AMENDMENT TO THE AMENDMENT IN THE NATURE OF A SUBSTITUTE TO H.R. 2646

OFFERED BY M__. _____

Add at the end the following new title:

TITLE IX—SUBSTANCE ABUSE

Subtitle A—Prescriber Education Proposal

SEC. 901. PRACTITIONER EDUCATION.

(a) EDUCATION REQUIREMENTS.—

(1) REGISTRATION CONSIDERATION.—Section 303(f) of the Controlled Substances Act (21 U.S.C. 823(f)) is amended by inserting after paragraph (5) the following:

''(6) The applicant's compliance with the training requirements described in subsection (g)(3) during any previous period in which the applicant has been subject to such training requirements.''.

(2) TRAINING REQUIREMENTS.—Section 303(g) of the Controlled Substances Act (21 U.S.C. 823(g)) is amended by adding at the end the following:

''(3)(A) To be registered to prescribe or otherwise dispense methadone or other opioids, a practitioner described in paragraph (1) shall comply with the 12-hour

training requirement of subparagraph (B) at least once during each 3-year period.

''(B) The training requirement of this subparagraph is that the practitioner has completed not less than 12 hours of training (through classroom situations, seminars at professional society meetings, electronic communications, or otherwise) with respect to—

''(i) the treatment and management of opioid-dependent patients;

''(ii) pain management treatment guidelines; and

''(iii) early detection of opioid addiction, including through such methods as Screening, Brief Intervention, and Referral to Treatment (SBIRT),

that is provided by the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, the American Psychiatric Association, the American Academy of Pain Management, the American Pain Society, the American Academy of Pain Medicine, the American Board of Pain Medicine, the American Society of Interventional Pain Physicians, or any other organization that the Secretary determines is appropriate for purposes of this subparagraph.''.

(b) REQUIREMENTS FOR PARTICIPATION IN OPIOID TREATMENT PROGRAMS.—Effective July 1, 2016, a physician practicing in an opioid treatment program shall comply with the requirements of section 303(g)(3) of the Controlled Substances Act (as added by subsection (a)) with respect to required minimum training at least once during each 3-year period.

(c) DEFINITION.—In this section, the term ''opioid treatment program'' has the meaning given such term in section 8.2 of title 42, Code of Federal Regulations (or any successor regulation).

(d) FUNDING.—The Drug Enforcement Administration shall fund the enforcement of the requirements specified in section 303(g)(3) of the Controlled Substances Act (as added by subsection (a)) through the use of a portion of the licensing fees paid by controlled substance prescribers under the Controlled Substances Act (21 U.S.C. 801 et seq.).

(e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section $1,000,000 for each of fiscal years 2016 through 2020.

Subtitle B—Recovery Enhancement for Addiction Treatment

SEC. 911. EXPANSION OF PATIENT LIMITS UNDER WAIVER.

Section 303(g)(2)(B) of the Controlled Substances Act (21 U.S.C. 823(g)(2)(B)) is amended—

(1) in clause (i), by striking ''physician'' and inserting ''practitioner'';

(2) in clause (iii)—

(A) by striking ''30'' and inserting ''100''; and

(B) by striking '', unless, not sooner'' and all that follows through the end and inserting a period; and

(3) by inserting at the end the following new clause:

''(iv) Not earlier than 1 year after the date on which a qualifying practitioner obtained an initial waiver pursuant to clause (iii), the qualifying practitioner may submit a second notification to the Secretary of the need and intent of the qualifying practitioner to treat an unlimited number of patients, if the qualifying practitioner—

''(I)(aa) satisfies the requirements of item (aa), (bb), (cc), or (dd) of subparagraph (G)(ii)(I); and

''(bb) agrees to fully participate in the Prescription Drug Monitoring Program of the State in which the qualifying practitioner is licensed, pursuant to applicable State guidelines; or

''(II)(aa) satisfies the requirements of item (ee), (ff), or (gg) of subparagraph (G)(ii)(I);

''(bb) agrees to fully participate in the Prescription Drug Monitoring Program of the State in which the qualifying practitioner is licensed, pursuant to applicable State guidelines;

''(cc) practices in a qualified practice setting; and

''(dd) has completed not less than 24 hours of training (through classroom situations, seminars at professional society meetings, electronic communications, or otherwise) with respect to the treatment and management of opiate-dependent patients for substance use disorders provided

by the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, the American Psychiatric Association, or any other organization that the Secretary determines is appropriate for purposes of this subclause.''.

