

ices 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.)

Editorial Notes

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(t)(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.)

Editorial Notes

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.)

§ 290ee-3. State demonstration grants for comprehensive opioid abuse response

(a) Definitions

In this section:

(1) Dispenser

The term “dispenser” has the meaning given the term in section 802 of title 21.

(2) Prescriber

The term “prescriber” means a dispenser who prescribes a controlled substance, or the agent of such a dispenser.

(3) Prescriber of a schedule II, III, or IV controlled substance

The term “prescriber of a schedule II, III, or IV controlled substance” does not include a prescriber of a schedule II, III, or IV controlled substance that dispenses the substance—

- (A) for use on the premises on which the substance is dispensed;
- (B) in a hospital emergency room, when the substance is in short supply;
- (C) for a certified opioid treatment program; or
- (D) in other situations as the Secretary may reasonably determine.

(4) Schedule II, III, or IV controlled substance

The term “schedule II, III, or IV controlled substance” means a controlled substance that is listed on schedule II, schedule III, or schedule IV of section 812(c) of title 21.

(b) Grants for comprehensive opioid abuse response

(1) In general

The Secretary shall award grants to States, and combinations of States, to implement an integrated opioid abuse response initiative.

(2) Purposes

A State receiving a grant under this section shall establish a comprehensive response plan to opioid abuse, which may include—

- (A) education efforts around opioid use, treatment, and addiction recovery, including education of residents, medical students, and physicians and other prescribers of schedule II, III, or IV controlled substances on relevant prescribing guidelines, the prescription drug monitoring program of the State described in subparagraph (B), and overdose prevention methods;
- (B) establishing, maintaining, or improving a comprehensive prescription drug monitoring program to track dispensing of schedule II, III, or IV controlled substances, which may—
 - (i) provide for data sharing with other States; and
 - (ii) allow all individuals authorized by the State to write prescriptions for schedule II, III, or IV controlled substances to access the prescription drug monitoring program of the State;
- (C) developing, implementing, or expanding prescription drug and opioid addiction treatment programs by—
 - (i) expanding the availability of treatment for prescription drug and opioid ad-