee)) if the State imposes  
21 any utilization control policies or procedures (as de-  
22 fined by the Secretary), including any prior author-  
23 ization requirements, with respect to the provision of  
24 such assistance; or”.

1           (2) CONFORMING AMENDMENT.—Section  
2           1905(a)(29) of the Social Security Act (42 U.S.C.  
3           1396d(a)(29)) is amended by inserting “and section  
4           1903(i)(9)” after “subsection (ee)”.

5           (3) EFFECTIVE DATE.—The amendments made  
6           by this subsection take effect on October 1, 2019.

7   **SEC. 7. LIMITATIONS ON COST-SHARING FOR OPIOID OVER-**  
8                                   **DOSE REVERSAL MEDICATIONS.**

9           (a) LIMITATIONS ON COST-SHARING.—Subpart II of  
10          part A of title XXVII of the Public Health Service Act  
11          (42 U.S.C. 300gg-11 et seq.), as amended by section 6,  
12          is further amended by adding at the end the following:

13   **“SEC. 2729B. LIMITATIONS ON COST-SHARING FOR OPIOID**  
14                                   **OVERDOSE REVERSAL MEDICATIONS.**

15          “(a) IN GENERAL.—A group health plan (other than  
16          a self-insured plan) or a health insurance issuer offering  
17          group or individual health insurance coverage shall not  
18          any impose any cost-sharing requirement under the plan  
19          or coverage with respect to at least one brand or generic  
20          version of opioid overdose reversal drug.

21          “(b) DEFINITION.—In this section, the term ‘opioid  
22          overdose reversal drug’ means a drug or biological ap-  
23          proved by the Food and Drug Administration for—

1           “(1) complete or partial reversal of opioid de-  
2           pression, including respiratory depression, induced  
3           by opioids; or

4           “(2) emergency treatment of a known or sus-  
5           pected opioid overdose, as manifested by respiratory  
6           or central nervous system depression.”.

7           (b) LIMITATIONS ON COST-SHARING UNDER MEDI-  
8           CARE PART D.—

9           (1) IN GENERAL.—Section 1860D–2(b) of the  
10          Social Security Act (42 U.S.C. 1395w–102(b)) is  
11          amended—

12                   (A) in paragraph (1)(A), by striking “The  
13                   coverage” and inserting “Subject to paragraph  
14                   (8), the coverage”;

15                   (B) in paragraph (2)(A), by striking “and  
16                   (D)” and inserting “and (D) and paragraph  
17                   (8)”;

18                   (C) in paragraph (3)(A), by striking “and  
19                   (4)” and inserting “(4), and (8)”;

20                   (D) in paragraph (4)(A)(i), by striking  
21                   “The coverage” and inserting “Subject to para-  
22                   graph (8), the coverage”; and

23                   (E) by adding at the end the following new  
24                   paragraph:

1           “(8) LIMITATIONS ON COST-SHARING FOR  
2 OPIOID OVERDOSE REVERSAL DRUGS.—

3           “(A) IN GENERAL.—For plan year 2021  
4 and each subsequent plan year, each prescrip-  
5 tion drug plan and MA–PD plan shall not any  
6 impose any cost-sharing requirement under the  
7 plan with respect to at least one brand or ge-  
8 neric version of an opioid overdose reversal  
9 drug (as defined in section 2729B of the Public  
10 Health Service Act). The requirement under the  
11 preceding sentence shall also apply to cost-shar-  
12 ing applicable to subsidy eligible individuals  
13 under section 1814D–14.

14           “(B) COST-SHARING.—For purposes of  
15 subparagraph (A), the elimination of cost-shar-  
16 ing shall include the following:

17           “(i) NO APPLICATION OF DEDUCT-  
18 IBLE.—The waiver of the deductible under  
19 paragraph (1).

20           “(ii) NO APPLICATION OF COINSUR-  
21 ANCE.—There waiver of coinsurance under  
22 paragraph (2).

23           “(iii) NO APPLICATION OF INITIAL  
24 COVERAGE LIMIT.—The initial coverage  
25 limit under paragraph (3) shall not apply.

1                   “(iv) NO COST SHARING ABOVE AN-  
2                   NUAL OUT-OF-POCKET THRESHOLD.—The  
3                   waiver of cost sharing under paragraph  
4                   (4).”.

