II

118TH CONGRESS
1ST SESSION

S. 2433

To reauthorize certain programs under the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JULY 20, 2023

Mr. CASSIDY introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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A BILL

To reauthorize certain programs under the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act, 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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 "SUPPORT for Patients and Communities Reauthoriza-
6 tion Act of 2023".
7 (b) TABLE OF CONTENTS.—The table of contents for
8 this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—REAUTHORIZATIONS

Sec. 101. First responder training.
Sec. 102. Pilot program for public health laboratories to detect fentanyl and other synthetic opioids.
Sec. 103. Residential treatment programs for pregnant and postpartum women.
Sec. 104. Prenatal and postnatal health.
Sec. 105. Plans of safe care.
Sec. 106. Loan repayment program for substance use disorder treatment workforce.
Sec. 107. Youth prevention and recovery.
Sec. 108. Comprehensive opioid recovery centers.
Sec. 109. CDC surveillance and data collection for child, youth, and adult trauma.
Sec. 110. Task force to develop best practices for trauma-informed identification, referral, and support.
Sec. 111. Donald J. Cohen National child traumatic stress initiative.
Sec. 112. Surveillance and education regarding infections associated with illicit drug use and other risk factors.
Sec. 113. Building communities of recovery.
Sec. 114. Peer support technical assistance center.
Sec. 115. Preventing overdoses of controlled substances.
Sec. 116. CAREER Act.

TITLE II—OTHER PROVISIONS

Sec. 201. Delivery of a controlled substance by a pharmacy.
Sec. 202. Regulations relating to a special registration for telemedicine.
Sec. 203. Review of at-home drug disposal systems.
Sec. 204. Report on at-home drug disposal systems.
Sec. 205. Ensuring State choice in PDMP systems.
Sec. 206. Mental health parity.
Sec. 207. State guidance on coverage for individuals with serious mental illness and children with serious emotional disturbance.
Sec. 208. Community mental health services block grant service providers.
Sec. 209. Reports and studies on medication treatments for opioid use disorder.
Sec. 210. FASD Respect Act.

1 # TITLE I—REAUTHORIZATIONS

2 **SEC. 101. FIRST RESPONDER TRAINING.**

3 Section 546(h) of the Public Health Service Act (42
4 U.S.C. 290ee–1(h)) is amended by striking ‘‘2019 through
5 2023’’ and inserting ‘‘2024 through 2028’’.

SEC. 102. PILOT PROGRAM FOR PUBLIC HEALTH LABORATORIES TO DETECT FENTANYL AND OTHER SYNTHETIC OPIOIDS.

Section 7011(d) of the SUPPORT for Patients and Communities Act (42 U.S.C. 247d–10 note) is amended by striking ‘‘2019 through 2023’’ and inserting ‘‘2024 through 2028’’.

SEC. 103. RESIDENTIAL TREATMENT PROGRAMS FOR PREGNANT AND POSTPARTUM WOMEN.

Section 508(s) of the Public Health Service Act (42 U.S.C. 290bb–1(s)) is amended by striking ‘‘2019 through 2023’’ and inserting ‘‘2024 through 2028’’.

SEC. 104. PRENATAL AND POSTNATAL HEALTH.

Section 317L(d) of the Public Health Service Act (42 U.S.C. 247b–13(d)) is amended by striking ‘‘2019 through 2023’’ and inserting ‘‘2024 through 2028’’.

SEC. 105. PLANS OF SAFE CARE.

Section 105(a)(7)(H) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106(a)(7)(H)) is amended by striking ‘‘2023’’ and inserting ‘‘2028’’.

SEC. 106. LOAN REPAYMENT PROGRAM FOR SUBSTANCE USE DISORDER TREATMENT WORKFORCE.

Section 781(j) of the Public Health Service Act (42 U.S.C. 295h(j)) is amended by striking ‘‘2019 through 2023’’ and inserting ‘‘2024 through 2028’’.

SEC. 107. YOUTH PREVENTION AND RECOVERY.

Section 7102(c)(9) of the SUPPORT for Patients and Communities Act (42 U.S.C. 290bb–7a(c)(9)) is amended by striking ‘‘2019 through 2023’’ and inserting ‘‘2024 through 2028’’.

SEC. 108. COMPREHENSIVE OPIOID RECOVERY CENTERS.

Section 552(j) of the Public Health Service Act (42 U.S.C. 290ee–7(j)) is amended by striking ‘‘2019 through 2023’’ and inserting ‘‘2024 through 2028’’.

