

# Calendar No. 319

118TH CONGRESS  
2D SESSION

# S. 3393

To reauthorize the SUPPORT for Patients and Communities Act, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

DECEMBER 4, 2023

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

FEBRUARY 1, 2024

Reported by Mr. SANDERS, with an amendment

[Strike out all after the enacting clause and insert the part printed in italic]

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## A BILL

To reauthorize the SUPPORT 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~~”.

- 1 (b) TABLE OF CONTENTS.—The table of contents for  
 2 this Act is as follows:

Sec. 1. Short title; table of contents.

#### TITLE I—PREVENTION

- Sec. 101. First responder training program.  
 Sec. 102. Surveillance and education regarding infections associated with illicit drug use and other risk factors.  
 Sec. 103. Preventing overdoses of controlled substances.  
 Sec. 104. Pilot program for public health laboratories to detect fentanyl and other synthetic opioids.  
 Sec. 105. Prenatal and postnatal health.  
 Sec. 106. Donald J. Cohen National Child Traumatic Stress Initiative.  
 Sec. 107. Surveillance and data collection for child, youth, and adult trauma.  
 Sec. 108. Preventing adverse childhood experiences.  
 Sec. 109. Clarification of use of funds for products used to prevent overdose deaths.  
 Sec. 110. Support for individuals and families impacted by fetal alcohol spectrum disorder.  
 Sec. 111. Promoting State choice in PDMP systems.

#### TITLE II—TREATMENT

- Sec. 201. Residential treatment program for pregnant and postpartum women.  
 Sec. 202. Loan repayment program for substance use disorder treatment workforce.  
 Sec. 203. Regional centers of excellence in substance use disorder education.  
 Sec. 204. Mental and behavioral health education and training program.  
 Sec. 205. Grants to enhance access to substance use disorder treatment.  
 Sec. 206. Grants to improve trauma support services and mental health care for children and youth in educational settings.  
 Sec. 207. Development and dissemination of model training programs for substance use disorder patient records.  
 Sec. 208. Task force on best practices for trauma-informed identification, referral, and support.  
 Sec. 209. Program to support coordination and continuation of care for drug overdose patients.  
 Sec. 210. Regulations relating to special registration for telemedicine.  
 Sec. 211. Mental health parity.  
 Sec. 212. State guidance related to individuals with serious mental illness and children with serious emotional disturbance.  
 Sec. 213. Improving access to addiction medicine providers.

#### TITLE III—RECOVERY

- Sec. 301. Youth prevention and recovery.  
 Sec. 302. Comprehensive opioid recovery centers.  
 Sec. 303. Building communities of recovery.  
 Sec. 304. Peer support technical assistance center.  
 Sec. 305. CAREER Act.  
 Sec. 306. Office of recovery.

#### TITLE IV—TECHNICAL AMENDMENTS

Sec. 401. Delivery of a controlled substance by a pharmacy to an administering practitioner.

Sec. 402. Technical correction on controlled substances dispensing.

Sec. 403. Required training for prescribers of controlled substances.

## 1                   **TITLE I—PREVENTION**

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

3           Section 546 of the Public Health Service Act (42  
4 U.S.C. 290ee-1) is amended—

5                   (1) in subsection (a), by striking “tribes and  
6           tribal” and inserting “Tribes and Tribal”;

7                   (2) in subsections (a), (c), and (d)—

8                           (A) by striking “approved or cleared” each  
9           place it appears and inserting “approved,  
10           cleared, or otherwise legally marketed”; and

11                           (B) by striking “opioid” each place it ap-  
12           pears;

13                   (3) in subsection (f)—

14                           (A) by striking “approved or cleared” each  
15           place it appears and inserting “approved,  
16           cleared, or otherwise legally marketed”;

17                           (B) in paragraph (1), by striking “opioid”;

18                           (C) in paragraph (2)—

19                                   (i) by striking “opioid and heroin”  
20           and inserting “opioid, heroin, and other  
21           drug”; and

22                                   (ii) by striking “opioid overdose” and  
23           inserting “overdose”; and

1           (D) in paragraph (3), by striking “opioid  
2           and heroin”; and

3           (4) in subsection (h), by striking “\$36,000,000  
4           for each of fiscal years 2019 through 2023” and in-  
5           serting “\$56,000,000 for each of fiscal years 2024  
6           through 2028”.

7   **SEC. 102. SURVEILLANCE AND EDUCATION REGARDING IN-**  
8                           **FECTIONS ASSOCIATED WITH ILLICIT DRUG**  
9                           **USE AND OTHER RISK FACTORS.**

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

13   **SEC. 103. PREVENTING OVERDOSES OF CONTROLLED SUB-**  
14                           **STANCES.**

15          Section 392A of the Public Health Service Act (42  
16 U.S.C. 280b–1) is amended—

17           (1) in subsection (a)—

18                   (A) in paragraph (2)—

19                           (i) in subparagraph (C), by inserting  
20                           “and associated risks” before the period at  
21                           the end; and

22                           (ii) in subparagraph (D), by striking  
23                           “opioids” and inserting “substances caus-  
24                           ing overdose”;

25           (B) in paragraph (3)(A)—

1 (i) by inserting “identify substances  
2 causing overdose and” after “rapidly”; and

3 (ii) by striking “abuse, and  
4 overdoses” and inserting “overdoses, and  
5 associated risk factors”;

6 ~~(2)~~ in subsection (b)(2)—

7 (A) in subparagraph (B), by inserting “,  
8 and associated risk factors,” after “such  
9 overdoses”;

10 (B) in subparagraph (C), by striking “cod-  
11 ing” and inserting “monitoring and identi-  
12 fying”;

13 (C) in subparagraph (E)—

14 (i) by inserting a comma after “public  
15 health laboratories”; and

16 (ii) by inserting “and other emerging  
17 substances related” after “analogues”; and

18 (D) in subparagraph (F,) by inserting  
19 “and associated risk factors” after “overdoses”;  
20 and

21 ~~(3)~~ in subsection (c) by striking “\$496,000,000  
22 for each of fiscal years 2019 through 2023” and in-  
23 serting “\$505,579,000 for each of fiscal years 2024  
24 through 2028”.

1 **SEC. 104. PILOT PROGRAM FOR PUBLIC HEALTH LABORA-**  
 2 **TORIES TO DETECT FENTANYL AND OTHER**  
 3 **SYNTHETIC OPIOIDS.**

4 Section 7011 of the SUPPORT for Patients and  
 5 Communities Act (42 U.S.C. 247d–10 note) is amended  
 6 by striking subsection (d).

7 **SEC. 105. PRENATAL AND POSTNATAL HEALTH.**

8 Section 317L(d) of the Public Health Service Act (42  
 9 U.S.C. 2476b–13(d)) is amended by striking “2019  
 10 through 2023” and inserting “2024 through 2028”.

11 **SEC. 106. DONALD J. COHEN NATIONAL CHILD TRAUMATIC**  
 12 **STRESS INITIATIVE.**

13 Section 582 of the Public Health Service Act (42  
 14 U.S.C. 290hh–1) is amended—

15 (1) in the section heading, by striking “**VIO-**  
 16 **LENCE RELATED STRESS**” and inserting “**TRAU-**  
 17 **MATIC EVENTS**”;

18 (2) in subsection (a)—

19 (A) in the matter preceding paragraph (1),  
 20 by striking “tribes and tribal” and inserting  
 21 “Tribes and Tribal”; and

22 (B) in paragraph (2), by inserting “and  
 23 dissemination” after “the development”;

24 (3) in subsection (b), by inserting “and dissemi-  
 25 nation” after “the development”;

26 (4) in subsection (d)—

1 (A) by striking “The NCTSI” and insert-  
2 ing the following:

3 “(1) COORDINATING CENTER.—The NCTSI”;

4 and

5 (B) by adding at the end the following:

6 “(2) NCTSI GRANTEEES.—In carrying out sub-  
7 section (a)(2), NCTSI grantees shall develop  
8 trainings and other resources, as applicable and ap-  
9 propriate, to support implementation of the evi-  
10 dence-based practices developed and disseminated  
11 under such subsection.”;

12 (5) in subsection (c)—

13 (A) by redesignating paragraphs (1) and  
14 (2) as subparagraphs (A) and (B), respectively,  
15 and adjusting the margins accordingly;

16 (B) in subparagraph (A), as so redesign-  
17 ated, by inserting “and implementation” after  
18 “the dissemination”;

19 (C) by striking “The NCTSI” and insert-  
20 ing the following:

21 “(1) COORDINATING CENTER.—”; and

22 (D) by adding at the end the following:

23 “(2) NCTSI GRANTEEES.—NCTSI grantees  
24 shall, as appropriate, collaborate with other such  
25 grantees, the NCTSI coordinating center, and the

1 Secretary in carrying out subsections (a)(2) and  
2 (d)(2).”;

3 (6) by amending subsection (h) to read as fol-  
4 lows:

5 “(h) APPLICATION AND EVALUATION.—To be eligible  
6 to receive a grant, contract, or cooperative agreement  
7 under subsection (a), a public or nonprofit private entity  
8 or an Indian Tribe or Tribal organization shall submit to  
9 the Secretary an application at such time, in such manner,  
10 and containing such information and assurances as the  
11 Secretary may require, including—

12 “(1) a plan for the rigorous evaluation of the  
13 activities funded under the grant, contract or agree-  
14 ment, including both process and outcomes evalua-  
15 tion, and the submission of an evaluation at the end  
16 of the project period; and

17 “(2) a description of how such entity, Indian  
18 Tribe, or Tribal organization will support efforts led  
19 by the Secretary or the NCTSI coordinating center,  
20 as applicable, to evaluate activities carried out under  
21 this section.”; and

22 (7) in subsection (j), by striking “, \$63,887,000  
23 for each of fiscal years 2019 through 2023” and in-  
24 serting “\$93,887,000 for each of fiscal years 2024  
25 and 2025, \$104,000,000 for fiscal year 2026,



1       \$110,000,000 for fiscal year 2027, and  
2       \$112,661,000 for fiscal year 2028”.

3 **SEC. 107. SURVEILLANCE AND DATA COLLECTION FOR**  
4                   **CHILD, YOUTH, AND ADULT TRAUMA.**

5       Section 7131(e) of the SUPPORT for Patients and  
6 Communities Act (42 U.S.C. 242t(e)) is amended by strik-  
7 ing “2019 through 2023” and inserting “2024 through  
8 2028”.

9 **SEC. 108. PREVENTING ADVERSE CHILDHOOD EXPERI-**  
10                   **ENCES.**

11       (a) GRANT PROGRAM.—

12               (1) IN GENERAL.—The Secretary of Health and  
13 Human Services (referred to in this section as the  
14 “Secretary”), acting through the Director of the  
15 Centers for Disease Control and Prevention, may  
16 award grants or cooperative agreements to States,  
17 territories, Indian Tribes and Tribal organizations  
18 (as such terms are defined in section 4 of the Indian  
19 Self-Determination and Education Assistance Act  
20 (25 U.S.C. 5304)), and local governmental entities  
21 for purposes of carrying out public health activities  
22 to improve health outcomes by preventing or reduc-  
23 ing adverse childhood experiences.

24               (2) USE OF FUNDS.—Recipients of an award  
25 under this subsection may use such award to—

1           (A) identify, implement, and evaluate evi-  
2           dence-based public health activities to prevent  
3           or reduce adverse childhood experiences and im-  
4           prove health outcomes;

5           (B) improve data collection and analysis  
6           regarding the prevention and reduction of ad-  
7           verse childhood experiences, including any such  
8           data described in section 7131 of the SUP-  
9           PORT for Patients and Communities Act (42  
10          U.S.C. 242t), to identify—

11                 (i) any geographic areas or popu-  
12                 lations within the jurisdiction of the recipi-  
13                 ent of an award that have disproportion-  
14                 ately high rates of adverse childhood expe-  
15                 riences;

16                 (ii) any types of adverse childhood ex-  
17                 periences of high prevalence within such  
18                 jurisdiction; and

19                 (iii) any short-term health outcomes  
20                 and long-term health outcomes associated  
21                 with adverse childhood experiences, includ-  
22                 ing mental health and substance use dis-  
23                 orders; and

24          (C) leverage such data and analysis to in-  
25          form the identification, implementation, and

1 evaluation of evidence-based public health ac-  
2 tivities under subparagraph (A).

3 ~~(3) PARTNERSHIPS.—~~Recipients of an award  
4 under this subsection may identify opportunities to  
5 establish, or strengthen existing, partnerships with  
6 other relevant public and private entities within such  
7 jurisdiction for purposes of carrying out such award.

8 ~~(4) TECHNICAL ASSISTANCE.—~~The Secretary  
9 may provide training and technical assistance to re-  
10 cipients of awards under this subsection.

11 ~~(5) EVALUATION.—~~Not later than 2 years after  
12 the date of enactment of this Act, and annually  
13 thereafter, the Secretary shall report to the Com-  
14 mittee on Health, Education, Labor, and Pensions  
15 of the Senate and the Committee on Energy and  
16 Commerce of the House of Representatives on the  
17 specific activities supported through awards under  
18 this subsection, including the effectiveness of such  
19 activities in preventing or reducing adverse childhood  
20 experiences.

21 ~~(b) RESEARCH.—~~The Secretary may, as appropriate,  
22 conduct research to evaluate public health activities to ad-  
23 dress adverse childhood experiences.

1 (c) AUTHORIZATION OF APPROPRIATIONS.—To carry  
 2 out this section, there is authorized to be appropriated  
 3 \$7,000,000 for each of fiscal years 2024 through 2028.

4 **SEC. 109. CLARIFICATION OF USE OF FUNDS FOR PROD-**  
 5 **UCTS USED TO PREVENT OVERDOSE DEATHS.**

6 The activities carried out pursuant to section  
 7 1003(b)(4)(A) of the 21st Century Cures Act (42 U.S.C.  
 8 290ee–3a(b)(4)(A)) may include facilitating access to  
 9 products used to prevent overdose deaths by detecting the  
 10 presence of one or more substances, to the extent the pur-  
 11 chase and possession of such products is consistent with  
 12 Federal and State law.

13 **SEC. 110. SUPPORT FOR INDIVIDUALS AND FAMILIES IM-**  
 14 **PACTED BY FETAL ALCOHOL SPECTRUM DIS-**  
 15 **ORDER.**

16 (a) IN GENERAL.—Part O of title III of the Public  
 17 Health Service Act (42 U.S.C. 280f et seq.) is amended—

18 (1) by amending the part heading to read as  
 19 follows: “**FETAL ALCOHOL SPECTRUM DIS-**  
 20 **ORDERS PREVENTION AND SERVICES PRO-**  
 21 **GRAM**”;

22 (2) in section 399H (42 U.S.C. 280f)—

23 (A) in the section heading, by striking  
 24 “**ESTABLISHMENT OF FETAL ALCOHOL**  
 25 **SYNDROME PREVENTION**” and inserting

1           **“FETAL ALCOHOL SPECTRUM DISORDERS**  
 2           **PREVENTION, INTERVENTION,”;**

3           (B) by striking “Fetal Alcohol Syndrome  
 4           and Fetal Alcohol Effect” each place it appears  
 5           and inserting “FASD”;

6           (C) in subsection (a)—

7           (i) by amending the heading to read  
 8           as follows: “IN GENERAL”;

9           (ii) in the matter preceding paragraph  
 10          (1)—

11           (I) by inserting “or continue ac-  
 12           tivities to support” after “shall estab-  
 13           lish”;

14           (II) by striking “FASD” (as  
 15           amended by subparagraph (B)) and  
 16           inserting “fetal alcohol spectrum dis-  
 17           orders (referred to in this section as  
 18           ‘FASD’)”;

19           (III) by striking “prevention,  
 20           intervention” and inserting “aware-  
 21           ness, prevention, identification, inter-  
 22           vention,”; and

23           (IV) by striking “that shall” and  
 24           inserting “; which may”;

25           (iii) in paragraph (1)—

1 (I) in subparagraph (A)—

2 (aa) by striking “medical  
3 schools” and inserting “health  
4 professions schools”; and

5 (bb) by inserting “infants,”  
6 after “provision of services for”;  
7 and

8 (II) in subparagraph (D), by  
9 striking “medical and mental” and in-  
10 sserting “agencies providing”;

11 (iv) in paragraph (2)—

12 (I) in the matter preceding sub-  
13 paragraph (A), by striking “a preven-  
14 tion and diagnosis program to support  
15 clinical studies, demonstrations and  
16 other research as appropriate” and in-  
17 sserting “supporting and conducting  
18 research on FASD, as appropriate, in-  
19 cluding”;

20 (II) in subparagraph (B)—

21 (aa) by striking “prevention  
22 services and interventions for  
23 pregnant, alcohol-dependent  
24 women” and inserting “culturally  
25 and linguistically informed evi-

1                   dence-based or practice-based  
2                   interventions and appropriate so-  
3                   cietal supports for preventing  
4                   prenatal alcohol exposure, which  
5                   may co-occur with exposure to  
6                   other substances”; and

7                                   (bb) by striking “; and” and  
8                   inserting a semicolon;

9                                   (v) by striking paragraph (3) and in-  
10                   serting the following:

11                   “(3) integrating into surveillance practice an  
12                   evidence-based standard case definition for FASD  
13                   and, in collaboration with other Federal and outside  
14                   partners, support organizations of appropriate med-  
15                   ical and mental health professionals in their develop-  
16                   ment and refinement of evidence-based clinical diag-  
17                   nostic guidelines and criteria for all FASD; 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.”; and

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 screening tools and  
7 culturally and linguistically appropriate evidence-  
8 based intervention services and best practices, which  
9 may include by conducting national, regional, State,  
10 Tribal, or peer cross-State webinars, workshops, or  
11 conferences for training community leaders, medical  
12 and mental health and substance use disorder pro-  
13 fessionals, education and disability professionals,  
14 families, law enforcement personnel, judges, individ-  
15 uals working in financial assistance programs, social  
16 service personnel, child welfare professionals, and  
17 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 recipients  
23 of grants, cooperative agreements, or contracts  
24 under section 399H, as appropriate.

1           “(7) Carrying out other functions, as appro-  
2           priate.

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

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

13                 “(1) Prevention activities.

14                 “(2) Screening and identification.

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

18                 “(4) Intervention services.

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

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

23                 (b) REPORT.—Not later than 4 years after the date  
24                 of enactment of this Act, the Secretary of Health and  
25                 Human Services shall submit to the Committee on Health,

1 Education, Labor, and Pensions of the Senate and the  
 2 Committee on Energy and Commerce of the House of  
 3 Representatives a report on the efforts of the Department  
 4 of Health and Human Services to advance public aware-  
 5 ness on, and facilitate the identification of best practices  
 6 related to, fetal alcohol spectrum disorders identification,  
 7 prevention, treatment, and support.

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

11 **SEC. 111. PROMOTING STATE CHOICE IN PDMP SYSTEMS.**

12 Section 399O(h) of the Public Health Service Act (42  
 13 U.S.C. 280g–3(h)) is amended by adding the following:

14 “(5) PROMOTING STATE CHOICE.—Nothing in  
 15 this section shall be construed to authorize the Sec-  
 16 retary to require States to use a specific vendor or  
 17 a specific interoperability connection other than to  
 18 align with nationally recognized, consensus-based  
 19 open standards, such as in accordance with sections  
 20 3001 and 3004.”.

21 **TITLE II—TREATMENT**

22 **SEC. 201. RESIDENTIAL TREATMENT PROGRAM FOR PREG-**  
 23 **NANT AND POSTPARTUM WOMEN.**

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

1           (1) in subsection (d)(11)(C), by striking “pro-  
 2           viding health services” and inserting “providing  
 3           health care services”;

4           (2) in subsection (g)—

5                 (A) by inserting “a plan describing” after  
 6                 “will provide”; and

7                 (B) by adding at the end the following:  
 8                 “Such plan may include a description of how  
 9                 such applicant will target outreach to women  
 10                 disproportionately impacted by maternal sub-  
 11                 stance use disorder.”; and

12           (3) in subsection (s), by striking “\$29,931,000  
 13           for each of fiscal years 2019 through 2023” and in-  
 14           serting “\$38, 931,000 for each of fiscal years 2024  
 15           through 2028”.

16 **SEC. 202. LOAN REPAYMENT PROGRAM FOR SUBSTANCE**  
 17 **USE DISORDER TREATMENT WORKFORCE.**

18           Section 781(j) of the Public Health Service Act (42  
 19 U.S.C. 295h(j)) is amended by striking “\$25,000,000 for  
 20 each of fiscal years 2019 through 2023” and inserting  
 21 “\$50,000,000 for each of fiscal years 2024 through  
 22 2028”.

1 **SEC. 203. REGIONAL CENTERS OF EXCELLENCE IN SUB-**  
 2 **STANCE USE DISORDER EDUCATION.**

3 Section ~~551~~ of the Public Health Service Act (42  
 4 U.S.C. ~~290ee-6~~) is amended by striking subsection (f).

5 **SEC. 204. MENTAL AND BEHAVIORAL HEALTH EDUCATION**  
 6 **AND TRAINING PROGRAM.**

7 Section ~~756(f)~~ of the Public Health Service Act (42  
 8 U.S.C. ~~294e-1(f)~~) is amended to read as follows:

9 “(f) AUTHORIZATION OF APPROPRIATIONS.—To  
 10 carry out this section, there is authorized to be appro-  
 11 priated the following:

12 “(1) \$50,000,000 for fiscal year 2024, to be al-  
 13 located as follows:

14 “(A) For grants described in subsection  
 15 (a)(1), \$15,000,000.

16 “(B) For grants described in subsection  
 17 (a)(2), \$15,000,000.

18 “(C) For grants described in subsection  
 19 (a)(3), \$10,000,000.

20 “(D) For grants described in subsection  
 21 (a)(4), \$10,000,000.

22 “(2) \$55,000,000 for fiscal year 2025, to be al-  
 23 located as follows:

24 “(A) For grants described in subsection  
 25 (a)(1), \$16,500,000.



1           “(B) For grants described in subsection  
2           (a)(2), \$16,500,000.

3           “(C) For grants described in subsection  
4           (a)(3), \$11,000,000.

5           “(D) For grants described in subsection  
6           (a)(4), \$11,000,000.

7           “(3) \$60,000,000 for fiscal year 2026, to be al-  
8           located as follows:

9           “(A) For grants described in subsection  
10           (a)(1), \$18,000,000.

11           “(B) For grants described in subsection  
12           (a)(2), \$18,000,000.

13           “(C) For grants described in subsection  
14           (a)(3), \$12,000,000.

15           “(D) For grants described in subsection  
16           (a)(4), \$12,000,000.

17           “(4) \$65,000,000 for fiscal year 2027, to be al-  
18           located as follows:

19           “(A) For grants described in subsection  
20           (a)(1), \$19,500,000.

21           “(B) For grants described in subsection  
22           (a)(2), \$19,500,000.

23           “(C) For grants described in subsection  
24           (a)(3), \$13,000,000.

1           “(D) For grants described in subsection  
2           (a)(4), \$13,000,000.

3           ~~“(5) \$75,000,000 for fiscal year 2028, to be al-~~  
4           located as follows:

5           “(A) For grants described in subsection  
6           (a)(1), \$22,500,000.

7           “(B) For grants described in subsection  
8           (a)(2), \$22,500,000.

9           “(C) For grants described in subsection  
10          (a)(3), \$15,000,000.

11          “(D) For grants described in subsection  
12          (a)(4), \$15,000,000.”.

13 **SEC. 205. GRANTS TO ENHANCE ACCESS TO SUBSTANCE**  
14 **USE DISORDER TREATMENT.**

15          Section ~~3203~~ of the SUPPORT for Patients and  
16 Communities Act (21 U.S.C. ~~823~~ note) is amended—

17               (1) by striking subsection (b); and

18               (2) by striking “IN GENERAL—The Secretary”

19          and inserting the following:

20          “The Secretary”.