5                   (2) CONFORMING AMENDMENTS TO COST SHAR-  
6                   ING FOR LOW-INCOME INDIVIDUALS.—Section  
7                   1860D–14(a) of the Social Security Act (42 U.S.C.  
8                   1395w–114(a)) is amended—

9                   (A) in paragraph (1), in the matter pre-  
10                  ceding subparagraph (A), by striking “In the  
11                  case” and inserting “Subject to section 1860D–  
12                  2(b)(8), in the case”; and

13                  (B) in paragraph (2), in the matter pre-  
14                  ceding subparagraph (A), by striking “In the  
15                  case” and inserting “Subject to section 1860D–  
16                  2(b)(8), in the case”.

17 **SEC. 8. TARGETING HEALTH WORKFORCE LOAN REPAY-**  
18 **MENT ASSISTANCE TO HARDEST-HIT STATES.**

19                  (a) LOAN REPAYMENT PROGRAM FOR SUBSTANCE  
20                  USE DISORDER TREATMENT WORKFORCE.—Section  
21                  781(j) of the Public Health Service Act (42 U.S.C.  
22                  295h(j)) is amended to read as follows:

23                  “(j) APPROPRIATIONS.—

24                  “(1) IN GENERAL.—To carry out this section  
25                  (other than paragraph (2)), there is authorized to be

1       appropriated, and there is appropriated, out of any  
2       monies in the Treasury not otherwise appropriated,  
3       \$25,000,000 for each of fiscal years 2020 through  
4       2023.

5               “(2) STATES WITH HIGHEST DRUG OVERDOSE  
6       DEATH RATES.—

7               “(A) IN GENERAL.—To carry out the pro-  
8       gram under this section with respect to individ-  
9       uals who agree to provide obligated service in  
10       States described in subparagraph (B), there is  
11       authorized to be appropriated, and there is ap-  
12       propriated, out of any monies in the Treasury  
13       not otherwise appropriated, \$25,000,000 for  
14       each of fiscal years 2020 through 2024.

15              “(B) STATES DESCRIBED.—A State de-  
16       scribed in this subparagraph is a State that is  
17       in the top quintile of all States in terms of the  
18       highest mean drug overdose death rate per  
19       100,000 residents for the 3-year period imme-  
20       diately preceding the year for which the deter-  
21       mination is being made, as determined by the  
22       Secretary.

23              “(C) APPLICATION OF SECTION.—Except  
24       as provided in this paragraph, the requirements  
25       of this section otherwise applicable to individ-

1           uals under this section shall apply to individuals  
2           receiving assistance under this paragraph.”.

3           (b) TRAINING DEMONSTRATION PROGRAM.—Section  
4 760(g) of the Public Health Service Act (42 U.S.C.  
5 294k(g)) is amended to read as follows:

6           “(g) APPROPRIATIONS.—

7           “(1) IN GENERAL.—To carry out this section  
8           (other than paragraph (2)), there is authorized to be  
9           appropriated, and there is appropriated, out of any  
10          monies in the Treasury not otherwise appropriated,  
11          \$10,000,000 for each of fiscal years 2020 through  
12          2024.

13          “(2) STATES WITH HIGHEST DRUG OVERDOSE  
14          DEATH RATES.—

15                 “(A) IN GENERAL.—To carry out the pro-  
16                 gram under this section with respect to grant-  
17                 ees located in States described in subparagraph  
18                 (B), there is authorized to be appropriated, and  
19                 there is appropriated, out of any monies in the  
20                 Treasury not otherwise appropriated,  
21                 \$20,000,000 for each of fiscal years 2020  
22                 through 2024.

23                 “(B) STATES DESCRIBED.—A State de-  
24                 scribed in this subparagraph is a State that is  
25                 in the top quintile of all States in terms of the

1 highest mean drug overdose death rate per  
2 100,000 residents for the 3-year period imme-  
3 diately preceding the year for which the deter-  
4 mination is being made, as determined by the  
5 Secretary.

6 “(C) APPLICATION OF SECTION.—Except  
7 as provided in this paragraph, the requirements  
8 of this section otherwise applicable to grantees  
9 under this section shall apply to grantees re-  
10 ceiving assistance under this paragraph.”.

