

117TH CONGRESS
2D SESSION

H. R. 7234

To amend the Public Health Service Act to reauthorize certain programs with respect to mental health conditions and substance use disorders, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 28, 2022

Ms. SPANBERGER (for herself, Mr. O'HALLERAN, Ms. SALAZAR, and Mr. ARMSTRONG) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to reauthorize certain programs with respect to mental health conditions and substance use disorders, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Summer Barrow Pre-
5 vention, Treatment, and Recovery Act”.

6 **SEC. 2. TABLE OF CONTENTS.**

7 The table of contents of this Act is as follows:

Sec. 1. Short title.

Sec. 2. Table of contents.

Sec. 3. Grants for the benefit of homeless individuals.

- Sec. 4. Priority substance abuse treatment needs of regional and national significance.
- Sec. 5. Evidence-based prescription opioid and heroin treatment and interventions demonstration.
- Sec. 6. Priority substance use disorder prevention needs of regional and national significance.
- Sec. 7. Sober Truth on Preventing (STOP) Underage Drinking Reauthorization.
- Sec. 8. Grants for jail diversion programs.
- Sec. 9. Formula grants to States.
- Sec. 10. Projects for Assistance in Transition From Homelessness.
- Sec. 11. Grants for reducing overdose deaths.
- Sec. 12. Opioid overdose reversal medication access and education grant programs.
- Sec. 13. State demonstration grants for comprehensive opioid abuse response.
- Sec. 14. Emergency department alternatives to opioids.

1 **SEC. 3. GRANTS FOR THE BENEFIT OF HOMELESS INDIVID-**
 2 **UALS.**

3 Section 506(e) of the Public Health Service Act (42
 4 U.S.C. 290aa–5(e)) is amended by striking “2018 through
 5 2022” and inserting “2023 through 2027”.

6 **SEC. 4. PRIORITY SUBSTANCE ABUSE TREATMENT NEEDS**
 7 **OF REGIONAL AND NATIONAL SIGNIFICANCE.**

8 Section 509 of the Public Health Service Act (42
 9 U.S.C. 290bb–2) is amended—

10 (1) in the section heading, by striking
 11 “**ABUSE**” and inserting “**USE DISORDER**”;

12 (2) in subsection (a)—

13 (A) by striking “tribes and tribal organiza-
 14 tions” each place it appears and inserting
 15 “Tribes and Tribal organizations”; and

16 (B) in paragraph (3), by striking “in sub-
 17 stance abuse”;

1 (3) in subsection (b), in the subsection heading,
2 by striking “ABUSE” and inserting “USE DIS-
3 ORDER”; and

4 (4) in subsection (f), by striking “\$333,806,000
5 for each of fiscal years 2018 through 2022” and in-
6 serting “\$521,517,000 for each of fiscal years 2023
7 through 2027”.

8 **SEC. 5. EVIDENCE-BASED PRESCRIPTION OPIOID AND HER-**
9 **OIN TREATMENT AND INTERVENTIONS DEM-**
10 **ONSTRATION.**

11 Section 514B of the Public Health Service Act (42
12 U.S.C. 290bb–10) is amended—

13 (1) in subsection (a)(1)—

14 (A) by striking “substance abuse” and in-
15 serting “substance use disorder”;

16 (B) by striking “tribes and tribal organiza-
17 tions” and inserting “Tribes and Tribal organi-
18 zations”; and

19 (C) by striking “addiction” and inserting
20 “substance use disorders”;

21 (2) in subsection (e)(3), by striking “tribes and
22 tribal organizations” and inserting “Tribes and
23 Tribal organizations”; and

24 (3) in subsection (f), by striking “2017 through
25 2021” and inserting “2023 through 2027”.

1 **SEC. 6. PRIORITY SUBSTANCE USE DISORDER PREVENTION**
2 **NEEDS OF REGIONAL AND NATIONAL SIG-**
3 **NIFICANCE.**

4 Section 516 of the Public Health Service Act (42
5 U.S.C. 290bb–22) is amended—

6 (1) in subsection (a)—

7 (A) in paragraph (3), by striking “abuse”
8 and inserting “use”; and

9 (B) in the matter following paragraph (3),
10 by striking “tribes or tribal organizations” each
11 place it appears and inserting “Tribes or Tribal
12 organizations”;

13 (2) in subsection (b), in the subsection heading,
14 by striking “ABUSE” and inserting “USE DIS-
15 ORDER”; and

16 (3) in subsection (f), by striking “\$211,148,000
17 for each of fiscal years 2018 through 2022” and in-
18 serting “\$218,219,000 for each of fiscal years 2023
19 through 2027”.