1 **SEC. 206. GRANTS TO IMPROVE TRAUMA SUPPORT SERV-**  
 2 **ICES AND MENTAL HEALTH CARE FOR CHIL-**  
 3 **DREN AND YOUTH IN EDUCATIONAL SET-**  
 4 **TINGS.**

5 Section 7134 of the SUPPORT for Patients and  
 6 Communities Act (42 U.S.C. 280h-7) is amended—

7 (1) in subsection (a), by striking “tribal” and  
 8 inserting “Tribal”;

9 (2) in subsection (c)—

10 (A) in paragraph (1), by inserting “early  
 11 intervention,” after “screening,”;

12 (B) in paragraph (3)—

13 (i) in the matter preceding subpara-  
 14 graph (A), by inserting “other staff,” after  
 15 “support personnel,”; and

16 (ii) in subparagraph (A), by striking  
 17 “social and emotional learning” and insert-  
 18 ing “developmentally appropriate prac-  
 19 tices”; and

20 (C) in paragraph (5), by inserting “reduce  
 21 stigma associated with mental health care and”  
 22 after “efforts to”;

23 (3) in subsection (d)—

24 (A) in paragraph (4)—

25 (i) in subparagraph (A), by striking “;  
 26 and” and inserting a semicolon;

1 (ii) in subparagraph (B)—

2 (I) by striking “tribal organiza-  
3 tions as appropriate; other school per-  
4 sonnel” and inserting “Tribal organi-  
5 zations as appropriate; other staff”;  
6 and

7 (II) by striking the period and  
8 inserting “; and”; and

9 (iii) by adding at the end the fol-  
10 lowing:

11 “(C) parents and guardians will be in-  
12 formed of what trauma support services and  
13 mental health care are available to their stu-  
14 dents and what services and care their students  
15 receive, in accordance with the parental consent  
16 requirements under subsection (h)(2).”; and

17 (B) by adding at the end the following:

18 “(7) A plan for sustaining the program fol-  
19 lowing the end of the award period.”;

20 (4) in subsection (f)(1), by inserting “, which  
21 shall include a description of how the school obtains  
22 consent from the student’s parent or guardian for  
23 the provision of trauma support services and mental  
24 health care” after “this section”;

1           (5) in subsection (g), by striking “tribal” and  
2 inserting “Tribal”;

3           (6) in subsection (h)—

4           (A) in the subsection heading, by inserting  
5 “; APPLICATION OF CERTAIN PROVISIONS”  
6 after “CONSTRUCTION”;

7           (B) by striking “tribal” each place it ap-  
8 pears and inserting “Tribal”;

9           (C) by redesignating paragraphs (1) and  
10 (2) as subparagraphs (A) and (B), respectively,  
11 and adjusting the margins accordingly;

12           (D) by striking “Nothing in this section”  
13 and inserting the following:

14           “(1) IN GENERAL.—Nothing in this section”;

15           and

16           (E) by adding at the end the following:

17           “(2) APPLICATION OF PROVISIONS.—

18           “(A) RULES.—Section 4001 of the Ele-  
19 mentary and Secondary Education Act of 1965  
20 (not including the exception under subsection  
21 (a)(2)(B)(i) of such section) shall apply to an  
22 entity receiving a grant, contract, or cooperative  
23 agreement under this section in the same man-  
24 ner as such section 4001 applies to an entity  
25 receiving funding under title IV of such Act.

1           “(B) **PRIVACY PROTECTIONS.**—Any edu-  
 2           cation record of a student collected or main-  
 3           tained under subsection (c)(4) shall have the  
 4           protections required for education records  
 5           under section 444 of the General Education  
 6           Provisions Act.”.

7           (7) in subsection (k)—

8           (A) by redesignating paragraphs (5)  
 9           through (11) as paragraphs (6) through (12),  
 10          respectively; and

11          (B) by inserting after paragraph (4) the  
 12          following:

13          “(5) **OTHER STAFF.**—The term ‘other staff’ has  
 14          the meaning given such term in section 8101 of the  
 15          Elementary and Secondary Education Act of 1965.”;  
 16          and

17          (8) in subsection (l), by striking “2019 through  
 18          2023” and inserting “2024 through 2028”.

19   **SEC. 207. DEVELOPMENT AND DISSEMINATION OF MODEL**  
 20                   **TRAINING PROGRAMS FOR SUBSTANCE USE**  
 21                   **DISORDER PATIENT RECORDS.**

22          Section 7053 of the **SUPPORT** for Patients and  
 23          Communities Act (42 U.S.C. 290dd–2 note) is amended  
 24          by striking subsection (e).

1 **SEC. 208. TASK FORCE ON BEST PRACTICES FOR TRAUMA-**  
 2 **INFORMED IDENTIFICATION, REFERRAL, AND**  
 3 **SUPPORT.**

4 Section 7132 of the SUPPORT for Patients and  
 5 Communities Act (Public Law 115–271; 132 Stat. 4046)  
 6 is amended—

7 (1) in subsection (b)(1)—

8 (A) by redesignating subparagraph (CC) as  
 9 subparagraph (DD); and

10 (B) by inserting after subparagraph (BB)  
 11 the following:

12 “(CC) The Administration for Community  
 13 Living.”;

14 (2) in subsection (d)(1), in the matter pre-  
 15 ceding subparagraph (A), by inserting “, develop-  
 16 mental disability service providers” before “, individ-  
 17 uals who are”; and

18 (3) in subsection (i), by striking “2023” and in-  
 19 serting “2028”.

20 **SEC. 209. PROGRAM TO SUPPORT COORDINATION AND**  
 21 **CONTINUATION OF CARE FOR DRUG OVER-**  
 22 **DOSE PATIENTS.**

23 Section 7081 of the SUPPORT for Patients and  
 24 Communities Act (42 U.S.C. 290dd–4) is amended by  
 25 striking subsection (f).

1 **SEC. 210. REGULATIONS RELATING TO SPECIAL REGISTRA-**  
 2 **TION FOR TELEMEDICINE.**

3 Not later than 1 year after the date of enactment  
 4 of this Act, the Attorney General, in consultation with the  
 5 Secretary of Health and Human Services, shall promul-  
 6 gate the final regulations required under section 311(h)(2)  
 7 of the Controlled Substances Act (21 U.S.C. 831(h)(2)).

8 **SEC. 211. 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 Retirement  
 24 Income Security Act of 1974 (29 U.S.C.  
 25 1185a(a)(8)), and section 9812(a)(8) of the Internal  
 26 Revenue Code of 1986 (referred to in this section as



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

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

1 Wellstone and Pete Domenici Mental Health Parity  
 2 and Addiction Equity Act of 2008 (Public Law 110–  
 3 460), the 21st Century Cures Act (Public Law 114–  
 4 255), and the Consolidated Appropriations Act,  
 5 2023 (Public Law 117–328) (including any amend-  
 6 ments made by such Acts), and including with re-  
 7 spect to the timing of all actions, delays of any ac-  
 8 tions, reasons for any such delays, mandated re-  
 9 quirements that were met only once but not each  
 10 time such requirements were mandated.

11 (b) DEFINITIONS.—In this section, the terms “group  
 12 health plan” and “health insurance issuer” have the  
 13 meanings given such terms in section 733 of the Employee  
 14 Retirement Income Security Act of 1974 (29 U.S.C.  
 15 1191b).

16 **SEC. 212. STATE GUIDANCE RELATED TO INDIVIDUALS**  
 17 **WITH SERIOUS MENTAL ILLNESS AND CHIL-**  
 18 **DREN WITH SERIOUS EMOTIONAL DISTURB-**  
 19 **ANCE.**

20 (a) REVIEW OF USE OF CERTAIN FUNDING.—Not  
 21 later than 1 year after the date of enactment of this Act,  
 22 the Secretary of Health and Human Services, acting  
 23 through the Assistant Secretary for Mental Health and  
 24 Substance Use, shall conduct a review of the use by States  
 25 of funds made available under the Community Mental

1 Health Services Block Grant program under subpart I of  
2 part B of title XIX of the Public Health Service Act (42  
3 U.S.C. 300x et seq.) for First Episode Psychosis activities.

4 Such review shall consider the following:

5           (1) How the States use funds for evidence-  
6           based treatments and services, such as coordinated  
7           specialty care, according to the standard of care for  
8           individuals with early serious mental illness, includ-  
9           ing the comprehensiveness of such treatments to in-  
10          clude all aspects of the recommended intervention.

11          (2) How State mental health departments co-  
12          ordinate with State Medicaid departments in the de-  
13          livery of the treatments and services described in  
14          paragraph (1).

15          (3) The percentage of the State funding under  
16          the block grant program that is applied toward early  
17          serious mental illness and funding in excess of, or  
18          under, 10 percent of the amount of the grant, bro-  
19          ken down by State.

20          (4) The percentage of funds expended by States  
21          through such block grant program specifically on  
22          First Episode Psychosis, to the extent such informa-  
23          tion is available.

1           (5) How many individuals are served by the ex-  
2           penditures described in paragraph (3) and (4), on a  
3           per-capita basis.

4           (6) How the funds are used to reach under-  
5           served populations, including rural populations and  
6           racial and ethnic minority populations.

7           (b) REPORT AND GUIDANCE.—

8           (1) REPORT.—Not later than 6 months after  
9           the completion of the review under subsection (a),  
10          the Secretary of Health and Human Services, acting  
11          through the Assistant Secretary for Mental Health  
12          and Substance Use, shall submit to the Committee  
13          on Appropriations, the Committee on Health, Edu-  
14          cation, Labor, and Pensions, and the Committee on  
15          Finance of the Senate and to the Committee on Ap-  
16          propriations and the Committee on Energy and  
17          Commerce of the House of Representatives a report  
18          on the findings made as a result of the review con-  
19          ducted under subsection (a). Such report shall in-  
20          clude any recommendations with respect to any  
21          changes to the Community Mental Health Services  
22          Block Grant program under subpart I of part B of  
23          title XIX of the Public Health Service Act (42  
24          U.S.C. 300x et seq.); including the set aside re-  
25          quired for First Episode Psychosis, that would facili-

1       tate improved outcomes for the targeted population  
2       involved.

3           (2) GUIDANCE.—Not later than 1 year after  
4       the date on which the report is submitted under  
5       paragraph (1), the Secretary of Health and Human  
6       Services, acting through the Assistant Secretary for  
7       Mental Health and Substance Use, shall update the  
8       guidance provided to States under the Community  
9       Mental Health Services Block Grant program based  
10      on the findings and recommendations of the report.

11      (e) ADDITIONAL GUIDANCE.—The Director of the  
12      National Institute of Mental Health shall coordinate with  
13      the Assistant Secretary for Mental Health and Substance  
14      Use in providing guidance to State grantees and provider  
15      subgrantees about research advances in the delivery of  
16      services for First Episode Psychosis under the Community  
17      Mental Health Services Block Grant program.

18      (d) GUIDANCE FOR STATES RELATING TO HEALTH  
19      CARE SERVICES AND INTERVENTIONS FOR INDIVIDUALS  
20      WITH SERIOUS MENTAL ILLNESS AND CHILDREN WITH  
21      SERIOUS EMOTIONAL DISTURBANCE.—Not later than 2  
22      years after the date of enactment of this Act, the Assistant  
23      Secretary for Mental Health and Substance Use, jointly  
24      with the Administrator of the Centers for Medicare &

1 Medicaid Services and the Director of the National Insti-  
2 tute of Mental Health—

3           (1) shall provide updated guidance to States  
4           concerning the manner in which Federal funding  
5           provided to States through programs administered  
6           by such agencies, including the Community Mental  
7           Health Services Block Grant program under subpart  
8           I of part B of title XIX of the Public Health Service  
9           Act (42 U.S.C. 300x et seq.), may be coordinated to  
10          provide evidence-based health care services such as  
11          coordinated specialty care to individuals with serious  
12          mental illness and serious emotional disturbance,  
13          and interventions for individuals with early serious  
14          mental illness, including First Episode Psychosis;  
15          and

16          (2) may streamline relevant State reporting re-  
17          quirements if such streamlining would result in mak-  
18          ing it easier for States to coordinate funding under  
19          the programs described in paragraph (1) to improve  
20          treatments for individuals with serious mental illness  
21          and serious emotional disturbance.

22 **SEC. 213. IMPROVING ACCESS TO ADDICTION MEDICINE**  
23 **PROVIDERS.**

24          Section 597 of the Public Health Service Act (42  
25 U.S.C. 2901) is amended—



1           (1) in subsection (a)(1), by inserting “diag-  
2           nosis,” after “related to”; and

3           (2) in subsection (b), by inserting “addiction  
4           medicine,” after “psychiatry.”

### 5           **TITLE III—RECOVERY**

#### 6           **SEC. 301. YOUTH PREVENTION AND RECOVERY.**

7           Section 7102(e) of the SUPPORT for Patients and  
8           Communities Act (~~42 U.S.C. 290bb–7a(e)~~) is amended—

9           (1) in paragraph (2)—

10           (A) in subparagraph (A)—

11           (i) in clause (i)—

12           (I) by inserting “, or a consortia  
13           of local educational agencies,” after  
14           “a local educational agency”; and

15           (II) by striking “high schools”  
16           and inserting “secondary schools”;  
17           and

18           (ii) in clause (vi), by striking “tribe,  
19           or tribal” and inserting “Tribe, or Tribal”;

20           (B) by amending subparagraph (E) to read  
21           as follows:

22           “(E) INDIAN TRIBE; TRIBAL ORGANIZA-  
23           TION.—The terms ‘Indian Tribe’ and ‘Tribal  
24           organization’ have the meanings given such  
25           terms in section 4 of the Indian Self-Deter-

1 mination and Education Assistance Act (25  
2 U.S.C. 5304).”;

3 (C) by redesignating subparagraph (K) as  
4 subparagraph (L); and

5 (D) by inserting after subparagraph (J)  
6 the following:

7 “(K) SECONDARY SCHOOL.—The term  
8 ‘secondary school’ has the meaning given such  
9 term in section 8101 of the Elementary and  
10 Secondary Education Act of 1965 (20 U.S.C.  
11 7801).”;

12 (2) in paragraph (3)(A), in the matter pre-  
13 ceeding clause (i)—

14 (A) by striking “and abuse”; and

15 (B) by inserting “at increased risk for sub-  
16 stance misuse” after “specific populations”;

17 (3) in paragraph (4)—

18 (A) in the matter preceding subparagraph  
19 (A), by striking “Indian tribes” and inserting  
20 “Indian Tribes”;

21 (B) in subparagraph (A), by striking “and  
22 abuse”; and

23 (C) in subparagraph (B), by striking “peer  
24 mentoring” and inserting “peer-to-peer sup-  
25 port”;

1 (4) in paragraph (5), by striking “tribal” and  
2 inserting “Tribal”;

3 (5) in paragraph (6)(A)—

4 (A) in clause (iv), by striking “; and” and  
5 inserting a semicolon; and

6 (B) by adding at the end the following:

7 “(vi) a plan to sustain the activities  
8 carried out under the grant program, after  
9 the grant program has ended; and”;

10 (6) in paragraph (8), by striking “2022” and  
11 inserting “2027”; and

12 (7) by amending paragraph (9) to read as fol-  
13 lows:

14 “(9) AUTHORIZATION OF APPROPRIATIONS.—

15 To carry out this subsection, there are authorized to  
16 be appropriated \$10,000,000 for fiscal year 2024,  
17 \$12,000,000 for fiscal year 2025, \$14,000,000 for  
18 fiscal year 2026, \$16,000,000 for fiscal year 2027,  
19 and \$18,000,000 for fiscal year 2028.”

20 **SEC. 302. COMPREHENSIVE OPIOID RECOVERY CENTERS.**

21 Section 552 of the Public Health Service Act (42  
22 U.S.C. 290ee-7) is amended—

23 (1) in subsection (d)(2)—

24 (A) in the matter preceding subparagraph

25 (A), by striking “and in such manner” and in-

1           serting “, in such manner, and containing such  
2           information and assurances”; and

3           (B) in subparagraph (A), by striking “is  
4           capable of coordinating with other entities to  
5           carry out” and inserting “has the demonstrated  
6           capability to carry out, through referral or con-  
7           tractual arrangements”;

8           (2) in subsection (h)—

9           (A) by redesignating paragraphs (1)  
10          through (4) as subparagraphs (A) through (D),  
11          respectively, and adjusting the margins accord-  
12          ingly;

13          (B) by striking “With respect to” and in-  
14          serting the following:

15          “(1) IN GENERAL.—With respect to”; and

16          (C) by adding at the end the following:

17          “(2) ADDITIONAL REPORTING FOR CERTAIN EL-  
18          IGIBLE ENTITIES.—An entity carrying out activities  
19          described in subsection (g) through referral or con-  
20          tractual arrangements shall include in the submis-  
21          sions required under paragraph (1) information re-  
22          lated to the status of such referrals or contractual  
23          arrangements, including an assessment of whether  
24          such referrals or contractual arrangements are sup-

1 porting the ability of such entity to carry out such  
2 activities.”; and

3 ~~(3)~~ in subsection (j), by striking “2019 through  
4 2023” and inserting “2024 through 2028”.

5 **SEC. 303. BUILDING COMMUNITIES OF RECOVERY.**

6 Section 547(f) of the Public Health Service Act (42  
7 U.S.C. 290ee-2(f)) is amended by striking “\$5,000,000  
8 for each of fiscal years 2019 through 2023” and inserting  
9 “\$16,000,000 for each of fiscal years 2024 through  
10 2028”.

11 **SEC. 304. PEER SUPPORT TECHNICAL ASSISTANCE CEN-**  
12 **TER.**

13 Section 547A of the Public Health Service Act (42  
14 U.S.C. 290ee-2a) is amended—

15 ~~(1)~~ in subsection (b)(4), by striking “building;  
16 and” and inserting the following: “building, such  
17 as—

18 “(A) professional development of peer sup-  
19 port specialists; and

20 “(B) making recovery support services  
21 available in nonclinical settings; and”;

22 ~~(2)~~ by redesignating subsections (d) and (e) as  
23 subsections (e) and (f), respectively;

24 ~~(3)~~ by inserting after subsection (e) the fol-  
25 lowing:

1 “(d) PILOT PROGRAM.—

2 “(1) IN GENERAL.—The Secretary shall carry  
3 out a pilot program to establish one regional tech-  
4 nical assistance center (referred to in this subsection  
5 as the ‘Regional Center’) to assist the Center in ear-  
6 rying out activities described in subsection (b) within  
7 the geographic region of such Regional Center in a  
8 manner that is tailored to the needs of such region.

9 “(2) EVALUATION.—Not later than 4 years  
10 after the date of enactment of the SUPPORT for  
11 Patients and Communities Reauthorization Act, the  
12 Secretary shall evaluate the activities of the Regional  
13 Center and 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 the findings of  
17 such evaluation, including—

18 “(A) a description of the distinct roles and  
19 responsibilities of the Regional Center and the  
20 Center;

21 “(B) available information relating to the  
22 outcomes of the pilot program under this sub-  
23 section, such as any impact the Regional Center  
24 had on the operations and efficiency of the Cen-  
25 ter relating to requests for technical assistance

1 and support within the region of such Regional  
2 Center;

3 “(C) a description of any gaps or areas of  
4 duplication relating to the activities of the Re-  
5 gional Center and the Center within such re-  
6 gion; and

7 “(D) recommendations relating to the  
8 modification, expansion, or termination of the  
9 pilot program under this subsection.

10 “(3) **TERMINATION.**—This subsection shall ter-  
11 minate on September 30, 2028.”; and

12 (4) in subsection (f), as so redesignated, by  
13 striking “\$1,000,000 for each of fiscal years 2019  
14 through 2023” and inserting “\$2,000,000 for each  
15 of fiscal years 2024 through 2028”.

16 **SEC. 305. CAREER ACT.**

17 (a) **IN GENERAL.**—Section 7183 of the SUPPORT  
18 for Patients and Communities Act (42 U.S.C. 290ee–8)  
19 is amended—

20 (1) in the section heading, by inserting “;  
21 **TREATMENT, RECOVERY, AND WORKFORCE**  
22 **SUPPORT GRANTS”** after “**CAREER ACT”**;

23 (2) in subsection (b), by inserting “each” before  
24 “for a period”;

25 (3) in subsection (c)—

1           (A) in paragraph (1), by striking “the  
2 rates described in paragraph (2)” and inserting  
3 “the average rates for calendar years 2018  
4 through 2022 described in paragraph (2)”; and

5           (B) by amending paragraph (2) to read as  
6 follows:

7           “(2) RATES.—The rates described in this para-  
8 graph are the following:

9           “(A) The highest age-adjusted average  
10 rates of drug overdose deaths for calendar years  
11 2018 through 2022 based on data from the  
12 Centers for Disease Control and Prevention, in-  
13 cluding, if necessary, provisional data for cal-  
14 endar year 2022.

15           “(B) The highest average rates of unem-  
16 ployment for calendar years 2018 through 2022  
17 based on data provided by the Bureau of Labor  
18 Statistics.

19           “(C) The lowest average labor force par-  
20 ticipation rates for calendar years 2018 through  
21 2022 based on data provided by the Bureau of  
22 Labor Statistics.”;

23           (4) in subsection (g)—

24           (A) in each of paragraphs (1) and (3), by  
25 redesignating subparagraphs (A) and (B) as



1 clauses (i) and (ii), respectively, and adjusting  
2 the margins accordingly;

3 (B) by redesignating paragraphs (1)  
4 through (3) as subparagraphs (A) through (C),  
5 respectively, and adjusting the margins accord-  
6 ingly;

7 (C) in the matter preceding subparagraph  
8 (A) (as so redesignated), by striking “An enti-  
9 ty” and inserting the following:

10 “(1) IN GENERAL.—An entity”; and

11 (D) by adding at the end the following:

12 “(2) TRANSPORTATION SERVICES.—An entity  
13 receiving a grant under this section may use not  
14 more than 5 percent of the funds for providing  
15 transportation for individuals to participate in an ac-  
16 tivity supported by a grant under this section, which  
17 transportation shall be to or from a place of work  
18 or a place where the individual is receiving career  
19 and technical education or job training services or  
20 receiving services directly linked to treatment of or  
21 recovery from a substance use disorder.

22 “(3) LIMITATION.—The Secretary may not re-  
23 quire an entity to, or give priority to an entity that  
24 plans to, use the funds of a grant under this section

1 for activities that are not specified in this sub-  
2 section.”;

3 (5) in subsection (i)(2), by inserting “, which  
4 shall include employment and earnings outcomes de-  
5 scribed in subclauses (I) and (III) of section  
6 116(b)(2)(A)(i) of the Workforce Innovation and  
7 Opportunity Act (29 U.S.C. 3141(b)(2)(A)(i)) with  
8 respect to the participation of such individuals with  
9 a substance use disorder in programs and activities  
10 funded by the grant under this section” after “sub-  
11 section (g)”;

12 (6) in subsection (j)—

13 (A) in paragraph (1), by inserting “for  
14 grants awarded prior to the date of enactment  
15 of the SUPPORT for Patients and Commu-  
16 nities Reauthorization Act” after “grant period  
17 under this section”; and

18 (B) in paragraph (2)—

19 (i) in the matter preceding subpara-  
20 graph (A), by striking “2 years after sub-  
21 mitting the preliminary report required  
22 under paragraph (1)” and inserting “Sep-  
23 tember 30, 2028”; and

24 (ii) in subparagraph (A), by striking  
25 “(g)(3)” and inserting “(g)(1)(C)”; and

1           (7) in subsection (k), by striking “\$5,000,000  
2           for each of fiscal years 2019 through 2023” and in-  
3           serting “\$12,000,000 for each of fiscal years 2024  
4           through 2028”.

5           (b) **CLERICAL AMENDMENT.**—The table of contents  
6 in section 1(b) of the SUPPORT for Patients and Com-  
7 munities Act (Public Law 115–271; 132 Stat. 3894) is  
8 amended by striking the item relating to section 7183 and  
9 inserting the following:

“Sec. 7183. CAREER Act; treatment, recovery, and workforce support  
grants.”.