SEC. 109. CDC SURVEILLANCE AND DATA COLLECTION FOR CHILD, YOUTH, AND ADULT TRAUMA.

Section 7131(e) of the SUPPORT for Patients and Communities Act (42 U.S.C. 242t(e)) is amended by striking ‘‘2019 through 2023’’ and inserting ‘‘2024 through 2028’’.

SEC. 110. TASK FORCE TO DEVELOP BEST PRACTICES FOR TRAUMA-INFORMED IDENTIFICATION, REFERRAL, AND SUPPORT.

Section 7132(i) of the SUPPORT for Patients and Communities Act (Public Law 115–271) is amended by striking ‘‘2023’’ and inserting ‘‘2028’’.

SEC. 111. DONALD J. COHEN NATIONAL CHILD TRAUMATIC STRESS INITIATIVE.

Section 582(j) of the Public Health Service Act (42 U.S.C. 290hh–1(j)) (relating to grants to address the problems of persons who experience violence-related

stress) is amended by striking ''2019 through 2023'' and inserting ''2024 through 2028''.

SEC. 112. SURVEILLANCE AND EDUCATION REGARDING INFECTIONS ASSOCIATED WITH ILLICIT DRUG USE AND OTHER RISK FACTORS.

Section 317N(d) of the Public Health Service Act (42 U.S.C. 247b–15(d)) is amended by striking ''2019 through 2023'' and inserting ''2024 through 2028''.

SEC. 113. BUILDING COMMUNITIES OF RECOVERY.

Section 547(f) of the Public Health Service Act (42 U.S.C. 290ee–2(f)) is amended by striking ''2019 through 2023'' and inserting ''2024 through 2028''.

SEC. 114. PEER SUPPORT TECHNICAL ASSISTANCE CENTER.

Section 547A(e) of the Public Health Service Act (42 U.S.C. 290ee–2a(e)) is amended by striking ''2019 through 2023'' and inserting ''2024 through 2028''.

SEC. 115. PREVENTING OVERDOSES OF CONTROLLED SUBSTANCES.

Section 392A(e) of the Public Health Service Act (42 U.S.C. 280b–1(e)) is amended by striking ''2019 through 2023'' and inserting ''2024 through 2028''.

SEC. 116. CAREER ACT.

Section 7183(k) of the SUPPORT for Patients and Communities Act (42 U.S.C. 290ee–8(k)) is amended by

striking "2019 through 2023" and inserting "2024 through 2028".

TITLE II—OTHER PROVISIONS

SEC. 201. DELIVERY OF A CONTROLLED SUBSTANCE BY A PHARMACY.

Section 309A(a) of the Controlled Substances Act (21 U.S.C. 829a(a)) is amended by striking paragraph (2) and inserting the following:

"(2) the controlled substance is a drug in schedule II, III, IV, or V and is—

"(A) to be administered for the purpose of initiation, maintenance, or detoxification treatment; or

"(B) subject to conditions of approval imposed by the Food and Drug Administration pursuant to section 505–1 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355–1), which may require the drug to be administered with post-administration monitoring by a health care professional;".

SEC. 202. REGULATIONS RELATING TO A SPECIAL REGISTRATION FOR TELEMEDICINE.

Not later than 1 year after the date of enactment of this Act, the Attorney General, in consultation with the Secretary of Health and Human Services, shall promul-

1 gate the final regulations required under section 311(h)(2)
2 of the Controlled Substances Act (21 U.S.C. 831(h)(2)).

3 **SEC. 203. REVIEW OF AT-HOME DRUG DISPOSAL SYSTEMS.**

4 Section 505–1 of the Federal Food, Drug, and Cos-
5 metic Act (21 U.S.C. 355–1) is amended by adding at the
6 end the following:

7 ‘‘(n) AT-HOME DRUG DISPOSAL STANDARDS AND
8 SYSTEMS.—

9 ‘‘(1) ESTABLISHMENT OF AT-HOME DRUG DIS-
10 POSAL STANDARDS.—Not later than one year after
11 the date of enactment of the SUPPORT for Patients
12 and Communities Reauthorization Act of 2023, the
13 Secretary shall publish guidance to facilitate the use
14 of at-home safe disposal systems for drugs subject to
15 a risk evaluation and mitigation strategy that in-
16 cludes an element described in subsection (e)(4).