20 **SEC. 7. SOBER TRUTH ON PREVENTING (STOP) UNDERAGE**
21 **DRINKING REAUTHORIZATION.**

22 Section 519B of the Public Health Service Act (42
23 U.S.C. 290bb–25b) is amended to read as follows:

24 **“SEC. 519B. PROGRAMS TO REDUCE UNDERAGE DRINKING.**

25 **“(a) DEFINITIONS.—**For purposes of this section:

1 “(1) The term ‘alcohol beverage industry’
2 means the brewers, vintners, distillers, importers,
3 distributors, and retail or online outlets that sell or
4 serve beer, wine, and distilled spirits.

5 “(2) The term ‘school-based prevention’ means
6 programs, which are institutionalized, and run by
7 staff members or school-designated persons or orga-
8 nizations in any grade of school, kindergarten
9 through 12th grade.

10 “(3) The term ‘youth’ means persons under the
11 age of 21.

12 “(b) SENSE OF CONGRESS.—It is the sense of the
13 Congress that:

14 “(1) A multifaceted effort is needed to more
15 successfully address the problem of underage drink-
16 ing in the United States. A coordinated approach to
17 prevention, intervention, treatment, enforcement,
18 and research is key to making progress. This section
19 recognizes the need for a focused national effort,
20 and addresses particulars of the Federal portion of
21 that effort, as well as Federal support for State ac-
22 tivities.

23 “(2) The Secretary shall continue to conduct
24 research and collect data on the short- and long-

1 range impact of alcohol use and abuse upon adoles-
2 cent brain development and other organ systems.

3 “(3) States and communities, including colleges
4 and universities, are encouraged to adopt com-
5 prehensive prevention approaches, including—

6 “(A) evidence-based screening, programs,
7 and curricula;

8 “(B) brief intervention strategies;

9 “(C) consistent policy enforcement; and

10 “(D) science-based strategies to reduce un-
11 derage drinking.

12 “(4) Public health groups, consumer groups,
13 and the alcohol beverage industry should continue
14 and expand evidence-based efforts to prevent and re-
15 duce underage drinking.

16 “(5) The entertainment industries and social
17 media platforms have a powerful impact on youth,
18 and they should use rating systems and marketing
19 codes to reduce the likelihood that underage audi-
20 ences will be exposed to movies, recordings, tele-
21 vision programs, or social media with unsuitable al-
22cohol content.

23 “(6) The National Collegiate Athletic Associa-
24 tion, its member colleges and universities, and ath-
25 letic conferences should affirm a commitment to a

1 policy of discouraging alcohol use among underage
2 students and other young fans.

3 “(7) Alcohol is a unique product and should be
4 regulated differently than other products by the
5 States and Federal Government. States have pri-
6 mary authority to regulate alcohol distribution and
7 sale, and the Federal Government should support
8 and supplement these State efforts. States also have
9 a responsibility to fight youth access to alcohol and
10 reduce underage drinking. Continued State regula-
11 tion and licensing of the manufacture, importation,
12 sale, distribution, transportation, and storage of al-
13 coholic beverages are clearly in the public interest
14 and are critical to promoting responsible consump-
15 tion, preventing illegal access to alcohol by persons
16 under 21 years of age from commercial and non-
17 commercial sources, maintaining industry integrity
18 and an orderly marketplace, and furthering effective
19 State tax collection.

20 “(8) The age-21 minimum drinking law, en-
21 acted in 1984, has been a remarkably effective pub-
22 lic health and safety policy, as evidenced by the fact
23 that the percentage of 12th graders who have drunk
24 alcohol in the past month has fallen by one-half
25 since the enactment of such law.

1 “(9) The age-21 law has also has been signifi-
2 cantly effective in reducing drinking and driving
3 traffic fatalities, as the National Highway Traffic
4 Safety Administration (NHTSA) estimates that the
5 age-21 law has saved over 31,000 lives since its in-
6 ception.

7 “(10) Community awareness, support, and mo-
8 bilization provide an important context for the effec-
9 tive enforcement of the age-21 minimum drinking
10 law.

11 “(c) INTERAGENCY COORDINATING COMMITTEE; AN-
12 NUAL REPORT ON STATE UNDERAGE DRINKING PREVEN-
13 TION AND ENFORCEMENT ACTIVITIES.—

14 “(1) INTERAGENCY COORDINATING COMMITTEE
15 ON THE PREVENTION OF UNDERAGE DRINKING.—

16 “(A) IN GENERAL.—The Secretary, in col-
17 laboration with the Federal officials specified in
18 subparagraph (B), shall continue to support
19 and enhance the efforts of the interagency co-
20 ordinating committee, that began operating in
21 2004, focusing on underage drinking (referred
22 to in this subsection as the ‘Committee’).