10 **SEC. 306. OFFICE OF RECOVERY.**

11           Part A of title V of the Public Health Service Act  
12 (42 U.S.C. 290aa et seq.) is amended by inserting after  
13 section 501C (42 U.S.C. 290aa–0b) the following:

14 **“SEC. 501D. OFFICE OF RECOVERY.**

15           “(a) **IN GENERAL.**—There is established, within the  
16 Substance Abuse and Mental Health Services Administra-  
17 tion, an Office of Recovery (referred to in this section as  
18 the ‘Office’).

19           “(b) **RESPONSIBILITIES.**—The Office shall, taking  
20 into account the perspectives of individuals with dem-  
21 onstrated experience in mental health or substance use  
22 disorder recovery—

23           “(1) identify new and emerging challenges re-  
24           lated to the provision of recovery support services;

1           “(2) support technical assistance, data analysis,  
2           and evaluation functions in order to assist States,  
3           local governmental entities, Indian Tribes, and Trib-  
4           al organizations in implementing and strengthening  
5           recovery support services, consistent with the needs  
6           of such States, local governmental entities, Indian  
7           Tribes, and Tribal organizations; and

8           “(3) ensure coordination of efforts to identify,  
9           disseminate, and evaluate best practices related to—

10                   “(A) improving the capacity of, and access  
11                   to, recovery support services; and

12                   “(B) supporting the training, education,  
13                   professional development, and retention of peer  
14                   support specialists.

15           “(e) REPORT.—Not later than 4 years after the date  
16 of enactment of the SUPPORT for Patients and Commu-  
17 nities Reauthorization Act, the Assistant Secretary for  
18 Mental Health and Substance Use shall submit to the  
19 Committee on Health, Education, Labor, and Pensions of  
20 the Senate and the Committee on Energy and Commerce  
21 of the House of Representatives a report on the activities  
22 conducted by the Office, including—

23                   “(1) a description of the specific roles and re-  
24                   sponsibilities of the Office;

1           “(2) a description of the relationship between  
2           the Office and other relevant components or pro-  
3           grams of the Substance Abuse and Mental Health  
4           Services Administration;

5           “(3) the identification of any gaps in the activi-  
6           ties of the Substance Abuse and Mental Health  
7           Services Administration or challenges in coordina-  
8           tion between the Office and such relevant compo-  
9           nents or programs of such agency; and

10           “(4) recommendations related to the continued  
11           operations of the Office.

12           “(d) SUNSET.—This section shall cease to have force  
13           or effect on September 30, 2028.”.

## 14                           **TITLE IV—TECHNICAL** 15                           **AMENDMENTS**

16           **SEC. 401. DELIVERY OF A CONTROLLED SUBSTANCE BY A**  
17                           **PHARMACY TO AN ADMINISTERING PRACTI-**  
18                           **TIONER.**

19           Section 309A(a) of the Controlled Substances Act  
20           (~~21 U.S.C. 829a(a)~~) is amended by striking paragraph (2)  
21           and inserting the following:

22           “(2) the controlled substance is a drug in  
23           schedule III, IV, or V to be administered—

1           “(A) by injection or implantation for the  
2           purpose of maintenance or detoxification treat-  
3           ment; or

4           “(B) intranasally, subject to risk evalua-  
5           tion and mitigation strategy pursuant to section  
6           ~~505-1~~ of the Federal Food, Drug, and Cos-  
7           metic Act (~~21 U.S.C. 355-1~~), with post-admin-  
8           istration monitoring by a health care profes-  
9           sional;”.

10 **SEC. 402. TECHNICAL CORRECTION ON CONTROLLED SUB-**  
11 **STANCES DISPENSING.**

12           Effective as if included in the enactment of Public  
13 Law ~~117-328~~—

14           (1) section ~~1252(a)~~ of division FF of Public  
15 Law ~~117-328~~ (~~136 Stat. 5681~~) is amended, in the  
16 matter being inserted into section ~~302(e)~~ of the Con-  
17 trolled Substances Act, by striking “~~303(g)~~” and in-  
18 serting “~~303(h)~~”;

19           (2) section ~~1262~~ of division FF of Public Law  
20 ~~117-328~~ (~~136 Stat. 5681~~) is amended—

21           (A) in subsection (a)—

22           (i) in the matter preceding paragraph  
23 (1), by striking “~~303(g)~~” and inserting  
24 “~~303(h)~~”;

1           (ii) in the matter being stricken by  
2 subsection (a)(2), by striking “(g)(1)” and  
3 inserting “(h)(1)”; and

4           (iii) in the matter being inserted by  
5 subsection (a)(2), by striking “(g) Practi-  
6 tioners” and inserting “(h) Practitioners”;  
7 and

8 (B) in subsection (b)—

9           (i) in the matter being stricken by  
10 paragraph (1), by striking “303(g)(1)”  
11 and inserting “303(h)(1)”;  
12

13           (ii) in the matter being inserted by  
14 paragraph (1), by striking “303(g)” and  
15 inserting “303(h)”;  
16

17           (iii) in the matter being stricken by  
18 paragraph (2)(A), by striking “303(g)(2)”  
19 and inserting “303(h)(2)”;  
20

21           (iv) in the matter being stricken by  
22 paragraph (3), by striking “303(g)(2)(B)”  
23 and inserting “303(h)(2)(B)”;  
24

25           (v) in the matter being stricken by  
26 paragraph (5), by striking “303(g)” and  
27 inserting “303(h)”; and  
28

1 (vi) in the matter being stricken by  
 2 paragraph (6), by striking “303(g)” and  
 3 inserting “303(h)”; and

4 (3) section 1263(b) of division FF of Public  
 5 Law 117-328 (136 Stat. 5685) is amended—

6 (A) by striking “303(g)(2)” and inserting  
 7 “303(h)(2)”; and

8 (B) by striking “(21 U.S.C. 823(g)(2))”  
 9 and inserting “(21 U.S.C. 823(h)(2))”.

10 **SEC. 403. REQUIRED TRAINING FOR PRESCRIBERS OF CON-**  
 11 **TROLLED SUBSTANCES.**

12 (a) IN GENERAL.—Section 303 of the Controlled  
 13 Substances Act (21 U.S.C. 823) is amended—

14 (1) by redesignating the second subsection des-  
 15 ignated as subsection (l) as subsection (m); and

16 (2) in subsection (m)(1), as so redesignated—

17 (A) in subparagraph (A)—

18 (i) In clause (iv)—

19 (I) In subclause (I)—

20 (aa) by inserting “the Amer-  
 21 ican Academy of Family Physi-  
 22 cians, the American Podiatric  
 23 Medical Association, the Acad-  
 24 emy of General Dentistry,” be-  
 25 fore “or any other organization”;



1 (bb) by striking “or the  
2 Commission” and inserting “the  
3 Commission”; and

4 (cc) by inserting “, or the  
5 Council on Podiatric Medical  
6 Education” before the semicolon  
7 at the end; and

8 (II) in subclause (III), by insert-  
9 ing “or the American Academy of  
10 Family Physicians” after “Associa-  
11 tion”; and

12 (ii) in clause (v), in the matter pre-  
13 ceding subclause (I)—

14 (I) by striking “osteopathic medi-  
15 cine, dental surgery” and inserting  
16 “osteopathic medicine, podiatric medi-  
17 cine, dental surgery”; and

18 (II) by striking “or dental medi-  
19 cine curriculum” and inserting “or  
20 dental or podiatric medicine eur-  
21 riculum”; and

22 (B) in subparagraph (B)—

23 (i) in clause (i), by inserting “the  
24 American Pharmacists Association, the Ac-  
25 creditation Council on Pharmacy Edu-

1            eation, the American Optometric Associa-  
 2            tion, the American Psychiatric Nurses As-  
 3            sociation, the American Academy of Nurs-  
 4            ing, the American Academy of Family  
 5            Physicians” before “, or any other organi-  
 6            zation”; and

7                   (ii) in clause (ii)—

8                         (I) by striking “or accredited  
 9                         school” and inserting “, an accredited  
 10                        school”; and

11                        (II) by inserting “, or an accred-  
 12                        ited school of pharmacy” before “in  
 13                        the United States”.

14       (b) **EFFECTIVE DATE.**—The amendment made by  
 15       subsection (a) shall take effect as if enacted on December  
 16       29, 2022.

17       **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

18       (a) *SHORT TITLE.*—*This Act may be cited as the*  
 19       *“SUPPORT for Patients and Communities Reauthoriza-*  
 20       *tion Act”.*

21       (b) *TABLE OF CONTENTS.*—*The table of contents for*  
 22       *this Act is as follows:*

*Sec. 1. Short title; table of contents.*

*TITLE I—PREVENTION*

*Sec. 101. First responder training program.*

*Sec. 102. Surveillance and education regarding infections associated with illicit  
 drug use and other risk factors.*

*Sec. 103. Preventing overdoses of controlled substances.*

- Sec. 104. Pilot program for public health laboratories to detect fentanyl and other synthetic opioids.*
- Sec. 105. Prenatal and postnatal health.*
- Sec. 106. Donald J. Cohen National Child Traumatic Stress Initiative.*
- Sec. 107. Surveillance and data collection for child, youth, and adult trauma.*
- Sec. 108. Preventing adverse childhood experiences.*
- Sec. 109. Clarification of use of funds for products used to prevent overdose deaths.*
- Sec. 110. Support for individuals and families impacted by fetal alcohol spectrum disorder.*
- Sec. 111. Promoting State choice in PDMP systems.*
- Sec. 112. Protecting Suicide Prevention Lifeline from cybersecurity incidents.*
- Sec. 113. Bruce's Law.*
- Sec. 114. Guidance on at-home drug disposal systems.*
- Sec. 115. Review of opioid drugs and actions.*
- Sec. 116. Consideration of enriched enrollment randomized withdrawal methodology.*
- Sec. 117. Approval of new opioid analgesic drugs.*
- Sec. 118. Guidance on developing non-addictive medical products to treat pain or addiction.*
- Sec. 119. National Chronic Pain Information System.*
- Sec. 120. Requirements for electronic-prescribing for controlled substances under group health plans and group and individual health insurance coverage.*

#### TITLE II—TREATMENT

- Sec. 201. Residential treatment program for pregnant and postpartum women.*
- Sec. 202. Loan repayment program for substance use disorder treatment workforce.*
- Sec. 203. Regional centers of excellence in substance use disorder education.*
- Sec. 204. Mental and behavioral health education and training program.*
- Sec. 205. Grants to enhance access to substance use disorder treatment.*
- Sec. 206. Grants to improve trauma support services and mental health care for children and youth in educational settings.*
- Sec. 207. Development and dissemination of model training programs for substance use disorder patient records.*
- Sec. 208. Task force on best practices for trauma-informed identification, referral, and support.*
- Sec. 209. Program to support coordination and continuation of care for drug overdose patients.*
- Sec. 210. Regulations relating to special registration for telemedicine.*
- Sec. 211. Mental health parity.*
- Sec. 212. State guidance related to individuals with serious mental illness and children with serious emotional disturbance.*
- Sec. 213. Improving access to addiction medicine providers.*
- Sec. 214. Roundtable on using health information technology to improve mental health and substance use care outcomes.*
- Sec. 215. Peer-to-peer mental health support.*
- Sec. 216. Kid PROOF pilot program.*

#### TITLE III—RECOVERY

- Sec. 301. Youth prevention and recovery.*
- Sec. 302. Comprehensive opioid recovery centers.*
- Sec. 303. Building communities of recovery.*

Sec. 304. *Peer support technical assistance center.*

Sec. 305. *CAREER Act.*

Sec. 306. *Research and recommendations on criminal background check process for peer support specialists.*

Sec. 307. *Office of Recovery.*

Sec. 308. *Review of Grants.gov.*

*TITLE IV—TECHNICAL AMENDMENTS*

Sec. 401. *Delivery of a controlled substance by a pharmacy to an administering practitioner.*

Sec. 402. *Technical correction on controlled substances dispensing.*

Sec. 403. *Required training for prescribers of controlled substances.*

1                   **TITLE I—PREVENTION**

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

3           *Section 546 of the Public Health Service Act (42*  
4 *U.S.C. 290ee-1) is amended—*

5                   (1) *in subsection (a), by striking “tribes and*  
6 *tribal” and inserting “Tribes and Tribal”;*

7                   (2) *in subsections (a), (c), and (d)—*

8                           (A) *by striking “approved or cleared” each*  
9 *place it appears and inserting “approved,*  
10 *cleared, or otherwise legally marketed”;* and

11                           (B) *by striking “opioid” each place it ap-*  
12 *pears;*

13                   (3) *in subsection (f)—*

14                           (A) *by striking “approved or cleared” each*  
15 *place it appears and inserting “approved,*  
16 *cleared, or otherwise legally marketed”;*

17                           (B) *in paragraph (1), by striking “opioid”;*

18                           (C) *in paragraph (2)—*

1                   (i) by striking “opioid and heroin”  
2                   and inserting “opioid, heroin, and other  
3                   drug”; and

4                   (ii) by striking “opioid overdose” and  
5                   inserting “overdose”; and

6                   (D) in paragraph (3), by striking “opioid  
7                   and heroin”; and

8                   (4) in subsection (h), by striking “\$36,000,000  
9                   for each of fiscal years 2019 through 2023” and in-  
10                  serting “\$56,000,000 for each of fiscal years 2024  
11                  through 2028”.

12 **SEC. 102. SURVEILLANCE AND EDUCATION REGARDING IN-**  
13 **FECTIONS ASSOCIATED WITH ILLICIT DRUG**  
14 **USE AND OTHER RISK FACTORS.**

15                  Section 317N(d) of the Public Health Service Act (42  
16 U.S.C. 247b–15(d)) is amended by striking “2019 through  
17 2023” and inserting “2024 through 2028”.

18 **SEC. 103. PREVENTING OVERDOSES OF CONTROLLED SUB-**  
19 **STANCES.**

20                  Section 392A of the Public Health Service Act (42  
21 U.S.C. 280b–1) is amended—

22                   (1) in subsection (a)—

23                   (A) in paragraph (2)—

1                   (i) in subparagraph (C), by inserting  
2                   “and associated risks” before the period at  
3                   the end; and

4                   (ii) in subparagraph (D), by striking  
5                   “opioids” and inserting “substances causing  
6                   overdose”;

7                   (B) in paragraph (3)(A)—

8                   (i) by inserting “identify substances  
9                   causing overdose and” after “rapidly”; and

10                  (ii) by striking “abuse, and overdoses”  
11                  and inserting “overdoses, and associated  
12                  risk factors”;

13                  (2) in subsection (b)(2)—

14                  (A) in subparagraph (B), by inserting “,  
15                  and associated risk factors,” after “such  
16                  overdoses”;

17                  (B) in subparagraph (C), by striking “cod-  
18                  ing” and inserting “monitoring and identi-  
19                  fying”;

20                  (C) in subparagraph (E)—

21                  (i) by inserting a comma after “public  
22                  health laboratories”; and

23                  (ii) by inserting “and other emerging  
24                  substances related” after “analogues”; and

1           (D) in subparagraph (F,) by inserting “and  
2           associated risk factors” after “overdoses”; and  
3           (3) in subsection (e), by striking “\$496,000,000  
4           for each of fiscal years 2019 through 2023” and in-  
5           serting “\$505,579,000 for each of fiscal years 2024  
6           through 2028”.

7 **SEC. 104. PILOT PROGRAM FOR PUBLIC HEALTH LABORA-**  
8                                   **TORIES TO DETECT FENTANYL AND OTHER**  
9                                   **SYNTHETIC OPIOIDS.**

10           Section 7011 of the *SUPPORT for Patients and Com-*  
11 *munities Act* (42 U.S.C. 247d–10) is amended by striking  
12 *subsection (d).*

13 **SEC. 105. PRENATAL AND POSTNATAL HEALTH.**

14           Section 317L(d) of the *Public Health Service Act* (42  
15 *U.S.C. 247b–13(d)*) is amended by striking “2019 through  
16 2023” and inserting “2024 through 2028”.

17 **SEC. 106. DONALD J. COHEN NATIONAL CHILD TRAUMATIC**  
18                                   **STRESS INITIATIVE.**

19           Section 582 of the *Public Health Service Act* (42  
20 *U.S.C. 290hh–1*) is amended—

21           (1) in the section heading, by striking “**VIO-**  
22           **LENCE RELATED STRESS**” and inserting “**TRAU-**  
23           **MATIC EVENTS**”;

24           (2) in subsection (a)—

1           (A) in the matter preceding paragraph (1),  
2           by striking “tribes and tribal” and inserting  
3           “Tribes and Tribal”; and

4           (B) in paragraph (2), by inserting “and  
5           dissemination” after “the development”;

6           (3) in subsection (b), by inserting “and dissemi-  
7           nation” after “the development”;

8           (4) in subsection (d)—

9           (A) by striking “The NCTSI” and inserting  
10          the following:

11          “(1) COORDINATING CENTER.—The NCTSI”; and

12          (B) by adding at the end the following:

13          “(2) NCTSI GRANTEES.—In carrying out sub-  
14          section (a)(2), NCTSI grantees shall develop trainings  
15          and other resources, as applicable and appropriate, to  
16          support implementation of the evidence-based prac-  
17          tices developed and disseminated under such sub-  
18          section.”;

19          (5) in subsection (e)—

20          (A) by redesignating paragraphs (1) and  
21          (2) as subparagraphs (A) and (B), respectively,  
22          and adjusting the margins accordingly;

23          (B) in subparagraph (A), as so redesign-  
24          ated, by inserting “and implementation” after  
25          “the dissemination”;



1                   (C) by striking “The NCTSI” and inserting  
2                   the following:

3                   “(1) COORDINATING CENTER.—”; and

4                   (D) by adding at the end the following:

5                   “(2) NCTSI GRANTEEES.—NCTSI grantees shall,  
6                   as appropriate, collaborate with other such grantees,  
7                   the NCTSI coordinating center, and the Secretary in  
8                   carrying out subsections (a)(2) and (d)(2).”;

9                   (6) by amending subsection (h) to read as fol-  
10                  lows:

11                  “(h) APPLICATION AND EVALUATION.—To be eligible  
12                  to receive a grant, contract, or cooperative agreement under  
13                  subsection (a), a public or nonprofit private entity or an  
14                  Indian Tribe or Tribal organization shall submit to the  
15                  Secretary an application at such time, in such manner, and  
16                  containing such information and assurances as the Sec-  
17                  retary may require, including—

18                         “(1) a plan for the rigorous evaluation of the ac-  
19                         tivities funded under the grant, contract, or agree-  
20                         ment, including both process and outcomes evalua-  
21                         tion, and the submission of an evaluation at the end  
22                         of the project period; and

23                         “(2) a description of how such entity, Indian  
24                         Tribe, or Tribal organization will support efforts led  
25                         by the Secretary or the NCTSI coordinating center, as

1 applicable, to evaluate activities carried out under  
2 this section.”; and

3 (7) in subsection (j), by striking “, \$63,887,000  
4 for each of fiscal years 2019 through 2023” and in-  
5 serting “\$93,887,000 for each of fiscal years 2024 and  
6 2025, \$104,000,000 for fiscal year 2026, \$110,000,000  
7 for fiscal year 2027, and \$112,661,000 for fiscal year  
8 2028”.

9 **SEC. 107. SURVEILLANCE AND DATA COLLECTION FOR**  
10 **CHILD, YOUTH, AND ADULT TRAUMA.**

11 Section 7131(e) of the *SUPPORT for Patients and*  
12 *Communities Act* (42 U.S.C. 242t(e)) is amended by strik-  
13 ing “2019 through 2023” and inserting “2024 through  
14 2028”.

15 **SEC. 108. PREVENTING ADVERSE CHILDHOOD EXPERI-**  
16 **ENCES.**

17 (a) *GRANT PROGRAM.*—

18 (1) *IN GENERAL.*—*The Secretary of Health and*  
19 *Human Services (referred to in this section as the*  
20 *“Secretary”), acting through the Director of the Cen-*  
21 *ters for Disease Control and Prevention, may award*  
22 *grants or cooperative agreements to States, territories,*  
23 *Indian Tribes and Tribal organizations (as such*  
24 *terms are defined in section 4 of the Indian Self-De-*  
25 *termination and Education Assistance Act* (25 U.S.C.

1       5304)), and local governmental entities for purposes  
2       of carrying out public health activities to improve  
3       health outcomes by preventing or reducing adverse  
4       childhood experiences.

5               (2) *USE OF FUNDS.*—*Recipients of an award*  
6       *under this subsection may use such award to—*

7                       (A) *identify, implement, and evaluate evi-*  
8                       *dence-based public health activities to prevent or*  
9                       *reduce adverse childhood experiences and im-*  
10                      *prove health outcomes;*

11                     (B) *improve data collection and analysis*  
12                     *regarding the prevention and reduction of ad-*  
13                     *verse childhood experiences, including any such*  
14                     *data described in section 7131 of the SUPPORT*  
15                     *for Patients and Communities Act (42 U.S.C.*  
16                     *242t), to identify—*

17                               (i) *any geographic areas or popu-*  
18                               *lations within the jurisdiction of the recipi-*  
19                               *ent of an award that have disproportion-*  
20                               *ately high rates of adverse childhood experi-*  
21                               *ences;*

22                               (ii) *any types of adverse childhood ex-*  
23                               *periences of high prevalence within such ju-*  
24                               *risdiction; and*

1                   (iii) any short-term health outcomes  
2                   and long-term health outcomes associated  
3                   with adverse childhood experiences, includ-  
4                   ing mental health and substance use dis-  
5                   orders; and

6                   (C) leverage such data and analysis to in-  
7                   form the identification, implementation, and  
8                   evaluation of evidence-based public health activi-  
9                   ties under subparagraph (A).

10                  (3) *PARTNERSHIPS.*—Recipients of an award  
11                  under this subsection may identify opportunities to  
12                  establish, or strengthen existing, partnerships with  
13                  other relevant public and private entities within such  
14                  jurisdiction for purposes of carrying out such award.

15                  (4) *TECHNICAL ASSISTANCE.*—The Secretary  
16                  may provide training and technical assistance to re-  
17                  cipients of awards under this subsection.