SEC. 912. DEFINITIONS.

Section 303(g)(2)(G) of the Controlled Substances Act (21 U.S.C. 823(g)(2)(G)) is amended—

(1) by striking clause (ii) and inserting the following:

''(ii) The term 'qualifying practitioner' means the following:

''(I) A physician who is licensed under State law and who meets 1 or more of the following conditions:

''(aa) The physician holds a board certification in addiction psychiatry from the American Board of Medical Specialties.

''(bb) The physician holds an addiction certification from the American Society of Addiction Medicine.

''(cc) The physician holds a board certification in addiction medicine from the American Osteopathic Association.

''(dd) The physician holds a board certification from the American Board of Addiction Medicine.

''(ee) The physician has completed not less than 8 hours of training (through classroom situations, seminar at professional society meetings, electronic communications, or otherwise) with respect to the treatment and management of opiate-dependent patients for substance use disorders provided by the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, the American Psychiatric Association, or any other organization that the Secretary determines is appropriate for purposes of this subclause.

''(ff) The physician has participated as an investigator in 1 or more clinical trials leading to the approval of a narcotic drug in schedule III, IV, or V for maintenance or detoxification treatment, as demonstrated by a statement submitted to the Secretary by this sponsor of such approved drug.

''(gg) The physician has such other training or experience as the Secretary determines will demonstrate the ability of the physician to treat and manage opiate-dependent patients.

''(II) A nurse practitioner or physician assistant who is licensed under State law and meets all of the following conditions:

''(aa) The nurse practitioner or physician assistant is licensed under State law to prescribe schedule III, IV, or V medications for pain.

''(bb) The nurse practitioner or physician assistant satisfies 1 or more of the following:

''(AA) Has completed not fewer than 24 hours of training (through classroom situations, seminar at professional society meetings, electronic communications, or otherwise) with respect to the treatment and management of opiate-dependent patients for substance use disorders provided by the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, the American Psychiatric Association, or any other organization that the Secretary determines is appropriate for purposes of this subclause.

''(BB) Has such other training or experience as the Secretary determines will dem-

onstrate the ability of the nurse practitioner or physician assistant to treat and manage opiate-dependent patients.

''(cc) The nurse practitioner or physician assistant practices within the scope of their State license, including compliance with any supervision or collaboration requirements under State law.

''(dd) The nurse practitioner or physician assistant practice in a qualified practice setting.''; and

(2) by adding at the end the following:

''(iii) The term 'qualified practice setting' means 1 or more of the following treatment settings:

''(I) A National Committee for Quality Assurance-recognized Patient-Centered Medical Home or Patient-Centered Specialty Practice.

''(II) A Centers for Medicaid & Medicare Services-recognized Accountable Care Organization.

''(III) A clinical facility administered by the Department of Veterans Affairs, Department of Defense, or Indian Health Service.

''(IV) A Behavioral Health Home accredited by the Joint Commission.

''(V) A Federally-qualified health center (as defined in section 1905(l)(2)(B) of the Social Security Act (42 U.S.C. 1396d(l)(2)(B))) or a Federally-qualified health center look-alike.

''(VI) A Substance Abuse and Mental Health Services-certified Opioid Treatment Program.

''(VII) A clinical program of a State or Federal jail, prison, or other facility where individuals are incarcerated.

''(VIII) A clinic that demonstrates compliance with the Model Policy on DATA 2000 and Treatment of Opioid Addiction in the Medical Office issued by the Federation of State Medical Boards.

''(IX) A treatment setting that is part of an Accreditation Council for Graduate Medical Education, American Association

of Colleges of Osteopathic Medicine, or American Osteopathic Association-accredited residency or fellowship training program.

''(X) Any other practice setting approved by a State regulatory board or State Medicaid Plan to provide addiction treatment services.

''(XI) Any other practice setting approved by the Secretary.''.

SEC. 913. EVALUATION BY ASSISTANT SECRETARY FOR PLANNING AND EVALUATION.