23 “(B) OTHER AGENCIES.—The officials re-
24 ferred to in subparagraph (A) are the Secretary
25 of Education, the Attorney General, the Sec-

1 retary of Transportation, the Secretary of the
2 Treasury, the Secretary of Defense, the Sur-
3 geon General, the Director of the Centers for
4 Disease Control and Prevention, the Director of
5 the National Institute on Alcohol Abuse and Al-
6 coholism, the Assistant Secretary for Mental
7 Health and Substance Use, the Director of the
8 National Institute on Drug Abuse, the Assist-
9 ant Secretary for Children and Families, the
10 Director of the Office of National Drug Control
11 Policy, the Administrator of the National High-
12 way Traffic Safety Administration, the Admin-
13 istrator of the Office of Juvenile Justice and
14 Delinquency Prevention, the Chairman of the
15 Federal Trade Commission, and such other
16 Federal officials as the Secretary of Health and
17 Human Services determines to be appropriate.

18 “(C) CHAIR.—The Secretary of Health
19 and Human Services shall serve as the chair of
20 the Committee.

21 “(D) DUTIES.—The Committee shall guide
22 policy and program development across the
23 Federal Government with respect to underage
24 drinking, provided, however, that nothing in
25 this section shall be construed as transferring

1 regulatory or program authority from an Agen-
2 cy to the Coordinating Committee.

3 “(E) CONSULTATIONS.—The Committee
4 shall actively seek the input of and shall consult
5 with all appropriate and interested parties, in-
6 cluding States, public health research and inter-
7 est groups, foundations, and alcohol beverage
8 industry trade associations and companies.

9 “(F) ANNUAL REPORT.—

10 “(i) IN GENERAL.—The Secretary, on
11 behalf of the Committee, shall annually
12 submit to the Congress a report that sum-
13 marizes—

14 “(I) all programs and policies of
15 Federal agencies designed to prevent
16 and reduce underage drinking, focus-
17 ing particularly on programs and poli-
18 cies that support the adoption and en-
19 forcement of State policies designed to
20 prevent and reduce underage drinking
21 as specified in paragraph (2);

22 “(II) the extent of progress in
23 preventing and reducing underage
24 drinking at State and national levels;

1 “(III) data that the Secretary
2 shall collect with respect to the infor-
3 mation specified in clause (ii); and

4 “(IV) such other information re-
5 garding underage drinking as the Sec-
6 retary determines to be appropriate.

7 “(ii) CERTAIN INFORMATION.—The
8 report under clause (i) shall include infor-
9 mation on the following:

10 “(I) Patterns and consequences
11 of underage drinking as reported in
12 research and surveys such as, but not
13 limited to, Monitoring the Future,
14 Youth Risk Behavior Surveillance
15 System, the National Survey on Drug
16 Use and Health, and the Fatality
17 Analysis Reporting System.

18 “(II) Measures of the availability
19 of alcohol from commercial and non-
20 commercial sources to underage popu-
21 lations.

22 “(III) Measures of the exposure
23 of underage populations to messages
24 regarding alcohol in advertising, social
25 media, and the entertainment media.

1 “(IV) Surveillance data, includ-
2 ing information on the onset and
3 prevalence of underage drinking, con-
4 sumption patterns, beverage pref-
5 erences, prevalence of drinking among
6 students at institutions of higher edu-
7 cation, correlations between adult and
8 youth drinking, and the means of un-
9 derage access, including trends over
10 time for these surveillance data. The
11 Secretary shall develop a plan to im-
12 prove the collection, measurement,
13 and consistency of reporting Federal
14 underage alcohol data.

15 “(V) Any additional findings re-
16 sulting from research conducted or
17 supported under subsection (f).

18 “(VI) Evidence-based best prac-
19 tices to prevent and reduce underage
20 drinking including a review of the re-
21 search literature related to State laws,
22 regulations, and policies designed to
23 prevent and reduce underage drink-
24 ing, as described in paragraph
25 (2)(B)(i).

1 “(2) ANNUAL REPORT ON STATE UNDERAGE
2 DRINKING PREVENTION AND ENFORCEMENT ACTIVI-
3 TIES.—

4 “(A) IN GENERAL.—The Secretary shall,
5 with input and collaboration from other appro-
6 priate Federal agencies, States, Indian Tribes,
7 territories, and public health, consumer, and al-
8 cohol beverage industry groups, annually issue
9 a report on each State’s performance in enact-
10 ing, enforcing, and creating laws, regulations,
11 and policies to prevent or reduce underage
12 drinking based on an assessment of best prac-
13 tices developed pursuant to paragraph
14 (1)(F)(ii)(VI) and subparagraph (B)(i). For
15 purposes of this paragraph, each such report,
16 with respect to a year, shall be referred to as
17 the ‘State Report’. Each State Report shall be
18 designed as a resource tool for Federal agencies
19 assisting States in the their underage drinking
20 prevention efforts, State public health and law
21 enforcement agencies, State and local policy-
22 makers, and underage drinking prevention coa-
23 litions including those receiving grants pursuant
24 to subsection (e).

25 “(B) STATE PERFORMANCE MEASURES.—

1 “(i) IN GENERAL.—The Secretary
2 shall develop, in consultation with the
3 Committee, a set of measures to be used in
4 preparing the State Report on best prac-
5 tices as they relate to State laws, regula-
6 tions, policies, and enforcement practices.