18                  (5) *EVALUATION.*—Not later than 2 years after  
19                  the date of enactment of this Act, and annually there-  
20                  after, the Secretary shall report to the Committee on  
21                  Health, Education, Labor, and Pensions of the Senate  
22                  and the Committee on Energy and Commerce of the  
23                  House of Representatives on the specific activities  
24                  supported through awards under this subsection, in-

1 *cluding the effectiveness of such activities in pre-*  
 2 *venting or reducing adverse childhood experiences.*

3 *(b) RESEARCH.—The Secretary may, as appropriate,*  
 4 *conduct research to evaluate public health activities to ad-*  
 5 *dress adverse childhood experiences.*

6 *(c) AUTHORIZATION OF APPROPRIATIONS.—To carry*  
 7 *out this section, there is authorized to be appropriated*  
 8 *\$7,000,000 for each of fiscal years 2024 through 2028.*

9 **SEC. 109. CLARIFICATION OF USE OF FUNDS FOR PROD-**  
 10 **UCTS USED TO PREVENT OVERDOSE DEATHS.**

11 *The activities carried out pursuant to section*  
 12 *1003(b)(4)(A) of the 21st Century Cures Act (42 U.S.C.*  
 13 *290ee–3a(b)(4)(A)) may include facilitating access to prod-*  
 14 *ucts used to prevent overdose deaths by detecting the pres-*  
 15 *ence of one or more substances, to the extent the purchase*  
 16 *and possession of such products is consistent with Federal*  
 17 *and State law.*

18 **SEC. 110. SUPPORT FOR INDIVIDUALS AND FAMILIES IM-**  
 19 **PACTED BY FETAL ALCOHOL SPECTRUM DIS-**  
 20 **ORDER.**

21 *(a) IN GENERAL.—Part O of title III of the Public*  
 22 *Health Service Act (42 U.S.C. 280f et seq.) is amended—*  
 23 *(1) by amending the part heading to read as fol-*  
 24 *lows: “**FETAL ALCOHOL SPECTRUM DISORDERS***  
 25 ***PREVENTION AND SERVICES PROGRAM**”;*

1           (2) *in section 399H (42 U.S.C. 280f)*—

2           (A) *in the section heading, by striking “ES-*  
3           *TABLISHMENT OF FETAL ALCOHOL SYN-*  
4           *DROME PREVENTION” and inserting “FETAL*  
5           *ALCOHOL SPECTRUM DISORDERS PREVEN-*  
6           *TION, INTERVENTION,”;*

7           (B) *by striking “Fetal Alcohol Syndrome*  
8           *and Fetal Alcohol Effect” each place it appears*  
9           *and inserting “FASD”;*

10          (C) *in subsection (a)*—

11           (i) *by amending the heading to read as*  
12           *follows: “IN GENERAL”;*

13           (ii) *in the matter preceding paragraph*  
14           (1)—

15           (I) *by inserting “or continue ac-*  
16           *tivities to support” after “shall estab-*  
17           *lish”;*

18           (II) *by striking “FASD” (as*  
19           *amended by subparagraph (B)) and*  
20           *inserting “fetal alcohol spectrum dis-*  
21           *orders (referred to in this section as*  
22           *‘FASD’);*

23           (III) *by striking “prevention,*  
24           *intervention” and inserting “aware-*

1                    *ness, prevention, identification, inter-*  
2                    *vention,”; and*

3                    *(IV) by striking “that shall” and*  
4                    *inserting “, which may”;*

5                    *(iii) in paragraph (1)—*

6                    *(I) in subparagraph (A)—*

7                    *(aa) by striking “medical*  
8                    *schools” and inserting “health*  
9                    *professions schools”; and*

10                    *(bb) by inserting “infants,”*  
11                    *after “provision of services for”;*  
12                    *and*

13                    *(II) in subparagraph (D), by*  
14                    *striking “medical and mental” and in-*  
15                    *serting “agencies providing”;*

16                    *(iv) in paragraph (2)—*

17                    *(I) in the matter preceding sub-*  
18                    *paragraph (A), by striking “a preven-*  
19                    *tion and diagnosis program to support*  
20                    *clinical studies, demonstrations and*  
21                    *other research as appropriate” and in-*  
22                    *serting “supporting and conducting re-*  
23                    *search on FASD, as appropriate, in-*  
24                    *cluding”;*

25                    *(II) in subparagraph (B)—*

1                   (aa) by striking “prevention  
2                   services and interventions for  
3                   pregnant, alcohol-dependent  
4                   women” and inserting “culturally  
5                   and linguistically appropriate  
6                   evidence-based or evidence-in-  
7                   formed interventions and appro-  
8                   priate societal supports for pre-  
9                   venting prenatal alcohol exposure,  
10                  which may co-occur with exposure  
11                  to other substances”; and

12                   (bb) by striking “; and” and  
13                   inserting a semicolon;

14                   (v) by striking paragraph (3) and in-  
15                   serting the following:

16                   “(3) integrating into surveillance a case defini-  
17                   tion for FASD and, in collaboration with other Fed-  
18                   eral and outside partners, support organizations of  
19                   appropriate medical and mental health professionals  
20                   in their development and refinement of evidence-based  
21                   clinical diagnostic guidelines and criteria for all  
22                   FASD; and

23                   “(4) building State and Tribal capacity for the  
24                   identification, treatment, and support of individuals  
25                   with FASD and their families, which may include—



1           “(A) utilizing and adapting existing Fed-  
2           eral, State, or Tribal programs to include FASD  
3           identification and FASD-informed support;

4           “(B) developing and expanding screening  
5           and diagnostic capacity for FASD;

6           “(C) developing, implementing, and evalu-  
7           ating targeted FASD-informed intervention pro-  
8           grams for FASD;

9           “(D) increasing awareness of FASD;

10          “(E) providing training with respect to  
11          FASD for professionals across relevant sectors;  
12          and

13          “(F) disseminating information about  
14          FASD and support services to affected individ-  
15          uals and their families.”;

16          (D) in subsection (b)—

17                 (i) by striking “described in section  
18                 399I”;

19                 (ii) by striking “The Secretary” and  
20                 inserting the following:

21                 “(1) IN GENERAL.—The Secretary”; and

22                 (iii) by adding at the end the fol-  
23                 lowing:

1           “(2) *ELIGIBLE ENTITIES.*—*To be eligible to re-*  
2           *ceive a grant, or enter into a cooperative agreement*  
3           *or contract, under this section, an entity shall—*

4                     “(A) *be a State, Indian Tribe or Tribal or-*  
5                     *ganization, local government, scientific or aca-*  
6                     *demic institution, or nonprofit organization; and*

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

13           “(3) *ADDITIONAL APPLICATION CONTENTS.*—*The*  
14           *Secretary may require that an eligible entity include*  
15           *in the application submitted under paragraph*  
16           *(2)(B)—*

17                     “(A) *a designation of an individual to serve*  
18                     *as a FASD State or Tribal coordinator of activi-*  
19                     *ties such eligible entity proposes to carry out*  
20                     *through a grant, cooperative agreement, or con-*  
21                     *tract under this section; and*

22                     “(B) *a description of an advisory committee*  
23                     *the entity will establish to provide guidance for*  
24                     *the entity on developing and implementing a*  
25                     *statewide or Tribal strategic plan to prevent*

1           *FASD and provide for the identification, treat-*  
 2           *ment, and support of individuals with FASD*  
 3           *and their families.”; and*

4                   *(E) by striking subsections (c) and (d); and*

5                   *(F) by adding at the end the following:*

6           “*(c) DEFINITION OF FASD-INFORMED.—For purposes*  
 7 *of this section, the term ‘FASD-informed’, with respect to*  
 8 *support or an intervention program, means that such sup-*  
 9 *port or intervention program uses culturally and linguis-*  
 10 *tically informed evidence-based or practice-based interven-*  
 11 *tions and appropriate societal supports to support an im-*  
 12 *proved quality of life for an individual with FASD and*  
 13 *the family of such individual.”; and*

14                   *(3) by striking sections 399I, 399J, and 399K*  
 15                   *(42 U.S.C. 280f–1, 280f–2, 280f–3) and inserting the*  
 16                   *following:*

17           “**SEC. 399I. FETAL ALCOHOL SPECTRUM DISORDERS CEN-**  
 18                   **TERS FOR EXCELLENCE.**

19           “*(a) IN GENERAL.—The Secretary shall, as appro-*  
 20 *priate, award grants, cooperative agreements, or contracts*  
 21 *to public or nonprofit private entities with demonstrated*  
 22 *expertise in the prevention of, identification of, and inter-*  
 23 *vention services with respect to, fetal alcohol spectrum dis-*  
 24 *orders (referred to in this section as ‘FASD’) and other re-*  
 25 *lated adverse conditions. Such awards shall be for the pur-*

1 *poses of establishing Fetal Alcohol Spectrum Disorders Cen-*  
2 *ters for Excellence to build local, Tribal, State, and nation-*  
3 *wide capacities to prevent the occurrence of FASD and*  
4 *other related adverse conditions, and to respond to the needs*  
5 *of individuals with FASD and their families by carrying*  
6 *out the programs described in subsection (b).*

7       “(b) *PROGRAMS.—An entity receiving an award under*  
8 *subsection (a) may use such award for the following pur-*  
9 *poses:*

10               “(1) *Initiating or expanding diagnostic capacity*  
11 *for FASD by increasing screening, assessment, identi-*  
12 *fication, and diagnosis.*

13               “(2) *Developing and supporting public aware-*  
14 *ness and outreach activities, including the use of a*  
15 *range of media and public outreach, to raise public*  
16 *awareness of the risks associated with alcohol con-*  
17 *sumption during pregnancy, with the goals of reduc-*  
18 *ing the prevalence of FASD and improving the devel-*  
19 *opmental, health (including mental health), and edu-*  
20 *cational outcomes of individuals with FASD and sup-*  
21 *porting families caring for individuals with FASD.*

22               “(3) *Acting as a clearinghouse for evidence-based*  
23 *resources on FASD prevention, identification, and*  
24 *culturally and linguistically appropriate best prac-*  
25 *tices, including the maintenance of a national data-*

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

6               “(4) *Increasing awareness and understanding of*  
7       *efficacious, evidence-based screening tools and cul-*  
8       *turally and linguistically appropriate evidence-based*  
9       *intervention services and best practices, which may*  
10       *include by conducting nationwide, regional, State,*  
11       *Tribal, or peer cross-State webinars, workshops, or*  
12       *conferences for training community leaders, medical*  
13       *and mental health and substance use disorder profes-*  
14       *sionals, education and disability professionals, fami-*  
15       *lies, law enforcement personnel, judges, individuals*  
16       *working in financial assistance programs, social serv-*  
17       *ice personnel, child welfare professionals, and other*  
18       *service providers.*

19               “(5) *Improving capacity for State, Tribal, and*  
20       *local affiliates dedicated to FASD awareness, preven-*  
21       *tion, and identification and family and individual*  
22       *support programs and services.*

23               “(6) *Providing technical assistance to recipients*  
24       *of grants, cooperative agreements, or contracts under*  
25       *section 399H, as appropriate.*

1           “(7) *Carrying out other functions, as appro-*  
2           *priate.*

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

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

13           “(1) *Prevention activities.*

14           “(2) *Screening and identification.*

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

18           “(4) *Intervention and treatment services.*

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

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

23           “(b) *REPORT.—Not later than 4 years after the date*  
24           *of enactment of this Act, the Secretary of Health and*  
25           *Human Services shall submit to the Committee on Health,*

1 *Education, Labor, and Pensions of the Senate and the Com-*  
2 *mittee on Energy and Commerce of the House of Represent-*  
3 *atives a report on the efforts of the Department of Health*  
4 *and Human Services to advance public awareness of, and*  
5 *facilitate the identification of best practices related to, fetal*  
6 *alcohol spectrum disorders identification, prevention, treat-*  
7 *ment, and support.*

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

11 **SEC. 111. PROMOTING STATE CHOICE IN PDMP SYSTEMS.**

12       Section 399O(h) of the Public Health Service Act (42  
13 U.S.C. 280g–3(h)) is amended by adding the following:

14               “(5) *PROMOTING STATE CHOICE.*—*Nothing in*  
15 *this section shall be construed to authorize the Sec-*  
16 *retary to require States to use a specific vendor or a*  
17 *specific interoperability connection other than to*  
18 *align with nationally recognized, consensus-based*  
19 *open standards, such as in accordance with the appli-*  
20 *cation programming interface (API) requirements*  
21 *pursuant to sections 3001 and 3004.”.*

1 **SEC. 112. PROTECTING SUICIDE PREVENTION LIFELINE**  
 2 **FROM CYBERSECURITY INCIDENTS.**

3 (a) *NATIONAL SUICIDE PREVENTION LIFELINE PRO-*  
 4 *GRAM.*—Section 520E–3(b) of the Public Health Service Act  
 5 (42 U.S.C. 290bb–36c(b)) is amended—

6 (1) in paragraph (4), by striking “and” at the  
 7 end;

8 (2) in paragraph (5), by striking the period at  
 9 the end and inserting “; and”; and

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

11 “(6) taking such steps as may be necessary to en-  
 12 sure the suicide prevention hotline is protected from  
 13 cybersecurity incidents and eliminates known cyberse-  
 14 curity vulnerabilities.”.

15 (b) *REPORTING.*—Section 520E–3 of the Public Health  
 16 Service Act (42 U.S.C. 290bb–36c) is amended—

17 (1) by redesignating subsection (f) as subsection  
 18 (g); and

19 (2) by inserting after subsection (e) the following:

20 “(f) *CYBERSECURITY REPORTING.*—

21 “(1) *NOTIFICATION.*—

22 “(A) *IN GENERAL.*—The program’s network  
 23 administrator receiving Federal funding pursu-  
 24 ant to subsection (a) shall report to the Assistant  
 25 Secretary, in a manner that protects personal



1           *privacy, consistent with applicable Federal and*  
2           *State privacy laws—*

3                   “(i) any identified cybersecurity  
4                   vulnerabilities to the program within a rea-  
5                   sonable amount of time after identification  
6                   of such a vulnerability; and

7                   “(ii) any identified cybersecurity inci-  
8                   dents to the program within a reasonable  
9                   amount of time after identification of such  
10                  incident.

11                  “(B) LOCAL AND REGIONAL CRISIS CEN-  
12                  TERS.—Local and regional crisis centers partici-  
13                  pating in the program shall report to the pro-  
14                  gram’s network administrator identified under  
15                  subparagraph (A), in a manner that protects  
16                  personal privacy, consistent with applicable Fed-  
17                  eral and State privacy laws—

18                   “(i) any identified cybersecurity  
19                   vulnerabilities to the program within a rea-  
20                   sonable amount of time after identification  
21                   of such vulnerability; and

22                   “(ii) any identified cybersecurity inci-  
23                   dents to the program within a reasonable  
24                   amount of time after identification of such  
25                  incident.

1           “(2) *NOTIFICATION.*—*If the program’s network*  
2           *administrator receiving funding pursuant to sub-*  
3           *section (a) discovers, or is informed by a local or re-*  
4           *gional crisis center pursuant to paragraph (1)(B) of,*  
5           *a cybersecurity vulnerability or incident, within a*  
6           *reasonable amount of time after such discovery or re-*  
7           *ceipt of information, such entity shall report the vul-*  
8           *nerability or incident to the Assistant Secretary.*

9           “(3) *CLARIFICATION.*—

10           “(A) *OVERSIGHT.*—

11           “(i) *LOCAL AND REGIONAL CRISIS CEN-*  
12           *TERS.*—*Except as provided in clause (ii),*  
13           *local and regional crisis centers partici-*  
14           *parting in the program shall oversee all tech-*  
15           *nology each center employs in the provision*  
16           *of services as a participant in the program.*

17           “(ii) *NETWORK ADMINISTRATOR.*—*The*  
18           *program’s network administrator receiving*  
19           *Federal funding pursuant to subsection (a)*  
20           *shall oversee the technology each crisis cen-*  
21           *ter employs in the provision of services as*  
22           *a participant in the program if such over-*  
23           *sight responsibilities are established in the*  
24           *applicable network participation agreement.*

1           “(B) *SUPPLEMENT, NOT SUPPLANT.*—*The*  
2           *cybersecurity incident reporting requirements*  
3           *under this subsection shall supplement, and not*  
4           *supplant, cybersecurity incident reporting re-*  
5           *quirements under other provisions of applicable*  
6           *Federal law that are in effect on the date of the*  
7           *enactment of the SUPPORT for Patients and*  
8           *Communities Reauthorization Act.*”.

9           (c) *STUDY.*—*Not later than 180 days after the date*  
10          *of the enactment of this Act, the Comptroller General of the*  
11          *United States shall—*

12                 (1) *conduct and complete a study that evaluates*  
13                 *cybersecurity risks and vulnerabilities associated with*  
14                 *the 9–8–8 National Suicide Prevention Lifeline; and*

15                 (2) *submit a report of the findings of such study*  
16                 *to the Committee on Health, Education, Labor, and*  
17                 *Pensions of the Senate and the Committee on Energy*  
18                 *and Commerce of the House of Representatives.*

19          **SEC. 113. BRUCE’S LAW.**

20           (a) *YOUTH PREVENTION AND RECOVERY.*—*Section*  
21          *7102(c) of the SUPPORT for Patients and Communities*  
22          *Act (42 U.S.C. 290bb–7a(c)) is amended—*

23                 (1) *in paragraph (3)(A)(i), by inserting “, which*  
24                 *may include strategies to increase education and*  
25                 *awareness of the potency and dangers of synthetic*

1       *opioids (including drugs contaminated with fentanyl)*  
2       *and, as appropriate, other emerging drug use or mis-*  
3       *use issues” before the semicolon; and*

4               (2) *in paragraph (4)(A), by inserting “and*  
5       *strategies to increase education and awareness of the*  
6       *potency and dangers of synthetic opioids (including*  
7       *drugs contaminated with fentanyl) and, as appro-*  
8       *priate, emerging drug use or misuse issues” before the*  
9       *semicolon.*

10       (b) *INTERDEPARTMENTAL SUBSTANCE USE DIS-*  
11 *ORDERS COORDINATING COMMITTEE.—Section 7022 of the*  
12 *SUPPORT for Patients and Communities Act (42 U.S.C.*  
13 *290aa note) is amended—*

14               (1) *by striking subsection (g) and inserting the*  
15 *following:*

16       “(g) *WORKING GROUPS.—*

17               “(1) *IN GENERAL.—The Committee may estab-*  
18 *lish working groups for purposes of carrying out the*  
19 *duties described in subsection (e). Any such working*  
20 *group shall be composed of members of the Committee*  
21 *(or the designees of such members) and may hold such*  
22 *meetings as are necessary to enable the working group*  
23 *to carry out the duties delegated to the working*  
24 *group.*

1           “(2) *ADDITIONAL FEDERAL INTERAGENCY WORK*  
2           *GROUP ON FENTANYL CONTAMINATION OF ILLEGAL*  
3           *DRUGS.—*

4                   “(A) *ESTABLISHMENT.—The Secretary, act-*  
5                   *ing through the Committee, shall establish a Fed-*  
6                   *eral Interagency Work Group on Fentanyl Con-*  
7                   *tamination of Illegal Drugs (referred to in this*  
8                   *paragraph as the ‘Work Group’), consisting of*  
9                   *representatives from relevant Federal depart-*  
10                   *ments and agencies on the Committee.*

11                   “(B) *CONSULTATION.—The Work Group*  
12                   *shall consult with relevant stakeholders and sub-*  
13                   *ject matter experts, including—*

14                           “(i) *State, Tribal, and local subject*  
15                           *matter experts in reducing, preventing, and*  
16                           *responding to drug overdose caused by*  
17                           *fentanyl contamination of illicit drugs; and*

18                           “(ii) *family members of both adults*  
19                           *and youth who have overdosed by fentanyl-*  
20                           *contaminated illicit drugs.*

21                   “(C) *DUTIES.—The Work Group shall—*

22                           “(i) *examine Federal efforts to reduce*  
23                           *and prevent drug overdose by fentanyl-con-*  
24                           *taminated illicit drugs;*

1           “(ii) identify strategies to improve  
2           State, Tribal, and local responses to over-  
3           dose by fentanyl-contaminated illicit drugs;

4           “(iii) coordinate with the Secretary, as  
5           appropriate, in carrying out activities to  
6           raise public awareness of synthetic opioids  
7           and other emerging drug use and misuse  
8           issues;

9           “(iv) make recommendations to Con-  
10          gress for improving Federal programs, in-  
11          cluding with respect to the coordination of  
12          efforts across such programs; and

13          “(v) make recommendations for edu-  
14          cating youth on the potency and dangers of  
15          drugs contaminated by fentanyl.

16          “(D) ANNUAL REPORT TO SECRETARY.—The  
17          Work Group shall annually prepare and submit  
18          to the Secretary, the Committee on Health, Edu-  
19          cation, Labor, and Pensions of the Senate, and  
20          the Committee on Education and the Workforce  
21          of the House of Representatives, a report on the  
22          activities carried out by the Work Group under  
23          subparagraph (C), including recommendations to  
24          reduce and prevent drug overdose by fentanyl  
25          contamination of illegal drugs, in all popu-

1           *lations, and specifically among youth at risk for*  
2           *substance misuse.”; and*

3           *(2) by striking subsection (i) and inserting the*  
4           *following:*

5           “(i) *SUNSET.*—*The Committee shall terminate on Sep-*  
6           *tember 30, 2028.”.*

7           **SEC. 114. GUIDANCE ON AT-HOME DRUG DISPOSAL SYS-**  
8           **TEMS.**

9           *(a) IN GENERAL.*—*Not later than one year after the*  
10          *date of enactment of this Act, the Secretary of Health and*  
11          *Human Services (referred to in this section as the “Sec-*  
12          *retary”), in consultation with the Administrator of the*  
13          *Drug Enforcement Administration, shall publish guidance*  
14          *to facilitate the use of at-home safe disposal systems for ap-*  
15          *plicable drugs, including for such at-home safe disposal sys-*  
16          *tems that the Secretary may require as a part of a risk*  
17          *evaluation and mitigation strategy under section 505–1 of*  
18          *the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355–*  
19          *1).*

20          *(b) CONTENTS.*—*The guidance under subsection (a)*  
21          *shall include—*

22                  *(1) recommended standards for effective at-home*  
23                  *drug disposal systems to meet applicable statutory or*  
24                  *regulatory requirements enforced by the Food and*

1        *Drug Administration and, as appropriate, the Drug*  
2        *Enforcement Administration;*

3            (2) *recommended information to include as in-*  
4        *structions for use to disseminate with at-home drug*  
5        *disposal systems;*

6            (3) *best practices and educational tools to sup-*  
7        *port the use of an at-home drug disposal system; and*

8            (4) *recommended use of licensed health providers*  
9        *for the dissemination of education, instruction, and*  
10       *at-home drug disposal systems.*

11       **SEC. 115. REVIEW OF OPIOID DRUGS AND ACTIONS.**

12        *Not later than one year after the date of enactment*  
13       *of this Act, the Secretary of Health and Human Services*  
14       *(referred to in this section as the “Secretary”) shall publish*  
15       *on the website of the Food and Drug Administration (re-*  
16       *ferred to in this section as the “FDA”) a report that out-*  
17       *lines a plan for completing a review of opioid analgesic*  
18       *drugs that are approved under section 505 of the Federal*  
19       *Food, Drug, and Cosmetic Act (21 U.S.C. 355) that con-*  
20       *siders the public health effects of such opioid drugs as part*  
21       *of the benefit-risk assessment, and that addresses the activi-*  
22       *ties of the FDA that relate to increasing the development*  
23       *of non-addictive medical products intended to treat pain*  
24       *or addiction. Such report shall include—*



1           (1) *an opportunity for public input concerning*  
2 *the regulation by the FDA of opioid analgesic drugs,*  
3 *including scientific evidence that relates to conditions*  
4 *of use, safety, or benefit-risk assessment (including*  
5 *consideration of the public health effects) of such*  
6 *opioid drugs;*

7           (2) *an update on the actions taken by the FDA*  
8 *to review the effectiveness, safety, benefit-risk profile*  
9 *(which may include public health effects), and use of*  
10 *approved opioid analgesic drugs;*

11           (3) *a timeline for an assessment of the potential*  
12 *need, as appropriate, for labeling changes, revised or*  
13 *additional postmarketing requirements, enforcement*  
14 *actions, or withdrawals for opioid analgesic drugs;*

15           (4) *an overview of the steps that the FDA has*  
16 *taken to support the development and approval of*  
17 *non-addictive medical products intended to treat pain*  
18 *or addiction, and actions planned to further support*  
19 *the development and approval of such products; and*

20           (5) *an overview of the consideration by the FDA*  
21 *of clinical trial methodologies for analgesic drugs, in-*  
22 *cluding the enriched enrollment randomized with-*  
23 *drawal methodology, and the benefits and drawbacks*  
24 *associated with different trial methodologies for such*



1       (c) *NAS STUDY AND REPORT.*—*The Secretary shall*  
2 *seek to enter into a contract with the National Academy*  
3 *of Sciences under which the National Academy—*

4           (1) *conducts a study on the effectiveness of en-*  
5 *riched enrollment randomized withdrawal method-*  
6 *ology in demonstrating the efficacy of opioid analge-*  
7 *sic drugs in treating chronic pain; and*

8           (2) *not later than 1 year after the date of enact-*  
9 *ment of this Act, submits a report on such study to*  
10 *the Secretary.*

