

the date of enactment of this subsection [Oct. 24, 2018], pursuant to subsection (b), and annually thereafter, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report summarizing the information provided to the Secretary in reports made pursuant to subsection (c), including the purposes for which grant funds are awarded under this section and the activities of such grant recipients.

“(g) TECHNICAL ASSISTANCE.—The Secretary, including through the Tribal Training and Technical Assistance Center of the Substance Abuse and Mental Health Services Administration, shall provide State agencies and Indian Tribes, as applicable, with technical assistance concerning grant application and submission procedures under this section, award management activities, and enhancing outreach and direct support to rural and underserved communities and providers in addressing the opioid crisis.

“(h) AUTHORIZATION OF APPROPRIATIONS.—For purposes of carrying out the grant program under subsection (b), there is authorized to be appropriated \$500,000,000 for each of fiscal years 2019 through 2021, to remain available until expended.

“(i) SET ASIDE.—Of the amounts made available for each fiscal year to award grants under subsection (b) for a fiscal year, 5 percent of such amount for such fiscal year shall be made available to Indian Tribes, and up to 15 percent of such amount for such fiscal year may be set aside for States with the highest age-adjusted rate of drug overdose death based on the ordinal ranking of States according to the Director of the Centers for Disease Control and Prevention.

“(j) SUNSET.—This section shall expire on September 30, 2026.”

#### **§ 290ee-4. Mental and behavioral health outreach and education on college campuses**

##### **(a) Purpose**

It is the purpose of this section to increase access to, and reduce the stigma associated with, mental health services to ensure that students at institutions of higher education have the support necessary to successfully complete their studies.

##### **(b) National public education campaign**

The Secretary, acting through the Assistant Secretary and in collaboration with the Director of the Centers for Disease Control and Prevention, shall convene an interagency, public-private sector working group to plan, establish, and begin coordinating and evaluating a targeted public education campaign that is designed to focus on mental and behavioral health on the campuses of institutions of higher education. Such campaign shall be designed to—

- (1) improve the general understanding of mental health and mental disorders;
- (2) encourage help-seeking behaviors relating to the promotion of mental health, prevention of mental disorders, and treatment of such disorders;
- (3) make the connection between mental and behavioral health and academic success; and
- (4) assist the general public in identifying the early warning signs and reducing the stigma of mental illness.

##### **(c) Composition**

The working group convened under subsection (b) shall include—

- (1) mental health consumers, including students and family members;

- (2) representatives of institutions of higher education;

- (3) representatives of national mental and behavioral health associations and associations of institutions of higher education;

- (4) representatives of health promotion and prevention organizations at institutions of higher education;

- (5) representatives of mental health providers, including community mental health centers; and

- (6) representatives of private-sector and public-sector groups with experience in the development of effective public health education campaigns.

##### **(d) Plan**

The working group under subsection (b) shall develop a plan that—

- (1) targets promotional and educational efforts to the age population of students at institutions of higher education and individuals who are employed in settings of institutions of higher education, including through the use of roundtables;

- (2) develops and proposes the implementation of research-based public health messages and activities;

- (3) provides support for local efforts to reduce stigma by using the National Health Information Center as a primary point of contact for information, publications, and service program referrals; and

- (4) develops and proposes the implementation of a social marketing campaign that is targeted at the population of students attending institutions of higher education and individuals who are employed in settings of institutions of higher education.

##### **(e) Definition**

In this section, the term “institution of higher education” has the meaning given such term in section 1001 of title 20.

##### **(f) Authorization of appropriations**

To carry out this section, there are authorized to be appropriated \$1,000,000 for the period of fiscal years 2018 through 2022.

(July 1, 1944, ch. 373, title V, § 549, as added Pub. L. 114-255, div. B, title IX, § 9033, Dec. 13, 2016, 130 Stat. 1261.)

#### **§ 290ee-5. National recovery housing best practices**

##### **(a) Best practices for operating recovery housing**

###### **(1) In general**

The Secretary, in consultation with the individuals and entities specified in paragraph (2), shall identify or facilitate the development of best practices, which may include model laws for implementing suggested minimum standards, for operating recovery housing.