Two years after the date on which the first notification under clause (iv) of section 303(g)(2)(B) of the Controlled Substances Act (21 U.S.C. 823(g)(2)(B)), as added by this Act, is received by the Secretary of Health and Human Services, the Assistant Secretary for Planning and Evaluation shall initiate an evaluation of the effectiveness of the amendments made by this Act, which shall include an evaluation of—

(1) any changes in the availability and use of medication-assisted treatment for opioid addiction;

(2) the quality of medication-assisted treatment programs;

(3) the integration of medication-assisted treatment with routine healthcare services;

(4) diversion of opioid addiction treatment medication;

(5) changes in State or local policies and legislation relating to opioid addiction treatment;

(6) the use of nurse practitioners and physician assistants who prescribe opioid addiction medication;

(7) the use of Prescription Drug Monitoring Programs by waived practitioners to maximize safety of patient care and prevent diversion of opioid addiction medication;

(8) the findings of the Drug Enforcement Administration inspections of waived practitioners, including the frequency with which the Drug Enforcement Administration finds no documentation of access to behavioral health services; and

(9) the effectiveness of cross-agency collaboration between Department of Health and Human Services and the Drug Enforcement Administration for expanding effective opioid addiction treatment.

Subtitle C—Co-Prescribing to Reduce Overdoses

SEC. 921. CO-PRESCRIBING OPIOID OVERDOSE REVERSAL DRUGS GRANT PROGRAM.

(a) ESTABLISHMENT.—

(1) IN GENERAL.—Not later than six months after the date of the enactment of this Act, the Secretary of Health and Human Services shall establish, in accordance with this section, a four-year co-prescribing opioid overdose reversal drugs grant program (in this Act referred to as the ''grant program'') under which the Secretary shall provide not more than a total of 12 grants to eligible entities to carry out the activities described in subsection (c).

(2) MAXIMUM GRANT AMOUNT.—A grant made under this section may not be for more than $200,000 per grant year.

(3) ELIGIBLE ENTITY.—For purposes of this section, the term ''eligible entity'' means a federally qualified health center (as defined in section 1861(aa) of the Social Security Act (42 U.S.C. 1395x(aa)), an opioid treatment program under part 8 of title 42, Code of Federal Regulations, or section 303(g) of the Controlled Substances Act (21 U.S.C.

823(g)), or any other entity that the Secretary deems appropriate.

(4) CO-PRESCRIBING.—For purposes of this section and section 3, the term ''co-prescribing'' means, with respect to an opioid overdose reversal drug, the practice of prescribing such drug in conjunction with an opioid prescription for patients at an elevated risk of overdose, or in conjunction with an opioid agonist approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) for the treatment of opioid abuse disorders, or in other circumstances in which a provider identifies a patient at an elevated risk for an intentional or unintentional drug overdose from heroin or prescription opioid therapies. For purposes of the previous sentence, a patient may be at an elevated risk of overdose if the patient meets the criteria under the existing co-prescribing guidelines that the Secretary deems appropriate, such as the criteria provided in the Opioid Overdose Toolkit published by the Substance Abuse and Mental Health Services Administration.

(b) APPLICATION.—To be eligible to receive a grant under this section, an eligible entity shall submit to the Secretary of Health and Human Services, in such form

and manner as specified by the Secretary, an application that describes—

(1) the extent to which the area to which the entity will furnish services through use of the grant is experiencing significant morbidity and mortality caused by opioid abuse;

(2) the criteria that will be used to identify eligible patients to participate in such program; and

(3) how such program will work to try to identify State, local, or private funding to continue the program after expiration of the grant.

(c) USE OF FUNDS.—An eligible entity receiving a grant under this section may use the grant for any of the following activities:

(1) To establish a program for co-prescribing opioid overdose reversal drugs, such as naloxone.

(2) To train and provide resources for health care providers and pharmacists on the co-prescribing of opioid overdose reversal drugs.

(3) To establish mechanisms and processes for tracking patients participating in the program described in paragraph (1) and the health outcomes of such patients.

(4) To purchase opioid overdose reversal drugs for distribution under the program described in paragraph (1).

(5) To offset the co-pays and other cost sharing associated with opioid overdose reversal drugs to ensure that cost is not a limiting factor for eligible patients.