7 “(ii) STATE REPORT CONTENT.—The
8 State Report shall include updates on
9 State laws, regulations, and policies in-
10 cluded in previous reports to Congress, in-
11 cluding with respect to the following:

12 “(I) Whether or not the State
13 has comprehensive anti-underage
14 drinking laws such as for the illegal
15 sale, purchase, attempt to purchase,
16 consumption, or possession of alcohol;
17 illegal use of fraudulent ID; illegal
18 furnishing or obtaining of alcohol for
19 an individual under 21 years; the de-
20 gree of strictness of the penalties for
21 such offenses; and the prevalence of
22 the enforcement of each of these in-
23 fractions.

24 “(II) Whether or not the State
25 has comprehensive liability statutes

1 pertaining to underage access to alco-
2 hol such as dram shop, social host,
3 and house party laws, and the preva-
4 lence of enforcement of each of these
5 laws.

6 “(III) Whether or not the State
7 encourages and conducts comprehen-
8 sive enforcement efforts to prevent
9 underage access to alcohol at retail
10 outlets, such as random compliance
11 checks and shoulder tap programs,
12 and the number of compliance checks
13 within alcohol retail outlets measured
14 against the number of total alcohol re-
15 tail outlets in each State, and the re-
16 sult of such checks.

17 “(IV) Whether or not the State
18 encourages training on the proper
19 selling and serving of alcohol for all
20 sellers and servers of alcohol as a con-
21 dition of employment.

22 “(V) Whether or not the State
23 has policies and regulations with re-
24 gard to direct sales to consumers and
25 home delivery of alcoholic beverages.

1 “(VI) Whether or not the State
2 has programs or laws to deter adults
3 from purchasing alcohol for minors;
4 and the number of adults targeted by
5 these programs.

6 “(VII) Whether or not the State
7 has enacted graduated drivers licenses
8 and the extent of those provisions.

9 “(iii) ADDITIONAL CATEGORIES.—In
10 addition to the updates on State laws, reg-
11 ulations, and policies listed in clause (ii),
12 the Secretary shall consider the following:

13 “(I) Whether or not States have
14 adopted laws, regulations, and policies
15 that deter underage alcohol use, as
16 described in ‘The Surgeon General’s
17 Call to Action to Prevent and Reduce
18 Underage Drinking’ issued in 2007
19 and ‘Facing Addiction in America:
20 The Surgeon General’s Report on Al-
21 cohol, Drugs and Health’ issued in
22 2016, including restrictions on low-
23 price, high-volume drink specials, and
24 wholesaler pricing provisions.

1 “(II) Whether or not States have
2 adopted laws, regulations, and policies
3 designed to reduce alcohol advertising
4 messages attractive to youth and
5 youth exposure to alcohol advertising
6 and marketing in measured and
7 unmeasured media and digital and so-
8 cial media.

9 “(III) Whether or not States
10 have laws and policies that promote
11 underage drinking prevention policy
12 development by local jurisdictions.

13 “(IV) Whether or not States
14 have adopted laws, regulations, and
15 policies to restrict youth access to al-
16 coholic beverages that may pose spe-
17 cial risks to youth, including but not
18 limited to alcoholic mists, gelatins,
19 freezer pops, premixed caffeinated al-
20 coholic beverages, and flavored malt
21 beverages.

22 “(V) Whether or not States have
23 adopted uniform best practices proto-
24 cols for conducting compliance checks
25 and shoulder tap programs.

1 “(VI) Whether or not States
2 have adopted uniform best practices
3 penalty protocols for violations of laws
4 prohibiting retail licensees from sell-
5 ing or furnishing of alcohol to minors.

6 “(iv) UNIFORM DATA SYSTEM.—For
7 performance measures related to enforce-
8 ment of underage drinking laws as speci-
9 fied in clauses (ii) and (iii), the Secretary
10 shall develop and test a uniform data sys-
11 tem for reporting State enforcement data,
12 including the development of a pilot pro-
13 gram for this purpose. The pilot program
14 shall include procedures for collecting en-
15 forcement data from both State and local
16 law enforcement jurisdictions.

17 “(3) AUTHORIZATION OF APPROPRIATIONS.—
18 There is authorized to be appropriated to carry out
19 this subsection \$1,000,000 for each of fiscal years
20 2023 through 2027.

21 “(d) NATIONAL MEDIA CAMPAIGN TO PREVENT UN-
22 DERAGE DRINKING.—

23 “(1) IN GENERAL.—The Secretary, in consulta-
24 tion with the National Highway Traffic Safety Ad-
25 ministration, shall develop an intensive, multifaceted,

1 adult-oriented national media campaign to reduce
2 underage drinking by influencing attitudes regarding
3 underage drinking, increasing the willingness of
4 adults to take actions to reduce underage drinking,
5 and encouraging public policy changes known to de-
6 crease underage drinking rates.

