

AMENDMENT NO. \_\_\_\_\_ Calendar No. \_\_\_\_\_

Purpose: In the nature of a substitute.

**IN THE SENATE OF THE UNITED STATES—118th Cong., 1st Sess.**

**S. 3393**

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

Referred to the Committee on \_\_\_\_\_ and  
ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT IN THE NATURE OF A SUBSTITUTE intended  
to be proposed by \_\_\_\_\_

Viz:

1 Strike all after the enacting clause and insert the fol-  
2 lowing:

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”.

7 (b) TABLE OF CONTENTS.—The table of contents for  
8 this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—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.

## 2

- 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.

## 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. Office of recovery.
- Sec. 307. 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)—

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 (e) 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) is amended by  
6 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 GRANTEES.—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 (e)—

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 GRANTEES.—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)—

## 14

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 appropriate evi-

1                    dence-based or evidence-informed  
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                    sserting the following:

11                    “(3) integrating into surveillance a case defini-  
12                    tion for FASD and, in collaboration with other Fed-  
13                    eral and outside partners, support organizations of  
14                    appropriate medical and mental health professionals  
15                    in their development and refinement of evidence-  
16                    based clinical diagnostic guidelines and criteria for  
17                    all 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 eligible entity in-  
11          clude in the application submitted under paragraph  
12          (2)(B)—

13                 “(A) a designation of an individual to  
14                 serve as a FASD State or Tribal coordinator of  
15                 activities such eligible entity proposes to carry  
16                 out through a grant, cooperative agreement, or  
17                 contract under this section; 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 private entities with demonstrated  
20 expertise in the prevention of, identification of, and inter-  
21 vention services with respect to, fetal alcohol spectrum dis-  
22 orders (referred to in this section as ‘FASD’) and other  
23 related adverse conditions. Such awards shall be for the  
24 purposes of establishing Fetal Alcohol Spectrum Disorders  
25 Centers for Excellence to build local, Tribal, State, and

1 nationwide capacities to prevent the occurrence of FASD  
2 and other related adverse conditions, and to respond to  
3 the needs of individuals with FASD and their families by  
4 carrying 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 appropriate best  
24 practices, including the maintenance of a national  
25 data-based directory on FASD-specific services in

1 States, Indian Tribes, and local communities, and  
2 disseminating ongoing research and developing re-  
3 sources on FASD to help inform systems of care for  
4 individuals 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 nationwide, regional,  
10 State, Tribal, or peer cross-State webinars, work-  
11 shops, or conferences for training community lead-  
12 ers, medical and mental health and substance use  
13 disorder professionals, education and disability pro-  
14 fessionals, families, law enforcement personnel,  
15 judges, individuals working in financial assistance  
16 programs, social service personnel, child welfare pro-  
17 fessionals, and other service providers.

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

22 “(6) Providing technical assistance to 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           “(c) 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 (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  
17 a specific interoperability connection other than to  
18 align with nationally recognized, consensus-based  
19 open standards, such as in accordance with the ap-  
20 plication 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  
5 Act (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  
12 ensure the suicide prevention hotline is protected  
13 from cybersecurity incidents and eliminates known  
14 cybersecurity vulnerabilities.”.

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

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

19 (2) by inserting after subsection (e) the fol-  
20 lowing:

21 “(f) CYBERSECURITY REPORTING.—

22 “(1) NOTIFICATION.—

23 “(A) IN GENERAL.—The program’s net-  
24 work administrator receiving Federal funding  
25 pursuant to subsection (a) shall report to the  
26 Assistant Secretary, in a manner that protects

1 personal privacy, consistent with applicable  
2 Federal and 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 par-  
13 ticipating in the program shall report to the  
14 program’s network administrator identified  
15 under subparagraph (A), in a manner that pro-  
16 tects personal privacy, consistent with applica-  
17 ble Federal 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  
7 receipt of information, such entity shall report the  
8 vulnerability or incident to the Assistant Secretary.