11 **SEC. 9. MEDICAID PAYMENTS FOR BEHAVIORAL HEALTH**  
12 **AND MENTAL HEALTH PROVIDERS.**

13 (a) IN GENERAL.—

14 (1) FEE-FOR-SERVICE.—Section 1902 of the  
15 Social Security Act (42 U.S.C. 1396a) is amended—

16 (A) in subsection (a)(13)—

17 (i) by striking “and” at the end of  
18 subparagraph (B);

19 (ii) by adding “and” at the end of  
20 subparagraph (C); and

21 (iii) by adding at the end the fol-  
22 lowing new subparagraph:

23 “(D) payment for mental health and be-  
24 havioral health services (as defined in sub-  
25 section (qq)(1)) furnished on or after October

1           1, 2019, and before October 1, 2024, by a phy-  
2           sician or applicable professional (as defined in  
3           subsection (qq)(2)) at a rate not less than 100  
4           percent of the payment rate that applies to  
5           such services and physician or applicable profes-  
6           sional under part B of title XVIII (or, if great-  
7           er, the payment rate that would be applicable  
8           under such part if the conversion factor under  
9           section 1848(d) for the year involved were the  
10          conversion factor under such section for 2019,  
11          and, if such services are not covered under such  
12          part, the reasonable and customary rate the  
13          Secretary determines would apply to such serv-  
14          ices and physician or applicable professional);”;  
15          and

16                   (B) by adding at the end the following new  
17          subsection:

18          “(qq) MENTAL HEALTH AND BEHAVIORAL HEALTH  
19          SERVICES.—For purposes of subsection (a)(13)(D):

20                   “(1) MENTAL HEALTH AND BEHAVIORAL  
21          HEALTH SERVICES.—

22                           “(A) IN GENERAL.—The term ‘mental  
23          health and behavioral health services’ means the  
24          following services, when provided to a patient  
25          with a diagnosis of substance use disorder (as

1 defined in subparagraph (B)) as a part of the  
2 management or treatment of the patient’s sub-  
3 stance use disorder (as determined in accord-  
4 ance with regulations promulgated by the Sec-  
5 retary under subparagraph (C)):

6 “(i) Evaluation and management serv-  
7 ices that are procedure codes (for services  
8 covered under title XVIII) for services in  
9 the category designated Evaluation and  
10 Management in the Healthcare Common  
11 Procedure Coding System (established by  
12 the Secretary under section 1848(c)(5) as  
13 of December 31, 2018, and as subse-  
14 quently modified).

15 “(ii) Counseling services, as defined  
16 by the Secretary.

17 “(iii) Payment codes established by  
18 the Secretary for opioid use disorder treat-  
19 ment services under section 1866F.

20 “(iv) Any other services the Secretary  
21 determines are necessary for the manage-  
22 ment or treatment of a patient with a di-  
23 agnosis of substance use disorder.

24 “(B) PATIENT WITH A DIAGNOSIS OF SUB-  
25 STANCE USE DISORDER.—For purposes of sub-

1 paragraph (A), the term ‘patient with a diag-  
2 nosis of substance use disorder’ means an indi-  
3 vidual who has been diagnosed with 1 or more  
4 diagnosis codes within the code set entitled the  
5 ‘Mental health and behavioral disorders due to  
6 psychoactive substance use’ under the 10th re-  
7 vision of the International Statistical Classifica-  
8 tion of Diseases and Related Health Problems.

9 “(C) REGULATIONS.—Not later than 90  
10 days after the enactment of this subsection, the  
11 Secretary shall promulgate regulations regard-  
12 ing when services are sufficiently related to part  
13 of the management or treatment of a patient’s  
14 substance use disorder.

15 “(2) APPLICABLE PROFESSIONAL.—The term  
16 ‘applicable professional’ means—

17 “(A) a clinical psychologist (as defined for  
18 purposes of section 1861(ii);

19 “(B) a clinical social worker (as defined in  
20 section 1861(hh)(1);

21 “(C) a medical professional approved to  
22 furnish medication-assisted treatment under  
23 section 303(g)(2) of the Controlled Substances  
24 Act; or

1           “(D) a medical professional that is author-  
2           ized under the State plan to furnish mental and  
3           behavioral health services (as defined in para-  
4           graph (1)).”.