7 “(2) PURPOSE.—The purpose of the national
8 media campaign described in this section shall be to
9 achieve the following objectives:

10 “(A) Instill a broad societal commitment to
11 reduce underage drinking.

12 “(B) Increase specific actions by adults
13 that are meant to discourage or inhibit under-
14 age drinking.

15 “(C) Decrease adult conduct that tends to
16 facilitate or condone underage drinking.

17 “(3) COMPONENTS.—When implementing the
18 national media campaign described in this section,
19 the Secretary shall—

20 “(A) educate the public about the public
21 health and safety benefits of evidence-based
22 policies to reduce underage drinking, including
23 minimum legal drinking age laws, and build
24 public and parental support for and cooperation
25 with enforcement of such policies;

1 “(B) educate the public about the negative
2 consequences of underage drinking;

3 “(C) promote specific actions by adults
4 that are meant to discourage or inhibit under-
5 age drinking, including positive behavior mod-
6 eling, general parental monitoring, and con-
7 sistent and appropriate discipline;

8 “(D) discourage adult conduct that tends
9 to facilitate underage drinking, including the
10 hosting of underage parties with alcohol and
11 the purchasing of alcoholic beverages on behalf
12 of underage youth;

13 “(E) establish collaborative relationships
14 with local and national organizations and insti-
15 tutions to further the goals of the campaign
16 and assure that the messages of the campaign
17 are disseminated from a variety of sources;

18 “(F) conduct the campaign through multi-
19 media sources; and

20 “(G) conduct the campaign with regard to
21 changing demographics and cultural and lin-
22 guistic factors.

23 “(4) CONSULTATION REQUIREMENT.—In devel-
24 oping and implementing the national media cam-
25 paign described in this section, the Secretary shall

1 consult recommendations for reducing underage
2 drinking published by the National Academy of
3 Sciences and the Surgeon General. The Secretary
4 shall also consult with interested parties including
5 medical, public health, and consumer and parent
6 groups, law enforcement, institutions of higher edu-
7 cation, community organizations and coalitions, and
8 other stakeholders supportive of the goals of the
9 campaign.

10 “(5) ANNUAL REPORT.—The Secretary shall
11 produce an annual report on the progress of the de-
12 velopment or implementation of the media campaign
13 described in this subsection, including expenses and
14 projected costs, and, as such information is avail-
15 able, report on the effectiveness of such campaign in
16 affecting adult attitudes toward underage drinking
17 and adult willingness to take actions to decrease un-
18 derage drinking.

19 “(6) RESEARCH ON YOUTH-ORIENTED CAM-
20 PAIGN.—The Secretary may, based on the avail-
21 ability of funds, conduct research on the potential
22 success of a youth-oriented national media campaign
23 to reduce underage drinking. The Secretary shall re-
24 port any such results to Congress with policy rec-
25 ommendations on establishing such a campaign.

1 “(7) ADMINISTRATION.—The Secretary may
2 enter into a subcontract with another Federal agen-
3 cy to delegate the authority for execution and ad-
4 ministration of the adult-oriented national media
5 campaign.

6 “(8) AUTHORIZATION OF APPROPRIATIONS.—
7 There is authorized to be appropriated to carry out
8 this section \$2,500,000 for each of fiscal years 2023
9 through 2027.

10 “(e) COMMUNITY-BASED COALITION ENHANCEMENT
11 GRANTS TO PREVENT UNDERAGE DRINKING.—

12 “(1) AUTHORIZATION OF PROGRAM.—The As-
13 sistant Secretary for Mental Health and Substance
14 Use, in consultation with the Director of the Office
15 of National Drug Control Policy, shall award en-
16 hancement grants to eligible entities to design, im-
17 plement, evaluate, and disseminate comprehensive
18 strategies to maximize the effectiveness of commu-
19 nity-wide approaches to preventing and reducing un-
20 derage drinking. This subsection is subject to the
21 availability of appropriations.

22 “(2) PURPOSES.—The purposes of this sub-
23 section are to—

1 “(A) prevent and reduce alcohol use among
2 youth in communities throughout the United
3 States;

4 “(B) strengthen collaboration among com-
5 munities, the Federal Government, Tribal Gov-
6 ernments, and State and local governments;

7 “(C) enhance intergovernmental coopera-
8 tion and coordination on the issue of alcohol
9 use among youth;

10 “(D) serve as a catalyst for increased citi-
11 zen participation and greater collaboration
12 among all sectors and organizations of a com-
13 munity that first demonstrates a long-term
14 commitment to reducing alcohol use among
15 youth;

16 “(E) implement state-of-the-art science-
17 based strategies to prevent and reduce underage
18 drinking by changing local conditions in com-
19 munities; and

20 “(F) enhance, not supplant, effective local
21 community initiatives for preventing and reduc-
22 ing alcohol use among youth.

