

Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose;

(3) establish processes, protocols, and mechanisms for referral to appropriate treatment, which may include an outreach coordinator or team to connect individuals receiving opioid overdose reversal drugs to followup services; and

(4) train and provide resources for first responders and members of other key community sectors on safety around fentanyl, carfentanil, and other dangerous licit and illicit drugs to protect themselves from exposure to such drugs and respond appropriately when exposure occurs.

(d) Technical assistance grants

The Secretary shall make a grant for the purpose of providing technical assistance and training on the use of a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose, mechanisms for referral to appropriate treatment, and safety around fentanyl, carfentanil, and other dangerous licit and illicit drugs.

(e) Geographic distribution

In making grants under this section, the Secretary shall ensure that not less than 20 percent of grant funds are awarded to eligible entities that are not located in metropolitan statistical areas (as defined by the Office of Management and Budget). The Secretary shall take into account the unique needs of rural communities, including communities with an incidence of individuals with opioid use disorder that is above the national average and communities with a shortage of prevention and treatment services.

(f) Evaluation

The Secretary shall conduct an evaluation of grants made under this section to determine—

(1) the number of first responders and members of other key community sectors equipped with a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act [21 U.S.C. 301 et seq.] for emergency treatment of known or suspected opioid overdose;

(2) the number of opioid and heroin overdoses reversed by first responders and members of other key community sectors receiving training and supplies of a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose, through a grant received under this section;

(3) the number of responses to requests for services by the entity or subgrantee, to opioid and heroin overdose;

(4) the extent to which overdose victims and families receive information about treatment services and available data describing treatment admissions; and

(5) the number of first responders and members of other key community sectors trained on safety around fentanyl, carfentanil, and other dangerous licit and illicit drugs.

(g) Other key community sectors

In this section, the term “other key community sectors” includes substance use disorder

treatment providers, emergency medical services agencies, agencies and organizations working with prison and jail populations and offender reentry programs, health care providers, harm reduction groups, pharmacies, community health centers, tribal health facilities, and mental health providers.

(h) Authorization of appropriations

To carry out this section, there are authorized to be appropriated \$36,000,000 for each of fiscal years 2019 through 2023.

(July 1, 1944, ch. 373, title V, §546, as added Pub. L. 114-198, title II, §202, July 22, 2016, 130 Stat. 715; amended Pub. L. 115-271, title VII, §7002, Oct. 24, 2018, 132 Stat. 4007.)

REFERENCES IN TEXT

The Federal Food, Drug, and Cosmetic Act, referred to in subsecs. (a), (c)(1), (2), (d), and (f)(1), (2), is act June 25, 1938, ch. 675, 52 Stat. 1040, which is classified generally to chapter 9 (§301 et seq.) of Title 21, Food and Drugs. For complete classification of this Act to the Code, see section 301 of Title 21 and Tables.

PRIOR PROVISIONS

A prior section 290ee-1, act July 1, 1944, ch. 373, title V, §546, formerly Pub. L. 92-255, title IV, §413, Mar. 21, 1972, 86 Stat. 84, as amended Pub. L. 96-181, §8(a), (b)(1), Jan. 2, 1980, 93 Stat. 1313, 1314; Pub. L. 97-35, title IX, §973(e), Aug. 13, 1981, 95 Stat. 598; renumbered §525 of act July 1, 1944, and amended Apr. 26, 1983, Pub. L. 98-24, §2(b)(16)(A), 97 Stat. 182; Oct. 27, 1986, Pub. L. 99-570, title VI, §6002(b)(2), 100 Stat. 3207-159; renumbered §546, July 22, 1987, Pub. L. 100-77, title VI, §611(2), 101 Stat. 516; Nov. 4, 1988, Pub. L. 100-607, title VIII, §813(4), 102 Stat. 3171; Nov. 7, 1988, Pub. L. 100-628, title VI, §613(4), 102 Stat. 3243; Aug. 16, 1989, Pub. L. 101-93, §5(b)(1), 103 Stat. 615, which related to drug abuse among government and other employees, was omitted in the general revision of this part by Pub. L. 102-321.

AMENDMENTS

2018—Subsec. (c)(4). Pub. L. 115-271, §7002(1), added par. (4).

Subsec. (d). Pub. L. 115-271, §7002(2), substituted “mechanisms for referral to appropriate treatment, and safety around fentanyl, carfentanil, and other dangerous licit and illicit drugs” for “and mechanisms for referral to appropriate treatment for an entity receiving a grant under this section”.

Subsec. (f)(5). Pub. L. 115-271, §7002(3), added par. (5).

Subsec. (g). Pub. L. 115-271, §7002(5), added subsec. (g). Former subsec. (g) redesignated (h).

Subsec. (h). Pub. L. 115-271, §7002(4), (6), redesignated subsec. (g) as (h) and substituted “\$36,000,000 for each of fiscal years 2019 through 2023” for “\$12,000,000 for each of fiscal years 2017 through 2021”.

