

From: Cimaglio, Barbara [Barbara.Cimaglio@vermont.gov]
Sent: Friday, January 22, 2016 9:33 AM
To: Allen, Susan
Subject: FW: a few bullets/ideas from NASADAD for Testimony
Attachments: CARA Portman-Whitehouse-Bill-2015-Section-by-Section.pdf; 11.13.15 Ayotte Kaine Letter to Approps SAMHSA SAPT Block Grant.pdf

Sue,

(See below) I won't be able to get to this until late today, so I'm forwarding you what I got from my national association that could help with the Gov's testimony. I think you'll see a couple of the headlines that are consistent with what I've already suggested. I can work on shortening for you if you want me to. Or, you can take it from here. Let me know what would be helpful.

Barbara

Barbara Cimaglio
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Please note: My e-mail address will change as of July 27, 2015; please make a note of the new address – Barbara.cimaglio@vermont.gov

From: Rob Morrison [mailto:rmorrison@nasadad.org]
Sent: Thursday, January 21, 2016 9:41 PM
To: Cimaglio, Barbara
Cc: Shalini Wickramatilake
Subject: a few bullets/ideas

Hello Barbara:

Here are a few ideas/recommendations:

Support full funding for the Substance Abuse Prevention and Treatment Block Grant: Although the Judiciary Committee does not have jurisdiction over the Substance Abuse Prevention and Treatment (SAPT) Block Grant, each member of the Judiciary Committee should be aware that this critical program serves as the bedrock of our current safety net services for prevention, treatment and prevention. The Block Grant includes close to 70 percent of prevention funds State substance abuse agencies manage dedicated to critical substance abuse prevention programs. And its clear we need more help educating kids about the dangers of prescription drugs and opioids in general. For this Committee, you should

know that there is indeed a connection between the Block Grant and criminal justice: on average, 40 percent of admissions to treatment in our publicly funded addiction system come from criminal justice referrals. Unbelievably, at one point in last year's federal funding deliberations, the SAPT Block Grant faced a proposed decrease of \$50 million – even in the midst of the opioid crisis that is taking thousands of lives each year and despite the fact that the program's purchasing power has been reduced by 25 percent over the last 10 years. In a bipartisan effort, Senator Ayotte, here today, led a letter with Senator Kaine of Virginia and 18 other Senators [including Judiciary Committee Members Diane Feinstein (D-CA), Chuck Schumer (D-NY), Klobuchar (D-MN), Franken (D-MN)] calling attention to this problem. Thankfully, there was no cut implemented. But -- as our leaders in Rutland Vermont would say -- our approach must be described as "All Hands on Deck" when it comes to the opioid crisis. And we will not win this battle if we allow our commitment to treatment, prevention and recovery funding to fall by the wayside.

The attached Ayotte letter could be submitted for the record.

Promote improved collaboration between the State addiction service system and State criminal justice sector: As a Governor, I can tell you that federal policy that reinforces the need for the state addiction agency and state criminal justice agency to work together is critical. This is why I strongly support the Comprehensive Addiction and Recovery Act, which includes Section 501, an authorization of a grant that would be administered jointly by the State substance abuse agency and the State criminal justice agency that manages the Byrne/JAG program. This much-needed grant would require these agencies to collaboratively work together to expand services for pregnant and parenting female offenders caught up in the use of heroin, opioids and other drugs. This initiative would promote screening, assessment, and treatment – including the use FDA-approved medications for addiction – along with comprehensive services to help the entire family heal. I am hard-pressed to think of a more vulnerable population. They need and deserve our support – and this grant program would help.

Promote a strong role for the State substance abuse agency in any federal legislation addressing substance use disorders: As a Governor, when dealing with federal legislation, I know a constant challenge is finding that important "sweet spot" that balances and respects the role both of Congress and State jurisdictions. As we discuss the opioid crisis, I would ask this Committee to ensure that any initiative enhance and not complicate the work already moving forward in States by specifically requiring collaboration with each State's substance abuse agency. These agencies develop annual state strategic plans; promote accountability through training, data reporting and evidence-based practices; provide technical assistance and much more. This is not the type of recommendation that will gather headlines or television stories. But this is smart public policy that will ensure effective and efficient use of our public dollar.

Support Efforts like CARA to Help Expand Access Medication Assisted Treatment (MAT): Through research and practice, we know people can and do recover from substance use disorders – including addiction to opioids. We also know that an important component to any treatment strategy must include efforts to expand access to FDA-approved medications for the treatment of opioid disorders. In Vermont, we are implementing what we call the Hub-and-Spoke initiative that has doubled-down our commitment to engage more people in treatment – including access to medications for those with opioid disorders. In the Comprehensive Addiction and Recovery Act, there is an important proposal, as written in Section 301, that would authorize a grant program to expand evidence-based addiction treatment initiatives – including medications combined with counseling. This grant would also require applicants to support recovery services as well – because we all know that the end of treatment really

represents only the beginning of a long road in a very different life. These recovery services utilize peers who have traveled this this long road, and they know its well worth the trip – but one that must be taken one step and one day at a time. I urge this Committee to work to pass CARA and include Section 301 in any final version that clears Congress.

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Comprehensive Addiction and Recovery Act of 2015, S. 524/H.R. 953: A Section-by-Section Analysis

Senate Sponsors: Sen. Whitehouse (D-RI), Sen. Portman (R-OH), Sen. Klobuchar (D-MN), Sen. Ayotte (R-NH), Sen. Coons (D-DE), Sen. Kirk (R-IL), Sen. Warren (D-MA), Sen. Franken (D-MN), Sen. Feinstein (D-CA), Sen. Nelson (D-FL), Sen. Schumer (D-NY), and Sen. Gillibrand (D-NY)

House Sponsors: Rep. Sensenbrenner (R-WI), Rep. Ryan (D-OH), Rep. Duckworth (D-IL), Rep. Chabot (R-OH), Rep. Marino (R-PA), Rep. Scott (D-VA), Rep. Joyce (R-OH), Rep. Guinta (R-NH), and Rep. Sarbanes (D-MD)

Section 1: Short Title and Table of Contents

This section identifies the bill as the “Comprehensive Addiction and Recovery Act of 2015” (S. 524/H.R. 953).