23 “(3) APPLICATION.—An eligible entity desiring
24 an enhancement grant under this subsection shall
25 submit an application to the Assistant Secretary at

1 such time, and in such manner, and accompanied by
2 such information and assurances, as the Assistant
3 Secretary may require. Each application shall in-
4 clude—

5 “(A) a complete description of the entity’s
6 current underage alcohol use prevention initia-
7 tives and how the grant will appropriately en-
8 hance the focus on underage drinking issues; or

9 “(B) a complete description of the entity’s
10 current initiatives, and how it will use this
11 grant to enhance those initiatives by adding a
12 focus on underage drinking prevention.

13 “(4) USES OF FUNDS.—Each eligible entity
14 that receives a grant under this subsection shall use
15 the grant funds to carry out the activities described
16 in such entity’s application submitted pursuant to
17 paragraph (3) and obtain specialized training and
18 technical assistance by the entity funded under sec-
19 tion 4 of Public Law 107–82, as amended (21
20 U.S.C. 1521 note). Grants under this subsection
21 shall not exceed \$60,000 per year and may not ex-
22 ceed four years.

23 “(5) SUPPLEMENT NOT SUPPLANT.—Grant
24 funds provided under this subsection shall be used to
25 supplement, not supplant, Federal and non-Federal

1 funds available for carrying out the activities de-
2 scribed in this subsection.

3 “(6) EVALUATION.—Grants under this sub-
4 section shall be subject to the same evaluation re-
5 quirements and procedures as the evaluation re-
6 quirements and procedures imposed on recipients of
7 drug-free community grants.

8 “(7) DEFINITIONS.—For purposes of this sub-
9 section, the term ‘eligible entity’ means an organiza-
10 tion that is currently receiving or has received grant
11 funds under the Drug-Free Communities Act of
12 1997.

13 “(8) ADMINISTRATIVE EXPENSES.—Not more
14 than 6 percent of a grant under this subsection may
15 be expended for administrative expenses.

16 “(9) AUTHORIZATION OF APPROPRIATIONS.—
17 There is authorized to be appropriated to carry out
18 this subsection \$11,500,000 for each of fiscal years
19 2023 through 2027.

20 “(f) GRANTS TO PROFESSIONAL PEDIATRIC PRO-
21 VIDER ORGANIZATIONS TO REDUCE UNDERAGE DRINK-
22 ING THROUGH SCREENING AND BRIEF INTERVEN-
23 TIONS.—

24 “(1) IN GENERAL.—The Secretary, acting
25 through the Assistant Secretary for Mental Health

1 and Substance Use, shall make one or more grants
2 to professional pediatric provider organizations to in-
3 crease among the members of such organizations ef-
4 fective practices to reduce the prevalence of alcohol
5 use among individuals under the age of 21, including
6 college students.

7 “(2) PURPOSES.—Grants under this subsection
8 shall be made to promote the practices of—

9 “(A) screening children and adolescents for
10 alcohol use;

11 “(B) offering brief interventions to chil-
12 dren and adolescents to discourage such use;

13 “(C) educating parents about the dangers
14 of and methods of discouraging such use;

15 “(D) diagnosing and treating alcohol use
16 disorders; and

17 “(E) referring patients, when necessary, to
18 other appropriate care.

19 “(3) USE OF FUNDS.—A professional pediatric
20 provider organization receiving a grant under this
21 section may use the grant funding to promote the
22 practices specified in paragraph (2) among its mem-
23 bers by—

24 “(A) providing training to health care pro-
25 viders;

1 “(B) disseminating best practices, includ-
2 ing culturally and linguistically appropriate best
3 practices, and developing, printing, and distrib-
4 uting materials; and

5 “(C) supporting other activities approved
6 by the Assistant Secretary.

7 “(4) APPLICATION.—To be eligible to receive a
8 grant under this subsection, a professional pediatric
9 provider organization shall submit an application to
10 the Assistant Secretary at such time, and in such
11 manner, and accompanied by such information and
12 assurances as the Secretary may require. Each ap-
13 plication shall include—

14 “(A) a description of the pediatric provider
15 organization;

16 “(B) a description of the activities to be
17 completed that will promote the practices speci-
18 fied in paragraph (2);

19 “(C) a description of the organization’s
20 qualifications for performing such practices;
21 and

22 “(D) a timeline for the completion of such
23 activities.

24 “(5) DEFINITIONS.—For the purpose of this
25 subsection:

1 “(A) BRIEF INTERVENTION.—The term
2 ‘brief intervention’ means, after screening a pa-
3 tient, providing the patient with brief advice
4 and other brief motivational enhancement tech-
5 niques designed to increase the insight of the
6 patient regarding the patient’s alcohol use, and
7 any realized or potential consequences of such
8 use to effect the desired related behavioral
9 change.

10 “(B) CHILDREN AND ADOLESCENTS.—The
11 term ‘children and adolescents’ means individ-
12 uals under 21 years of age.