17 ‘‘(2) GUIDANCE.—The guidance under para-
18 graph (1) shall include—

19 ‘‘(A) recommended standards for effective
20 at-home disposal systems to meet the public
21 health or non-retrievability standard;

22 ‘‘(B) recommended information to include
23 as instruction for use to disseminate with at-
24 home disposal systems; and

1 "(C) best practices and educational tools
2 to support the use of an at-home disposal sys-
3 tem.
4 "(3) UPDATES.—The Secretary shall update
5 the guidance under this subsection not less fre-
6 quently than every 5 years.".

7 **SEC. 204. REPORT ON AT-HOME DRUG DISPOSAL SYSTEMS.**

8 Subsection (n) of section 505–1 of the Federal Food,
9 Drug, and Cosmetic Act (21 U.S.C. 355–1), as added by
10 section 5, is amended by adding at the end the following:
11 "(4) REPORT ON AT-HOME DRUG DISPOSAL
12 SYSTEMS.—
13 "(A) IN GENERAL.—Not later than one
14 year after the date of enactment of the SUP-
15 PORT for Patients and Communities Reauthor-
16 ization Act of 2023, the Secretary, in consulta-
17 tion with the Administrator of the Drug En-
18 forcement Administration, shall issue a report
19 outlining steps to improve access to at-home
20 drug disposal systems.
21 "(B) REPORT.—The report required under
22 subparagraph (A) shall include—
23 "(i) a review of commercially available
24 at-home drug disposal systems;

1 "(ii) current usage of at-home drug
2 disposal systems;
3 "(iii) any barriers to development, in-
4 cluding information necessary to independ-
5 ently verify deactivation of appropriate
6 drugs and challenges with real world test-
7 ing;
8 "(iv) any barriers to distribution of
9 at-home drug disposal systems; and
10 "(v) best practices for educational re-
11 sources to inform distribution and use of
12 at-home drug disposal systems.".

13 **SEC. 205. ENSURING STATE CHOICE IN PDMP SYSTEMS.**

14 Section 399O(h) of the Public Health Service Act (42
15 U.S.C. 280g–3(h)) is amended by adding the following:
16 "(5) ENSURING STATE CHOICE.—Nothing in
17 this section shall be construed to—
18 "(A) direct, require or encourage a State
19 to use a specific interstate data sharing pro-
20 gram;
21 "(B) limit or prohibit the discretion of a
22 PDMP to utilize interoperability connections of
23 its choice;
24 "(C) permit, encourage, or otherwise con-
25 dition Federal financial assistance to States

1 based upon the use of open architecture by
2 PDMP systems or contracted vendors; or
3 ''(D) limit or prohibit the discretion of
4 States to utilize Federal financial assistance re-
5 ceived under this section to enter into arrange-
6 ments with vendors of their choice in order to
7 carry out a program under this section.''.

8 **SEC. 206. MENTAL HEALTH PARITY.**

9 (a) IN GENERAL.—Not later than January 1, 2025,
10 the Inspector General of the Department of Labor, in co-
11 ordination with the Inspector General of the Department
12 of Health and Human Services, shall report to the Com-
13 mittee on Health, Education, Labor, and Pensions of the
14 Senate and the Committee on Energy and Commerce and
15 the Committee on Education and the Workforce of the
16 House of Representatives on the following:
17 (1) The non-quantitative treatment limit (re-
18 ferred to in this section as ''NQTL'') requirements
19 with respect to mental health and substance use dis-
20 order benefits under group health plans and health
21 insurance issuers under section 2726(a)(8) of the
22 Public Health Service Act (42 U.S.C. 300gg–
23 26(a)(8)), section 712(a)(8) of the Employee Retire-
24 ment Income Security Act of 1974 (29 U.S.C.
25 1185a(a)(8)), and section 9812(a)(8) of the Internal

1 Revenue Code of 1986 (referred to in this section as
2 the ''NQTL comparative analysis requirements''),
3 and the requirements for the Secretary of Health
4 and Human Services, the Secretary of Labor, and
5 the Secretary of the Treasury to issue regulations,
6 a compliance program guide, and additional guid-
7 ance documents and tools providing guidance relat-
8 ing to mental health parity requirements under sec-
9 tion 2726(a) of the Public Health Service Act (42
10 U.S.C. 300gg–26(a)), section 712(a) of the Em-
11 ployee Retirement Income Security Act of 1974 (29
12 U.S.C. 1185a(a)), and section 9812(a) of the Inter-
13 nal Revenue Code of 1986.