- *Title I: Prevention and Education*
 - Sec. 101: Development of Best Prescribing Practices
 - Sec. 102: National Education Campaign
 - Sec. 103: Community-Based Coalition Enhancement Grants to Address Local Drug Crises
- *Title II: Law Enforcement and Treatment*
 - Sec. 201: Treatment Alternative to Incarceration Programs
 - Sec. 202: Law Enforcement Naloxone Training and Implementation Demonstration
 - Sec. 203: Prescription Drug Take Back Expansion
- *Title III: Treatment and Recovery*
 - Sec. 301: Evidence-Based Opioid and Heroin Treatment and Interventions Demonstration
 - Sec. 302: Criminal Justice Medication-Assisted Treatment and Interventions Demonstration
 - Sec. 303: National Youth Recovery Initiative
 - Sec. 304: Building Communities of Recovery
- *Title IV: Addressing Collateral Consequences*
 - Sec. 401: Correctional Education Demonstration Grant Program
 - Sec. 402: Revision of FAFSA Form
 - Sec. 403: National Task Force on Recovery and Collateral Consequences
- *Title V: Addiction and Treatment Services for Women, Families, and Veterans*
 - Sec. 501: Authority to Award Competitive Grants to Address Opioid and Heroin Abuse by Pregnant and Parenting Female Offenders
 - Sec. 502: Grants for Family-Based Substance Abuse Treatment
 - Sec. 503: Veterans’ Treatment Courts
- *Title VI: Incentivizing State Comprehensive Initiatives to Address Opioid and Heroin Abuse*
 - Sec. 601: State Demonstration Grants for Comprehensive Opioid Abuse Response
- *Title VII: Offset; GAO Report*
 - Sec. 701: Offset
 - Sec. 702: GAO Report on IMD Exclusion

Section 2: Findings

This section provides data that Congress has identified about opioid misuse. The findings include the scope of the problem, data on opioid overdose, information on increases in heroin use, data on increases in admissions to substance use treatment for prescription drugs and heroin (referencing NASADAD’s inquiry on State responses to heroin and prescription drug misuse), and the effectiveness of prevention and clinically appropriate treatment, including medication-assisted treatment.

Section 3: Definitions

This section defines key terms and agencies identified throughout the bill. The defined terms include opioid, and Single State Authority for substance abuse. The Act defines medication-assisted treatment as “the use, for problems relating to heroin and other opioids, of medications approved by the Food and Drug Administration (FDA) in combination with counseling and behavioral therapies.”

Title I: Prevention and Education

Section 101: Development of Best Prescribing Practices

This section creates a federal **inter-agency task force** to develop a set of best practices for pain management and prescribing pain medication. The task force will convene within four months after enactment and will review existing research, recommendations from relevant conferences, efforts at the State and local level to develop pain management strategies, and management strategies for other high risk populations such as those who take benzodiazepines or who receive opioids during the course of medical care. The task force will also review public comments and develop a strategy for disseminating the best practices to providers and other appropriate parties. Finally, the task force will submit a report to Congress that reviews the dissemination strategy, results from a feasibility study on linking the best practices to prescriber registrations under the Controlled Substances Act, and recommendations on how to apply the best practices at medical facilities. Within six months after the task force convenes, they will develop best practices and within seven months they will submit the report to Congress.

The Secretary of Health and Human Services (HHS) would lead the task force. Other representatives on the task force would include the Drug Enforcement Administration (DEA), Department of Veterans Affairs (VA), Centers for Disease Control and Prevention (CDC), Institute of Medicine (IOM), Office of National Drug Control Policy (ONDCP), and the National Institutes of Health (NIH). This section also calls for the task force to include medical experts, advocacy groups, and representatives of the mental health and substance use disorder treatment communities. The task force will not have rulemaking authority.

Section 102: National Education Campaign

This section amends Title I of the Omnibus Crime Control and Safe Streets Act of 1968 to add a new section: “Part MM—Drug Treatment Grants.” This authorizes the U.S. Attorney General, in coordination with the Secretary of HHS, the Director of ONDCP, the Secretary of Education, the Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Director of the CDC, to make **two-year grants to a State, unit of local government, or nonprofit organization**. The grants may be used “to expand educational efforts to prevent abuse of opioids, heroin, and other substances of abuse, understand addiction as a chronic disease, and promote treatment and recovery.”

One category of educational efforts identified is **parent and caretaker focused efforts**. This can include:

- The development of online and social media educational materials and a tool kit that educates parents/caretakers on how to educate adolescents about opioid misuse, how to intervene with adolescents who may be misusing opioids, the signs of opioid overdose, and how to use naloxone to reverse an opioid overdose.
- The development of detailed digital and print materials to accompany the online materials.
- The development and dissemination of public service announcements to raise awareness of opioid misuse, motivate parents/caretakers to use the online educational materials, and provide information for public health agencies and nonprofit organizations that provide overdose reversal and prevention services.
- The dissemination of educational materials to the media using various methods.

Another category identified is prevention **efforts focused on teenagers, college students, and college-age individuals**. This can include:

- The development of a national digital campaign.
- The development of a community education toolkit for community coalitions.
- The dissemination of evidence-based resources for prevention and treatment professionals targeting individuals between 18 and 24 years of age.
- The creation of technical support centers for prevention and treatment professionals, school-based professionals, and recovery staff to implement and sustain evidence-based educational and prevention programs.

The remaining categories include campaigns to educate individuals about **recovery resources**, encourage individuals in or seeking recovery to enter the health care system, or **adult- and older adult-focused efforts**, including medication disposal, signs of overdose, opioid misuse, and the use of naloxone.

Grant applicants will describe how the program will be evaluated, how it could be replicated, whether the services are research- or evidence-based, and how the applicant will sustain the program after grant funds are spent. Funds may be used for primary prevention and the promotion of treatment and recovery.

In awarding grants to States, the Attorney General will prioritize States that provide civil liability protection for first responders, health professionals, and family members who administer naloxone to reverse an opioid overdose. States can fulfill this requirement by enacting legislation or by the State attorney general certifying that he/she has reviewed the State's law and concluded that existing law provides adequate civil protections.