11       (d) *REVIEW OF OPIOID ANALGESIC DRUGS.*—*In con-*  
12 *nection with the meeting described in subsection (a), the*  
13 *Anesthetic and Analgesic Drug Products Advisory Com-*  
14 *mittee and the Drug Safety and Risk Management Advisory*  
15 *Committee of the Food and Drug Administration shall re-*  
16 *view the approved labeling and action package for approval*  
17 *(as described in subsection (l)(2) of section 505 of the Fed-*  
18 *eral Food, Drug, and Cosmetic Act (21 U.S.C. 355)), on*  
19 *all opioid analgesic drugs approved using enriched enroll-*  
20 *ment randomized withdrawal methodology under such sec-*  
21 *tion 505 as of the date of such meeting. The findings from*  
22 *such review shall be made publicly available on a website*  
23 *operated by the Secretary, acting through the Commissioner*  
24 *of Food and Drugs.*

1           (e) *DEFINITION OF OPIOID ANALGESIC DRUG.*—*In this*  
2 *section, the term “opioid analgesic drug” means a drug that*  
3 *has a labeled indication approved by the Food and Drug*  
4 *Administration to produce analgesia by acting upon the*  
5 *body’s opioid receptors.*

6 **SEC. 117. APPROVAL OF NEW OPIOID ANALGESIC DRUGS.**

7           *Section 505(c) of the Federal Food, Drug, and Cos-*  
8 *metic Act (21 U.S.C. 355(c)) is amended by adding at the*  
9 *end the following:*

10                   “(6) *Notwithstanding any other provision of this*  
11 *section, in making a determination to approve or*  
12 *deny an application submitted under subsection (b)*  
13 *for an opioid analgesic drug, the Secretary may con-*  
14 *sider whether such drug provides a substantial im-*  
15 *provement, in terms of greater safety or greater effec-*  
16 *tiveness, or major contribution to patient care, com-*  
17 *pared to an approved opioid analgesic drug. For pur-*  
18 *poses of this paragraph, the term ‘opioid analgesic*  
19 *drug’ means a drug that is approved under this sec-*  
20 *tion to produce analgesia by acting upon the body’s*  
21 *opioid receptors.”.*

1 **SEC. 118. GUIDANCE ON DEVELOPING NON-ADDICTIVE MED-**  
2 **ICAL PRODUCTS TO TREAT PAIN OR ADDIC-**  
3 **TION.**

4 *Not later than 1 year after the date of enactment of*  
5 *this Act, the Secretary of Health and Human Services shall*  
6 *issue draft guidance under section 3001(b) of the SUP-*  
7 *PORT for Patients and Communities Act (21 U.S.C. 355*  
8 *note) to address non-addictive analgesics for chronic pain,*  
9 *including the information required to be included in guid-*  
10 *ance documents under paragraphs (1) through (4) of such*  
11 *section 3001(b).*

12 **SEC. 119. NATIONAL CHRONIC PAIN INFORMATION SYSTEM.**

13 *Part P of title III of the Public Health Service Act*  
14 *(42 U.S.C. 280g et seq.) is amended by adding at the end*  
15 *the following:*

16 **“SEC. 399V-8. CHRONIC PAIN RESEARCH.**

17 *“(a) IN GENERAL.—The Secretary, in consultation*  
18 *with the Director of the Centers for Disease Control and*  
19 *Prevention, the Director of the National Institutes of*  
20 *Health, and other agencies as the Secretary determines ap-*  
21 *propriate, shall—*

22 *“(1) utilize available Federal research data to*  
23 *clarify the incidence and prevalence of chronic pain*  
24 *from any source, including injuries, operations, and*  
25 *diseases and conditions;*

1           “(2) identify gaps in the available research data  
2           and collect deidentified population research data  
3           using medical claims and survey data to fill gaps in  
4           available research data, such as—

5                   “(A) incidence and prevalence of specific  
6                   pain conditions;

7                   “(B) demographics and other information,  
8                   such as age, race, ethnicity, gender, and geo-  
9                   graphic location;

10                   “(C) the incidence and prevalence of known  
11                   chronic pain conditions, as well as diseases and  
12                   conditions that include or lead to pain;

13                   “(D) risk factors that may be associated  
14                   with chronic pain conditions, such as genetic  
15                   and environmental risk factors and other infor-  
16                   mation, as appropriate;

17                   “(E) diagnosis and progression markers;

18                   “(F) both direct and indirect costs of illness;

19                   “(G) the epidemiology of the conditions;

20                   “(H) the detection, management, and treat-  
21                   ment of the conditions;

22                   “(I) the epidemiology, detection, manage-  
23                   ment, and treatment of frequent secondary or co-  
24                   occurring conditions, such as depression, anx-  
25                   iety, and substance use disorders;

1           “(J) the utilization of medical and social  
2           services by patients with chronic pain condi-  
3           tions, including the direct health care costs of  
4           pain treatment, both traditional and alternative,  
5           and the indirect costs (such as missed work, pub-  
6           lic and private disability, and reduction in pro-  
7           ductivity); and

8           “(K) the effectiveness of evidence-based  
9           treatment approaches on chronic pain condi-  
10          tions;

11          “(3) develop, in collaboration with individuals  
12          and organizations with appropriate chronic pain ex-  
13          pertise, including patients or patient advocates, epi-  
14          demiologists, representatives of national voluntary  
15          health associations, health information technology ex-  
16          perts, clinicians, and research scientists, standard  
17          definitions and approaches for population research on  
18          chronic pain to efficiently promote greater com-  
19          parability of data; and

20          “(4) disseminate, pursuant to the public webpage  
21          under subsection (b), and, as appropriate, to the pub-  
22          lic and to other Federal departments and agencies,  
23          any findings, developed population research stand-  
24          ards, and available Federal data sources related to  
25          chronic pain.

1       “(b) *DISSEMINATION.*—*The Secretary, acting through*  
2 *the Director of the Centers for Disease Control and Preven-*  
3 *tion, shall establish a public webpage, to be known as the*  
4 *Chronic Pain Information Hub, that—*

5               “(1) *aggregates and summarizes available Fed-*  
6 *eral data sources, indicators, and peer-reviewed re-*  
7 *search related to chronic pain;*

8               “(2) *includes an up-to-date summary of com-*  
9 *plete, ongoing, and planned data collection and anal-*  
10 *ysis related to chronic pain that is conducted and*  
11 *supported by the Centers for Disease Control and Pre-*  
12 *vention; and*

13               “(3) *translates research findings into clinical*  
14 *tools and resources, recommendations for closing re-*  
15 *search gaps, and recommendations for population re-*  
16 *search standards for researchers, with recommenda-*  
17 *tions updated annually to incorporate research find-*  
18 *ings from the prior year.*

19       “(c) *CONFLICTS OF INTEREST.*—*If an individual or*  
20 *organization that collaborates with the Secretary in car-*  
21 *rying out subsection (a) receives a payment or other trans-*  
22 *fer of value of a type described in section*  
23 *1128G(a)(1)(A)(vi) of the Social Security Act from a man-*  
24 *ufacturer of a drug (including a biological product) or de-*  
25 *vice that would be required to be disclosed pursuant to sec-*



1 *tion 1128G(a)(1) of the Social Security Act, if the indi-*  
2 *vidual or organization were a covered recipient or if such*  
3 *disclosure were required upon request of or by designation*  
4 *on behalf of a covered recipient pursuant to such section,*  
5 *the individual or organization shall disclose to the Sec-*  
6 *retary information regarding such payment or other trans-*  
7 *fer of value. The Secretary shall make such disclosures pub-*  
8 *licly available.*

9       “(d) *REPORT.*—*Not later than 2 years after the date*  
10 *of the enactment of the SUPPORT for Patients and Com-*  
11 *munities Reauthorization Act, the Secretary shall submit*  
12 *a report to the Committee on Health, Education, Labor,*  
13 *and Pensions of the Senate and the Committee on Energy*  
14 *and Commerce of the House of Representatives concerning*  
15 *the implementation of this section. Such report shall include*  
16 *information on—*

17               “(1) *the development and maintenance of the*  
18               *Chronic Pain Information Hub;*

19               “(2) *the information made available through the*  
20               *Chronic Pain Information Hub;*

21               “(3) *the data gaps identified, and planned efforts*  
22               *to address such gaps;*

23               “(4) *the process established for soliciting feedback*  
24               *from collaborators; and*

25               “(5) *feedback received from collaborators.*

1       “(e) *DEFINITION.*—*In this section, the term ‘chronic*  
 2 *pain’ means persistent or recurrent pain lasting longer*  
 3 *than 3 months.*”

4       “(f) *AUTHORIZATION OF APPROPRIATIONS.*—*To carry*  
 5 *out this section, there is authorized to be appropriated such*  
 6 *sums as may be necessary for each of fiscal years 2024*  
 7 *through 2028.”.*”

8       **SEC. 120. REQUIREMENTS FOR ELECTRONIC-PRESCRIBING**  
 9                                   **FOR CONTROLLED SUBSTANCES UNDER**  
 10                                   **GROUP HEALTH PLANS AND GROUP AND IN-**  
 11                                   **DIVIDUAL HEALTH INSURANCE COVERAGE.**

12       (a) *PUBLIC HEALTH SERVICE ACT AMENDMENT.*—  
 13 *Section 2799A–7 of the Public Health Service Act (42*  
 14 *U.S.C. 300gg–117) is amended by adding at the end the*  
 15 *following new subsection:*

16       “(d) *REQUIREMENTS FOR ELECTRONIC-PRESCRIBING*  
 17 *FOR CONTROLLED SUBSTANCES.*—

18                   “(1) *IN GENERAL.*—*Except as provided pursuant*  
 19 *to paragraph (2), for plan years beginning on or after*  
 20 *January 1, 2026, a group health plan and a health*  
 21 *insurance issuer offering group or individual health*  
 22 *insurance coverage, with respect to a participating*  
 23 *provider, as defined in section 2799–1(a)(3), shall*  
 24 *have in place policies, subject to paragraphs (4) and*  
 25 *(5), that require any prescription for a schedule II,*

1        *III, IV, or V controlled substance (as defined by sec-*  
2        *tion 202 of the Controlled Substances Act) covered by*  
3        *the plan or coverage that is transmitted by such a*  
4        *participating provider for such a participant, bene-*  
5        *ficiary, or enrollee be electronically transmitted con-*  
6        *sistent with standards established under paragraph*  
7        *(3) of section 1860D-4(e) of the Social Security Act,*  
8        *under an electronic prescription drug program that*  
9        *meets requirements that are substantially similar (as*  
10       *jointly determined by the Secretary, the Secretary of*  
11       *Labor, and the Secretary of the Treasury) to the re-*  
12       *quirements of paragraph (2) of such section 1860D-*  
13       *4(e).*

14                *“(2)        EXCEPTION        FOR        CERTAIN        CIR-*  
15        *CUMSTANCES.—The Secretary, the Secretary of Labor,*  
16        *and the Secretary of the Treasury shall jointly,*  
17        *through rulemaking, specify circumstances and proc-*  
18        *esses by which the requirement under paragraph (1)*  
19        *may be waived, with respect to a schedule II, III, IV,*  
20        *or V controlled substance that is a prescription drug*  
21        *covered by a group health plan or group or indi-*  
22        *vidual health insurance coverage offered by a health*  
23        *insurance issuer, including in the case of—*

1           “(A) a prescription issued when the partici-  
2           pating provider and dispensing pharmacy are  
3           the same entity;

4           “(B) a prescription issued that cannot be  
5           transmitted electronically under the most re-  
6           cently implemented version of the National  
7           Council for Prescription Drug Programs  
8           SCRIPT Standard;

9           “(C) a prescription issued by a partici-  
10          pating provider who received a waiver (which  
11          may include a waiver obtained pursuant to sec-  
12          tion 1860D-4(e)(7)(B)(iii) of the Social Security  
13          Act) or a renewal thereof for a period of time as  
14          determined by the Secretary, the Secretary of  
15          Labor, and the Secretary of the Treasury, not to  
16          exceed one year, from the requirement to use elec-  
17          tronic prescribing due to demonstrated economic  
18          hardship, technological limitations that are not  
19          reasonably within the control of the partici-  
20          pating provider, or other exceptional cir-  
21          cumstance demonstrated by the participating  
22          provider;

23          “(D) a prescription issued by a partici-  
24          pating provider under circumstances in which,  
25          notwithstanding the participating provider’s

1           *ability to submit a prescription electronically as*  
2           *required by this subsection, such participating*  
3           *provider reasonably determines that it would be*  
4           *impractical for the individual involved to obtain*  
5           *substances prescribed by electronic prescription*  
6           *in a timely manner, and such delay would ad-*  
7           *versely impact the individual involved's medical*  
8           *condition involved;*

9           “(E) a prescription issued by a partici-  
10          *parting provider prescribing a drug under a re-*  
11          *search protocol;*

12          “(F) a prescription issued by a partici-  
13          *parting provider for a drug for which the Food*  
14          *and Drug Administration requires a prescrip-*  
15          *tion to contain elements that are not able to be*  
16          *included in electronic prescribing, such as a drug*  
17          *with risk evaluation and mitigation strategies*  
18          *that include elements to assure safe use;*

19          “(G) a prescription issued for an individual  
20          *who receives hospice care or for a resident of a*  
21          *nursing facility (as defined in section 1919(a) of*  
22          *the Social Security Act);*

23          “(H) a prescription issued under cir-  
24          *cumstances in which electronic prescribing is not*  
25          *available due to temporary technological or elec-*

1           *trical failure, as specified jointly by the Sec-*  
2           *retary, the Secretary of Labor, and the Secretary*  
3           *of the Treasury through rulemaking; and*

4           *“(I) a prescription issued by a partici-*  
5           *parting provider allowing for the dispensing of a*  
6           *non-patient specific prescription pursuant to a*  
7           *standing order, approved protocol for drug ther-*  
8           *apy, collaborative drug management, or com-*  
9           *prehensive medication management, in response*  
10          *to a public health emergency or other cir-*  
11          *cumstances under which the participating pro-*  
12          *vider may issue a non-patient specific prescrip-*  
13          *tion.*

14          *“(3) RULES OF CONSTRUCTION.—*

15            *“(A) VERIFICATION.—Nothing in this sub-*  
16            *section shall be construed as requiring a dis-*  
17            *penser to verify that a participating provider,*  
18            *with respect to a prescription for a schedule II,*  
19            *III, IV, or V controlled substance that is a pre-*  
20            *scription drug covered by a group health plan or*  
21            *group or individual health insurance coverage of-*  
22            *fered by a health insurance issuer, has a waiver*  
23            *(or is otherwise exempt) under paragraph (2)*  
24            *from the requirement under paragraph (1).*

1           “(B) *AUTHORITY TO DISPENSE.*—*Nothing*  
2           *in this subsection shall be construed as affecting*  
3           *the authority of a group health plan or group or*  
4           *individual health insurance coverage offered by a*  
5           *health insurance issuer to cover, or the authority*  
6           *of a dispenser to continue to dispense, a pre-*  
7           *scription drug if the prescription for such drug*  
8           *is an otherwise valid written, oral, or fax pre-*  
9           *scription that is consistent with applicable law.*

10           “(C) *PATIENT CHOICE.*—*Nothing in this*  
11           *subsection shall be construed as affecting the*  
12           *ability of an individual who is a participant,*  
13           *beneficiary, or enrollee of a group health plan or*  
14           *group or individual health insurance coverage of-*  
15           *fered by a health insurance issuer and who is*  
16           *prescribed a schedule II, III, IV, or V controlled*  
17           *substance that is a prescription drug covered by*  
18           *the plan or coverage to designate a particular*  
19           *dispenser to dispense a prescribed controlled sub-*  
20           *stance to the extent consistent with the require-*  
21           *ments under this subsection.*

22           “(4) *REGULATIONS ON POLICY REQUIRE-*  
23           *MENTS.*—*The Secretary, the Secretary of Labor, and*  
24           *the Secretary of the Treasury shall promulgate regu-*  
25           *lations specifying requirements for the policies estab-*

1 *lished by group health plans and health insurance*  
2 *issuers under paragraph (1). Such regulations shall*  
3 *include requirements for—*

4 *“(A) a uniform process by which plans and*  
5 *issuers are required to set the e-prescribing re-*  
6 *quirements;*

7 *“(B) a process by which plans and issuers*  
8 *are required to grant waivers and exceptions to*  
9 *participating providers pursuant to paragraph*  
10 *(2); and*

11 *“(C) a mechanism for plans and issuers to*  
12 *recognize waivers issued to participating pro-*  
13 *viders under part D of title XVIII of the Social*  
14 *Security Act, pursuant to paragraph (2)(C).*

15 *“(5) PROHIBITIONS.—The policies established*  
16 *pursuant to paragraph (1) by a group health plan or*  
17 *health insurance issuer offering group or individual*  
18 *health insurance coverage may not—*

19 *“(A) require dispensers of a schedule II, III,*  
20 *IV, or V controlled substance to confirm that the*  
21 *prescription for the controlled substance was elec-*  
22 *tronically issued by a participating provider in*  
23 *accordance with such policies, as described in*  
24 *paragraph (1);*



1           “(B) require dispensers of such controlled  
2 substances to submit information or data beyond  
3 what is otherwise required to process a prescrip-  
4 tion drug claim in order to confirm a partici-  
5 pating provider’s compliance with such policies;

6           “(C) reject, deny, or recoup reimbursement  
7 for a prescription drug claim based on the for-  
8 mat in which the prescription was issued; or

9           “(D) require a participating provider to use  
10 a specific vendor for electronic prescribing or a  
11 specific electronic prescribing product or system.

12           “(6) ATTESTATION OF COMPLIANCE.—Beginning  
13 on January 1, 2026, each group health plan and  
14 health insurance issuer offering group or individual  
15 health insurance coverage shall annually submit to  
16 the Secretary, the Secretary of Labor, and the Sec-  
17 retary of the Treasury an attestation of compliance  
18 with the requirements of this subsection.

19           “(7) CONSULTATION REQUIREMENT FOR RULE-  
20 MAKING.—In promulgating regulations to carry out  
21 this subsection, the Secretary, the Secretary of the  
22 Labor, and the Secretary of the Treasury shall jointly  
23 consult with dispensers of controlled substances, State  
24 insurance regulators, and health care practitioners.”.

1       (b) *EMPLOYEE RETIREMENT INCOME SECURITY ACT*  
2 *OF 1974 AMENDMENT.*—Section 722 of the *Employee Re-*  
3 *tirement Income Security Act of 1974 (29 U.S.C. 1185k)*  
4 *is amended by adding at the end the following new sub-*  
5 *section:*

6       “(d) *REQUIREMENTS FOR ELECTRONIC-PRESCRIBING*  
7 *FOR CONTROLLED SUBSTANCES.*—

8               “(1) *IN GENERAL.*—*Except as provided pursuant*  
9 *to paragraph (2), for plan years beginning on or after*  
10 *January 1, 2026, a group health plan and a health*  
11 *insurance issuer offering group health insurance cov-*  
12 *erage, with respect to a participating provider, as de-*  
13 *fined in section 716(a)(3), shall have in place poli-*  
14 *cies, subject to paragraphs (4) and (5), that require*  
15 *any prescription for a schedule II, III, IV, or V con-*  
16 *trolled substance (as defined by section 202 of the*  
17 *Controlled Substances Act) covered by the plan or cov-*  
18 *erage that is transmitted by such a participating pro-*  
19 *vider for such a participant or beneficiary be elec-*  
20 *tronically transmitted consistent with standards es-*  
21 *tablished under paragraph (3) of section 1860D–4(e)*  
22 *of the Social Security Act, under an electronic pre-*  
23 *scription drug program that meets requirements that*  
24 *are substantially similar (as jointly determined by*  
25 *the Secretary, the Secretary of Health and Human*

1        *Services, and the Secretary of the Treasury) to the re-*  
2        *quirements of paragraph (2) of such section 1860D-*  
3        *4(e).*

4            “(2)    *EXCEPTION    FOR    CERTAIN    CIR-*  
5        *CUMSTANCES.—The Secretary, the Secretary of*  
6        *Health and Human Services, and the Secretary of the*  
7        *Treasury shall jointly, through rulemaking, specify*  
8        *circumstances and processes by which the requirement*  
9        *under paragraph (1) may be waived, with respect to*  
10       *a schedule II, III, IV, or V controlled substance that*  
11       *is a prescription drug covered by a group health plan*  
12       *or group health insurance coverage offered by a health*  
13       *insurance issuer, including in the case of—*

14            “(A) *a prescription issued when the partici-*  
15            *pating provider and dispensing pharmacy are*  
16            *the same entity;*

17            “(B) *a prescription issued that cannot be*  
18            *transmitted electronically under the most re-*  
19            *cently implemented version of the National*  
20            *Council for Prescription Drug Programs*  
21            *SCRIPT Standard;*

22            “(C) *a prescription issued by a partici-*  
23            *pating provider who received a waiver (which*  
24            *may include a waiver obtained pursuant to sec-*  
25            *tion 1860D–4(e)(7)(B)(iii) of the Social Security*

1       *Act) or a renewal thereof for a period of time as*  
2       *determined by the Secretary, the Secretary of*  
3       *Health and Human Services, and the Secretary*  
4       *of the Treasury, not to exceed one year, from the*  
5       *requirement to use electronic prescribing due to*  
6       *demonstrated economic hardship, technological*  
7       *limitations that are not reasonably within the*  
8       *control of the participating provider, or other ex-*  
9       *ceptional circumstance demonstrated by the par-*  
10      *ticipating provider;*

11           “(D) a prescription issued by a partici-  
12      *parting provider under circumstances in which,*  
13      *notwithstanding the participating provider’s*  
14      *ability to submit a prescription electronically as*  
15      *required by this subsection, such participating*  
16      *provider reasonably determines that it would be*  
17      *impractical for the individual involved to obtain*  
18      *substances prescribed by electronic prescription*  
19      *in a timely manner, and such delay would ad-*  
20      *versely impact the individual’s medical condi-*  
21      *tion involved;*

22           “(E) a prescription issued by a partici-  
23      *parting provider prescribing a drug under a re-*  
24      *search protocol;*

1           “(F) a prescription issued by a partici-  
2           pating provider for a drug for which the Food  
3           and Drug Administration requires a prescrip-  
4           tion to contain elements that are not able to be  
5           included in electronic prescribing, such as a drug  
6           with risk evaluation and mitigation strategies  
7           that include elements to assure safe use;

8           “(G) a prescription issued for an individual  
9           who receives hospice care or for a resident of a  
10          nursing facility (as defined in section 1919(a) of  
11          the Social Security Act);

12          “(H) a prescription issued under cir-  
13          cumstances in which electronic prescribing is not  
14          available due to temporary technological or elec-  
15          trical failure, as specified jointly by the Sec-  
16          retary, the Secretary of Health and Human  
17          Services, and the Secretary of the Treasury  
18          through rulemaking; and

19          “(I) a prescription issued by a partici-  
20          pating provider allowing for the dispensing of a  
21          non-patient specific prescription pursuant to a  
22          standing order, approved protocol for drug ther-  
23          apy, collaborative drug management, or com-  
24          prehensive medication management, in response  
25          to a public health emergency or other cir-

1 *cumstances under which the participating pro-*  
2 *vider may issue a non-patient specific prescrip-*  
3 *tion.*

4 “(3) *RULES OF CONSTRUCTION.*—

5 “(A) *VERIFICATION.*—*Nothing in this sub-*  
6 *section shall be construed as requiring a dis-*  
7 *penser to verify that a participating provider,*  
8 *with respect to a prescription for a schedule II,*  
9 *III, IV, or V controlled substance that is a pre-*  
10 *scription drug covered by a group health plan or*  
11 *group or individual health insurance coverage of-*  
12 *fered by a health insurance issuer, has a waiver*  
13 *(or is otherwise exempt) under paragraph (2)*  
14 *from the requirement under paragraph (1).*

15 “(B) *AUTHORITY TO DISPENSE.*—*Nothing*  
16 *in this subsection shall be construed as affecting*  
17 *the authority of a group health plan or group*  
18 *health insurance coverage offered by a health in-*  
19 *surance issuer to cover, or the authority of a dis-*  
20 *penser to continue to dispense, a prescription*  
21 *drug if the prescription for such drug is an oth-*  
22 *erwise valid written, oral, or fax prescription*  
23 *that is consistent with applicable law.*

24 “(C) *PATIENT CHOICE.*—*Nothing in this*  
25 *subsection shall be construed as affecting the*

1           *ability of an individual who is a participant or*  
2           *beneficiary of a group health plan or group or*  
3           *individual health insurance coverage offered by a*  
4           *health insurance issuer and who is prescribed a*  
5           *schedule II, III, IV, or V controlled substance*  
6           *that is a prescription drug covered by the plan*  
7           *or coverage to designate a particular dispenser to*  
8           *dispense a prescribed controlled substance to the*  
9           *extent consistent with the requirements under*  
10          *this subsection.*

11           “(4) *REGULATIONS ON POLICY REQUIRE-*  
12          *MENTS.—The Secretary, the Secretary of Health and*  
13          *Human Services, and the Secretary of the Treasury*  
14          *shall promulgate regulations specifying requirements*  
15          *for the policies established by group health plans and*  
16          *health insurance issuers under paragraph (1). Such*  
17          *regulations shall include requirements for—*

18                   “(A) *a uniform process by which plans and*  
19                   *issuers are required to set the e-prescribing re-*  
20                   *quirements;*

21                   “(B) *a process by which plans and issuers*  
22                   *are required to grant waivers and exceptions to*  
23                   *participating providers pursuant to paragraph*  
24                   *(2); and*

1           “(C) a mechanism for plans and issuers to  
2 recognize waivers issued to participating pro-  
3 viders under part D of title XVIII of the Social  
4 Security Act, pursuant to paragraph (2)(C).