14 (2) With respect to the NQTL comparative
15 analysis requirements described in paragraph (1), an
16 analysis of the actions taken by the Secretary of
17 Labor, the Secretary of the Treasury, and the Sec-
18 retary of Health and Human Services to provide
19 guidance to ensure that group health plans and
20 health insurance issuers can fully comply with men-
21 tal health parity requirements under section 2726 of
22 the Public Health Service Act (42 U.S.C. 300gg–26,
23 section 712 of the Employee Retirement Income Se-
24 curity Act of 1974 (29 U.S.C. 1185a), and section
25 9812 of the Internal Revenue Code of 1986 and the

1 NQTL comparative analysis requirements described
2 in paragraph (1), including an analysis of—
3 (A) the extent to which the Secretary of
4 Labor, the Secretary of the Treasury, and the
5 Secretary of Health and Human Services have
6 fulfilled the requirement under section 203(b)
7 of division BB of the Consolidated Appropria-
8 tions Act, 2021 (Public Law 116–260) to issue
9 the specific guidance and regulations pertaining
10 to the requirements for group health plans and
11 health insurance issuers to demonstrate compli-
12 ance with the NQTL comparative analysis re-
13 quirements; and
14 (B) whether sufficient guidance and exam-
15 ples from the Department of Labor and De-
16 partment of Health and Human Services, and
17 the Department of the Treasury exist to guide
18 and assist group health plans and health insur-
19 ance issuers in complying with the requirements
20 to demonstrate compliance with mental health
21 parity NQTL comparative analysis require-
22 ments/under such sections 2726(a)(8),
23 712(a)(8), and 9812(a)(8).
24 (3) A review of the enforcement processes of
25 the Department of Labor and the Department of

1 Health and Human Services to evaluate the consist-
2 ency of interpretation of the requirements under sec-
3 tion 2726(a)(8) of the Public Health Service Act (42
4 U.S.C. 300gg–26(a)(8)), section 712(a)(8) of the
5 Employee Retirement Income Security Act of 1974
6 (29 U.S.C. 1185a(a)(8)), and section 9812(a)(8) of
7 the Internal Revenue Code of 1986, in particular
8 with respect to processes utilized for enforcement,
9 actions or inactions that constitute noncompliance,
10 and avoidance among the agencies of duplication of
11 enforcement, including an evaluation of compliance
12 with section 104 of the Health Insurance Portability
13 and Accountability Act of 1996 (Public Law 104–
14 191).

15 (4) A review of the implementation, by the De-
16 partment of Labor, Department of Health and
17 Human Services, and Department of the Treasury,
18 of mental health parity requirements under section
19 2726 of the Public Health Service Act (42 U.S.C.
20 300gg–26), section 712 of the Employee Retirement
21 Income Security Act of 1974 (29 U.S.C. 1185a),
22 and section 9812 of the Internal Revenue Code of
23 1986, including all such requirements in effect
24 through the enactment of the Mental Health Parity
25 Act of 1996 (Public Law 104–204), the Paul

Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (Public Law 110–460), the 21st Century Cures Act (Public Law 114–255), and the Consolidated Appropriations Act, 2023 (Public Law 117–328) (including any amendments made by such Acts), and including with respect to the timing of all actions, delays of any actions, reasons for any such delays, mandated requirements that were met only once but not each time such requirements were mandated.

(b) DEFINITIONS.—In this section, the terms ''group health plan'' and ''health insurance issuer'' have the meanings given such terms in section 733 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1191b).

SEC. 207. STATE GUIDANCE ON COVERAGE FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS AND CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE.

(a) REVIEW OF USE OF CERTAIN FUNDING.—Not later than 180 days after the date of enactment of this Act, the Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, shall conduct a review of the use by States of funds made available under the Community Mental

Health Services Block Grant program under subpart I of part B of title XIX of the Public Health Service Act (42 U.S.C. 300x et seq.) for First Episode Psychosis activities. Such review shall consider the following:

(1) How the States use funds for evidence-based treatments and services according to the standard of care for individuals with serious mental illness, including the comprehensiveness of such treatments to include all aspects of the recommended intervention.

(2) How State mental health departments are coordinating with State Medicaid departments in the delivery of the treatments and services described in paragraph (1).

(3) What percentage of the State funding under the block grant program is being applied toward First Episode Psychosis in excess of 10 percent of the amount of the grant, as broken down on a State-by-State basis. The review shall also identify any States that fail to expend the required 10 percent of block grant funds on First Episode Psychosis activities.

(4) How many individuals are served by the expenditures described in paragraph (3), broken down on a per-capita basis.