The bill authorizes \$2.5 million for each of the fiscal years 2016-2020.

Section 103: Community-Based Coalition Enhancement Grants to Address Local Drug Crises

This section amends Part MM of Title I of the Omnibus Crime Control and Safe Streets Act of 1968 by adding a new section: "Sec. 3033 Community-Based Coalition Enhancement Grants to Address Local Drug Crises." This section authorizes the U.S. Attorney General, in coordination with the Director (this is undefined in this section, but the 2014 version of the bill refers to the Director of ONDCP), to make grants to eligible entities to implement strategies to address local drug crises. Eligible entities will be organizations that have received a grant under the **Drug Free Communities** Act of 1997 and that have documented higher than average rates of local opioid misuse. "Local drug crises" refers to areas with a sudden, documented increase in the misuse of opioids or rates of misuse of prescription opioids that are significantly higher than the national average. Applicants must submit a detailed, comprehensive, multi-sector plan for addressing the local drug crises.

The Attorney General may award four-year grants of up to \$75,000 (or the amount of non-federal funds raised by the organization for that fiscal year) to organizations to spend on community-wide prevention strategies to address the local drug crisis and to obtain training and technical assistance.

This section authorizes \$5 million for each of the fiscal years 2016-2020.

Title II: Law Enforcement and Treatment

Section 201: Treatment Alternative to Incarceration Programs

This section amends Part MM of the Omnibus Crime Control and Safe Streets Act of 1968 to add a new section: "Sec. 3034 Treatment Alternative to Incarceration Programs." This section authorizes the U.S. Attorney General to make grants to eligible entities to develop, implement, or expand a treatment alternative to incarceration program. **Grants may be made to States, units of local government, Indian tribes, or a nonprofit organization.** Eligible program participants are individuals who come in contact with the criminal justice system or who are charged with an offense; have a history of or a current substance use disorder, mental illness, or co-occurring mental health and substance use disorder; and have been approved for participation in one of the funded programs based on the stage of the criminal justice process, the relevant attorneys, law enforcement, judges, corrections officials, or representatives from the relevant mental health or substance abuse agency.

A number of treatment alternatives to incarceration programs qualify under this section.

Pre-booking programs including:

- Programs to train law enforcement on substance use disorders, mental illness, and co-occurring mental health and substance use disorders;
- Receiving centers as alternatives to incarceration;
- Specialized response units for calls related to substance use disorders, mental illness, and co-occurring mental health and substance use disorders; and
- Other arrest and pre-booking treatment alternative to incarceration models.

Post-booking programs including:

- Specialized clinical case management;
- Pre-trial services related to substance use disorders, mental illness, and co-occurring mental health and substance use disorders;
- Prosecutor- and defender-based programs;
- Specialized probation;
- Programs utilizing the American Society of Addiction Medicine (ASAM) patient placement criteria;
- Treatment and rehabilitation programs; and
- Drug courts, driving while intoxicated (DWI) courts, and veterans' treatment courts.

Eligible entities may submit an application that provides extensive evidence of collaboration with State and local government agencies overseeing substance abuse, mental health, health, community corrections, courts, prosecution, victims' services, employment services, and local law enforcement. Applicants must also **demonstrate that they have consulted with the State substance abuse agency**, that evidence-based treatment practices will be used, and that evidence-based screening and assessment tools will be used to place participants into the program.

Each awardee will determine the terms and conditions of participation in the program, taking the **collateral consequences of criminal conviction** into account. Awardees will also ensure that each treatment component (substance use disorder and mental health) is licensed and qualified by the relevant jurisdiction. For post-booking programs, awardees will organize an enforcement unit of law enforcement professionals to verify addresses and contact information for participants and if necessary, the location, arrest, and court date of a participant who has violated the terms and conditions of the program. Awardees will also notify the relevant criminal justice entity of any participants who violate the terms and conditions. Finally, the awardees will submit periodic reports on the treatment progress of participants or other measured outcomes, describe the evidence-based methodology and outcome measurements that will be used to evaluate the program, and describe how the program could be widely replicated if demonstrated to be effective.

Funds may be used for a variety of program expenses including salaries and personnel costs, operations, payments for treatment providers, and payments to public and private nonprofit entities that are approved to provide substance use disorder and mental health treatment to program participants. **The Attorney General will ensure that grants are equitably distributed** (to the extent possible), so that grants are awarded in each State; in rural, urban, and suburban areas; and tribal jurisdictions. In awarding grants to States, the Attorney General will prioritize States that provide civil liability protection for first responders, health professionals, and family members who administer naloxone to reverse an opioid overdose. States can fulfill this requirement by enacting legislation or by the State attorney general certifying that he/she has reviewed the State's civil liability law and concluded that existing law provides adequate civil protections. Awardees will submit a report on program outcomes to the Attorney General each fiscal year.

The bill authorizes \$5 million for each of the fiscal years 2016-2020.

Section 202: Law Enforcement Naloxone Training Implementation Demonstration

This section amends Part MM of the Omnibus Crime Control and Safe Streets Act of 1968 to add a new section: "Sec. 3035 Law Enforcement Naloxone Training and Implementation Demonstration." This section authorizes the U.S. Attorney General, in coordination with the Secretary of HHS and the Director of ONDCP, to make grants to eligible entities to create a law enforcement demonstration program to prevent opioid overdose death.

Eligible entities include State, local, or tribal law enforcement agencies. Grant applications must describe the evidence-based methodology and outcome measurements that will be used to evaluate the program, describe how the program could be replicated, identify the agencies (government and community) that the program will coordinate with, and **describe how law enforcement agencies will coordinate with their State substance abuse agency** and mental health agency to identify protocols and resources that are available to victims and families, including information on treatment and recovery resources. Funds may be used to make

naloxone available to law enforcement, train and provide resources for law enforcement officers on carrying and administering naloxone, and establish mechanisms for referrals to treatment.

Grant awards may be up to \$500,000 for a maximum of two years. The Attorney General may also make a grant available to provide technical assistance and training on the use of naloxone and mechanisms for referral. The Attorney General will conduct an evaluation to determine the number of officers carrying naloxone, the number of overdose reversals, the number of calls for service related to overdose, the extent to which overdose victims and families receive information about treatment services, and the research, training, and naloxone supply needs of law enforcement and first responders agencies, including those that are not receiving grants.