(6) To conduct community outreach, in conjunction with community-based organizations, designed to raise awareness of co-prescribing practices, and the availability of opioid overdose reversal drugs.

(7) To establish protocols to connect patients who have experienced a drug overdose with appropriate treatment, including medication assisted treatment and appropriate counseling and behavioral therapies.

(d) EVALUATIONS BY RECIPIENTS.—As a condition of receipt of a grant under this section, an eligible entity shall, for each year for which the grant is received, submit to the Secretary of Health and Human Services information on appropriate outcome measures specified by the Secretary to assess the outcomes of the program funded by the grant, including—

(1) the number of prescribers trained;

(2) the number of prescribers who have co-prescribed an opioid overdose reversal drugs to at least one patient;

(3) the total number of prescriptions written for opioid overdose reversal drugs;

(4) the percentage of patients at elevated risk who received a prescription for an opioid overdose reversal drug;

(5) the number of patients reporting use of an opioid overdose reversal drug; and

(6) any other outcome measures that the Secretary deems appropriate.

(e) REPORTS BY SECRETARY.—For each year of the grant program under this section, the Secretary of Health and Human Services shall submit to the appropriate Committees of the House of Representatives and of the Senate a report aggregating the information received from the grant recipients for such year under subsection (d) and evaluating the outcomes achieved by the programs funded by grants made under this section.

SEC. 922. OPIOID OVERDOSE REVERSAL CO-PRESCRIBING GUIDELINES.

(a) IN GENERAL.—The Secretary of Health and Human Services shall establish a grant program under which the Secretary shall award grants to eligible State

entities to develop opioid overdose reversal co-prescribing guidelines.

(b) ELIGIBLE STATE ENTITIES.—For purposes of subsection (a), eligible State entities are State departments of health in conjunction with State medical boards; city, county, and local health departments; and community stakeholder groups involved in reducing opioid overdose deaths.

(c) ADMINISTRATIVE PROVISIONS.—

(1) GRANT AMOUNTS.—A grant made under this section may not be for more than $200,000 per grant.

(2) PRIORITIZATION.—In awarding grants under this section, the Secretary shall give priority to eligible State entities which propose to base their guidelines on existing guidelines on co-prescribing to speed enactment, including guidelines of—

(A) the Department of Veterans Affairs;

(B) nationwide medical societies, such as the American Society of Addiction Medicine or American Medical Association; and

(C) the Centers for Disease Control and Prevention.

SEC. 923. AUTHORIZATION OF APPROPRIATIONS.

There is authorized to be appropriated to carry out this Act $4,000,000 for each of fiscal years 2016 through 2020.

Subtitle D—Improving Treatment for Pregnant and Postpartum Women

SEC. 931. REAUTHORIZATION OF RESIDENTIAL TREATMENT PROGRAMS FOR PREGNANT AND POSTPARTUM WOMEN.

Section 508 of the Public Health Service Act (42 U.S.C. 290bb–1) is amended—

(1) in subsection (p), by inserting ''(other than subsection (r))'' after ''section''; and

(2) in subsection (r), by striking ''such sums'' and all that follows through ''2003'' and inserting ''$40,000,000 for each of fiscal years 2016 through 2020''.

SEC. 932. PILOT PROGRAM GRANTS FOR STATE SUBSTANCE ABUSE AGENCIES.

(a) IN GENERAL.—Section 508 of the Public Health Service Act (42 U.S.C. 290bb–1) is amended—

(1) by redesignating subsection (r), as amended by section 2, as subsection (s); and

(2) by inserting after subsection (q) the following new subsection:

''(r) PILOT PROGRAM FOR STATE SUBSTANCE ABUSE AGENCIES.—

''(1) IN GENERAL.—From amounts made available under subsection (s), the Director of the Center for Substance Abuse Treatment shall carry out a pilot program under which competitive grants are made by the Director to State substance abuse agencies to—

''(A) enhance flexibility in the use of funds designed to support family-based services for pregnant and postpartum women with a primary diagnosis of a substance use disorder, including opioid use disorders;

''(B) help State substance abuse agencies address identified gaps in services furnished to such women along the continuum of care, including services provided to women in non-residential based settings; and

''(C) promote a coordinated, effective, and efficient State system managed by State substance abuse agencies by encouraging new approaches and models of service delivery.

