

(4) identifies information on alternatives to controlled substances for pain management, such as approaches studied by the National Institutes of Health Pain Consortium, the National Center for Complimentary and Integrative Health, and other institutes and centers at the National Institutes of Health, as appropriate; and

(5) identifies guidelines and best practices for health care providers regarding treatment of substance use disorders.

(b) Controlled substance defined

In this section, the term “controlled substance” has the meaning given that term in section 802 of title 21.

(July 1, 1944, ch. 373, title XVII, §1711, as added Pub. L. 115-271, title VII, § 7021, Oct. 24, 2018, 132 Stat. 4009.)

NATIONAL MILESTONES TO MEASURE SUCCESS IN CURTAILING THE OPIOID CRISIS

Pub. L. 115-271, title VII, §7023, Oct. 24, 2018, 132 Stat. 4012, provided that:

“(a) IN GENERAL.—Not later than 180 days after the date of enactment of this Act [Oct. 24, 2018], the Secretary of Health and Human Services (referred to in this section as the ‘Secretary’), in coordination with the Administrator of the Drug Enforcement Administration and the Director of the Office of National Drug Control Policy, shall develop or identify existing national indicators (referred to in this section as the ‘national milestones’) to measure success in curtailment of the opioid crisis, with the goal of significantly reversing the incidence and prevalence of opioid misuse and abuse, and opioid-related morbidity and mortality in the United States within 5 years of such date of enactment.

“(b) NATIONAL MILESTONES TO END THE OPIOID CRISIS.—The national milestones under subsection (a) shall include the following:

“(1) Not fewer than 10 indicators or metrics to accurately and expediently measure progress in meeting the goal described in subsection (a), which shall, as appropriate, include, indicators or metrics related to—

“(A) the number of fatal and non-fatal opioid overdoses;

“(B) the number of emergency room visits related to opioid misuse and abuse;

“(C) the number of individuals in sustained recovery from opioid use disorder;

“(D) the number of infections associated with illicit drug use, such as HIV, viral hepatitis, and infective endocarditis, and available capacity for treating such infections;

“(E) the number of providers prescribing medication-assisted treatment for opioid use disorders, including in primary care settings, community health centers, jails, and prisons;

“(F) the number of individuals receiving treatment for opioid use disorder; and

“(G) additional indicators or metrics, as appropriate, such as metrics pertaining to specific populations, including women and children, American Indians and Alaskan Natives, individuals living in rural and non-urban areas, and justice-involved populations, that would further clarify the progress made in addressing the opioid crisis.

“(2) A reasonable goal, such as a percentage decrease or other specified metric, that signifies progress in meeting the goal described in subsection (a), and annual targets to help achieve that goal.

“(c) CONSIDERATION OF OTHER SUBSTANCE USE DISORDERS.—In developing the national milestones under subsection (b), the Secretary shall, as appropriate, consider other substance use disorders in addition to opioid use disorder.

“(d) EXTENSION OF PERIOD.—If the Secretary determines that the goal described in subsection (a) will not be achieved with respect to any indicator or metric established under subsection (b)(2) within 5 years of the date of enactment of this Act, the Secretary may extend the timeline for meeting such goal with respect to that indicator or metric. The Secretary shall include with any such extension a rationale for why additional time is needed and information on whether significant changes are needed in order to achieve such goal with respect to the indicator or metric.

“(e) ANNUAL STATUS UPDATE.—Not later than one year after the date of enactment of this Act, the Secretary shall make available on the Internet website of the Department of Health and Human Services, and 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, an update on the progress, including expected progress in the subsequent year, in achieving the goals detailed in the national milestones. Each such update shall include the progress made in the first year or since the previous report, as applicable, in meeting each indicator or metric in the national milestones.”

SUBCHAPTER XVI—PRESIDENT’S COMMISSION FOR THE STUDY OF ETHICAL PROBLEMS IN MEDICINE AND BIOMEDICAL AND BEHAVIOR RESEARCH

§§ 300v to 300v-3. Omitted

CODIFICATION

Sections 300v to 300v-3, which provided for the establishment, duties, administration, funding, and termination of the President’s Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research, were omitted pursuant to section 300v-3, which provided for the Commission’s termination on Dec. 31, 1982. See 48 F.R. 34408.

Section 300v, act July 1, 1944, ch. 373, title XVIII, §1801, as added Pub. L. 95-622, title III, §301, Nov. 9, 1978, 92 Stat. 3437; amended Pub. L. 96-88, title V, §509(b), Oct. 17, 1979, 93 Stat. 695; Pub. L. 100-527, §10(1), Oct. 25, 1988, 102 Stat. 2640, established the President’s Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research and directed the President to appoint eleven members.

Section 300v-1, act July 1, 1944, ch. 373, title XVIII, §1802, as added Pub. L. 95-622, title III, §301, Nov. 9, 1978, 92 Stat. 3439; amended Pub. L. 96-32, §4, July 10, 1979, 93 Stat. 82, related to duties of the Commission.

Section 300v-2, act July 1, 1944, ch. 373, title XVIII, §1803, as added Pub. L. 95-622, title III, §301, Nov. 9, 1978, 92 Stat. 3440, related to administrative provisions.

Section 300v-3, act July 1, 1944, ch. 373, title XVIII, §1804, as added Pub. L. 95-622, title III, §301, Nov. 9, 1978, 92 Stat. 3441, related to authorization of appropriations and termination of the Commission.

SUBCHAPTER XVII—BLOCK GRANTS

PART A—PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANTS

§ 300w. Authorization of appropriations

(a) For the purpose of allotments under section 300w-1 of this title, there are authorized to be appropriated \$205,000,000 for fiscal year 1993, and such sums as may be necessary for each of the fiscal years 1994 through 1998.

(b) Of the amount appropriated for any fiscal year under subsection (a), at least \$7,000,000 shall be made available for allotments under section 300w-1(b) of this title.

(July 1, 1944, ch. 373, title XIX, §1901, as added Pub. L. 97-35, title IX, §901, Aug. 13, 1981, 95 Stat.