5           (2) MANAGED CARE.—Section 1932(f) of such  
6           Act (42 U.S.C. 1396u–2(f)) is amended—

7           (A) in the subsection heading, by inserting  
8           “AND MENTAL HEALTH AND BEHAVIORAL  
9           HEALTH SERVICES” after “CARE SERVICES”;  
10          and

11          (B) by inserting before the period at the  
12          end the following: “, and, in the case of mental  
13          health and behavioral health services described  
14          in section 1902(a)(13)(D), consistent with the  
15          minimum payment rates specified in such sec-  
16          tion (regardless of the manner in which such  
17          payments are made, including in the form of  
18          capitation or partial capitation)”.

19          (b) INCREASED FMAP FOR ADDITIONAL COSTS.—

20          (1) IN GENERAL.—Section 1905 of the Social  
21          Security Act (42 U.S.C. 1396d) is amended by add-  
22          ing at the end the following new subsection:

23          “(ff) INCREASED FMAP FOR ADDITIONAL EXPENDI-  
24          TURES FOR MENTAL HEALTH AND BEHAVIORAL HEALTH  
25          SERVICES.—Notwithstanding subsection (b), with respect

1 to the portion of the amounts expended for medical assist-  
2 ance for services described in section 1902(a)(13)(D) fur-  
3 nished on or after October 1, 2019, and before October  
4 1, 2024, that is attributable to the amount by which the  
5 minimum payment rate required under such section (or,  
6 by application, section 1932(f)) exceeds the payment rate  
7 applicable to such services under the State plan or a waiv-  
8 er of such plan as of July 1, 2019, the Federal medical  
9 assistance percentage for a State shall be equal to 100  
10 percent. The preceding sentence shall not be construed as  
11 prohibiting the payment of Federal financial participation  
12 based on the Federal medical assistance percentage for the  
13 portion of the amounts expended for medical assistance  
14 for such services that is attributable to the amount (if  
15 any) by which the payment rate applicable to such services  
16 under the State plan or waiver exceeds such minimum  
17 payment rate.”.

18 (2) DISREGARD OF LIMITS ON PAYMENTS TO  
19 TERRITORIES.—Section 1108(g)(4) of the Social Se-  
20 curity Act (42 U.S.C. 1308(g)(4)) is amended—

21 (A) by striking “With respect to fiscal  
22 years beginning with fiscal year 2009,” and in-  
23 serting the following:

24 “(A) IN GENERAL.—With respect to fiscal  
25 years beginning with fiscal year 2009,”; and

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

2 “(B) OTHER EXPENDITURES.—The  
3 amounts received by a commonwealth or terri-  
4 tory for a calendar quarter of a fiscal year that  
5 are attributable to the application of section  
6 1905(ff), shall not be taken into account in ap-  
7 plying subsection (f) (as increased in accord-  
8 ance with paragraphs (1), (2), (3), and (5) of  
9 this subsection) to such commonwealth or terri-  
10 tory for such fiscal year.”.

11 **SEC. 10. EXTENSION OF MEDICAID DELIVERY SYSTEM RE-**  
12 **FORM AND INCENTIVE PAYMENT WAIVERS.**

13 (a) EXTENSION OF WAIVERS.—In the case of a Med-  
14 icaid section 1115 waiver described in subsection (b), not  
15 later than 60 days after the date of enactment of this Act,  
16 the Secretary of Health and Human Services shall—

17 (1) extend the termination date for the waiver  
18 to December 31, 2025 (or such earlier date as the  
19 State conducting the waiver may elect);

20 (2) apply the same annual dollar allotment for  
21 the period for which the waiver is extended under  
22 paragraph (1) as the annual dollar allotment that  
23 applied to the waiver period in effect on the date of  
24 enactment of this Act; and

1           (3) allow any State with such a waiver to use  
2 funds provided during the period for which the waiv-  
3 er is extended under paragraph (1) to support the  
4 training of direct service workers that provide home  
5 and community-based services.

6           (b) MEDICAID SECTION 1115 WAIVER DESCRIBED.—  
7 The Medicaid section 1115 waiver described in this sub-  
8 section is a waiver approved under section 1115 of the  
9 Social Security Act (42 U.S.C. 1315) relating to delivery  
10 system reform incentive payments that—

11           (1) as of the date of enactment of this Act, is  
12 to terminate on or before December 31, 2020;

13           (2) is in effect on the date of enactment of this  
14 Act; and

15           (3) was approved for any State that ranks in  
16 the top quintile of all States in terms of the highest  
17 mean drug overdose death rate per 100,000 resi-  
18 dents for the most recent 3-year period preceding  
19 the date of enactment of this Act for which data is  
20 available.