''(2) REQUIREMENTS.—In carrying out the pilot program under this subsection, the Director shall—

''(A) require State substance abuse agencies to submit to the Director applications, in such form and manner and containing such information as specified by the Director, to be eligible to receive a grant under the program;

''(B) identify, based on such submitted applications, State substance abuse agencies that are eligible for such grants;

''(C) require services proposed to be furnished through such a grant to support family based treatment and other services for pregnant and postpartum women with a primary diagnosis of a substance use disorder, including opioid use disorders;

''(D) not require that services furnished through such a grant be provided solely to women that reside in facilities;

''(E) not require that grant recipients under the program make available through use of the grant all services described in subsection (d); and

''(F) consider not applying requirements described in paragraphs (1) and (2) of subsection (f) to applicants, depending on the circumstances of the applicant.

''(3) REQUIRED SERVICES.—

''(A) IN GENERAL.—The Director shall specify a minimum set of services required to be made available to eligible women through a grant awarded under the pilot program under this subsection. Such minimum set—

''(i) shall include requirements described in subsection (c) and be based on the recommendations submitted under subparagraph (B); and

''(ii) may be selected from among the services described in subsection (d) and include other services as appropriate.

''(B) STAKEHOLDER INPUT.—The Director shall convene and solicit recommendations from stakeholders, including State substance abuse agencies, health care providers, persons in recovery from substance abuse, and other appropriate individuals, for the minimum set of services described in subparagraph (A).

''(4) DURATION.—The pilot program under this subsection shall not exceed 5 years.

''(5) EVALUATION AND REPORT TO CONGRESS.—The Director of the Center for Behavioral Health Statistics and Quality shall fund an evalua-

tion of the pilot program at the conclusion of the first grant cycle funded by the pilot program. The Director of the Center for Behavioral Health Statistics and Quality, in coordination with the Director of the Center for Substance Abuse Treatment shall submit to the relevant Committees of jurisdiction of the House of Representatives and the Senate a report on such evaluation. The report shall include at a minimum outcomes information from the pilot program, including any resulting reductions in the use of alcohol and other drugs; engagement in treatment services; retention in the appropriate level and duration of services; increased access to the use of medications approved by the Food and Drug Administration for the treatment of substance use disorders in combination with counseling; and other appropriate measures.

''(6) STATE SUBSTANCE ABUSE AGENCIES DEFINED.—For purposes of this subsection, the term 'State substance abuse agency' means, with respect to a State, the agency in such State that manages the Substance Abuse Prevention and Treatment Block Grant under part B of title XIX.''.

(b) FUNDING.—Subsection (s) of section 508 of the Public Health Service Act (42 U.S.C. 290bb–1), as

amended by section 2 and redesignated by subsection (a), is further amended by adding at the end the following new sentence: ''Of the amounts made available for a year pursuant to the previous sentence to carry out this section, not more than 25 percent of such amounts shall be made available for such year to carry out subsection (r), other than paragraph (5) of such subsection.''.

Subtitle E—Evidence-based Opioid and Heroin Treatment and Interventions Demonstration

SEC. 941. EVIDENCE-BASED OPIOID AND HEROIN TREATMENT AND INTERVENTIONS DEMONSTRATION.

Subpart 1 of part B of title V of the Public Health Service Act (42 U.S.C. 290bb et seq.) is amended—

(1) by redesignating section 514 (42 U.S.C. 290bb–9), as added by section 3632 of the Methamphetamine Anti-Proliferation Act of 2000 (Public Law 106–310; 114 Stat. 1236), as section 514B; and

(2) by adding at the end the following:

''SEC. 514C. EVIDENCE-BASED OPIOID AND HEROIN TREATMENT AND INTERVENTIONS DEMONSTRATION.

''(a) GRANTS.—

''(1) AUTHORITY TO MAKE GRANTS.—The Director of the Center for Substance Abuse Treatment (referred to in this section as the 'Director') may award grants to State substance abuse agencies, units of local government, nonprofit organizations, and Indian tribes or tribal organizations (as defined in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603)) that have a high rate, or have had a rapid increase, in the use of heroin or other opioids, in order to permit such entities to expand activities, including an expansion in the availability of medication assisted treatment, with respect to the treatment of addiction in the specific geographical areas of such entities where there is a rate or rapid increase in the use of heroin or other opioids.