This section authorizes \$5 million for each of the fiscal years 2016-2020.

Section 203: Prescription Drug Take Back Expansion

This section amends Part MM of the Omnibus Crime Control and Safe Streets Act of 1968 to add a new section: “Sec. 3036 Prescription Drug Take Back Expansion.” This section authorizes the U.S. Attorney General, in coordination with the Administrator of DEA, Secretary of HHS, and Director of ONDCP, to make grants to a variety of entities to expand or create disposal sites for unwanted prescription medications. Eligible applicants include:

- State, local, or tribal law enforcement agency;
- Manufacturer, distributor, or reverse distributor of prescription medications;
- Retail pharmacy;
- Registered narcotic treatment program;
- Hospital or clinic with an on-site pharmacy;
- Eligible long-term care facility; or
- Any other entity authorized by the Drug Enforcement Administration (DEA) to dispose of prescription medications.

Applicants will describe the evidence-based methodology and outcome measurements that will be used to evaluate the program, describe how the program could be replicated, and identify the governmental and community agencies that the project will coordinate. Funds may be used for expenses of the disposal site, implementing disposal procedures, implementing community education strategies, replicating a drug take-back initiative in multiple jurisdictions, and training law enforcement officers and other participants. The Attorney General may award a **grant up to \$250,000** for a period of up to two years. The Attorney General will also make a grant available for a national nonprofit organization to provide technical assistance and training for a grantee and a grant for evaluation of the performance of grantees. Each fiscal year, grantees will submit a report on the effectiveness of the program and the effect that disposal efforts have on prescription drug circulation.

This section authorizes \$2.5 million for each of the fiscal years 2016-2020.

Title III: Treatment and Recovery

Section 301: Evidence-Based Opioid and Heroin Treatment and Interventions Demonstration

This section amends the Public Health Service Act to create a new program, “Evidence-Based Opioid and Heroin Treatment and Interventions Demonstration.” The section **authorizes the Director of the Center for Substance Abuse Treatment (CSAT, SAMHSA) to award grants to State substance abuse agencies**, units of local government, nonprofit organizations, and Indian tribes or tribal organizations that have a high rate or rapid increase in the use of opioids (heroin and prescription opioid pain relievers). Funds will be used to **expand evidence-based activities related to treatment for substance use disorders, including the availability of medication-assisted treatment (MAT)**. MAT is defined in this legislation as the use of medications approved by the FDA in combination with counseling and behavioral therapies. The CSAT Director will ensure that grants are equitably distributed across the U.S. The CSAT Director will also evaluate the activities of grantees, disseminate significant results from the evaluation, provide technical assistance, and fund applications that specifically support recovery services as a critical component of the grant program.

This section authorizes \$12 million for fiscal year 2016 and any additional funds deemed necessary for each of the fiscal years 2016-2020.

Section 302: Criminal Justice Medication-Assisted Treatment and Interventions Demonstration

This section amends Part MM of the Omnibus Crime Control and Safe Streets Act of 1968 to add a new section: “Sec. 3037 Criminal Justice Medication-Assisted Treatment and Interventions Demonstration.” This section authorizes the U.S. Attorney General, in coordination with the Secretary of HHS and Director of ONDCP, to make **grants to States, units of local government, or Indian tribes to implement medication-assisted treatment (MAT) programs through criminal justice agencies.** “Criminal justice agencies” are State, local, or tribal courts, prisons, jails, or other agencies that administer criminal justice. Eligible entities may submit an application to the Attorney General that certifies that MAT programs funded with grant funds have been **developed in consultation with the State substance abuse agency** and describes how data will be collected and analyzed to determine the effectiveness of the program. Funds may be used for program expenses, training criminal justice agency personnel and treatment providers on MAT, cross-training personnel providing health services and other administrative functions, and providing recovery coaches to mentor participants and create transition plans. **Grants may not exceed \$750,000 for up to 2 years.**

In awarding grants to States, the Attorney General will prioritize States that provide civil liability protection for first responders, health professionals, and family members who administer naloxone to reverse an opioid overdose. States can fulfill this requirement by enacting legislation or by the State attorney general certifying that he/she has reviewed the State’s civil liability law and concluded that existing law provides adequate civil protections.

The Attorney General, in coordination with the Director of NIDA and Secretary of HHS, will provide technical assistance and training for grantees. Grantees will submit a report annually to the Attorney General on the outcomes of individuals receiving MAT through the grant. The outcomes will be based on the recidivism of participants, treatment outcomes (such as maintaining abstinence from illegal or unauthorized substances), a comparison of the cost of providing medication-assisted treatment and the cost of incarceration or other participation in the criminal justice system, housing status, and employment status.

This section authorizes \$5 million for each of the fiscal years 2016-2020.

Section 303: National Youth Recovery Initiative

This section authorizes the ONDCP Recovery Branch, in consultation with the Secretary of Education, to award grants to accredited **recovery high schools**, accredited high schools that are seeking to establish or expand recovery support services, an institution of higher education, a recovery program at a nonprofit college, or a nonprofit organization. Grantees can provide substance use recovery support services to young people in high school or enrolled in institutions of higher education, help build supportive communities for young people in recovery, and encourage initiatives to help young people achieve and sustain recovery from a substance use disorder. **Grant funds may be used to develop, support, and maintain youth recovery support services**, including maintaining a physical space for activities, staff, social activities, to establish a recovery high school, to coordinate recovery programs with other social service providers (mental health, primary care, criminal justice, substance use disorder treatment programs, housing, child welfare, and more), to develop peer support programs, and other activities that help youth and young adults achieve recovery from substance use disorders. The ONDCP Recovery Branch will establish a resource center to provide technical support to grantees.

This section authorizes \$3 million for each of the fiscal years 2016-2021.