9           “(3) CLARIFICATION.—

10           “(A) OVERSIGHT.—

11           “(i) LOCAL AND REGIONAL CRISIS  
12 CENTER.—Except as provided in clause  
13 (ii), local and regional crisis centers par-  
14 ticipating in the program shall oversee all  
15 technology each center employs in the pro-  
16 vision of services as a participant in the  
17 program.

18           “(ii) NETWORK ADMINISTRATOR.—

19 The program’s network administrator re-  
20 ceiving Federal funding pursuant to sub-  
21 section (a) shall oversee the technology  
22 each crisis center employs in the provision  
23 of services as a participant in the program  
24 if such oversight responsibilities are estab-

1                   lished in the applicable network participa-  
2                   tion agreement.

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

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

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

18               (2) submit a report of the findings of such  
19               study to the Committee on Health, Education,  
20               Labor, and Pensions of the Senate and the Com-  
21               mittee on Energy and Commerce of the House of  
22               Representatives.

1 **SEC. 113. BRUCE'S LAW.**

2 (a) YOUTH PREVENTION AND RECOVERY.—Section  
3 7102(c) of the SUPPORT for Patients and Communities  
4 Act (42 U.S.C. 290bb–7a(c)) is amended—

5 (1) in paragraph (3)(A)(i), by inserting “,  
6 which may include strategies to increase education  
7 and awareness of the potency and dangers of syn-  
8 thetic opioids (including drugs contaminated with  
9 fentanyl) and, as appropriate, other emerging drug  
10 use or misuse issues” before the semicolon; and

11 (2) in paragraph (4)(A), by inserting “and  
12 strategies to increase education and awareness of  
13 the potency and dangers of synthetic opioids (includ-  
14 ing drugs contaminated with fentanyl) and, as ap-  
15 propriate, emerging drug use or misuse issues” be-  
16 fore the semicolon.

17 (b) INTERDEPARTMENTAL SUBSTANCE USE DIS-  
18 ORDERS COORDINATING COMMITTEE.—Section 7022 of  
19 the SUPPORT for Patients and Communities Act (42  
20 U.S.C. 290aa note) is amended—

21 (1) by striking subsection (g) and inserting the  
22 following:

23 “(g) WORKING GROUPS.—

24 “(1) IN GENERAL.—The Committee may estab-  
25 lish working groups for purposes of carrying out the  
26 duties described in subsection (e). Any such working

1 group shall be composed of members of the Com-  
2 mittee (or the designees of such members) and may  
3 hold such meetings as are necessary to enable the  
4 working group to carry out the duties delegated to  
5 the working group.

6 “(2) ADDITIONAL FEDERAL INTERAGENCY  
7 WORK GROUP ON FENTANYL CONTAMINATION OF IL-  
8 LEGAL DRUGS.—

9 “(A) ESTABLISHMENT.—The Secretary,  
10 acting through the Committee, shall establish a  
11 Federal Interagency Work Group on Fentanyl  
12 Contamination of Illegal Drugs (referred to in  
13 this paragraph as the ‘Work Group’) consisting  
14 of representatives from relevant Federal depart-  
15 ments and agencies on the Committee.

16 “(B) CONSULTATION.—The Work Group  
17 shall consult with relevant stakeholders and  
18 subject matter experts, including—

19 “(i) State, Tribal, and local subject  
20 matter experts in reducing, preventing, and  
21 responding to drug overdose caused by  
22 fentanyl contamination of illicit drugs; and

23 “(ii) family members of both adults  
24 and youth who have overdosed by fentanyl-  
25 contaminated illicit drugs.