###### **(2) Consultation**

In carrying out the activities described in paragraph (1), the Secretary shall consult with, as appropriate—

- (A) relevant divisions of the Department of Health and Human Services, including the

Substance Abuse and Mental Health Services Administration, the Office of Inspector General, the Indian Health Service, and the Centers for Medicare & Medicaid Services;

(B) the Secretary of Housing and Urban Development;

(C) directors or commissioners, as applicable, of State health departments, tribal health departments, State Medicaid programs, and State insurance agencies;

(D) representatives of health insurance issuers;

(E) national accrediting entities and reputable providers of, and analysts of, recovery housing services, including Indian tribes, tribal organizations, and tribally designated housing entities that provide recovery housing services, as applicable;

(F) individuals with a history of substance use disorder; and

(G) other stakeholders identified by the Secretary.

**(b) Identification of fraudulent recovery housing operators**

**(1) In general**

The Secretary, in consultation with the individuals and entities described in paragraph (2), shall identify or facilitate the development of common indicators that could be used to identify potentially fraudulent recovery housing operators.

**(2) Consultation**

In carrying out the activities described in paragraph (1), the Secretary shall consult with, as appropriate, the individuals and entities specified in subsection (a)(2) and the Attorney General of the United States.

**(3) Requirements**

**(A) Practices for identification and reporting**

In carrying out the activities described in paragraph (1), the Secretary shall consider how law enforcement, public and private payers, and the public can best identify and report fraudulent recovery housing operators.

**(B) Factors to be considered**

In carrying out the activities described in paragraph (1), the Secretary shall identify or develop indicators, which may include indicators related to—

- (i) unusual billing practices;
- (ii) average lengths of stays;
- (iii) excessive levels of drug testing (in terms of cost or frequency); and
- (iv) unusually high levels of recidivism.

**(c) Dissemination**

The Secretary shall, as appropriate, disseminate the best practices identified or developed under subsection (a) and the common indicators identified or developed under subsection (b) to—

- (1) State agencies, which may include the provision of technical assistance to State agencies seeking to adopt or implement such best practices;
- (2) Indian tribes, tribal organizations, and tribally designated housing entities;
- (3) the Attorney General of the United States;

(4) the Secretary of Labor;

(5) the Secretary of Housing and Urban Development;

(6) State and local law enforcement agencies;

(7) health insurance issuers;

(8) recovery housing entities; and

(9) the public.

**(d) Requirements**

In carrying out the activities described in subsections (a) and (b), the Secretary, in consultation with appropriate individuals and entities described in subsections (a)(2) and (b)(2), shall consider how recovery housing is able to support recovery and prevent relapse, recidivism, or overdose (including overdose death), including by improving access and adherence to treatment, including medication-assisted treatment.

**(e) Rule of construction**

Nothing in this section shall be construed to provide the Secretary with the authority to require States to adhere to minimum standards in the State oversight of recovery housing.

**(f) Definitions**

In this section:

(1) The term “recovery housing” means a shared living environment free from alcohol and illicit drug use and centered on peer support and connection to services that promote sustained recovery from substance use disorders.

(2) The terms “Indian tribe” and “tribal organization” have the meanings given those terms in section 5304 of title 25.

(3) The term “tribally designated housing entity” has the meaning given that term in section 4103 of title 25.

**(g) Authorization of appropriations**

To carry out this section, there is authorized to be appropriated \$3,000,000 for the period of fiscal years 2019 through 2021.

(July 1, 1944, ch. 373, title V, § 550, as added Pub. L. 115-271, title VII, § 7031, Oct. 24, 2018, 132 Stat. 4014.)

**CODIFICATION**

Another section 550 of act July 1, 1944, is classified to section 290ee-10 of this title.

**§ 290ee-6. Regional Centers of Excellence in Substance Use Disorder Education**

**(a) In general**

The Secretary, in consultation with appropriate agencies, shall award cooperative agreements to eligible entities for the designation of such entities as Regional Centers of Excellence in Substance Use Disorder Education for purposes of improving health professional training resources with respect to substance use disorder prevention, treatment, and recovery.

**(b) Eligibility**

To be eligible to receive a cooperative agreement under subsection (a), an entity shall—

- (1) be an accredited entity that offers education to students in various health professions, which may include—
  - (A) a teaching hospital;