5           “(5) PROHIBITIONS.—The policies established  
6 pursuant to paragraph (1) by a group health plan or  
7 health insurance issuer offering group health insur-  
8 ance coverage may not—

9           “(A) require dispensers of a schedule II, III,  
10 IV, or V controlled substance to confirm that the  
11 prescription for the controlled substance was elec-  
12 tronically issued by a participating provider in  
13 accordance with such policies, as described in  
14 paragraph (1);

15           “(B) require dispensers of such controlled  
16 substances to submit information or data beyond  
17 what is otherwise required to process a prescrip-  
18 tion drug claim in order to confirm a partici-  
19 pating provider’s compliance with such policies;

20           “(C) reject, deny, or recoup reimbursement  
21 for a prescription drug claim based on the for-  
22 mat in which the prescription was issued; or

23           “(D) require a participating provider to use  
24 a specific vendor for electronic prescribing or a  
25 specific electronic prescribing product or system.



1           “(6) *ATTESTATION OF COMPLIANCE.*—Beginning  
 2           on January 1, 2026, each group health plan and  
 3           health insurance issuer offering group health insur-  
 4           ance coverage shall annually submit to the Secretary,  
 5           the Secretary of Health and Human Services, and the  
 6           Secretary of the Treasury an attestation of compli-  
 7           ance with the requirements of this subsection.

8           “(7) *CONSULTATION REQUIREMENT FOR RULE-*  
 9           *MAKING.*—In promulgating regulations to carry out  
 10          this subsection, the Secretary, the Secretary of Health  
 11          and Human Services, and the Secretary of the Treas-  
 12          ury shall jointly consult with dispensers of controlled  
 13          substances, State insurance regulators, and health  
 14          care practitioners.”.

15          (c) *INTERNAL REVENUE CODE OF 1986 AMEND-*  
 16          *MENT.*—Section 9822 of the Internal Revenue Code of 1986  
 17          is amended by adding at the end the following new sub-  
 18          section:

19               “(d) *REQUIREMENTS FOR ELECTRONIC-PRESCRIBING*  
 20          *FOR CONTROLLED SUBSTANCES.*—

21                       “(1) *IN GENERAL.*—Except as provided pursuant  
 22                       to paragraph (2), for plan years beginning on or after  
 23                       January 1, 2026, a group health plan, with respect  
 24                       to a participating provider, as defined in section  
 25                       9816(a)(3), shall have in place policies, subject to

1        paragraphs (4) and (5), that require any prescription  
2        for a schedule II, III, IV, or V controlled substance  
3        (as defined by section 202 of the Controlled Sub-  
4        stances Act) covered by the plan that is transmitted  
5        by such a participating provider for such a partici-  
6        pant or beneficiary be electronically transmitted con-  
7        sistent with standards established under paragraph  
8        (3) of section 1860D–4(e) of the Social Security Act,  
9        under an electronic prescription drug program that  
10       meets requirements that are substantially similar (as  
11       jointly determined by the Secretary, the Secretary of  
12       Health and Human Services, and the Secretary of  
13       Labor) to the requirements of paragraph (2) of such  
14       section 1860D–4(e).

15            “(2)    EXCEPTION    FOR    CERTAIN    CIR-  
16       CUMSTANCES.—The Secretary, the Secretary of  
17       Health and Human Services, and the Secretary of  
18       Labor shall jointly, through rulemaking, specify cir-  
19       cumstances and processes by which the requirement  
20       under paragraph (1) may be waived, with respect to  
21       a schedule II, III, IV, or V controlled substance that  
22       is a prescription drug covered by a group health, in-  
23       cluding in the case of—

1           “(A) a prescription issued when the partici-  
2           pating provider and dispensing pharmacy are  
3           the same entity;

4           “(B) a prescription issued that cannot be  
5           transmitted electronically under the most re-  
6           cently implemented version of the National  
7           Council for Prescription Drug Programs  
8           SCRIPT Standard;

9           “(C) a prescription issued by a partici-  
10          pating provider who received a waiver (which  
11          may include a waiver obtained pursuant to sec-  
12          tion 1860D-4(e)(7)(B)(iii) of the Social Security  
13          Act) or a renewal thereof for a period of time as  
14          determined by the Secretary, the Secretary of  
15          Health and Human Services, and the Secretary  
16          of Labor, not to exceed one year, from the re-  
17          quirement to use electronic prescribing due to  
18          demonstrated economic hardship, technological  
19          limitations that are not reasonably within the  
20          control of the participating provider, or other ex-  
21          ceptional circumstance demonstrated by the par-  
22          ticipating provider;

23          “(D) a prescription issued by a partici-  
24          pating provider under circumstances in which,  
25          notwithstanding the participating provider’s

1           *ability to submit a prescription electronically as*  
2           *required by this subsection, such participating*  
3           *provider reasonably determines that it would be*  
4           *impractical for the individual involved to obtain*  
5           *substances prescribed by electronic prescription*  
6           *in a timely manner, and such delay would ad-*  
7           *versely impact the individual’s medical condi-*  
8           *tion involved;*

9           “(E) a prescription issued by a partici-  
10          *parting provider prescribing a drug under a re-*  
11          *search protocol;*

12          “(F) a prescription issued by a partici-  
13          *parting provider for a drug for which the Food*  
14          *and Drug Administration requires a prescrip-*  
15          *tion to contain elements that are not able to be*  
16          *included in electronic prescribing, such as a drug*  
17          *with risk evaluation and mitigation strategies*  
18          *that include elements to assure safe use;*

19          “(G) a prescription issued for an individual  
20          *who receives hospice care or for a resident of a*  
21          *nursing facility (as defined in section 1919(a) of*  
22          *the Social Security Act);*

23          “(H) a prescription issued under cir-  
24          *cumstances in which electronic prescribing is not*  
25          *available due to temporary technological or elec-*

1           *trical failure, as specified jointly by the Sec-*  
2           *retary, the Secretary of Health and Human*  
3           *Services, and the Secretary of Labor through*  
4           *rulemaking; and*

5           *“(I) a prescription issued by a partici-*  
6           *parting provider allowing for the dispensing of a*  
7           *non-patient specific prescription pursuant to a*  
8           *standing order, approved protocol for drug ther-*  
9           *apy, collaborative drug management, or com-*  
10          *prehensive medication management, in response*  
11          *to a public health emergency or other cir-*  
12          *cumstances under which the participating pro-*  
13          *vider may issue a non-patient specific prescrip-*  
14          *tion.*

15          “(3) *RULES OF CONSTRUCTION.*—

16          “(A) *VERIFICATION.*—*Nothing in this sub-*  
17          *section shall be construed as requiring a dis-*  
18          *penser to verify that a participating provider,*  
19          *with respect to a prescription for a schedule II,*  
20          *III, IV, or V controlled substance that is a pre-*  
21          *scription drug covered by a group health plan,*  
22          *has a waiver (or is otherwise exempt) under*  
23          *paragraph (2) from the requirement under para-*  
24          *graph (1).*

1           “(B) *AUTHORITY TO DISPENSE.*—*Nothing*  
2           *in this subsection shall be construed as affecting*  
3           *the ability of a group health plan to cover, or the*  
4           *ability of a dispenser to continue to dispense, a*  
5           *prescription drug if the prescription for such*  
6           *drug is an otherwise valid written, oral, or fax*  
7           *prescription that is consistent with applicable*  
8           *laws and regulations.*

9           “(C) *PATIENT CHOICE.*—*Nothing in this*  
10           *subsection shall be construed as affecting the*  
11           *ability of an individual who is a participant or*  
12           *beneficiary of a group health plan and who is*  
13           *prescribed a schedule II, III, IV, or V controlled*  
14           *substance that is a prescription drug covered by*  
15           *the plan to designate a particular dispenser to*  
16           *dispense a prescribed controlled substance to the*  
17           *extent consistent with the requirements under*  
18           *this subsection.*

19           “(4) *REGULATIONS ON POLICY REQUIRE-*  
20           *MENTS.*—*The Secretary, the Secretary of Health and*  
21           *Human Services, and the Secretary of Labor shall*  
22           *promulgate regulations specifying requirements for*  
23           *the policies established by group health plans under*  
24           *paragraph (1). Such regulations shall include require-*  
25           *ments for—*

1           “(A) a uniform process by which plans are  
2 required to set the e-prescribing requirements;

3           “(B) a process by which plans are required  
4 to grant waivers and exceptions to participating  
5 providers pursuant to paragraph (2); and

6           “(C) a mechanism for plans to recognize  
7 waivers issued to participating providers under  
8 part D of title XVIII of the Public Health Serv-  
9 ice Act, pursuant to paragraph (2)(C).

10          “(5) PROHIBITIONS.—The policies established  
11 pursuant to paragraph (1) by a group health plan  
12 may not—

13           “(A) require dispensers of a schedule II, III,  
14 IV, or V controlled substance to confirm that the  
15 prescription for the controlled substance was elec-  
16 tronically issued by a participating provider in  
17 accordance with such policies, as described in  
18 paragraph (1);

19           “(B) require dispensers of such controlled  
20 substances to submit information or data beyond  
21 what is otherwise required to process a prescrip-  
22 tion drug claim in order to confirm a partici-  
23 pating provider’s compliance with such policies;

1           “(C) reject, deny, or recoup reimbursement  
2           for a prescription drug claim based on the for-  
3           mat in which the prescription was issued; or

4           “(D) require a participating provider to use  
5           a specific vendor for electronic prescribing or a  
6           specific electronic prescribing product or system.

7           “(6) *ATTESTATION OF COMPLIANCE.*—Beginning  
8           on January 1, 2026, each group health plan shall an-  
9           nually submit to the Secretary, the Secretary of  
10          Health and Human Services, and the Secretary of  
11          Labor an attestation of compliance with the require-  
12          ments of this subsection.

13          “(7) *CONSULTATION REQUIREMENT FOR RULE-*  
14          *MAKING.*—In promulgating regulations to carry out  
15          this subsection, the Secretary, the Secretary of Health  
16          and Human Services, and the Secretary of Labor  
17          shall jointly consult with dispensers of controlled sub-  
18          stances, State insurance regulators, and health care  
19          practitioners.”.

20          “(d) *UPDATE OF BIOMETRIC COMPONENT OF MULTI-*  
21          *FACTOR AUTHENTICATION.*—Not later than 1 year after the  
22          date of enactment of this Act, the Attorney General shall  
23          finalize a regulation updating the requirements for the bio-  
24          metric component of multifactor authentication with re-  
25          spect to electronic prescriptions of controlled substances, as



1 *required under section 2003(c) of the SUPPORT for Pa-*  
2 *tients and Community Act (Public Law 115–271).*

3 ***TITLE II—TREATMENT***

4 ***SEC. 201. RESIDENTIAL TREATMENT PROGRAM FOR PREG-***  
5 ***NANT AND POSTPARTUM WOMEN.***

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

8 *(1) in subsection (d)(11)(C), by striking “pro-*  
9 *viding health services” and inserting “providing*  
10 *health care services”;*

11 *(2) in subsection (g)—*

12 *(A) by inserting “a plan describing” after*  
13 *“will provide”; and*

14 *(B) by adding at the end the following:*  
15 *“Such plan may include a description of how*  
16 *such applicant will target outreach to women*  
17 *disproportionately impacted by maternal sub-*  
18 *stance use disorder.”; and*

19 *(3) in subsection (s), by striking “\$29,931,000*  
20 *for each of fiscal years 2019 through 2023” and in-*  
21 *serting “\$38,931,000 for each of fiscal years 2024*  
22 *through 2028”.*

1 **SEC. 202. LOAN REPAYMENT PROGRAM FOR SUBSTANCE**  
2 **USE DISORDER TREATMENT WORKFORCE.**

3 *Section 781(j) of the Public Health Service Act (42*  
4 *U.S.C. 295h(j)) is amended by striking “\$25,000,000 for*  
5 *each of fiscal years 2019 through 2023” and inserting*  
6 *“\$50,000,000 for each of fiscal years 2024 through 2028”.*

7 **SEC. 203. REGIONAL CENTERS OF EXCELLENCE IN SUB-**  
8 **STANCE USE DISORDER EDUCATION.**

9 *Section 551 of the Public Health Service Act (42*  
10 *U.S.C. 290ee–6) is amended by striking subsection (f).*

11 **SEC. 204. MENTAL AND BEHAVIORAL HEALTH EDUCATION**  
12 **AND TRAINING PROGRAM.**

13 *Section 756(f) of the Public Health Service Act (42*  
14 *U.S.C. 294e–1(f)) is amended to read as follows:*

15 *“(f) AUTHORIZATION OF APPROPRIATIONS.—To carry*  
16 *out this section, there is authorized to be appropriated the*  
17 *following:*

18 *“(1) \$50,000,000 for fiscal year 2024, to be allo-*  
19 *cated as follows:*

20 *“(A) For grants described in subsection*  
21 *(a)(1), \$15,000,000.*

22 *“(B) For grants described in subsection*  
23 *(a)(2), \$15,000,000.*

24 *“(C) For grants described in subsection*  
25 *(a)(3), \$10,000,000.*

1           “(D) For grants described in subsection  
2           (a)(4), \$10,000,000.

3           “(2) \$55,000,000 for fiscal year 2025, to be allo-  
4           cated as follows:

5           “(A) For grants described in subsection  
6           (a)(1), \$16,500,000.

7           “(B) For grants described in subsection  
8           (a)(2), \$16,500,000.

9           “(C) For grants described in subsection  
10          (a)(3), \$11,000,000.

11          “(D) For grants described in subsection  
12          (a)(4), \$11,000,000.

13          “(3) \$60,000,000 for fiscal year 2026, to be allo-  
14          cated as follows:

15          “(A) For grants described in subsection  
16          (a)(1), \$18,000,000.

17          “(B) For grants described in subsection  
18          (a)(2), \$18,000,000.

19          “(C) For grants described in subsection  
20          (a)(3), \$12,000,000.

21          “(D) For grants described in subsection  
22          (a)(4), \$12,000,000.

23          “(4) \$65,000,000 for fiscal year 2027, to be allo-  
24          cated as follows:

1           “(A) For grants described in subsection  
2           (a)(1), \$19,500,000.

3           “(B) For grants described in subsection  
4           (a)(2), \$19,500,000.

5           “(C) For grants described in subsection  
6           (a)(3), \$13,000,000.

7           “(D) For grants described in subsection  
8           (a)(4), \$13,000,000.

9           “(5) \$75,000,000 for fiscal year 2028, to be allo-  
10          cated as follows:

11           “(A) For grants described in subsection  
12           (a)(1), \$22,500,000.

13           “(B) For grants described in subsection  
14           (a)(2), \$22,500,000.

15           “(C) For grants described in subsection  
16           (a)(3), \$15,000,000.

17           “(D) For grants described in subsection  
18           (a)(4), \$15,000,000.”.

19   **SEC. 205. GRANTS TO ENHANCE ACCESS TO SUBSTANCE**  
20           **USE DISORDER TREATMENT.**

21           Section 3203 of the *SUPPORT for Patients and Com-*  
22   *munities Act* (21 U.S.C. 823 note) is amended—

23           (1) by striking subsection (b); and

24           (2) by striking “*IN GENERAL—The Secretary*”  
25          and inserting the following:

1 *“The Secretary”.*

2 **SEC. 206. GRANTS TO IMPROVE TRAUMA SUPPORT SERV-**  
 3 **ICES AND MENTAL HEALTH CARE FOR CHIL-**  
 4 **DREN AND YOUTH IN EDUCATIONAL SET-**  
 5 **TINGS.**

6 *Section 7134 of the SUPPORT for Patients and Com-*  
 7 *munities Act (42 U.S.C. 280h-7) is amended—*

8 *(1) in subsection (a), by striking “tribal” and*  
 9 *inserting “Tribal”;*

10 *(2) in subsection (c)—*

11 *(A) in paragraph (1), by inserting “early*  
 12 *intervention,” after “screening,”;*

13 *(B) in paragraph (3)—*

14 *(i) in the matter preceding subpara-*  
 15 *graph (A), by inserting “other staff,” after*  
 16 *“support personnel,”; and*

17 *(ii) in subparagraph (A), by striking*  
 18 *“social and emotional learning” and insert-*  
 19 *ing “developmentally appropriate prac-*  
 20 *tices”;* and

21 *(C) in paragraph (5), by inserting “reduce*  
 22 *stigma associated with mental health care and”*  
 23 *after “efforts to”;*

24 *(3) in subsection (d)—*

25 *(A) in paragraph (4)—*

1                   (i) in subparagraph (A), by striking “;  
2                   and” and inserting a semicolon;

3                   (ii) in subparagraph (B)—

4                         (I) by striking “tribal organiza-  
5                         tions as appropriate, other school per-  
6                         sonnel” and inserting “Tribal organi-  
7                         zations as appropriate, other staff”;  
8                         and

9                         (II) by striking the period and in-  
10                         serting “; and”; and

11                   (iii) by adding at the end the fol-  
12                   lowing:

13                         “(C) parents and guardians will be in-  
14                         formed of what trauma support services and  
15                         mental health care are available to their students  
16                         and what services and care their students receive,  
17                         in accordance with the parental consent require-  
18                         ments under subsection (h)(2).”; and

19                   (B) by adding at the end the following:

20                         “(7) A plan for sustaining the program following  
21                         the end of the award period.”;

22                   (4) in subsection (f)(1), by inserting “, which  
23                   shall include a description of how the school obtains  
24                   consent from the student’s parent or guardian for the

1 *provision of trauma support services and mental*  
2 *health care” after “this section”;*

3 *(5) in subsection (g), by striking “tribal” and*  
4 *inserting “Tribal”;*

5 *(6) in subsection (h)—*

6 *(A) in the subsection heading, by inserting*  
7 *“; APPLICATION OF CERTAIN PROVISIONS” after*  
8 *“CONSTRUCTION”;*

9 *(B) by striking “tribal” each place it ap-*  
10 *pears and inserting “Tribal”;*

11 *(C) by redesignating paragraphs (1) and*  
12 *(2) as subparagraphs (A) and (B), respectively,*  
13 *and adjusting the margins accordingly;*

14 *(D) by striking “Nothing in this section”*  
15 *and inserting the following:*

16 *“(1) IN GENERAL.—Nothing in this section”; and*

17 *(E) by adding at the end the following:*

18 *“(2) APPLICATION OF PROVISIONS.—*

19 *“(A) RULES.—Section 4001 of the Elemen-*  
20 *tary and Secondary Education Act of 1965 (not*  
21 *including the exception under subsection*  
22 *(a)(2)(B)(i) of such section) shall apply to an*  
23 *entity receiving a grant, contract, or cooperative*  
24 *agreement under this section in the same manner*

1           *as such section 4001 applies to an entity receiv-*  
2           *ing funding under title IV of such Act.*

3           “(B) *PRIVACY PROTECTIONS.—Any edu-*  
4           *cation record of a student collected or main-*  
5           *tained under subsection (c)(4) shall have the pro-*  
6           *tections required for education records under sec-*  
7           *tion 444 of the General Education Provisions*  
8           *Act.”.*

9           *(7) in subsection (k)—*

10           (A) *by redesignating paragraphs (5)*  
11           *through (11) as paragraphs (6) through (12), re-*  
12           *spectively; and*

13           (B) *by inserting after paragraph (4) the fol-*  
14           *lowing:*

15           “(5) *OTHER STAFF.—The term ‘other staff’ has*  
16           *the meaning given such term in section 8101 of the*  
17           *Elementary and Secondary Education Act of 1965.”;*  
18           *and*

19           (8) *in subsection (l), by striking “2019 through*  
20           *2023” and inserting “2024 through 2028”.*



1 **SEC. 207. DEVELOPMENT AND DISSEMINATION OF MODEL**  
2 **TRAINING PROGRAMS FOR SUBSTANCE USE**  
3 **DISORDER PATIENT RECORDS.**

4 *Section 7053 of the SUPPORT for Patients and Com-*  
5 *munities Act (42 U.S.C. 290dd-2 note) is amended by strik-*  
6 *ing subsection (e).*

7 **SEC. 208. TASK FORCE ON BEST PRACTICES FOR TRAUMA-**  
8 **INFORMED IDENTIFICATION, REFERRAL, AND**  
9 **SUPPORT.**

10 *Section 7132 of the SUPPORT for Patients and Com-*  
11 *munities Act (Public Law 115-271; 132 Stat. 4046) is*  
12 *amended—*

13 *(1) in subsection (b)(1)—*

14 *(A) by redesignating subparagraph (CC) as*  
15 *subparagraph (DD); and*

16 *(B) by inserting after subparagraph (BB)*  
17 *the following:*

18 *“(CC) The Administration for Community*  
19 *Living.”;*

20 *(2) in subsection (d)(1), in the matter preceding*  
21 *subparagraph (A), by inserting “, developmental dis-*  
22 *ability service providers” before “, individuals who*  
23 *are”; and*

24 *(3) in subsection (i), by striking “2023” and in-*  
25 *serting “2028”.*

1 **SEC. 209. PROGRAM TO SUPPORT COORDINATION AND CON-**  
2 **TINUATION OF CARE FOR DRUG OVERDOSE**  
3 **PATIENTS.**

4 *Section 7081 of the SUPPORT for Patients and Com-*  
5 *munities Act (42 U.S.C. 290dd-4) is amended by striking*  
6 *subsection (f).*

7 **SEC. 210. REGULATIONS RELATING TO SPECIAL REGISTRA-**  
8 **TION FOR TELEMEDICINE.**

9 *Not later than 1 year after the date of enactment of*  
10 *this Act, the Attorney General, in consultation with the Sec-*  
11 *retary of Health and Human Services, shall promulgate the*  
12 *final regulations required under section 311(h)(2) of the*  
13 *Controlled Substances Act (21 U.S.C. 831(h)(2)).*

14 **SEC. 211. MENTAL HEALTH PARITY.**

15 *(a) IN GENERAL.—Not later than January 1, 2025,*  
16 *the Inspector General of the Department of Labor, in co-*  
17 *ordination with the Inspector General of the Department*  
18 *of Health and Human Services, shall report to the Com-*  
19 *mittee on Health, Education, Labor, and Pensions of the*  
20 *Senate and the Committee on Energy and Commerce and*  
21 *the Committee on Education and the Workforce of the*  
22 *House of Representatives on the following:*

23 *(1) The non-quantitative treatment limit (re-*  
24 *ferred to in this section as “NQTL”) requirements*  
25 *with respect to mental health and substance use dis-*  
26 *order benefits under group health plans and health*

1        *insurance issuers under section 2726(a)(8) of the Pub-*  
2        *lic Health Service Act (42 U.S.C. 300gg-26(a)(8)),*  
3        *section 712(a)(8) of the Employee Retirement Income*  
4        *Security Act of 1974 (29 U.S.C. 1185a(a)(8)), and*  
5        *section 9812(a)(8) of the Internal Revenue Code of*  
6        *1986 (referred to in this section as the “NQTL com-*  
7        *parative analysis requirements”), and the require-*  
8        *ments for the Secretary of Health and Human Serv-*  
9        *ices, the Secretary of Labor, and the Secretary of the*  
10       *Treasury to issue regulations, a compliance program*  
11       *guide, and additional guidance documents and tools*  
12       *providing guidance relating to mental health parity*  
13       *requirements under section 2726(a) of the Public*  
14       *Health Service Act (42 U.S.C. 300gg-26(a)), section*  
15       *712(a) of the Employee Retirement Income Security*  
16       *Act of 1974 (29 U.S.C. 1185a(a)), and section*  
17       *9812(a) of the Internal Revenue Code of 1986.*

18                *(2) With respect to the NQTL comparative anal-*  
19        *ysis requirements described in paragraph (1), an*  
20        *analysis of the actions taken by the Secretary of*  
21        *Labor, the Secretary of the Treasury, and the Sec-*  
22        *retary of Health and Human Services to provide*  
23        *guidance to ensure that group health plans and health*  
24        *insurance issuers can fully comply with mental health*  
25        *parity requirements under section 2726 of the Public*

1 *Health Service Act (42 U.S.C. 300gg–26), section 712*  
2 *of the Employee Retirement Income Security Act of*  
3 *1974 (29 U.S.C. 1185a), and section 9812 of the In-*  
4 *ternal Revenue Code of 1986 and the NQTL compara-*  
5 *tive analysis requirements described in paragraph*  
6 *(1), including an analysis of—*

7 *(A) the extent to which the Secretary of*  
8 *Labor, the Secretary of the Treasury, and the*  
9 *Secretary of Health and Human Services have*  
10 *fulfilled the requirement under section 203(b) of*  
11 *division BB of the Consolidated Appropriations*  
12 *Act, 2021 (Public Law 116–260) to issue the spe-*  
13 *cific guidance and regulations pertaining to the*  
14 *requirements for group health plans and health*  
15 *insurance issuers to demonstrate compliance*  
16 *with the NQTL comparative analysis require-*  
17 *ments; and*

18 *(B) whether sufficient guidance and exam-*  
19 *ples from the Department of Labor and Depart-*  
20 *ment of Health and Human Services, and the*  
21 *Department of the Treasury exist to guide and*  
22 *assist group health plans and health insurance*  
23 *issuers in complying with the requirements to*  
24 *demonstrate compliance with mental health par-*  
25 *ity NQTL comparative analysis requirements/*

1           under such sections 2726(a)(8), 712(a)(8), and  
2           9812(a)(8).