13 “(C) PROFESSIONAL PEDIATRIC PROVIDER
14 ORGANIZATION.—The term ‘professional pedi-
15 atric provider organization’ means an organiza-
16 tion or association that—

17 “(i) consists of or represents pediatric
18 health care providers; and

19 “(ii) is qualified to promote the prac-
20 tices specified in paragraph (2).

21 “(D) SCREENING.—The term ‘screening’
22 means using validated patient interview tech-
23 niques to identify and assess the existence and
24 extent of alcohol use in a patient.

1 “(6) AUTHORIZATION OF APPROPRIATIONS.—

2 There is authorized to be appropriated to carry out
3 this subsection \$3,000,000 for each of fiscal years
4 2023 through 2027.

5 “(g) DATA COLLECTION AND RESEARCH.—

6 “(1) ADDITIONAL RESEARCH ON UNDERAGE
7 DRINKING.—

8 “(A) IN GENERAL.—The Secretary shall,
9 subject to the availability of appropriations, col-
10 lect data, and conduct or support research that
11 is not duplicative of research currently being
12 conducted or supported by the Department of
13 Health and Human Services, on underage
14 drinking, with respect to the following:

15 “(i) Improve data collection in sup-
16 port of evaluation of the effectiveness of
17 comprehensive community-based programs
18 or strategies and statewide systems to pre-
19 vent and reduce underage drinking, across
20 the underage years from early childhood to
21 age 21, such as programs funded and im-
22 plemented by governmental entities, public
23 health interest groups and foundations,
24 and alcohol beverage companies and trade
25 associations, through the development of

1 models of State-level epidemiological sur-
2 veillance of underage drinking by funding
3 in States or large metropolitan areas new
4 epidemiologists focused on excessive drink-
5 ing including underage alcohol use.

6 “(ii) Obtain and report more precise
7 information than is currently collected on
8 the scope of the underage drinking prob-
9 lem and patterns of underage alcohol con-
10 sumption, including improved knowledge
11 about the problem and progress in pre-
12 venting, reducing, and treating underage
13 drinking, as well as information on the
14 rate of exposure of youth to advertising
15 and other media messages encouraging and
16 discouraging alcohol consumption.

17 “(iii) Synthesize, expand on, and
18 widely disseminate existing research on ef-
19 fective strategies for reducing underage
20 drinking, including translational research,
21 and make this research easily accessible to
22 the general public.

23 “(iv) Improve and conduct public
24 health surveillance on alcohol use and alco-
25 hol-related conditions in States by increas-

1 ing the use of surveys, such as the Behav-
2 ioral Risk Factor Surveillance System, to
3 monitor binge and excessive drinking and
4 related harms among individuals who are
5 at least 18 years of age, but not more than
6 20 years of age, including harm caused to
7 self or others as a result of alcohol use
8 that is not duplicative of research currently
9 being conducted or supported by the De-
10 partment of Health and Human Services.

11 “(B) AUTHORIZATION OF APPROPRIA-
12 TIONS.—There is authorized to be appropriated
13 to carry out this paragraph \$5,000,000 for each
14 of fiscal years 2023 through 2027.

15 “(2) NATIONAL ACADEMY OF SCIENCES
16 STUDY.—

17 “(A) IN GENERAL.—Not later than 12
18 months after the enactment of the Sober Truth
19 on Preventing Underage Drinking Reauthoriza-
20 tion Act, the Secretary shall—

21 “(i) contract with the National Acad-
22 emy of Sciences to conduct a review of the
23 research literature regarding the influence
24 of drinking alcohol on the development of

1 the adolescent brain and the public policy
2 implications of this research; and

3 “(ii) report to the Congress on the re-
4 sults of such review.

5 “(B) AUTHORIZATION OF APPROPRIA-
6 TIONS.—There is authorized to be appropriated
7 to carry out this paragraph \$500,000 for fiscal
8 year 2023.”.

9 **SEC. 8. GRANTS FOR JAIL DIVERSION PROGRAMS.**

10 Section 520G of the Public Health Service Act (42
11 U.S.C. 290bb–38) is amended—

12 (1) in subsection (a)—

13 (A) by striking “up to” and inserting “at
14 least”; and

15 (B) by striking “tribes and tribal organiza-
16 tions” and inserting “Tribes and Tribal organi-
17 zations”;

18 (2) in subsection (b)(2), by striking “tribes, and
19 tribal organizations” and inserting “Tribes, and
20 Tribal organizations”;

21 (3) in subsection (c)—

22 (A) in paragraph (1), by striking “tribe or
23 tribal organization” and inserting “Tribe or
24 Tribal organization”; and

1 (B) in paragraph (2)(A)(iii), by striking
2 “tribe, or tribal organization” and inserting
3 “Tribe, or Tribal organization”;

4 (4) in subsection (e)—

5 (A) in the matter preceding paragraph (1),
6 by striking “tribe, or tribal organization” and
7 inserting “Tribe, or Tribal organization”; and

8 (B) in paragraph (5), by striking “or ar-
9 rest” and inserting “, arrest, or release”;

10 (5) in subsection (f), by striking “tribe, or trib-
11 al organization” each place it appears and inserting
12 “Tribe, or Tribal organization”;

13 (6) in subsection (h), by striking “tribe, or trib-
14 al organization” and inserting “Tribe, or Tribal or-
15 ganization”; and

16 (7) in subsection (j), by striking “\$4,269,000
17 for each of fiscal years 2018 through 2022” and in-
18 serting “\$18,000,000 for each of fiscal years 2023
19 through 2027”.