1 **SEC. 11. SEPARATE AMBULATORY PAYMENT CLASSIFICA-**  
2 **TIONS (APC) CODES UNDER THE MEDICARE**  
3 **HOSPITAL OUTPATIENT DEPARTMENT PRO-**  
4 **SPECTIVE PAYMENT SYSTEM AND THE MEDI-**  
5 **CARE AMBULATORY SURGICAL CENTER PAY-**  
6 **MENT SYSTEM FOR SURGERIES UTILIZING**  
7 **NON-OPIOID PAIN MANAGEMENT DRUGS.**

8 (a) HOSPITAL OUTPATIENT DEPARTMENT PROSPEC-  
9 TIVE PAYMENT SYSTEM.—Section 1833(t) of the Social  
10 Security Act (42 U.S.C. 1395l(t)) is amended—

11 (1) in paragraph (2)(A), by striking “the Sec-  
12 retary” and inserting “subject to paragraph (23),  
13 the Secretary”; and

14 (2) by adding at the end the following new  
15 paragraph:

16 “(23) SEPARATE APCS FOR SURGERIES USING  
17 NON-OPIOID PAIN MANAGEMENT DRUGS.—

18 “(A) IN GENERAL.—In the case of covered  
19 OPD services furnished on or after January 1,  
20 2021, the classification system developed under  
21 paragraph (2)(A) shall provide for separate am-  
22 bulatory payment classification codes for—

23 “(i) surgeries that utilize non-opioid  
24 drugs, including such drugs delivered using  
25 an external infusion pump and the delivery  
26 mechanisms necessary for the delivery of

1 such drugs, to treat pain after the surgery;

2 and

3 “(ii) surgeries that utilize opioid  
4 drugs to treat pain after the surgery.

5 “(B) APPLICATION.—For purposes of this  
6 paragraph, the Secretary shall—

7 “(i) treat any drug with a Food and  
8 Drug Administration indication for pain  
9 management during and after surgery that  
10 is also non-opioid as a “non-opioid drug;  
11 and

12 “(ii) establish a clear definition for  
13 non-opioid pain management drugs that do  
14 not have a Food and Drug Administration  
15 indication for pain management during or  
16 after the surgery.”.

17 (b) AMBULATORY SURGICAL CENTER PAYMENT SYS-  
18 TEM.—Section 1833(i)(2)(D) of the Social Security Act  
19 (42 U.S.C. 1395l(i)(2)(D)) is amended—

20 (1) by aligning the margins of clause (v) with  
21 the margins of clause (iv);

22 (2) by redesignating clause (vi) as clause (vii);  
23 and

24 (3) by inserting after clause (v) the following  
25 new clause:

1           “(vi) In the case of surgical services furnished on or  
2 after January 1, 2021, the payment system described in  
3 clause (i) shall provide for separate ambulatory payment  
4 classification codes for—

5           “(I) consistent with subsection (t)(23), sur-  
6 geries that utilize non-opioid drugs, including such  
7 drugs delivered using an external infusion pump and  
8 the delivery mechanisms necessary for the delivery of  
9 such drugs, to treat pain after the surgery; and

10           “(II) surgeries that utilize opioid drugs to treat  
11 pain after the surgery.”.

12 **SEC. 12. ADVERSE CHILDHOOD EXPERIENCES RESPONSE**  
13 **TEAM GRANT PROGRAM.**

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

17 **“PART OO—ADVERSE CHILDHOOD EXPERIENCES**  
18 **RESPONSE TEAM GRANT PROGRAM**

19 **“SEC. 3051. GRANTS FOR ADVERSE CHILDHOOD EXPERI-**  
20 **ENCES RESPONSE TEAMS.**

21           “(a) GRANTS AUTHORIZED.—From amounts made  
22 available to carry out this section, the Attorney General,  
23 in coordination with the Secretary of Health and Human  
24 Services, shall make grants to States, units of local gov-  
25 ernment, Indian Tribes, and neighborhood or community-

1 based organizations to address adverse childhood experi-  
2 ences associated with exposure to trauma.