1 (5) How the funds are used to reach individuals
2 in underserved populations, including individuals in
3 rural areas and individuals from minority groups.
4 (b) REPORT AND GUIDANCE.—
5 (1) REPORT.—Not later than 6 months after
6 the completion of the review under subsection (a),
7 the Secretary of Health and Human Services, acting
8 through the Assistant Secretary for Mental Health
9 and Substance Use, shall submit to the Committee
10 on Appropriations, the Committee on Health, Edu-
11 cation, Labor, and Pensions, and the Committee on
12 Finance of the Senate and to the Committee on Ap-
13 propriations and the Committee on Energy and
14 Commerce of the House of Representatives a report
15 on the findings made as a result of the review con-
16 ducted under subsection (a). Such report shall in-
17 clude any recommendations with respect to any
18 changes to the Community Mental Health Services
19 Block Grant program, including the set aside re-
20 quired for First Episode Psychosis, that would facili-
21 tate improved outcomes for the targeted population
22 involved.
23 (2) GUIDANCE.—Not later than 1 year after
24 the date on which the report is submitted under
25 paragraph (1), the Secretary of Health and Human

1 Services, acting through the Assistant Secretary for
2 Mental Health and Substance Use, shall update the
3 guidance provided to States under the Community
4 Mental Health Services Block Grant program based
5 on the findings and recommendations of the report.
6 (c) TECHNICAL ASSISTANCE.—The Director of the
7 National Institute of Mental Health shall coordinate with
8 the Assistant Secretary for Mental Health and Substance
9 Use in providing technical assistance to State grantees
10 and provider subgrantees in the delivery of services for
11 First Episode Psychosis under the Community Mental
12 Health Services Block Grant program.
13 (d) GUIDANCE FOR STATES RELATING TO COVERAGE
14 RECOMMENDATIONS OF HEALTH CARE SERVICES AND
15 INTERVENTIONS FOR INDIVIDUALS WITH SERIOUS MEN-
16 TAL ILLNESS AND CHILDREN WITH SERIOUS EMOTIONAL
17 DISTURBANCE.—Not later than 2 years after the date of
18 enactment of this Act, the Administrator of the Centers
19 for Medicare & Medicaid Services, jointly with the Assist-
20 ant Secretary for Mental Health and Substance Use and
21 the Director of the National Institute of Mental Health—
22 (1) shall provide updated guidance to States
23 concerning—
24 (A) coverage recommendations relating to
25 health care services and interventions for indi-

1 viduals with serious mental illness, specifically
2 First Episode Psychosis; and
3 (B) the manner in which Federal funding
4 provided to States through programs adminis-
5 tered by such agencies, including the Commu-
6 nity Mental Health Services Block Grant pro-
7 gram under subpart I of part B of title XIX of
8 the Public Health Service Act (42 U.S.C. 300x
9 et seq.), may be coordinated to support individ-
10 uals with serious mental illness and serious
11 emotional disturbance; and
12 (2) may streamline relevant State reporting re-
13 quirements if such streamlining would result in mak-
14 ing it easier for States to coordinate funding under
15 the programs described in paragraph (1)(B) to im-
16 prove treatments for individuals with serious mental
17 illness and serious emotional disturbance.

18 **SEC. 208. COMMUNITY MENTAL HEALTH SERVICES BLOCK**
19 **GRANT SERVICE PROVIDERS.**

20 Subpart I of part B of title XIX of the Public Health
21 Service Act is amended—
22 (1) in section 1913(b)(1) (42 U.S.C. 300x–
23 2(b)(1)), by inserting ", and which may include, at
24 the discretion of the State, appropriate programs op-

1 erated by for-profit entities'' after ''consumer-di-
2 rected programs''; and
3 (2) in section 1916(a)(5) (42 U.S.C. 300x–
4 5(a)(5)), by inserting '', or a for-profit entity se-
5 lected by a State pursuant to section 1913(b)(1)''
6 before the period at the end.

7 **SEC. 209. REPORTS AND STUDIES ON MEDICATION TREAT-**
8 **MENTS FOR OPIOID USE DISORDER.**

9 (a) NIH STUDY ON METHADONE TREATMENT.—Not
10 later than 6 months after the date of the enactment of
11 this Act, and every 6 months thereafter, the Director of
12 the National Institutes of Health—
13 (1) shall submit to the Committee on Health,
14 Education, Labor, and Pensions of the Senate and
15 the Committee on Energy and Commerce of the
16 House of Representatives a report on ongoing and
17 new clinical studies conducted or funded by the Na-
18 tional Institutes of Health on the access to, safety
19 of, and efficacy of methadone treatment for opioid
20 use disorder in accredited and certified opioid treat-
21 ment programs and in other programs or settings;
22 and
23 (2) in conjunction with the Administrator of the
24 Drug Enforcement Administration, shall brief the
25 Committee on Health, Education, Labor, and Pen-