1 “(C) DUTIES.—The Work Group shall—

2 “(i) examine Federal efforts to reduce  
3 and prevent drug overdose by fentanyl-con-  
4 taminated illicit drugs;

5 “(ii) identify strategies to improve  
6 State, Tribal, and local responses to over-  
7 dose by fentanyl-contaminated illicit drugs;

8 “(iii) coordinate with the Secretary, as  
9 appropriate, in carrying out activities to  
10 raise public awareness of synthetic opioids  
11 and other emerging drug use and misuse  
12 issues;

13 “(iv) make recommendations to Con-  
14 gress for improving Federal programs, in-  
15 cluding with respect to the coordination of  
16 efforts across such programs; and

17 “(v) make recommendations for edu-  
18 cating youth on the potency and dangers of  
19 drugs contaminated by fentanyl.

20 “(D) ANNUAL REPORT TO SECRETARY.—

21 The Work Group shall annually prepare and  
22 submit to the Secretary, the Committee on  
23 Health, Education, Labor, and Pensions of the  
24 Senate, and the Committee on Education and  
25 the Workforce of the House of Representatives,

1 a report on the activities carried out by the  
2 Work Group under subparagraph (C), including  
3 recommendations to reduce and prevent drug  
4 overdose by fentanyl contamination of illegal  
5 drugs, in all populations, and specifically among  
6 youth at risk for substance misuse.”; and

7 (2) by striking subsection (i) and inserting the  
8 following:

9 “(i) SUNSET.—The Committee shall terminate on  
10 September 30, 2028.”.

11 **SEC. 114. GUIDANCE ON AT-HOME DRUG DISPOSAL SYS-**  
12 **TEMS.**

13 (a) IN GENERAL.—Not later than one year after the  
14 date of enactment of this Act, the Secretary of Health and  
15 Human Services (referred to in this section as the “Sec-  
16 retary”), in consultation with the Administrator of the  
17 Drug Enforcement Administration, shall publish guidance  
18 to facilitate the use of at-home safe disposal systems for  
19 applicable drugs, including for such at-home safe disposal  
20 systems that the Secretary may require as a part of a risk  
21 evaluation and mitigation strategy under section 505–1 of  
22 the Federal Food, Drug, and Cosmetic Act (21 U.S.C.  
23 355–1).

24 (b) CONTENTS.—The guidance under subsection (a)  
25 shall include—

1           (1) recommended standards for effective at-  
2 home drug disposal systems to meet applicable stat-  
3 utory or regulatory requirements enforced by the  
4 Food and Drug Administration and, as appropriate,  
5 the Drug Enforcement Administration;

6           (2) recommended information to include as in-  
7 struction for use to disseminate with at-home drug  
8 disposal systems;

9           (3) best practices and educational tools to sup-  
10 port the use of an at-home drug disposal system;  
11 and

12           (4) recommended use of licensed health pro-  
13 viders for the dissemination of education, instruc-  
14 tion, and at-home drug disposal systems.

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

16       Not later than one year after the date of enactment  
17 of this Act, the Secretary of Health and Human Services  
18 (referred to in this section as the “Secretary”) shall pub-  
19 lish on the website of the Food and Drug Administration  
20 (referred to in this section as the “FDA”) a report that  
21 outlines a plan for completing a review of opioid analgesic  
22 drugs that are approved under section 505 of the Federal  
23 Food, Drug, and Cosmetic Act (21 U.S.C. 355) that con-  
24 sideres the public health effects of such opioid drugs as part  
25 of the benefit-risk assessment, and that addresses the ac-

1 tivities of the FDA that relate to increasing the develop-  
2 ment of non-addictive medical products intended to treat  
3 pain or addiction. Such report shall include—

4 (1) an opportunity for public input concerning  
5 the regulation by the FDA of opioid analgesic drugs,  
6 including scientific evidence that relates to condi-  
7 tions of use, safety, or benefit-risk assessment (in-  
8 cluding consideration of the public health effects) of  
9 such opioid drugs;

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

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

18 (4) an overview of the steps that the FDA has  
19 taken to support the development and approval of  
20 non-addictive medical products intended to treat  
21 pain or addiction, and actions planned to further  
22 support the development and approval of such prod-  
23 ucts; and

24 (5) an overview of the consideration by the  
25 FDA of clinical trial methodologies for analgesic

1 drugs, including the enriched enrollment randomized  
2 withdrawal methodology, and the benefits and draw-  
3 backs associated with different trial methodologies  
4 for such drugs, incorporating any public input re-  
5 ceived under paragraph (1).