3           (3) *A review of the enforcement processes of the*  
4           *Department of Labor and the Department of Health*  
5           *and Human Services to evaluate the consistency of*  
6           *interpretation of the requirements under section*  
7           *2726(a)(8) of the Public Health Service Act (42*  
8           *U.S.C. 300gg–26(a)(8)), section 712(a)(8) of the Em-*  
9           *ployee Retirement Income Security Act of 1974 (29*  
10           *U.S.C. 1185a(a)(8)), and section 9812(a)(8) of the In-*  
11           *ternal Revenue Code of 1986, in particular with re-*  
12           *spect to processes utilized for enforcement, actions or*  
13           *inactions that constitute noncompliance, and avoid-*  
14           *ance among the agencies of duplication of enforce-*  
15           *ment, including an evaluation of compliance with sec-*  
16           *tion 104 of the Health Insurance Portability and Ac-*  
17           *countability Act of 1996 (Public Law 104–191).*

18           (4) *A review of the implementation, by the De-*  
19           *partment of Labor, Department of Health and*  
20           *Human Services, and Department of the Treasury, of*  
21           *mental health parity requirements under section 2726*  
22           *of the Public Health Service Act (42 U.S.C. 300gg–*  
23           *26), section 712 of the Employee Retirement Income*  
24           *Security Act of 1974 (29 U.S.C. 1185a), and section*  
25           *9812 of the Internal Revenue Code of 1986, including*

1 *all such requirements in effect through the enactment*  
 2 *of the Mental Health Parity Act of 1996 (Public Law*  
 3 *104–204), the Paul Wellstone and Pete Domenici*  
 4 *Mental Health Parity and Addiction Equity Act of*  
 5 *2008 (Public Law 110–460), the 21st Century Cures*  
 6 *Act (Public Law 114–255), and the Consolidated Ap-*  
 7 *propriations Act, 2023 (Public Law 117–328) (in-*  
 8 *cluding any amendments made by such Acts), and in-*  
 9 *cluding with respect to the timing of all actions,*  
 10 *delays of any actions, reasons for any such delays,*  
 11 *mandated requirements that were met only once but*  
 12 *not each time such requirements were mandated.*

13 *(b) DEFINITIONS.—In this section, the terms “group*  
 14 *health plan” and “health insurance issuer” have the mean-*  
 15 *ings given such terms in section 733 of the Employee Retire-*  
 16 *ment Income Security Act of 1974 (29 U.S.C. 1191b).*

17 **SEC. 212. STATE GUIDANCE RELATED TO INDIVIDUALS**  
 18 **WITH SERIOUS MENTAL ILLNESS AND CHIL-**  
 19 **DREN WITH SERIOUS EMOTIONAL DISTURB-**  
 20 **ANCE.**

21 *(a) REVIEW OF USE OF CERTAIN FUNDING.—Not later*  
 22 *than 1 year after the date of enactment of this Act, the Sec-*  
 23 *retary of Health and Human Services, acting through the*  
 24 *Assistant Secretary for Mental Health and Substance Use,*  
 25 *shall conduct a review of the use by States of funds made*

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

6           (1) *How the States use funds for evidence-based*  
7 *treatments and services, such as coordinated specialty*  
8 *care, according to the standard of care for individuals*  
9 *with early serious mental illness, including the com-*  
10 *prehensiveness of such treatments to include all as-*  
11 *pects of the recommended intervention.*

12           (2) *How State mental health departments coordi-*  
13 *nate with State Medicaid departments in the delivery*  
14 *of the treatments and services described in paragraph*  
15 *(1).*

16           (3) *The percentage of the State funding under*  
17 *the block grant program that is applied toward early*  
18 *serious mental illness, and funding in excess of, or*  
19 *under, 10 percent of the amount of the grant, broken*  
20 *down by State.*

21           (4) *The percentage of funds expended by States*  
22 *through such block grant program specifically on*  
23 *First Episode Psychosis, to the extent such informa-*  
24 *tion is available.*

1           (5) *How many individuals are served by the ex-*  
2 *penditures described in paragraphs (3) and (4), on a*  
3 *per-capita basis.*

4           (6) *How the funds are used to reach underserved*  
5 *populations, including rural populations and racial*  
6 *and ethnic minority populations.*

7           **(b) REPORT AND GUIDANCE.—**

8           (1) *REPORT.—Not later than 6 months after the*  
9 *completion of the review under subsection (a), the Sec-*  
10 *retary of Health and Human Services, acting through*  
11 *the Assistant Secretary for Mental Health and Sub-*  
12 *stance Use, shall submit to the Committee on Appro-*  
13 *propriations, the Committee on Health, Education,*  
14 *Labor, and Pensions, and the Committee on Finance*  
15 *of the Senate and to the Committee on Appropria-*  
16 *tions and the Committee on Energy and Commerce of*  
17 *the House of Representatives a report on the findings*  
18 *made as a result of the review conducted under sub-*  
19 *section (a). Such report shall include any rec-*  
20 *ommendations with respect to any changes to the*  
21 *Community Mental Health Services Block Grant pro-*  
22 *gram under subpart I of part B of title XIX of the*  
23 *Public Health Service Act (42 U.S.C. 300x et seq.),*  
24 *including the set-aside required for First Episode*



1       *Psychosis, that would facilitate improved outcomes for*  
2       *the targeted population involved.*

3           (2) *GUIDANCE.*—*Not later than 1 year after the*  
4       *date on which the report is submitted under para-*  
5       *graph (1), the Secretary of Health and Human Serv-*  
6       *ices, acting through the Assistant Secretary for Men-*  
7       *tal Health and Substance Use, shall update the guid-*  
8       *ance provided to States under the Community Mental*  
9       *Health Services Block Grant program based on the*  
10       *findings and recommendations of the report.*

11          (c) *ADDITIONAL GUIDANCE.*—*The Director of the Na-*  
12       *tional Institute of Mental Health shall coordinate with the*  
13       *Assistant Secretary for Mental Health and Substance Use*  
14       *in providing guidance to State grantees and provider sub-*  
15       *grantees about research advances in the delivery of services*  
16       *for First Episode Psychosis under the Community Mental*  
17       *Health Services Block Grant program.*

18          (d) *GUIDANCE FOR STATES RELATING TO HEALTH*  
19       *CARE SERVICES AND INTERVENTIONS FOR INDIVIDUALS*  
20       *WITH SERIOUS MENTAL ILLNESS AND CHILDREN WITH*  
21       *SERIOUS EMOTIONAL DISTURBANCE.*—*Not later than 2*  
22       *years after the date of enactment of this Act, the Assistant*  
23       *Secretary for Mental Health and Substance Use, jointly*  
24       *with the Administrator of the Centers for Medicare & Med-*

1 *icaid Services and the Director of the National Institute*  
 2 *of Mental Health—*

3           (1) *shall provide updated guidance to States con-*  
 4 *cerning the manner in which Federal funding pro-*  
 5 *vided to States through programs administered by*  
 6 *such agencies, including the Community Mental*  
 7 *Health Services Block Grant program under subpart*  
 8 *I of part B of title XIX of the Public Health Service*  
 9 *Act (42 U.S.C. 300x et seq.), may be coordinated to*  
 10 *provide evidence-based health care services such as co-*  
 11 *ordinated specialty care to individuals with serious*  
 12 *mental illness and serious emotional disturbance, and*  
 13 *interventions for individuals with early serious men-*  
 14 *tal illness, including First Episode Psychosis; and*

15           (2) *may streamline relevant State reporting re-*  
 16 *quirements if such streamlining would result in mak-*  
 17 *ing it easier for States to coordinate funding under*  
 18 *the programs described in paragraph (1) to improve*  
 19 *treatments for individuals with serious mental illness*  
 20 *and serious emotional disturbance.*

21 **SEC. 213. IMPROVING ACCESS TO ADDICTION MEDICINE**

22 **PROVIDERS.**

23           *Section 597 of the Public Health Service Act (42*  
 24 *U.S.C. 290ll) is amended—*

1           (1) *in subsection (a)(1), by inserting “diag-*  
 2           *nosis,” after “related to”; and*

3           (2) *in subsection (b), by inserting “addiction*  
 4           *medicine,” after “psychiatry.”*

5 **SEC. 214. ROUNDTABLE ON USING HEALTH INFORMATION**  
 6                           **TECHNOLOGY TO IMPROVE MENTAL HEALTH**  
 7                           **AND SUBSTANCE USE CARE OUTCOMES.**

8           (a) *ROUNDTABLE.—Not later than 180 days after the*  
 9           *date of enactment of this Act, the Office of the National*  
 10           *Coordinator for Health Information Technology shall con-*  
 11           *vene a public roundtable to examine how the expanded use*  
 12           *of electronic health records among mental health and sub-*  
 13           *stance use service providers can improve outcomes for pa-*  
 14           *tients in mental health and substance use settings and how*  
 15           *best to increase electronic health record adoption among*  
 16           *such providers.*

17           (b) *PARTICIPANTS.—The National Coordinator for*  
 18           *Health Information Technology shall ensure that the par-*  
 19           *ticipants in the roundtable under subsection (a) include*  
 20           *private and public sector stakeholders, including patients,*  
 21           *providers (including providers of inpatient services and*  
 22           *providers of outpatient services), and representatives of*  
 23           *payors, health information exchanges, professional associa-*  
 24           *tions, health information technology vendors, health infor-*

1 *mation technology certification organizations, and State*  
2 *and Federal agencies.*

3       (c) *REPORT.*—*Not later than 180 days after the con-*  
4 *clusion of the public stakeholder roundtable under sub-*  
5 *section (a), the Office of the National Coordinator for*  
6 *Health Information Technology shall submit to the Com-*  
7 *mittee on Health, Education, Labor, and Pensions of the*  
8 *Senate and the Committee on Energy and Commerce of the*  
9 *House of Representatives a report outlining information*  
10 *gathered from the roundtable under subsection (a). Such re-*  
11 *port shall include an examination of—*

12           (1) *recommendations from the roundtable par-*  
13 *ticipants;*

14           (2) *unique considerations for using electronic*  
15 *health record systems in mental health and substance*  
16 *use treatment settings;*

17           (3) *unique considerations for developers of health*  
18 *information technology relating to certification of*  
19 *electronic health records for use in mental health and*  
20 *substance use treatment settings where the applicable*  
21 *health information technology is not currently subject*  
22 *to certification requirements;*

23           (4) *current usage of electronic health records by*  
24 *mental health and substance use disorder service pro-*

1        *viders, and the scope and magnitude of such providers*  
2        *that do not use electronic health record systems;*

3            *(5) examples of how electronic health record sys-*  
4        *tems enable coordinated care and care management;*

5            *(6) how electronic health record systems further*  
6        *appropriate patient and provider access to secure, us-*  
7        *able electronic information exchange;*

8            *(7) how electronic health record systems can be*  
9        *connected to or support existing systems, which may*  
10       *include the 988 crisis line, mobile crisis response sys-*  
11       *tems, and co-responder programs, to facilitate*  
12       *connectivity, response, and integrated care;*

13           *(8) any existing programs to support greater*  
14       *adoption of electronic health record systems among*  
15       *mental health and substance use service providers;*

16           *(9) any limitations to greater adoption of elec-*  
17       *tronic health record systems among mental health and*  
18       *substance use service providers;*

19           *(10) the costs of adoption of electronic health*  
20       *record systems by mental health and substance use*  
21       *disorder service providers; and*

22           *(11) best practices implemented by States and by*  
23       *other entities to support adoption of use of electronic*  
24       *health records among mental health and substance use*  
25       *disorder service providers.*

1 **SEC. 215. PEER-TO-PEER MENTAL HEALTH SUPPORT.**

2       (a) *IN GENERAL.*—*The Assistant Secretary for Mental*  
3 *Health and Substance Use (referred to in this section as*  
4 *the “Assistant Secretary”), in consultation with the Sec-*  
5 *retary of Education, may, as appropriate and within a rel-*  
6 *evant existing program, carry out a pilot program and*  
7 *make awards, on a competitive basis, to eligible entities to*  
8 *support evidence-based mental health peer support activities*  
9 *for students enrolled in secondary schools (as such term is*  
10 *defined in section 8101 of the Elementary and Secondary*  
11 *Education Act of 1965 (20 U.S.C. 7801)).*

12       (b) *ELIGIBILITY.*—*To be eligible to receive an award*  
13 *under this section, an entity shall—*

14               (1) *be a State, political subdivision of a State,*  
15 *territory, or Indian Tribe or Tribal organization (as*  
16 *such terms are defined in section 4 of the Indian Self-*  
17 *Determination and Education Assistance Act (25*  
18 *U.S.C. 5304)); and*

19               (2) *submit to the Assistant Secretary an applica-*  
20 *tion at such time, in such manner, and containing*  
21 *such information as the Assistant Secretary may re-*  
22 *quire, including a description of how the entity will*  
23 *measure and evaluate progress of the program in im-*  
24 *proving student mental health outcomes.*

25       (c) *USE OF AMOUNTS.*—

1           (1) *IN GENERAL.*—Subject to paragraph (2), an  
2           eligible entity may use amounts provided under this  
3           section to implement or operate evidence-based mental  
4           health peer support activities in 1 or more secondary  
5           schools (as such term is defined in section 8101 of the  
6           Elementary and Secondary Education Act of 1965  
7           (20 U.S.C. 7801)) within the jurisdiction of such eli-  
8           gible entity, which may include providing training,  
9           as appropriate, to students, adult supervisors, and  
10          other appropriate individuals to improve the early  
11          identification of, response to, and recovery supports  
12          for mental health and substance use challenges, reduce  
13          associated risks, and promote resiliency.

14          (2) *PROGRAM OVERSIGHT.*—An eligible entity  
15          shall ensure that mental health peer support activities  
16          under paragraph (1) are overseen by a school-based  
17          mental health professional.

18          (3) *FERPA.*—Any education records of the stu-  
19          dent collected or maintained under this section shall  
20          have the protections provided in section 444 of the  
21          General Education Provisions Act (20 U.S.C. 1232g).

22          (d) *EVALUATION; REPORT.*—

23                 (1) *EVALUATION.*—The Assistant Secretary shall  
24                 carry out an evaluation to measure the efficacy of the  
25                 program under this section. The evaluation shall—

1           (A) *measure participation rates in mental*  
2 *health peer support activities, including any as-*  
3 *sociated trends;*

4           (B) *describe the specific trainings provided,*  
5 *or other activities carried out under the pilot*  
6 *program;*

7           (C) *assess whether such mental health peer*  
8 *support activities impacted mental health out-*  
9 *comes of participating students; and*

10          (D) *measure the effectiveness of the pilot*  
11 *program in connecting students to professional*  
12 *mental health services compared to other evi-*  
13 *dence-based strategies.*

14          (2) *REPORT.—The Assistant Secretary shall pre-*  
15 *pare and submit to the Committee on Health, Edu-*  
16 *cation, Labor, and Pensions of the Senate and the*  
17 *Committees on Energy and Commerce and Education*  
18 *and the Workforce of the House of Representatives a*  
19 *report containing the results of the evaluation con-*  
20 *ducted under paragraph (1).*

21          (e) *TECHNICAL ASSISTANCE.—The Assistant Sec-*  
22 *retary, in coordination with the Secretary of Education,*  
23 *shall provide technical assistance to eligible entities apply-*  
24 *ing for and receiving an award under this section, includ-*



1 *ing the identification and dissemination of best practices*  
2 *for mental health peer support programs for students.*

3 (f) *RULE OF CONSTRUCTION.*—Section 4001 of the Ele-  
4 *mentary and Secondary Education Act of 1965 (20 U.S.C.*  
5 *7101) shall apply to an entity receiving a grant, contract,*  
6 *or cooperative agreement under this section in the same*  
7 *manner as such section applies to an entity receiving fund-*  
8 *ing under title IV of such Act, except that section*  
9 *4001(a)(2)(B)(i) of such Act shall not apply.*

10 (g) *SUNSET.*—This section shall terminate on Sep-  
11 *tember 30, 2028.*

12 **SEC. 216. KID PROOF PILOT PROGRAM.**

13 (a) *IN GENERAL.*—The Assistant Secretary for Mental  
14 *Health and Substance Use (referred to in this section as*  
15 *the “Assistant Secretary”), may, as appropriate and within*  
16 *a relevant existing program, carry out a pilot program and*  
17 *make awards, on a competitive basis, to eligible entities to*  
18 *prevent, or reduce the risk of, suicide and drug overdose*  
19 *by children, adolescents, and young adults, including by ad-*  
20 *ressing the misuse of lethal means commonly used in over-*  
21 *dose or suicide.*

22 (b) *ELIGIBILITY.*—To be eligible to receive an award  
23 *under this section, an entity shall—*

24 (1) *be a State, political subdivision of a State,*  
25 *territory, or Indian Tribe or Tribal organization (as*

1        *such terms are defined in section 4 of the Indian Self-*  
2        *Determination and Education Assistance Act (25*  
3        *U.S.C. 5304)); and*

4            *(2) submit to the Assistant Secretary an applica-*  
5        *tion at such time, in such manner, and containing*  
6        *such information as the Assistant Secretary may re-*  
7        *quire, including a description of the geographic loca-*  
8        *tion and settings in which such entity proposes to*  
9        *carry out activities under such award and the dem-*  
10       *onstrated need of such geographic location and set-*  
11       *tings.*

12        *(c) USE OF FUNDS.—An eligible entity shall use*  
13       *amounts provided under this section to implement evidence-*  
14       *based practices to prevent, or reduce the risk of, overdose*  
15       *and suicide among children, adolescents, and young adults,*  
16       *including promoting education and awareness among par-*  
17       *ents or legal guardians on relevant best practices and pro-*  
18       *viding appropriate supplies to parents or legal guardians*  
19       *to prevent, or reduce the risk of, the misuse of lethal means*  
20       *commonly used in overdose or suicide.*

21        *(d) PARTNERSHIPS.—Recipients of funding under this*  
22       *section may partner with health care facilities to carry out*  
23       *activities under subsection (c).*

24        *(e) EVALUATION; REPORT.—*

1           (1) *EVALUATION.*—Not later than 2 years after  
2           the date on which awards under this section are first  
3           issued, the Assistant Secretary shall carry out an  
4           evaluation to measure the efficacy of the program  
5           under this section. The evaluation shall include—

6                   (A) a description of any specific education  
7                   and awareness activities carried out through the  
8                   pilot program under this section;

9                   (B) the number and types of supplies pro-  
10                  vided to parents or legal guardians to prevent, or  
11                  reduce the risk of, the misuse of lethal means  
12                  commonly used in overdose or suicide; and

13                  (C) an assessment of the efficacy of the pilot  
14                  program in preventing, or reducing the risk of,  
15                  overdose and suicide.

16           (2) *REPORT.*—The Assistant Secretary shall pre-  
17           pare and submit to the Committee on Health, Edu-  
18           cation, Labor, and Pensions of the Senate and the  
19           Committee on Energy and Commerce of the House of  
20           Representatives a report containing the results of the  
21           evaluation conducted under paragraph (1).

22           (f) *SUNSET.*—This section shall terminate on Sep-  
23           tember 30, 2028.