Section 304: Building Communities of Recovery

This section authorizes the ONDCP Recovery Branch, in consultation with SAMHSA, to award **grants to recovery community organizations to develop, expand, and enhance recovery services.** “Recovery community organizations” are nonprofits that mobilize resources within and outside the recovery community to increase long-term recovery and that are wholly or principally governed by people in recovery who reflect

the community served. Grants under this section may not exceed \$200,000 and will be used to develop, expand, and enhance community and Statewide recovery support services. Federal grant funds may not exceed 50% of total program costs. Funds may be used to build connections between recovery support services and networks, including treatment programs, mental health providers, treatment systems, and other recovery supports. Funds may also be used on efforts to reduce the stigma associated with substance use disorders and to conduct public education and outreach on issues related to substance use disorders and recovery. This can include education on the signs of addiction, the resources available for people with substance use disorders, and the medical consequences of substance use disorders, including neonatal abstinence syndrome (NAS). The ONDCP Recovery Branch will establish a resource center to provide technical assistance to grantees and to provide information to individuals seeking to support people in recovery.

This section authorizes \$5.7 million in each of the fiscal years 2016 to 2019.

Title IV: Addressing Collateral Consequences

Section 401: Correctional Education Demonstration Grant Program

This section would amend Title I of the Omnibus Crime Control and Safe Streets Act of 1968 by adding a reference to the Correctional Education Demonstration Grant Program. This authorizes the U.S. Attorney General to **make grants of up to \$750,000 to a State, unit of local government, nonprofit, or Indian tribe to design, implement, and expand educational programs for offenders** in prisons, jails, and juvenile facilities. The funds may be used to provide education services for adult and juvenile populations, including high school equivalency, career technical education, and others. The funds may also be used for screening and assessment of inmates to assess educational level, risk level, and other case management services; hiring and training instructors and other staffing costs; supplies and equipment; and partnerships and agreements with community colleges, universities, and career technology education providers. Finally, grants may fund certification programs and technology solutions to meet the needs of the correctional populations and facilitate the continued participation of students post-release.

The Attorney General will give **priority to applicants that assess the level of risk and need of inmates** by conducting educational assessments (including the need for English as a second language instruction) and assessing occupational interests and aptitudes. Applicants that target educational services to the assessed needs and target career technology education to employment opportunities in communities where students will go post-release will also be prioritized. Other priorities include providing a range of educational opportunities, opportunities for students to obtain credentials, partnering with community programs, and explicitly providing career pathways models. Applicants will describe the evaluation plan and evidence-based methodology and how the program could be replicated if effective.

This section authorizes \$5 million for fiscal years 2016-2020.

Section 402: Revision of FAFSA Form

This section amends Section 483 of the Higher Education Act of 1965 by adding part (i) which states that the Secretary of Education **will not include any question about the conviction of an applicant for the possession or sale of illegal drugs on the FAFSA (Free Application for Federal Student Aid) form** or any other forms developed under subsection (a).

Section 403: National Task Force on Recovery and Collateral Consequences

This section directs the Secretary of HHS to establish a nine member, bipartisan task force called the "Task Force on Recovery and Collateral Consequences" within 30 days after the date of enactment. "Collateral consequences" refer to a penalty, disability, or disadvantage experienced by an individual because of a criminal conviction, but not as part of a court's judgment or sentencing. Collateral consequences can also be a penalty, disability, or disadvantage that an administrative agency, official, or civil court is authorized, but not required to impose on someone who committed a criminal offense. No more than two months after the task force is created, the Secretary of HHS will appoint 10 members to the task force, including people with national recognition and expertise in relevant policy areas (health care, housing, employment, substance use disorders, etc.), at least two

members in recovery from a substance use disorder (at least one of which whom has benefited from medication-assisted treatment), and to the extent possible, members who formerly served as elected officials at the State and federal levels. Members of the task force will select a chairperson(s).

The task force will **identify the collateral consequences for individuals with federal or State drug convictions who are in recovery** and determine whether the collateral consequences identified unnecessarily delay individuals from resuming their personal and professional activities. Within six months after the first task force meeting, the group will **develop recommendations for proposed legislative and regulatory changes to reduce and eliminate the consequences identified**. The task force will hold hearings, require testimony, and secure information from any department or agency of the United States. Within one year after the first meeting, the task force will submit a report detailing their findings and recommendations to each relevant committee of Congress, the head of each relevant department or agency, the President, and the Vice President.

Title V: Addiction and Treatment Services for Women, Families, and Veterans

Section 501: Authority to Award Competitive Grants to Address Opioid and Heroin Abuse by Pregnant and Parenting Female Offenders

This section authorizes the U.S. Attorney General to **award competitive grants jointly to a State substance abuse agency and a State criminal justice agency** to address the use of opioids and heroin among pregnant and parenting female offenders and to promote public safety, public health, family permanence, and wellbeing. The bill defines State substance abuse agencies as “the agency of the State responsible for the State prevention, treatment, and recovery system, including management of the Substance Abuse Prevention and Treatment Block Grant.” “State criminal justice agency” means the agency of the State responsible for administering criminal justice funds, including the Edward Byrne Memorial Justice Assistance Grant Program or “Byrne JAG.” Grant funds may be used to facilitate or enhance collaboration between the State criminal justice and State substance abuse systems in order to carry out programs that address the use of opioids (both prescription opioid pain relievers and heroin) by pregnant and parenting women offenders.

Interested State agencies (both substance abuse and criminal justice) will submit a joint application to the Attorney General with a plan to **expand State services for pregnant and parenting female offenders who use opioids, heroin, and other drugs**, in accordance with the regulations established by the Attorney General and in consultation with the Secretary of HHS. The plan should include information on how the agencies will work jointly to address the needs of these women to promote family stability and permanence. The plan will also include a description of the extent of the problem among pregnant and parenting women offenders in the State; a certification that the State has involved units of local government in the proposed program; a certification that grant funds will be used to supplement other funds; a description of clinically appropriate practices and procedures to screen and assess pregnant and parenting women offenders for problems associated with opioid use and co-occurring mental health issues; a strategy for how funds will be used to provide clinically appropriate services, including medication-assisted treatment for offenders and their children; and a description of a process that will ensure the agencies can work together to reunite families when appropriate.

Agencies receiving the joint three-year grant may apply for one additional grant after the first grant period has concluded. Grantees will submit a joint report to the Attorney General on the activities carried out under the grant at the end of each fiscal year during the grant period. Within one year following the grant period, the Attorney General will submit a report to each committee of Congress with jurisdiction of the program that summarizes the grantee reports and provides recommendations for future legislative action. The Attorney General will also offer training and technical assistance to grantees to assist them in developing programs and protocols to implement the program and for working effectively across the federal and State criminal justice and substance abuse systems.