''(2) RECIPIENTS.—The entities receiving grants under paragraph (1) shall be selected by the Director.

''(3) NATURE OF ACTIVITIES.—The grant funds awarded under paragraph (1) shall be used for activities that are based on reliable scientific evidence of efficacy in the treatment of problems related to heroin or other opioids.

''(b) GEOGRAPHIC DISTRIBUTION.—The Director shall ensure that grants awarded under subsection (a) are distributed equitably among the various regions of the Nation and among rural, urban, and suburban areas that are affected by the use of heroin or other opioids.

''(c) ADDITIONAL ACTIVITIES.—The Director shall—

''(1) evaluate the activities supported by grants awarded under subsection (a);

''(2) disseminate widely such significant information derived from the evaluation as the Director considers appropriate;

''(3) provide States, Indian tribes and tribal organizations, and providers with technical assistance in connection with the provision of treatment of problems related to heroin and other opioids; and

''(4) fund only those applications that specifically support recovery services as a critical component of the grant program.

''(d) DEFINITION.—The term 'medication assisted treatment' means the use, for problems relating to heroin and other opioids, of medications approved by the Food and Drug Administration in combination with counseling and behavioral therapies.

''(e) AUTHORIZATION OF APPROPRIATIONS.—

''(1) IN GENERAL.—There are authorized to be appropriated to carry out this section $35,000,000 for each of fiscal years 2016 through 2020.

''(2) USE OF CERTAIN FUNDS.—Of the funds appropriated to carry out this section in any fiscal year, the lesser of 5 percent of such funds or $1,000,000 shall be available to the Director for purposes of carrying out subsection (c).''.

Subtitle F—Grants to Enhance and Expand Recovery Support Services

SEC. 951. GRANTS TO ENHANCE AND EXPAND RECOVERY SUPPORT SERVICES.

Subpart 1 of part B of title V of the Public Health Service Act (42 U.S.C. 290bb et seq.), as amended by section 4, is further amended by adding at the end the following:

''SEC. 514F. GRANTS TO ENHANCE AND EXPAND RECOVERY SUPPORT SERVICES.

''(a) IN GENERAL.—The Secretary, acting through the Administrator of the Substance Abuse and Mental Health Services Administration, shall award grants to State substance abuse agencies and non-profit organizations to develop, expand, and enhance recovery support services for individuals with substance use disorders.

''(b) ELIGIBLE ENTITIES.—In the case of an applicant that is not a State substance abuse agency, to be eligible to receive a grant under this section, the entity shall—

''(1) prepare and submit to the Secretary an application at such time, in such manner, and contain such information as the Secretary may require, including a plan for the evaluation of any activities carried out with the funds provided under this section;

''(2) demonstrate the inclusion of individuals in recovery from a substance use disorder in leadership levels or governing bodies of the entity;

''(3) have as a primary mission the provision of long-term recovery support for substance use disorders; and

''(4) be accredited by the Council on the Accreditation of Peer Recovery Support Services or meet any applicable State certification requirements regarding the provision of the recovery services involved.

''(c) USE OF FUNDS.—Amounts awarded under a grant under this section shall be used to provide for the following activities:

''(1) Educating and mentoring that assists individuals and families with substance use disorders in navigating systems of care.

''(2) Peer recovery support services which include peer coaching and mentoring.

''(3) Recovery-focused community education and outreach programs, including training on the use of all forms of opioid overdose antagonists used to counter the effects of an overdose.

''(4) Training, mentoring, and education to develop and enhance peer mentoring and coaching.

''(5) Programs aimed at identifying and reducing stigma and discriminatory practices that serve as barriers to substance use disorder recovery and treatment of these disorders.

''(6) Developing partnerships between networks that support recovery and other community organizations and services, including—

''(A) public and private substance use disorder treatment programs and systems;

''(B) health care providers;

''(C) recovery-focused addiction and recovery professionals;

''(D) faith-based organizations;

''(E) organizations focused on criminal justice reform;

''(F) schools; and

''(G) social service agencies in the community, including educational, juvenile justice, child welfare, housing and mental health agencies.

''(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, $7,000,000 for fiscal year 2016 through 2020.''.

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