## **TITLE III—RECOVERY**

### **2 SEC. 301. YOUTH PREVENTION AND RECOVERY.**

3        *Section 7102(c) of the SUPPORT for Patients and*  
 4 *Communities Act (42 U.S.C. 290bb–7a(c)) (as amended by*  
 5 *section 113(a)) is amended—*

6            *(1) in paragraph (2)—*

7                    *(A) in subparagraph (A)—*

8                            *(i) in clause (i)—*

9                                    *(I) by inserting “, or a consortia*  
 10 *of local educational agencies,” after “a*  
 11 *local educational agency”; and*

12                                    *(II) by striking “high schools”*  
 13 *and inserting “secondary schools”; and*

14                                    *(ii) in clause (vi), by striking “tribe,*  
 15 *or tribal” and inserting “Tribe, or Tribal”;*

16                                    *(B) by amending subparagraph (E) to read*  
 17 *as follows:*

18                                    *“(E) INDIAN TRIBE; TRIBAL ORGANIZA-*  
 19 *TION.—The terms ‘Indian Tribe’ and ‘Tribal or-*  
 20 *ganization’ have the meanings given such terms*  
 21 *in section 4 of the Indian Self-Determination*  
 22 *and Education Assistance Act (25 U.S.C.*  
 23 *5304).”;*

24                                    *(C) by redesignating subparagraph (K) as*  
 25 *subparagraph (L); and*

1           (D) by inserting after subparagraph (J) the  
2 following:

3           “(K) SECONDARY SCHOOL.—The term ‘sec-  
4 ondary school’ has the meaning given such term  
5 in section 8101 of the Elementary and Sec-  
6 ondary Education Act of 1965 (20 U.S.C.  
7 7801).”;

8           (2) in paragraph (3)(A), in the matter preceding  
9 clause (i)—

10           (A) by striking “and abuse”; and

11           (B) by inserting “at increased risk for sub-  
12 stance misuse” after “specific populations”;

13           (3) in paragraph (4)—

14           (A) in the matter preceding subparagraph  
15 (A), by striking “Indian tribes” and inserting  
16 “Indian Tribes”;

17           (B) in subparagraph (A), by striking “and  
18 abuse”; and

19           (C) in subparagraph (B), by striking “peer  
20 mentoring” and inserting “peer-to-peer support”;

21           (4) in paragraph (5), by striking “tribal” and  
22 inserting “Tribal”;

23           (5) in paragraph (6)(A)—

24           (A) in clause (iv), by striking “; and” and  
25 inserting a semicolon; and

1 (B) by adding at the end the following:

2 “(vi) a plan to sustain the activities  
3 carried out under the grant program, after  
4 the grant program has ended; and”;

5 (6) in paragraph (8), by striking “2022” and in-  
6 serting “2027”; and

7 (7) by amending paragraph (9) to read as fol-  
8 lows:

9 “(9) *AUTHORIZATION OF APPROPRIATIONS.—To*  
10 *carry out this subsection, there are authorized to be*  
11 *appropriated \$10,000,000 for fiscal year 2024,*  
12 *\$12,000,000 for fiscal year 2025, \$14,000,000 for fis-*  
13 *cal year 2026, \$16,000,000 for fiscal year 2027, and*  
14 *\$18,000,000 for fiscal year 2028.”.*

15 **SEC. 302. COMPREHENSIVE OPIOID RECOVERY CENTERS.**

16 *Section 552 of the Public Health Service Act (42*  
17 *U.S.C. 290ee-7) is amended—*

18 (1) in subsection (d)(2)—

19 (A) in the matter preceding subparagraph  
20 (A), by striking “and in such manner” and in-  
21 serting “, in such manner, and containing such  
22 information and assurances”; and

23 (B) in subparagraph (A), by striking “is  
24 capable of coordinating with other entities to  
25 carry out” and inserting “has the demonstrated

1           *capability to carry out, through referral or con-*  
2           *tractual arrangements”;*

3           *(2) in subsection (h)—*

4                   *(A) by redesignating paragraphs (1)*  
5                   *through (4) as subparagraphs (A) through (D),*  
6                   *respectively, and adjusting the margins accord-*  
7                   *ingly;*

8                   *(B) by striking “With respect to” and in-*  
9                   *serting the following:*

10                   *“(1) IN GENERAL.—With respect to”;* and

11                   *(C) by adding at the end the following:*

12                   *“(2) ADDITIONAL REPORTING FOR CERTAIN ELI-*  
13                   *GIBLE ENTITIES.—An entity carrying out activities*  
14                   *described in subsection (g) through referral or con-*  
15                   *tractual arrangements shall include in the submis-*  
16                   *sions required under paragraph (1) information re-*  
17                   *lated to the status of such referrals or contractual ar-*  
18                   *rangements, including an assessment of whether such*  
19                   *referrals or contractual arrangements are supporting*  
20                   *the ability of such entity to carry out such activi-*  
21                   *ties.”;* and

22                   *(3) in subsection (j), by striking “2019 through*  
23                   *2023” and inserting “2024 through 2028”.*

1 **SEC. 303. BUILDING COMMUNITIES OF RECOVERY.**

2 *Section 547(f) of the Public Health Service Act (42*  
 3 *U.S.C. 290ee–2(f)) is amended by striking “\$5,000,000 for*  
 4 *each of fiscal years 2019 through 2023” and inserting*  
 5 *“\$16,000,000 for each of fiscal years 2024 through 2028”.*

6 **SEC. 304. PEER SUPPORT TECHNICAL ASSISTANCE CENTER.**

7 *Section 547A of the Public Health Service Act (42*  
 8 *U.S.C. 290ee–2a) is amended—*

9 *(1) in subsection (b)(4), by striking “building;*  
 10 *and” and inserting the following: “building, such*  
 11 *as—*

12 *“(A) professional development of peer sup-*  
 13 *port specialists; and*

14 *“(B) making recovery support services*  
 15 *available in nonclinical settings; and”;*

16 *(2) by redesignating subsections (d) and (e) as*  
 17 *subsections (e) and (f), respectively;*

18 *(3) by inserting after subsection (c) the fol-*  
 19 *lowing:*

20 *“(d) PILOT PROGRAM.—*

21 *“(1) IN GENERAL.—The Secretary shall carry*  
 22 *out a pilot program to establish one regional technical*  
 23 *assistance center (referred to in this subsection as the*  
 24 *‘Regional Center’) to assist the Center in carrying out*  
 25 *activities described in subsection (b) within the geo-*



1 *graphic region of such Regional Center in a manner*  
2 *that is tailored to the needs of such region.*

3 “(2) *EVALUATION.*—*Not later than 4 years after*  
4 *the date of enactment of the SUPPORT for Patients*  
5 *and Communities Reauthorization Act, the Secretary*  
6 *shall evaluate the activities of the Regional Center*  
7 *and submit to the Committee on Health, Education,*  
8 *Labor, and Pensions of the Senate and the Committee*  
9 *on Energy and Commerce of the House of Representa-*  
10 *tives a report on the findings of such evaluation, in-*  
11 *cluding—*

12 “(A) *a description of the distinct roles and*  
13 *responsibilities of the Regional Center and the*  
14 *Center;*

15 “(B) *available information relating to the*  
16 *outcomes of the pilot program under this sub-*  
17 *section, such as any impact the Regional Center*  
18 *had on the operations and efficiency of the Cen-*  
19 *ter relating to requests for technical assistance*  
20 *and support within the region of such Regional*  
21 *Center;*

22 “(C) *a description of any gaps or areas of*  
23 *duplication relating to the activities of the Re-*  
24 *gional Center and the Center within such region;*  
25 *and*

1           “(D) recommendations relating to the modi-  
2           fication, expansion, or termination of the pilot  
3           program under this subsection.

4           “(3) *TERMINATION.*—This subsection shall termi-  
5           nate on September 30, 2028.”; and

6           (4) in subsection (f), as so redesignated, by strik-  
7           ing “\$1,000,000 for each of fiscal years 2019 through  
8           2023” and inserting “\$2,000,000 for each of fiscal  
9           years 2024 through 2028”.

10 **SEC. 305. CAREER ACT.**

11           (a) *IN GENERAL.*—Section 7183 of the *SUPPORT for*  
12 *Patients and Communities Act* (42 U.S.C. 290ee–8) is  
13 amended—

14           (1) in the section heading, by inserting “;  
15 **TREATMENT, RECOVERY, AND WORKFORCE**  
16 **SUPPORT GRANTS**” after “**CAREER ACT**”;

17           (2) in subsection (b), by inserting “each” before  
18 “for a period”;

19           (3) in subsection (c)—

20           (A) in paragraph (1), by striking “the rates  
21 described in paragraph (2)” and inserting “the  
22 average rates for calendar years 2018 through  
23 2022 described in paragraph (2)”;

24           (B) by amending paragraph (2) to read as  
25 follows:

1           “(2) *RATES.*—*The rates described in this para-*  
2 *graph are the following:*

3           “(A) *The highest age-adjusted average rates*  
4 *of drug overdose deaths for calendar years 2018*  
5 *through 2022 based on data from the Centers for*  
6 *Disease Control and Prevention, including, if*  
7 *necessary, provisional data for calendar year*  
8 *2022.*

9           “(B) *The highest average rates of unemploy-*  
10 *ment for calendar years 2018 through 2022*  
11 *based on data provided by the Bureau of Labor*  
12 *Statistics.*

13           “(C) *The lowest average labor force partici-*  
14 *ipation rates for calendar years 2018 through*  
15 *2022 based on data provided by the Bureau of*  
16 *Labor Statistics.”;*

17           (4) *in subsection (g)—*

18           (A) *in each of paragraphs (1) and (3), by*  
19 *redesignating subparagraphs (A) and (B) as*  
20 *clauses (i) and (ii), respectively, and adjusting*  
21 *the margins accordingly;*

22           (B) *by redesignating paragraphs (1)*  
23 *through (3) as subparagraphs (A) through (C),*  
24 *respectively, and adjusting the margins accord-*  
25 *ingly;*

1           (C) in the matter preceding subparagraph  
2           (A) (as so redesignated), by striking “An entity”  
3           and inserting the following:

4           “(1) *IN GENERAL.*—An entity”; and

5           (D) by adding at the end the following:

6           “(2) *TRANSPORTATION SERVICES.*—An entity re-  
7           ceiving a grant under this section may use not more  
8           than 5 percent of the funds for providing transpor-  
9           tation for individuals to participate in an activity  
10          supported by a grant under this section, which trans-  
11          portation shall be to or from a place of work or a  
12          place where the individual is receiving career and  
13          technical education or job training services or receiv-  
14          ing services directly linked to treatment of or recovery  
15          from a substance use disorder.

16          “(3) *LIMITATION.*—The Secretary may not re-  
17          quire an entity to, or give priority to an entity that  
18          plans to, use the funds of a grant under this section  
19          for activities that are not specified in this sub-  
20          section.”;

21          (5) in subsection (i)(2), by inserting “, which  
22          shall include employment and earnings outcomes de-  
23          scribed in subclauses (I) and (III) of section  
24          116(b)(2)(A)(i) of the Workforce Innovation and Op-  
25          portunity Act (29 U.S.C. 3141(b)(2)(A)(i)) with re-

1        *spect to the participation of such individuals with a*  
2        *substance use disorder in programs and activities*  
3        *funded by the grant under this section” after “sub-*  
4        *section (g)”;*

5            *(6) in subsection (j)—*

6            *(A) in paragraph (1), by inserting “for*  
7            *grants awarded prior to the date of enactment of*  
8            *the SUPPORT for Patients and Communities*  
9            *Reauthorization Act” after “grant period under*  
10           *this section”; and*

11           *(B) in paragraph (2)—*

12           *(i) in the matter preceding subpara-*  
13           *graph (A), by striking “2 years after sub-*  
14           *mitting the preliminary report required*  
15           *under paragraph (1)” and inserting “Sep-*  
16           *tember 30, 2028”; and*

17           *(ii) in subparagraph (A), by striking*

18           *“(g)(3)” and inserting “(g)(1)(C)”;* and

19           *(7) in subsection (k), by striking “\$5,000,000 for*  
20           *each of fiscal years 2019 through 2023” and inserting*  
21           *“\$12,000,000 for each of fiscal years 2024 through*  
22           *2028”.*

23        *(b) CLERICAL AMENDMENT.—The table of contents in*  
24        *section 1(b) of the SUPPORT for Patients and Commu-*  
25        *nities Act (Public Law 115–271; 132 Stat. 3894) is amend-*

1 *ed by striking the item relating to section 7183 and insert-*  
 2 *ing the following:*

*“Sec. 7183. CAREER Act; treatment, recovery, and workforce support grants.”.*

3 **SEC. 306. RESEARCH AND RECOMMENDATIONS ON CRIMI-**  
 4 **NAL BACKGROUND CHECK PROCESS FOR**  
 5 **PEER SUPPORT SPECIALISTS.**

6 (a) *IN GENERAL.*—*The Secretary of Health and*  
 7 *Human Services (referred to in this section as the “Sec-*  
 8 *retary”), in coordination with the Attorney General, shall*  
 9 *develop a report on research and recommendations with re-*  
 10 *spect to criminal background check processes for individuals*  
 11 *becoming peer support specialists.*

12 (b) *CONTENTS.*—*The report under subsection (a) shall*  
 13 *include—*

14 (1) *a summary of evidence-based research on the*  
 15 *effectiveness of peer support specialists in improving*  
 16 *the mental health and the substance use disorder re-*  
 17 *covery of other individuals;*

18 (2) *a survey of each State’s laws (including reg-*  
 19 *ulations) that contain criminal background check re-*  
 20 *quirements for serving as a peer support specialist,*  
 21 *including—*

22 (A) *an analysis of criminal offenses that*  
 23 *are included in State laws (including regula-*  
 24 *tions) that prevent individuals from earning a*

1           *peer support specialist certification or from*  
2           *practicing as a peer support specialist;*

3           *(B) an analysis of requirements (if any)*  
4           *under the State plan under title XIX of the So-*  
5           *cial Security Act (42 U.S.C. 1396 et seq.) or*  
6           *under a waiver of such plan relating to back-*  
7           *ground checks for providers participating under*  
8           *such plan or waiver and the extent to which any*  
9           *such requirements differ from similar require-*  
10           *ments imposed under State law (including regu-*  
11           *lations);*

12           *(C) an analysis of requirements (if any) of*  
13           *any State receiving a grant under part B of title*  
14           *XIX of the Public Health Service Act (42 U.S.C.*  
15           *300x et seq.) relating to background checks for*  
16           *providers participating in a program under, or*  
17           *otherwise providing services supported by, such*  
18           *grant;*

19           *(D) a review of State laws (including regu-*  
20           *lations) that provide exemptions from prohibi-*  
21           *tions regarding certification or practice of peer*  
22           *support specialists; and*

23           *(E) an indication of each State that has*  
24           *gone through the process of amending or other-*  
25           *wise changing criminal background check laws*

1           *(including regulations) for the certification and*  
2           *practice of peer support specialists; and*

3           *(3) recommendations to States on criminal back-*  
4           *ground check processes that would reduce barriers to*  
5           *becoming certified as peer support specialists.*

6           *(c) AVAILABILITY.—Not later than 1 year after the*  
7           *date of enactment of this Act, the Secretary shall—*

8                   *(1) post the report required under subsection (a)*  
9                   *on the publicly accessible internet website of the Sub-*  
10                   *stance Abuse and Mental Health Services Administra-*  
11                   *tion; and*

12                   *(2) distribute such report to—*

13                           *(A) State agencies responsible for certifi-*  
14                           *cation of peer support specialists;*

15                           *(B) the Centers for Medicare & Medicaid*  
16                           *Services;*

17                           *(C) State agencies responsible for carrying*  
18                           *out a State plan under title XIX of the Social*  
19                           *Security Act or under a waiver of such plan;*  
20                           *and*

21                           *(D) State agencies responsible for carrying*  
22                           *out a grant under part B of title XIX of the*  
23                           *Public Health Service Act (42 U.S.C. 300x et*  
24                           *seq.).*

25           *(d) DEFINITION OF PEER SUPPORT SPECIALIST.—*



1           (1) *IN GENERAL.*—*In this section, the term “peer*  
2 *support specialist” means an individual—*

3                   (A)(i) *who has lived experience of recovery*  
4 *from a mental health condition or substance use*  
5 *disorder and who specializes in supporting indi-*  
6 *viduals with mental health conditions or sub-*  
7 *stance use disorders; or*

8                   (ii) *who has lived experience as a parent or*  
9 *caregiver of an individual with a mental health*  
10 *condition or substance use disorder and who spe-*  
11 *cializes in supporting families navigating men-*  
12 *tal health or substance use service systems; and*

13                   (B) *who is certified as qualified to furnish*  
14 *peer support services, as described in paragraph*  
15 *(2), under a process that is determined by the*  
16 *State in which such individual furnishes such*  
17 *services or determined appropriate by the Sec-*  
18 *retary.*

19           (2) *PEER SUPPORT SERVICES.*—*The services de-*  
20 *scribed in this paragraph shall be consistent with the*  
21 *National Practice Guidelines for Peer Supporters*  
22 *issued by the National Association of Peer Supporters*  
23 *(or a successor publication) and inclusive of the Core*  
24 *Competencies for Peer Workers in Behavioral Health*

1        *Services of the Substance Abuse and Mental Health*  
2        *Services Administration.*

3        **SEC. 307. OFFICE OF RECOVERY.**

4        (a) *IN GENERAL.*—*There is established, within the*  
5        *Substance Abuse and Mental Health Services Administra-*  
6        *tion, an Office of Recovery (referred to in this section as*  
7        *the “Office”).*

8        (b) *RESPONSIBILITIES.*—*The Office shall, taking into*  
9        *account the perspectives of individuals with demonstrated*  
10       *experience in mental health or substance use disorder recov-*  
11       *ery—*

12                (1) *identify new and emerging challenges related*  
13                *to the provision of recovery support services;*

14                (2) *support technical assistance, data analysis,*  
15                *and evaluation functions in order to assist States,*  
16                *local governmental entities, Indian Tribes, and Tribal*  
17                *organizations in implementing and strengthening re-*  
18                *covery support services, consistent with the needs of*  
19                *such States, local governmental entities, Indian*  
20                *Tribes, and Tribal organizations; and*

21                (3) *ensure coordination of efforts to identify, dis-*  
22                *seminate, and evaluate best practices related to—*

23                        (A) *improving the capacity of, and access*  
24                        *to, recovery support services; and*

1                   (B) supporting the training, education, pro-  
2                   fessional development, and retention of peer sup-  
3                   port specialists.

4           (c) *REPORT.*—Not later than 4 years after the date of  
5 enactment of this Act, the Assistant Secretary for Mental  
6 Health and Substance Use shall submit to the Committee  
7 on Health, Education, Labor, and Pensions of the Senate  
8 and the Committee on Energy and Commerce of the House  
9 of Representatives a report on the activities conducted by  
10 the Office, including—

11                   (1) a description of the specific roles and respon-  
12                   sibilities of the Office;

13                   (2) a description of the relationship between the  
14                   Office and other relevant components or programs of  
15                   the Substance Abuse and Mental Health Services Ad-  
16                   ministration;

17                   (3) the identification of any gaps in the activi-  
18                   ties of the Substance Abuse and Mental Health Serv-  
19                   ices Administration or challenges in coordination be-  
20                   tween the Office and such relevant components or pro-  
21                   grams of such agency; and

22                   (4) recommendations related to the continued op-  
23                   erations of the Office.

1 **SEC. 308. REVIEW OF GRANTS.GOV.**

2       (a) *IN GENERAL.*—Not later than 1 year after the date  
3 of enactment of this Act, the Secretary of Health and  
4 Human Services (referred to in this section as the “Sec-  
5 retary”) shall convene a public meeting for purposes of im-  
6 proving awareness of, and access to, information related to  
7 current and future Federal funding opportunities, includ-  
8 ing Federal funding opportunities related to mental health  
9 and substance use disorder programs.

10       (b) *TOPICS.*—The public meeting under subsection (a)  
11 shall include—

12               (1) *opportunities to improve the utility and*  
13 *functionality of relevant internet websites maintained*  
14 *by the Secretary, such as Grants.gov;*

15               (2) *other models for displaying and dissemi-*  
16 *nating information related to Federal funding oppor-*  
17 *tunities, such as interactive dashboards; and*

18               (3) *strategies to improve the ability of entities to*  
19 *apply for Federal funding opportunities, including*  
20 *entities that have not traditionally applied for pro-*  
21 *grams administered by the Secretary.*

22       (c) *WEBSITE IMPROVEMENTS.*—The Secretary shall  
23 implement improvements to Grants.gov based on stake-  
24 holder feedback received at the public meeting under sub-  
25 section (a).

1       (d) *REPORT.*—Not later than 1 year after the date on  
 2 which the public meeting under subsection (a) is convened,  
 3 the Secretary shall submit to the Committee on Health,  
 4 Education, Labor, and Pensions of the Senate and the Com-  
 5 mittee on Energy and Commerce of the House of Represent-  
 6 atives a report summarizing the findings of such meeting,  
 7 including how the Secretary has taken into account the feed-  
 8 back received through such meeting and implemented im-  
 9 provements to relevant internet websites maintained by the  
 10 Secretary and strategies to improve awareness of Federal  
 11 funding opportunities.

12                           **TITLE IV—TECHNICAL**  
 13                           **AMENDMENTS**

14 **SEC. 401. DELIVERY OF A CONTROLLED SUBSTANCE BY A**  
 15                           **PHARMACY TO AN ADMINISTERING PRACTI-**  
 16                           **TIONER.**

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

20                   “(2) the controlled substance is a drug in sched-  
 21                   ule III, IV, or V to be administered—

22                           “(A) by injection or implantation for the  
 23                   purpose of maintenance or detoxification treat-  
 24                   ment; or



1            *tioners” and inserting “(h) Practitioners”;*

2            *and*

3            *(B) in subsection (b)—*

4                    *(i) in the matter being stricken by*  
5                    *paragraph (1), by striking “303(g)(1)” and*  
6                    *inserting “303(h)(1)”;*

7                    *(ii) in the matter being inserted by*  
8                    *paragraph (1), by striking “303(g)” and in-*  
9                    *serting “303(h)”;*

10                   *(iii) in the matter being stricken by*  
11                   *paragraph (2)(A), by striking “303(g)(2)”*  
12                   *and inserting “303(h)(2)”;*

13                   *(iv) in the matter being stricken by*  
14                   *paragraph (3), by striking “303(g)(2)(B)”*  
15                   *and inserting “303(h)(2)(B)”;*

16                   *(v) in the matter being stricken by*  
17                   *paragraph (5), by striking “303(g)” and in-*  
18                   *serting “303(h)”;* *and*

19                   *(vi) in the matter being stricken by*  
20                   *paragraph (6), by striking “303(g)” and in-*  
21                   *serting “303(h)”;* *and*

22                   *(3) section 1263(b) of division FF of Public Law*  
23                   *117–328 (136 Stat. 5685) is amended—*

24                            *(A) by striking “303(g)(2)” and inserting*  
25                            *“303(h)(2)”;* *and*

1                   (B) by striking “(21 U.S.C. 823(g)(2))” and  
 2                   inserting “(21 U.S.C. 823(h)(2))”.

3 **SEC. 403. REQUIRED TRAINING FOR PRESCRIBERS OF CON-**  
 4 **TROLLED SUBSTANCES.**

5           (a) *IN GENERAL.*—Section 303 of the Controlled Sub-  
 6 stances Act (21 U.S.C. 823) is amended—

7                   (1) by redesignating the second subsection des-  
 8 igned as subsection (l) as subsection (m); and

9                   (2) in subsection (m)(1), as so redesignated—

10                           (A) in subparagraph (A)—

11                                   (i) in clause (iv)—

12   (I) in subclause (I)—

13   (aa) by inserting “the Amer-  
 14 ican Academy of Family Physi-  
 15 cians, the American Podiatric  
 16 Medical Association, the Academy  
 17 of General Dentistry, the Amer-  
 18 ican Optometric Association,” be-  
 19 fore “or any other organization”;

20   (bb) by striking “or the Com-  
 21 mission” and inserting “the Com-  
 22 mission”; and

23   (cc) by inserting “, or the  
 24 Council on Podiatric Medical



1                    *Education*” before the semicolon  
2                    at the end; and

3                    (II) in subclause (III), by insert-  
4                    ing “or the American Academy of  
5                    Family Physicians” after “Associa-  
6                    tion”; and

7                    (ii) in clause (v), in the matter pre-  
8                    ceding subclause (I)—

9                    (I) by striking “osteopathic medi-  
10                    cine, dental surgery” and inserting  
11                    “osteopathic medicine, podiatric medi-  
12                    cine, dental surgery”; and

13                    (II) by striking “or dental medi-  
14                    cine curriculum” and inserting “or  
15                    dental or podiatric medicine cur-  
16                    riculum”; and

17                    (B) in subparagraph (B)—

18                    (i) in clause (i)—

19                    (I) by inserting “the American  
20                    Pharmacists Association, the Accredi-  
21                    tation Council on Pharmacy Edu-  
22                    cation, the American Psychiatric  
23                    Nurses Association, the American  
24                    Academy of Nursing, the American

1 *Academy of Family Physicians,” before*  
2 *“or any other organization”; and*

3 *(II) by inserting “, the American*  
4 *Academy of Family Physicians,” before*  
5 *“or the Accreditation Council”; and*  
6 *(ii) in clause (ii)—*

7 *(I) by striking “or accredited*  
8 *school” and inserting “, an accredited*  
9 *school”; and*

10 *(II) by inserting “, or an accred-*  
11 *ited school of pharmacy” before “in the*  
12 *United States”.*

13 *(b) EFFECTIVE DATE.—The amendment made by sub-*  
14 *section (a) shall take effect as if enacted on December 29,*  
15 *2022.*



Calendar No. 319

118<sup>TH</sup> CONGRESS  
2<sup>D</sup> Session

**S. 3393**

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**A BILL**

To reauthorize the SUPPORT for Patients and  
Communities Act, and for other purposes.

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FEBRUARY 1, 2024

Reported with an amendment