This section authorizes \$5 million for each of the fiscal years 2016-2020.

Section 502: Grants for Family-Based Substance Abuse Treatment

This section amends Section 2925 of the Omnibus Crime Control and Safe Streets Act of 1968 to add “Attorney General Report on Family-Based Substance Abuse Treatment.” This directs the Attorney General to submit an annual report to Congress that describes the number of grants awarded under section 2921(1) and how those grants are used for family-based substance abuse treatment programs that serve as alternatives to incarceration for custodial parents to receive treatment and services as a family.

Section 503: Veterans’ Treatment Courts

This section amends Section 2991 of the Omnibus Crime Control and Safe Streets Act of 1968 to insert a section called “Assisting Veterans.” This authorizes the U.S. Attorney General, in consultation with the Secretary of Veterans Affairs, to award grants to applicants to establish or expand veterans’ treatment courts, peer-to-peer services or programs for veterans, practices that identify and provide treatment and other services to veterans who have been incarcerated, and training programs to teach criminal justice, law enforcement, mental health, substance abuse, and corrections personnel to respond appropriately to incidents involving veterans. In order to be a “qualified veteran” for these programs, individuals must have served on active duty in the Armed Services and must not have been discharged or released from service dishonorably, with the exception of dishonorable discharges that are attributable to drug use. “Veteran treatment court” refers to a court program involving collaboration between criminal justice, veterans, mental health, and substance abuse agencies that offers veterans intensive judicial supervision and case management, a full continuum of treatment services, alternatives to incarceration, and other appropriate services, including housing, transportation, mentoring, employment, and more.

The Attorney General will **prioritize applications that demonstrate collaboration between and joint investments by criminal justice, mental health, substance abuse, and veterans service agencies**; promote effective strategies to identify and reduce the risk of harm to veterans and public safety; and propose interventions with empirical support to improve outcomes for veterans.

This section authorizes \$5 million for each of the fiscal years 2016-2020.

Title VI: Incentivizing State Comprehensive Initiatives to Address Opioid and Heroin Abuse

Section 601: State Demonstration Grants for Comprehensive Opioid Abuse Response

This section amends Part MM of Title I of the Omnibus Crime Control and Safe Streets Act of 1968 by adding a new section: “Sec. 3039 State Demonstration Grants for Comprehensive Opioid Abuse Response.” This section authorizes the U.S. Attorney General, in coordination with the Secretary of HHS and Director of ONDCP, to award **grants to States and combinations of States to prepare a comprehensive plan for and to implement an integrated opioid abuse response initiative**. For the purposes of this section, a “prescriber of a Schedule II, III, or IV controlled substance” does not include a prescriber that dispenses the substance for use on the premises, in a hospital emergency room, for a certified opioid treatment program, or in other situations that the Attorney General may identify. Comprehensive responses will include *all* of the following:

- Prevention and educational efforts around heroin and opioid use, treatment, and recovery.
- A comprehensive prescription drug monitoring program (PDMP) to track the dispensing of Schedule II, III, or IV controlled substances, this includes allowing data-sharing with other States by statute, regulation, or interstate agreement and educating physicians, residents, medical students, and other prescribers of Schedule II, III, or IV controlled substances about the PDMP.
- Developing, implementing, or expanding the opioid treatment program of the State by:
 - Expanding programs for medication-assisted treatment (MAT), including training for treatment and recovery support providers;
 - Developing, implementing, or expanding programs for behavioral therapy for individuals in treatment for opioid use disorders, including contingency management, cognitive behavioral therapy, and motivational enhancements; or
 - Developing, implementing, or expanding programs to screen and treat individuals who are in treatment for prescription drug and opioid use disorders for hepatitis C and HIV.

- Developing, implementing, or expanding programs that provide screening, early intervention, and referral to treatment (SBIRT) to adolescents and young adults in primary care, middle schools, high schools, universities, school-based health centers, and other community-based health care settings frequently access by adolescents and young adults.
- Developing, implementing, and expanding programs to prevent opioid overdose death.

Applicants will submit an application to the Attorney General that includes a budget and budget justification, a description of the activities proposed and schedule for completion of the activities, outcome measures that will be used to measure the effectiveness of the programs and initiatives to address opioid use, and a description of the personnel necessary to complete the activities. States are eligible to receive one planning grant of up to \$100,000 for one year. The Attorney General may approve a higher grant amount if deemed appropriate.

States who receive a planning grant will also develop a strategic plan and program implementation plan. **States may apply for a two-year implementation grant to implement the comprehensive strategy.**

Implementation grant amounts will not exceed \$5 million, unless the Attorney General deems necessary “for good cause.” Interested States will submit an application to the Attorney General that includes any information prescribed by regulations or guidelines. States that receive an implementation grant may use the funds to carry out the comprehensive response, including costs associated with technical assistance, training, and administrative expenses. Comprehensive response programs must do *all* of the following:

- Ensure that each prescriber of Schedule II, III, or IV controlled substances registers with the PDMP and consults the PDMP before prescribing Schedule II, III, or IV substances.
- Ensure that each dispenser of Schedule II, III, or IV controlled substances registers with the PDMP; consults the PDMP before dispensing Schedule II, III, or IV substances; and reports to the PDMP each instance where a Schedule II, III, or IV substance is dispensed (with limited exceptions as defined by the State), including the prescriber’s name and National Provider Identifier.
- Require that the State agency or agencies that administer the PDMP prepare and provide each prescriber of a Schedule II, III, or IV controlled substance a report (at least four times per year) that shows how the prescribing patterns of the prescriber compare to their peers.
 - If reports provided to prescribers indicate that they are repeatedly prescribing outside of peer norms, direct the prescriber to educational resources on appropriate prescribing practices.
- Ensure that the prescriber licensing board of the State receives a report describing any prescribers that repeatedly fall outside of expected norms.
- **Require consultation with the State substance abuse agency.**
- Establish requirements for how data will be collected and analyzed to determine program effectiveness.