3 “(b) USE OF FUNDS.—Amounts received under a  
4 grant under this section may be used to establish an ad-  
5 verse childhood experiences response team, including by—

6 “(1) establishing protocols to follow when en-  
7 countering a child or youth exposed to trauma to fa-  
8 cilitate access to services;

9 “(2) developing referral partnership agreements  
10 with behavioral health providers, substance treat-  
11 ment facilities, and recovery services for family  
12 members of children exposed to trauma;

13 “(3) integrating law enforcement, mental  
14 health, and crisis services to respond to situations  
15 where children have been exposed to trauma;

16 “(4) implementing comprehensive, evidence-  
17 based programs and practices to support children  
18 exposed to trauma;

19 “(5) identifying barriers for children to access  
20 trauma-informed care in their communities;

21 “(6) providing training in trauma-informed care  
22 to emergency response providers, victim service pro-  
23 viders, child protective service professionals, edu-  
24 cational institutions, and other community partners;  
25 and



1 (i) in subparagraph (A), by striking  
2 “subparagraph (F)” and inserting “sub-  
3 paragraph (H)”;

4 (ii) by redesignating subparagraphs  
5 (D), (E), and (F) as subparagraphs (F),  
6 (G), and (H), respectively;

7 (iii) by inserting after subparagraph  
8 (C) the following:

9 “(D) SUBSEQUENT ADDITIONAL  
10 GRANTS.—Subject to subparagraph (H), the  
11 Administrator may award a subsequent addi-  
12 tional grant to a grant recipient under subpara-  
13 graph (A), for each fiscal year during the 4-fis-  
14 cal-year period following the fiscal year for  
15 which the initial additional grant under sub-  
16 paragraph (A) is awarded, in an amount not to  
17 exceed the amount of non-Federal funds, in-  
18 cluding in-kind contributions, raised by the  
19 grant recipient for the fiscal year for which the  
20 subsequent additional grant is awarded.

21 “(E) RENEWAL GRANTS.—Subject to sub-  
22 paragraph (H), the Administrator may award a  
23 renewal grant to a grant recipient under sub-  
24 paragraph (D), for the first fiscal year following  
25 the 4-fiscal-year period for which the subse-



1 grant under subparagraph (E)”;

2 and

3 (B) in paragraph (4), by striking “(3)(E)”

4 and inserting “(3)(G)”;

5 (2) in subsection (d)—

6 (A) by striking “In awarding” and insert-  
7 ing the following:

8 “(1) PRIORITY FOR ECONOMICALLY DISADVAN-  
9 TAGED AREAS.—In awarding”; and

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

11 “(2) PRIORITY FOR STATES DEMONSTRATING  
12 HIGH MORTALITY RATES RELATING TO OPIOID USE  
13 DISORDER.—

14 “(A) GRANTS TO MORE THAN 1 ELIGIBLE  
15 COALITION REPRESENTING A COMMUNITY.—In  
16 awarding grants under subsection (b)(1)(B)(ii),  
17 the Administrator shall give priority to eligible  
18 coalitions that serve 1 or more communities in  
19 a State that has a high mortality rate relating  
20 to opioid use disorder.

21 “(B) SUBSEQUENT ADDITIONAL  
22 GRANTS.—In awarding subsequent additional  
23 grants under subsection (b)(3)(D), the Admin-  
24 istrator shall give priority to an eligible coal-  
25 ition that serves 1 or more communities in a

1 State that has a high mortality rate relating to  
2 opioid use disorder.”; and

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

4 “(e) LIMITATION ON SUBSEQUENT RENEWAL  
5 GRANTS.—A recipient of a subsequent renewal grant  
6 awarded under subsection (b)(3)(F) may not be awarded  
7 any further grant under this section.”.

8 **SEC. 14. SUPPORT FOR LAW ENFORCEMENT MENTAL**  
9 **HEALTH AND WELLNESS.**

10 There is authorized to be appropriated, and there is  
11 appropriated, out of any monies in the Treasury not other-  
12 wise appropriated, \$10,000,000 for each of fiscal years  
13 2020 through 2023 for grants under section 1701(b)(23)  
14 of title I of the Omnibus Crime Control and Safe Streets  
15 Act of 1968 (34 U.S.C. 10381(b)(23)) to establish peer  
16 mentoring mental health and wellness pilot programs  
17 within State, tribal, and local law enforcement agencies.