1 sions of the Senate and the Committee on Energy
2 and Commerce of the House of Representatives on—
3 (A) interim results from the studies de-
4 scribed in paragraph (1); and
5 (B) any barriers that may prevent ade-
6 quate and timely enrollment of patients in any
7 new clinical study described in paragraph (1).
8 (b) STUDY ON MEDICATION TREATMENTS FOR
9 OPIOID USE DISORDERS.—The Secretary of Health and
10 Human Services, acting through the Assistant Secretary
11 for Mental Health and Substance Use, shall—
12 (1) study—
13 (A) the early impact on access to medica-
14 tion treatment for opioid use disorder and
15 opioid-related overdose deaths through
16 buprenorphine prescribing pursuant to section
17 303(g) of the Controlled Substances Act (21
18 U.S.C. 823(g)), as amended by section 1262 of
19 title I of division FF of the Mental Health and
20 Well-Being Act of 2022;
21 (B) an updated analysis of the effect of
22 methadone on opioid-related overdose death
23 rates, disaggregated by State;
24 (C) the number of patients with opioid use
25 disorder who are prescribed no medication for

1 such disorder, and the number of patients with
2 opioid use disorder who are prescribed
3 naltrexone, buprenorphine, or methadone, re-
4 spectively, at each opioid treatment program;
5 (D) the prevalence of patients with opioid
6 use disorder, disaggregated by county and the
7 number of patients with opioid use disorder in
8 each county;
9 (E) the number of addiction psychiatrists
10 and addiction medicine physicians within a
11 county who are not affiliated with an opioid
12 treatment program and, with respect to such
13 psychiatrists and physicians—
14 (i) whether such providers accept new
15 patients;
16 (ii) which types of health insurance
17 are accepted by such providers; and
18 (iii) wait times for new appointments;
19 and
20 (F) a survey of retail pharmacies nation-
21 wide, disaggregated by State, to determine
22 which pharmacies serve as methadone dis-
23 pensing units for opioid treatment programs,
24 and which such pharmacies are interested in
25 stocking or dispensing methadone; and

1 (2) submit to the Committee on Health, Edu-
2 cation, Labor, and Pensions of the Senate and the
3 Committee on Energy and Commerce of the House
4 of Representatives—
5 (A) not later than the earlier of 18 months
6 after the date of the enactment of this Act or
7 June 1, 2025, an initial report on the study
8 under paragraph (1); and
9 (B) not later than December 31, 2025, a
10 final report on the study under paragraph (1).
11 **SEC. 210. FASD RESPECT ACT.**
12 (a) IN GENERAL.—Part O of title III of the Public
13 Health Service Act (42 U.S.C. 280f et seq.) is amended—
14 (1) by amending the part heading to read as
15 follows: ''**FETAL ALCOHOL SPECTRUM DIS-**
16 **ORDERS PREVENTION AND SERVICES PRO-**
17 **GRAM**'';
18 (2) in section 399H (42 U.S.C. 280f)—
19 (A) in the section heading, by striking
20 ''**ESTABLISHMENT OF FETAL ALCOHOL**
21 **SYNDROME PREVENTION**'' and inserting
22 ''**FETAL ALCOHOL SPECTRUM DISORDERS**
23 **PREVENTION, INTERVENTION,**'';

1 (B) by striking ‘‘Fetal Alcohol Syndrome
2 and Fetal Alcohol Effect’’ each place it appears
3 and inserting ‘‘FASD’’;
4 (C) in subsection (a)—
5 (i) by amending the heading to read
6 as follows: ‘‘IN GENERAL’’;
7 (ii) in the matter preceding paragraph
8 (1)—
9 (I) by inserting ‘‘or continue ac-
10 tivities to support’’ after ‘‘shall estab-
11 lish’’;
12 (II) by striking ‘‘FASD’’ (as
13 amended by subparagraph (B)) and
14 inserting ‘‘fetal alcohol spectrum dis-
15 orders (referred to in this section as
16 ‘FASD’)’’;
17 (III) by striking ‘‘prevention,
18 intervention’’ and inserting ‘‘aware-
19 ness, prevention, identification, inter-
20 vention,’’; and
21 (IV) by striking ‘‘that shall’’ and
22 inserting ‘‘, which may’’;
23 (iii) in paragraph (1)—
24 (I) in subparagraph (A)—