Priority for planning and implementation grants will be given to States that:

- Provide civil liability protection for first responders, health professionals, and family members administering naloxone by enacting legislation or provide certification by the State attorney general that he/she has reviewed the State’s civil liability law and concluded that existing law provides adequate protection for first responders.
- Have legislation or implement a policy that prohibits the State from terminating (States may suspend) Medicaid enrollment for an individual who is incarcerated for a period of fewer than two years.
- Have an enrollment process for services and benefits necessary by criminal justice agencies to initiate or continue treatment in the community or upon release from incarceration.
- Ensure the capability of data-sharing with other States, such as sharing PDMP data using a data hub.
- Ensure that data recorded in the PDMP is available within 24 hours.
- Ensure that the PDMP notifies prescribers and dispensers of Schedule II, III, or IV controlled substances when overuse or misuse is suspected.

This section authorizes \$15 million for each of the fiscal years 2016-2020.

Title VII: Offset, GAO Report**Section 701: Offset**

This section states that Congress intends to offset any costs associated with this legislation with a corresponding reduction in federal non-defense discretionary spending.

Section 702: GAO Report on IMD Exclusion

This section requires that 6 months after enactment, the Comptroller General will submit a report to Congress on the impact of the Medicaid Institutions for Mental Disease (IMD) exclusion on treatment access for individuals with a substance use disorder. The IMD exclusion refers to the prohibition on federal Medicaid matching funds for patients between the ages of 22 and 65 who receive services in a residential treatment setting with more than 16 beds. The report will include the following:

- An analysis of how the following policy changes to the IMD exclusion would enhance access to treatment for individuals with substance use disorders:
 - Removing substance use disorder treatment facilities from the IMD exclusion;
 - Amending section 1905(i) of the Social Security Act to modestly raise the 16 bed limit for all IMDs; and
 - Repealing the IMD exclusion.
- An analysis of whether and to what extent the quality of care for substance use disorder treatment is affected by the IMD exclusion.
- An analysis of the barriers in accessing State-specific information related to the impact of the IMD exclusion on access to treatment.
- An analysis of the difference in cost between treatment for a substance use disorder in a hospital setting compared to a community-based care setting.
- An analysis of the characteristics of IMDs, including the patient capacity of such institutions, as well as the type of care setting, among other characteristics.

United States Senate

WASHINGTON, DC 20510

November 13, 2015

The Honorable Thad Cochran
Chairman
Committee on Appropriations
United States Senate
S. 128 The Capitol
Washington, DC 20510

The Honorable Barbara Mikulski
Ranking Member
Committee on Appropriations
United States Senate
S. 128 The Capitol
Washington, DC 20510

The Honorable Roy Blunt
Chairman
Subcommittee on Labor, Health
and Human Services, Education,
and Related Agencies
Committee on Appropriations
131 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Patty Murray
Ranking Member
Subcommittee on Labor, Health
and Human Services, Education,
and Related Agencies
Committee on Appropriations
131 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairmen Cochran and Blunt and Ranking Members Mikulski and Murray:

Thank you for your leadership in addressing the nation's prescription drug abuse and heroin epidemic. With the passage of the Bipartisan Budget Act of 2015, we are writing to request that any final appropriations package include adequate resources for critical substance abuse prevention and treatment services. In particular, we are seeking funding at the highest possible level for the Substance Abuse Prevention and Treatment (SAPT) Block Grant and the Center for Substance Abuse Treatment (CSAT) – programs located within the Substance Abuse and Mental Health Services Administration's (SAMHSA).

As you know, the nation is in the midst of an opioid abuse crisis. According to the Centers for Disease Control and Prevention (CDC), heroin use has more than doubled among young adults ages 18 to 25 over the past 10 years. SAMHSA has found that the number of individuals in the U.S. aged 12 or older who are using opioids non-medically has reached approximately 4.5 million. These disturbing trends have resulted in tragic results for far too many Americans. According to the CDC, 17,000 people lost their lives to a prescription drug overdose and more than 8,000 lives were lost to a heroin overdose.

The opioid epidemic has also placed incredible pressure on our nation's treatment system. According to the National Association of State Alcohol and Drug Abuse Directors

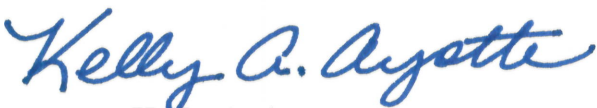
(NASADAD), 37 States reported increases in treatment admissions for heroin during the past two years. Further, admissions for opioid pain reliever abuse treatment increased by a staggering 500 percent from 2000 to 2012 according to SAMHSA. It is clear that more must be done to support effective treatment services and prevention programs.

The SAPT Block Grant, a formula grant distributed to all States and Territories, provided treatment services for over 1.6 million Americans in fiscal year (FY) 2014. During the same year, of clients discharged from treatment, over 72 percent were abstinent from illicit drugs and nearly 82 percent were abstinent from alcohol. The prevention funds included in the SAPT Block grant represent 70 percent of the primary prevention funding managed by State substance abuse agencies. Unfortunately, over the past 10 years, SAPT Block Grant funding has not kept up with inflation, resulting in a 25 percent decrease in actual funding.

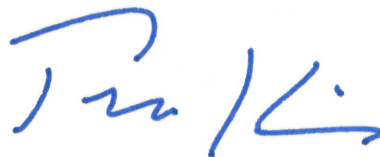
The Center for Substance Abuse Treatment (CSAT) provides critical leadership across the federal government to promote evidence based practices. A cornerstone initiative within CSAT is the Targeted Capacity Expansion (TCE) program which helps States and communities target urgent, unmet needs. In FY 2014, Congress approved \$11 million through the TCE program to help expand access to medications for the treatment of opioid use disorders. Over the past 5 years, however, funding for the CSAT has been reduced by approximately \$44 million.

With the passage of the Bipartisan Budget Act of 2015, we urge the Committee to revisit initial proposed funding reductions for the SAPT Block Grant and CSAT as the appropriations process moves forward. In particular, we urge you to take action that would maintain the highest possible level of funding for these key programs. We recognize the continued fiscal challenges facing our country, however, with our nation currently facing an opioid abuse epidemic, we believe it is critical to make sensible investments in effective programs that are crucial to helping save lives, reunite families, and strengthen communities. Thank you for your consideration of our request. We look forward to working with you as the FY 16 appropriations process moves forward.