20 **SEC. 9. FORMULA GRANTS TO STATES.**

21 Section 521 of the Public Health Service Act (42
22 U.S.C. 290cc–21) is amended by striking “2018 through
23 2022” and inserting “2023 through 2027”.

1 **SEC. 10. PROJECTS FOR ASSISTANCE IN TRANSITION FROM**
2 **HOMELESSNESS.**

3 Section 535(a) of the Public Health Service Act (42
4 U.S.C. 290cc–35(a)) is amended by striking “2018
5 through 2022” and inserting “2023 through 2027”.

6 **SEC. 11. GRANTS FOR REDUCING OVERDOSE DEATHS.**

7 Section 544 of the Public Health Service Act (42
8 U.S.C. 290dd–3) is amended—

9 (1) in subsection (b)(1), by striking “abuse”
10 and inserting “use disorder”; and

11 (2) in subsection (f), by striking “2017 through
12 2021” and inserting “2023 through 2027”.

13 **SEC. 12. OPIOID OVERDOSE REVERSAL MEDICATION AC-**
14 **CESS AND EDUCATION GRANT PROGRAMS.**

15 Section 545 of the Public Health Service Act (42
16 U.S.C. 290ee) is amended—

17 (1) in subsection (c)(2), by striking “abuse”
18 and inserting “use disorder”; and

19 (2) in subsection (h)(1), by striking “2017
20 through 2019” and inserting “2023 through 2027”.

21 **SEC. 13. STATE DEMONSTRATION GRANTS FOR COM-**
22 **PREHENSIVE OPIOID ABUSE RESPONSE.**

23 Section 548 of the Public Health Service Act (42
24 U.S.C. 290ee–3) is amended—

25 (1) in the section heading, by striking
26 “**ABUSE**” and inserting “**USE DISORDER**”;

1 (2) in subsection (b)—

2 (A) in the subsection heading, by striking
3 “ABUSE” and inserting “USE DISORDER”;

4 (B) in paragraph (1), by striking “abuse”
5 and inserting “use disorder”;

6 (C) in paragraph (2)—

7 (i) in the matter preceding subpara-
8 graph (A), by striking “abuse” and insert-
9 ing “use disorder”;

10 (ii) in subparagraph (A), by striking
11 “opioid use, treatment, and addiction re-
12 covery” and inserting “opioid use dis-
13 orders, and treatment for, and recovery
14 from opioid use disorders”;

15 (iii) in subparagraph (C), by striking
16 “addiction” each place it appears and in-
17 sserting “use disorder”;

18 (iv) by amending subparagraph (D) to
19 read as follows:

20 “(D) developing, implementing, and ex-
21 panding efforts to prevent overdose death from
22 opioid or other prescription medication use dis-
23 orders; and”;

1 (v) in subparagraph (E), by striking
2 “abuse” and inserting “use disorders”;
3 and

4 (D) in paragraph (4), by striking “abuse”
5 each place it appears and inserting “use dis-
6 orders”; and

7 (3) by striking “2017 through 2021” and in-
8 serting “2023 through 2027”.

9 **SEC. 14. EMERGENCY DEPARTMENT ALTERNATIVES TO**
10 **OPIOIDS.**

11 Section 7091 of the SUPPORT for Patients and
12 Communities Act (Public Law 115–271) is amended—

13 (1) in the section heading, by striking “**DEM-**
14 **ONSTRATION**”;

15 (2) in subsection (a)—

16 (A) by amending the subsection heading to
17 read as follows: “GRANT PROGRAM”; and

18 (B) in paragraph (1), by striking “dem-
19 onstration”;

20 (3) in subsection (b), in the subsection heading,
21 by striking “DEMONSTRATION”;

22 (4) in subsection (d)(4), by striking “tribal”
23 and inserting “Tribal”;

24 (5) in subsection (f), by striking “Not later
25 than 1 year after completion of the demonstration

1 program under this section, the Secretary shall sub-
2 mit a report to the Congress on the results of the
3 demonstration program” and inserting “Not later
4 than the end of each of fiscal years 2024 and 2027,
5 the Secretary shall submit to the Congress a report
6 on the results of the program”; and

7 (6) in subsection (g), by striking “2019 through
8 2021” and inserting “2023 through 2027”.

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