1 (aa) by striking ‘‘medical
2 schools’’ and inserting ‘‘health
3 professions schools’’; and
4 (bb) by inserting ‘‘infants,’’
5 after ‘‘provision of services for’’;
6 and
7 (II) in subparagraph (D), by
8 striking ‘‘medical and mental’’ and in-
9 serting ‘‘agencies providing’’;
10 (iv) in paragraph (2)—
11 (I) in the matter preceding sub-
12 paragraph (A), by striking ‘‘a preven-
13 tion and diagnosis program to support
14 clinical studies, demonstrations and
15 other research as appropriate’’ and in-
16 serting ‘‘supporting and conducting
17 research on FASD, as appropriate, in-
18 cluding’’;
19 (II) in subparagraph (B)—
20 (aa) by striking ‘‘prevention
21 services and interventions for
22 pregnant, alcohol-dependent
23 women’’ and inserting ‘‘culturally
24 and linguistically informed evi-
25 dence-based or practice-based

1 interventions and appropriate so-
2 cietal supports for preventing
3 prenatal alcohol exposure, which
4 may co-occur with exposure to
5 other substances''; and
6 (bb) by striking ''; and'' and
7 inserting a semicolon;
8 (v) by striking paragraph (3) and in-
9 serting the following:
10 ''(3) integrating into surveillance practice an
11 evidence-based standard case definition for fetal al-
12 cohol syndrome and, in collaboration with other Fed-
13 eral and outside partners, support organizations of
14 appropriate medical and mental health professionals
15 in their development and refinement of evidence-
16 based clinical diagnostic guidelines and criteria for
17 all fetal alcohol spectrum disorders; and
18 ''(4) building State and Tribal capacity for the
19 identification, treatment, and support of individuals
20 with FASD and their families, which may include—
21 ''(A) utilizing and adapting existing Fed-
22 eral, State, or Tribal programs to include
23 FASD identification and FASD-informed sup-
24 port;

1 "(B) developing and expanding screening
2 and diagnostic capacity for FASD;
3 "(C) developing, implementing, and evalu-
4 ating targeted FASD-informed intervention
5 programs for FASD;
6 "(D) increasing awareness of FASD;
7 "(E) providing training with respect to
8 FASD for professionals across relevant sectors;
9 and
10 "(F) disseminating information about
11 FASD and support services to affected individ-
12 uals and their families.";
13 (D) in subsection (b)—
14 (i) by striking "described in section
15 399I";
16 (ii) by striking "The Secretary" and
17 inserting the following:
18 "(1) IN GENERAL.—The Secretary"; and
19 (iii) by adding at the end the fol-
20 lowing:
21 "(2) ELIGIBLE ENTITIES.—To be eligible to re-
22 ceive a grant, or enter into a cooperative agreement
23 or contract, under this section, an entity shall—
24 "(A) be a State, Indian Tribe or Tribal or-
25 ganization, local government, scientific or aca-

1 demic institution, or nonprofit organization;
2 and

3 ‘‘(B) prepare and submit to the Secretary
4 an application at such time, in such manner,
5 and containing such information as the Sec-
6 retary may require, including a description of
7 the activities that the entity intends to carry
8 out using amounts received under this section.

9 ‘‘(3) ADDITIONAL APPLICATION CONTENTS.—
10 The Secretary may require that an entity using
11 amounts from a grant, cooperative agreement, or
12 contract under this section for an activity under sub-
13 section (a)(4) include in the application for such
14 amounts submitted under paragraph (2)(B)—

15 ‘‘(A) a designation of an individual to
16 serve as a FASD State or Tribal coordinator of
17 such activity; and

18 ‘‘(B) a description of an advisory com-
19 mittee the entity will establish to provide guid-
20 ance for the entity on developing and imple-
21 menting a statewide or Tribal strategic plan to
22 prevent FASD and provide for the identifica-
23 tion, treatment, and support of individuals with
24 FASD and their families.’’;

1 (E) by striking subsections (c) and (d);
2 and

3 (F) by adding at the end the following:

4 "(c) DEFINITION OF FASD-INFORMED.—For pur-
5 poses of this section, the term 'FASD-informed', with re-
6 spect to support or an intervention program, means that
7 such support or intervention program uses culturally and
8 linguistically informed evidence-based or practice-based
9 interventions and appropriate societal supports to support
10 an improved quality of life for an individual with FASD
11 and the family of such individual."; and

12 (3) by striking sections 399I, 399J, and 399K
13 (42 U.S.C. 280f–1, 280f–2, 280f–3) and inserting
14 the following:

15 **"SEC. 399I. FETAL ALCOHOL SPECTRUM DISORDERS CEN-**
16 **TERS FOR EXCELLENCE.**

17 "(a) IN GENERAL.—The Secretary shall, as appro-
18 priate, award grants, cooperative agreements, or contracts
19 to public or nonprofit entities with demonstrated expertise
20 in the prevention of, identification of, and intervention
21 services with respect to, fetal alcohol spectrum disorders
22 (referred to in this section as 'FASD') and other related
23 adverse conditions. Such awards shall be for the purposes
24 of establishing Fetal Alcohol Spectrum Disorders Centers
25 for Excellence to build local, Tribal, State, and national

1 capacities to prevent the occurrence of FASD and other
2 related adverse conditions, and to respond to the needs
3 of individuals with FASD and their families by carrying
4 out the programs described in subsection (b).

5 ''(b) PROGRAMS.—An entity receiving an award
6 under subsection (a) may use such award for the following
7 purposes:

8 ''(1) Initiating or expanding diagnostic capacity
9 for FASD by increasing screening, assessment, iden-
10 tification, and diagnosis.

11 ''(2) Developing and supporting public aware-
12 ness and outreach activities, including the use of a
13 range of media and public outreach, to raise public
14 awareness of the risks associated with alcohol con-
15 sumption during pregnancy, with the goals of reduc-
16 ing the prevalence of FASD and improving the de-
17 velopmental, health (including mental health), and
18 educational outcomes of individuals with FASD and
19 supporting families caring for individuals with
20 FASD.

21 ''(3) Acting as a clearinghouse for evidence-
22 based resources on FASD prevention, identification,
23 and culturally and linguistically informed best prac-
24 tices, including the maintenance of a national data-
25 based directory on FASD-specific services in States,

1 Indian Tribes, and local communities, and dissemi-
2 nating ongoing research and developing resources on
3 FASD to help inform systems of care for individuals
4 with FASD across their lifespan.

5 ''(4) Increasing awareness and understanding
6 of efficacious, evidence-based FASD screening tools
7 and culturally- and linguistically-appropriate evi-
8 dence-based intervention services and best practices,
9 which may include by conducting national, regional,
10 State, Tribal, or peer cross-State webinars, work-
11 shops, or conferences for training community lead-
12 ers, medical and mental health and substance use
13 disorder professionals, education and disability pro-
14 fessionals, families, law enforcement personnel,
15 judges, individuals working in financial assistance
16 programs, social service personnel, child welfare pro-
17 fessionals, and other service providers.

18 ''(5) Improving capacity for State, Tribal, and
19 local affiliates dedicated to FASD awareness, pre-
20 vention, and identification and family and individual
21 support programs and services.

22 ''(6) Providing technical assistance to grantees
23 under section 399H, as appropriate.

24 ''(7) Carrying out other functions, as appro-
25 priate.

1 “(c) APPLICATION.—To be eligible for a grant, con-
2 tract, or cooperative agreement under this section, an enti-
3 ty shall submit to the Secretary an application at such
4 time, in such manner, and containing such information as
5 the Secretary may require.

6 “(d) SUBCONTRACTING.—A public or private non-
7 profit entity may carry out the following activities required
8 under this section through contracts or cooperative agree-
9 ments with other public and private nonprofit entities with
10 demonstrated expertise in FASD:

11 “(1) Prevention activities.

12 “(2) Screening and identification.

13 “(3) Resource development and dissemination,
14 training and technical assistance, administration,
15 and support of FASD partner networks.

16 “(4) Intervention services.

17 **“SEC. 399J. AUTHORIZATION OF APPROPRIATIONS.**

18 “There are authorized to be appropriated to carry out
19 this part such sums as may be necessary for each of fiscal
20 years 2024 through 2028.”.

21 (b) REPORT.—Not later than 4 years after the date
22 of enactment of this Act, the Secretary of Health and
23 Human Services shall submit to the Committee on Health,
24 Education, Labor, and Pensions of the Senate and the
25 Committee on Energy and Commerce of the House of

1 Representatives a report on the efforts of the Department
2 of Health and Human Services to advance public aware-
3 ness on, and facilitate the identification of best practices
4 related to, fetal alcohol spectrum disorders identification,
5 prevention, treatment, and support.

6 (c) TECHNICAL AMENDMENT.—Section 519D of the
7 Public Health Service Act (42 U.S.C. 290bb–25d) is re-
8 pealed.

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