§ 290ee-2. Building communities of recovery

(a) Definition

In this section, the term “recovery community organization” means an independent non-profit organization that—

(1) mobilizes resources within and outside of the recovery community, which may include through a peer support network, to increase the prevalence and quality of long-term recovery from substance use disorders; and

(2) is wholly or principally governed by people in recovery for substance use disorders who reflect the community served.

(b) Grants authorized

The Secretary shall award grants to recovery community organizations to enable such organi-

zations to develop, expand, and enhance recovery services.

(c) Federal share

The Federal share of the costs of a program funded by a grant under this section may not exceed 85 percent.

(d) Use of funds

Grants awarded under subsection (b)—

(1) shall be used to develop, expand, and enhance community and statewide recovery support services; and

(2) may be used to—

(A) build connections between recovery networks, including between recovery community organizations and peer support networks, and with other recovery support services, including—

- (i) behavioral health providers;
- (ii) primary care providers and physicians;
- (iii) educational and vocational schools;
- (iv) employers;
- (v) housing services;
- (vi) child welfare agencies; and
- (vii) other recovery support services that facilitate recovery from substance use disorders, including non-clinical community services;

(B) reduce stigma associated with substance use disorders; and

(C) conduct outreach on issues relating to substance use disorders and recovery, including—

- (i) identifying the signs of substance use disorder;
- (ii) the resources available to individuals with substance use disorder and to families of an individual with a substance use disorder, including programs that mentor and provide support services to children;
- (iii) the resources available to help support individuals in recovery; and
- (iv) related medical outcomes of substance use disorders, the potential of acquiring an infection commonly associated with illicit drug use, and neonatal abstinence syndrome among infants exposed to opioids during pregnancy.

(e) Special consideration

In carrying out this section, the Secretary shall give special consideration to the unique needs of rural areas, including areas with an age-adjusted rate of drug overdose deaths that is above the national average and areas with a shortage of prevention and treatment services.

(f) Authorization of appropriations

There is authorized to be appropriated to carry out this section \$5,000,000 for each of fiscal years 2019 through 2023.

(July 1, 1944, ch. 373, title V, § 547, as added Pub. L. 114-198, title III, § 302, July 22, 2016, 130 Stat. 719; amended Pub. L. 115-271, title VII, § 7151, Oct. 24, 2018, 132 Stat. 4057.)

PRIOR PROVISIONS

A prior section 290ee-2, act July 1, 1944, ch. 373, title V, § 547, formerly Pub. L. 92-255, title IV, § 407, Mar. 21, 1972, 86 Stat. 78, as amended Pub. L. 94-237, § 6(a), Mar.

19, 1976, 90 Stat. 244; Pub. L. 94-581, title I, § 111(c)(2), Oct. 21, 1976, 90 Stat. 2852; renumbered § 526 of act July 1, 1944, Apr. 26, 1983, Pub. L. 98-24, § 2(b)(16)(B), 97 Stat. 182; renumbered § 547, July 22, 1987, Pub. L. 100-77, title VI, § 611(2), 101 Stat. 516, which related to admission of drug abusers to private and public hospitals, was omitted in the general revision of this part by Pub. L. 102-321.

AMENDMENTS

2018—Pub. L. 115-271 amended section generally. Prior to amendment, section authorized the Secretary to award grants to recovery community organizations to enable such organizations to develop, expand, and enhance recovery services, set the Federal share of program costs at no more than 50 percent, and appropriated \$1,000,000 for each of fiscal years 2017 through 2021.

§ 290ee-2a. Peer support technical assistance center

(a) Establishment

The Secretary, acting through the Assistant Secretary, shall establish or operate a National Peer-Run Training and Technical Assistance Center for Addiction Recovery Support (referred to in this section as the “Center”).

(b) Functions

The Center established under subsection (a) shall provide technical assistance and support to recovery community organizations and peer support networks, including such assistance and support related to—

(1) training on identifying—

- (A) signs of substance use disorder;
- (B) resources to assist individuals with a substance use disorder, or resources for families of an individual with a substance use disorder; and
- (C) best practices for the delivery of recovery support services;

(2) the provision of translation services, interpretation, or other such services for clients with limited English speaking proficiency;

(3) data collection to support research, including for translational research;

(4) capacity building; and

(5) evaluation and improvement, as necessary, of the effectiveness of such services provided by recovery community organizations.

(c) Best practices

The Center established under subsection (a) shall periodically issue best practices for use by recovery community organizations and peer support networks.

(d) Recovery community organization

In this section, the term “recovery community organization” has the meaning given such term in section 290ee-2 of this title.

(e) Authorization of appropriations

There is authorized to be appropriated to carry out this section \$1,000,000 for each of fiscal years 2019 through 2023.

(July 1, 1944, ch. 373, title V, § 547A, as added Pub. L. 115-271, title VII, § 7152, Oct. 24, 2018, 132 Stat. 4058.)