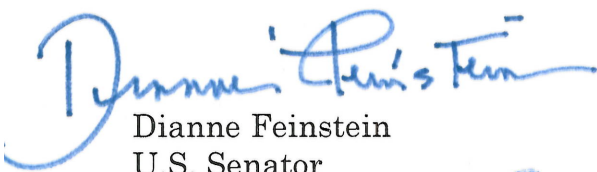
Sincerely,

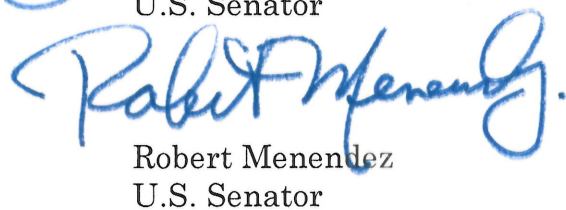


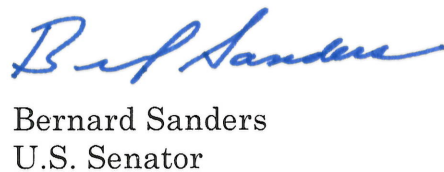
Kelly A. Ayotte
U.S. Senator



Tim Kaine
U.S. Senator

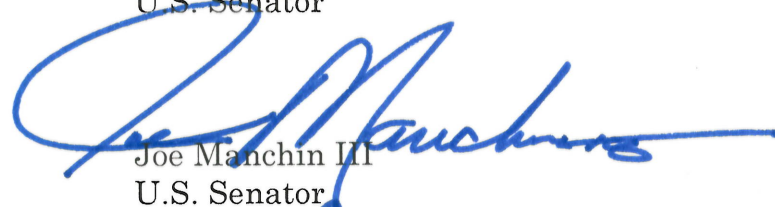

Dianne Feinstein
U.S. Senator

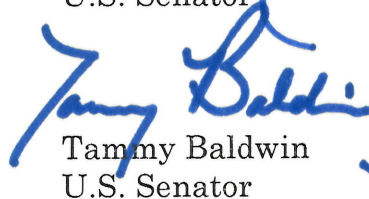

Robert Menendez
U.S. Senator

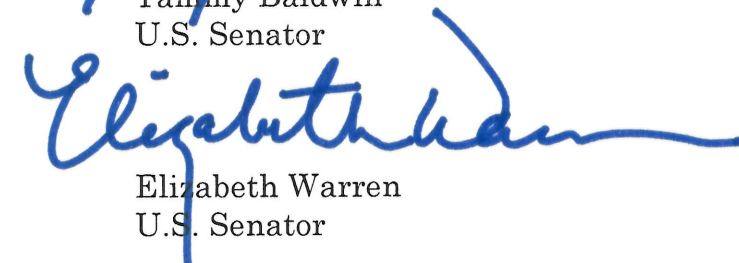

Bernard Sanders
U.S. Senator


Mark Warner
U.S. Senator

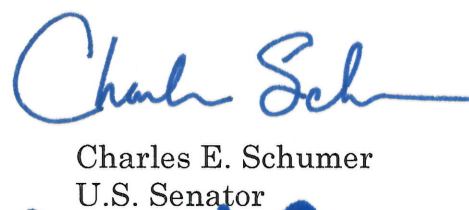

Kirsten Gillibrand
U.S. Senator

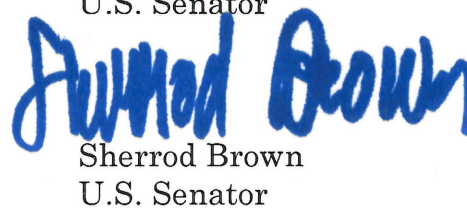

Joe Manchin III
U.S. Senator

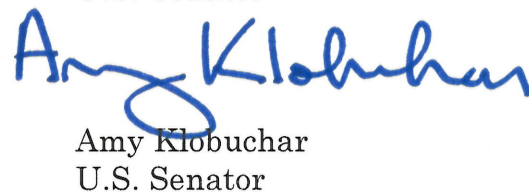

Tammy Baldwin
U.S. Senator

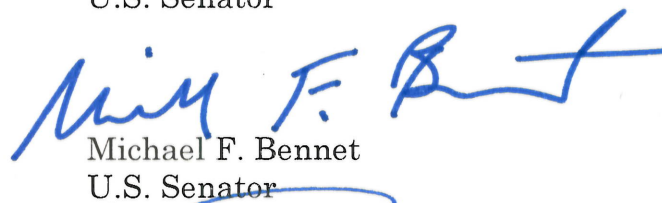

Elizabeth Warren
U.S. Senator

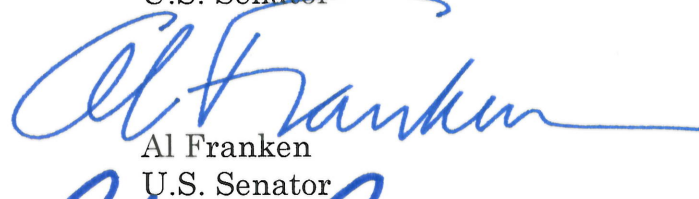

Edward J. Markey
U.S. Senator


Charles E. Schumer
U.S. Senator


Sherrod Brown
U.S. Senator

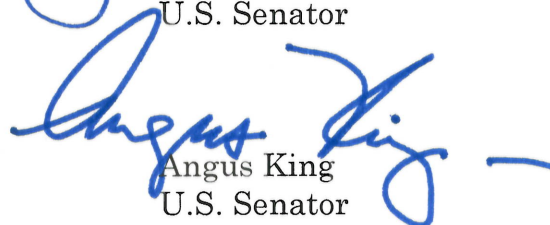

Amy Klobuchar
U.S. Senator


Michael F. Bennet
U.S. Senator


Al Franken
U.S. Senator


Christopher A. Coons
U.S. Senator


Joe Donnelly
U.S. Senator


Angus King
U.S. Senator


Dan Sullivan
U.S. Senator