[~118H10047]

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(Original Signature of Member)

119TH CONGRESS
2D SESSION

H. R. _____

To amend the Public Health Service Act to direct the Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, to award grants to support community-based programs for harm reduction services for individuals who use substances.

IN THE HOUSE OF REPRESENTATIVES

Mr. LARSEN of Washington introduced the following bill; which was referred to the Committee on _____

A BILL

To amend the Public Health Service Act to direct the Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, to award grants to support community-based programs for harm reduction services for individuals who use substances.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Closing the Substance Use Care Gap Act of 2026''.

SEC. 2. GRANTS FOR COMMUNITY-BASED HARM REDUCTION SERVICES FOR SUBSTANCE USE DISORDER.

Part D of title V of the Public Health Service Act (42 U.S.C. 290dd et seq.) is amended by inserting after section 544 of such Act (42 U.S.C. 290dd–3) the following:

''SEC. 544A. GRANTS FOR COMMUNITY-BASED HARM REDUCTION SERVICES FOR SUBSTANCE USE DISORDER.

''(a) ESTABLISHMENT.—The Secretary, acting through the Assistant Secretary for Mental Health and Substance Use and in consultation with the Director of the Centers for Disease Control and Prevention, shall award grants to eligible entities to support community-based programs for harm reduction services for individuals with substance use disorder or individuals who use substances.

''(b) ELIGIBLE ENTITY.—In this section, the term 'eligible entity' means—

''(1) a State, local, Tribal, or territorial government;

''(2) a Tribal organization;

''(3) a community-based harm reduction program, including a syringe services program;

''(4) a primary and behavioral health organization; or

''(5) an opioid treatment program.

''(c) SUBGRANTS.—For the purposes for which a grant is awarded under this section, the eligible entity receiving the grant may award subgrants to—

''(1) a Federally qualified health center;

''(2) an opioid treatment program;

''(3) a health care provider or organization providing services to individuals with substance use disorders or individuals who use substances; and

''(4) any nonprofit organization that the Secretary deems appropriate, which may include Urban Indian organizations (as defined in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603)).

''(d) APPLICATION.—To seek a grant under this section, an eligible entity shall submit to the Secretary, in such form and manner as specified by the Secretary, an application that describes—

''(1) the intended uses of funds provided through the grant;

''(2) how the activities funded through the grant will support community-based harm reduction programs providing harm reduction services for individuals who use substances; and

''(3) any other information and assurances the Secretary determines to be appropriate.

''(e) USE OF GRANT FUNDS.—Grant funds awarded under this section to an eligible entity shall be used to support community-based harm reduction programs providing harm reduction services for individuals who use substances, which—

''(1) may include—

''(A) preventing and controlling the spread of infectious diseases and the consequences of such diseases for individuals who use substances, such as through legally authorized or permitted syringe services programs, including the purchase of syringes;

''(B) overdose prevention programs, such as distributing opioid overdose reversal medication to individuals at risk of overdose and individuals likely to witness or respond to an overdose; and

''(C) connecting individuals who use substances to overdose education, harm reduction

treatment and counseling, treatment services, recovery support services, and health education, and encouraging such individuals to take steps to reduce the negative personal and public health impacts of substance use or misuse; and

''(2) shall include establishing or maintaining processes, protocols, and mechanisms for referral to evidence-based treatment and recovery support services.

''(f) BEST PRACTICES.—The Secretary, acting through the Assistant Secretary, in consultation with the Director of the Centers for Disease Control and Prevention, shall issue guidance, based on information collected from grantees under this section, detailing best practices and promising methods for community-based harm reduction programs providing harm reduction services described in subsection (e).

''(g) TECHNICAL ASSISTANCE.—The Secretary, including acting through the Tribal Training and Technical Assistance Center of the Substance Abuse and Mental Health Services Administration, as applicable, shall provide eligible entities with technical assistance concerning—

''(1) grant application and submission procedures under this section;

''(2) management activities for grant awards under this section; and

''(3) enhancing outreach and direct support to rural and underserved communities and providers in addressing substance use through a grant under this section.

''(h) REPORT TO CONGRESS.—Not later than 2 years after the date of enactment of this section, and biennially thereafter, the Secretary shall 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 a report that—

''(1) assesses how grant funding allocated under this section has affected the efforts of States to—

''(A) address substance use;

''(B) prevent and control the spread of infectious diseases, and the consequences of such diseases for individuals who use substances; and

''(C) connect individuals who use substances to overdose education, harm reduction treatment and counseling, treatment services, recovery support services, and health education; and

''(2) includes any other information the Secretary determines to be appropriate.

''(i) DEFINITIONS.—In this section:

''(1) FEDERALLY QUALIFIED HEALTH CENTER.—The term 'Federally qualified health center' has the meaning given such term in section 1861(aa) of the Social Security Act (42 U.S.C. 1395x(aa)).

''(2) OPIOID TREATMENT PROGRAM.—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 regulations).

''(3) URBAN INDIAN ORGANIZATION.—The term 'Urban Indian organization' has the meaning given such term in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).

''(j) AUTHORIZATION OF APPROPRIATIONS.—

''(1) IN GENERAL.—There is authorized to be appropriated to carry out this section $30,000,000 for each of fiscal years 2027 through 2031.

''(2) FEDERAL ADMINISTRATIVE EXPENSES.—Of the amounts made available for each fiscal year to award grants under subsection (a), the Secretary shall use not more than 2 percent for Federal ad-

ministrative expenses, training, technical assistance, and evaluation.''.