## 6 **TITLE II—TREATMENT**

### 7 **SEC. 201. RESIDENTIAL TREATMENT PROGRAM FOR PREG-** 8 **NANT AND POSTPARTUM WOMEN.**

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

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

14 (2) in subsection (g)—

15 (A) by inserting “a plan describing” after  
16 “will provide”; and

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

22 (3) in subsection (s), by striking “\$29,931,000  
23 for each of fiscal years 2019 through 2023” and in-  
24 serting “\$38,931,000 for each of fiscal years 2024  
25 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  
7 2028”.

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

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

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

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

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

19 “(1) \$50,000,000 for fiscal year 2024, to be al-  
20 located as follows:

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

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

25 “(C) For grants described in subsection  
26 (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 al-  
4                   located 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 al-  
14                  located 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 al-  
24                  located as follows:



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  
7 Communities 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  
10 inserting “; 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 stu-  
16 dents and what services and care their students  
17 receive, in accordance with the parental consent  
18 requirements under subsection (h)(2).”; and

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

20 “(7) A plan for sustaining the program fol-  
21 lowing 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

1 the 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”  
8 after “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”;

17 and

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

19 “(2) APPLICATION OF PROVISIONS.—

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

1           ner as such section 4001 applies to an entity  
2           receiving 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  
6           protections required for education records  
7           under section 444 of the General Education  
8           Provisions Act.”.

9           (7) in subsection (k)—

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

13           (B) by inserting after paragraph (4) the  
14           following:

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  
5 Communities Act (42 U.S.C. 290dd-2 note) is amended  
6 by striking 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  
11 Communities Act (Public Law 115-271; 132 Stat. 4046)  
12 is 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 pre-  
21 ceding subparagraph (A), by inserting “, develop-  
22 mental disability service providers” before “, individ-  
23 uals who are”; and

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

1 **SEC. 209. PROGRAM TO SUPPORT COORDINATION AND**  
2 **CONTINUATION OF CARE FOR DRUG OVER-**  
3 **DOSE PATIENTS.**

4 Section 7081 of the SUPPORT for Patients and  
5 Communities Act (42 U.S.C. 290dd-4) is amended by  
6 striking 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  
10 of this Act, the Attorney General, in consultation with the  
11 Secretary of Health and Human Services, shall promul-  
12 gate the final regulations required under section 311(h)(2)  
13 of the 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  
2 Public Health Service Act (42 U.S.C. 300gg–  
3 26(a)(8)), section 712(a)(8) of the Employee Retirement  
4 Income Security Act of 1974 (29 U.S.C.  
5 1185a(a)(8)), and section 9812(a)(8) of the Internal  
6 Revenue Code of 1986 (referred to in this section as  
7 the “NQTL comparative analysis requirements”),  
8 and the requirements for the Secretary of Health  
9 and Human Services, the Secretary of Labor, and  
10 the Secretary of the Treasury to issue regulations,  
11 a compliance program guide, and additional guid-  
12 ance documents and tools providing guidance relat-  
13 ing to mental health parity requirements under sec-  
14 tion 2726(a) of the Public Health Service Act (42  
15 U.S.C. 300gg–26(a)), section 712(a) of the Em-  
16 ployee Retirement Income Security Act of 1974 (29  
17 U.S.C. 1185a(a)), and section 9812(a) of the Inter-  
18 nal Revenue Code of 1986.

19 (2) With respect to the NQTL comparative  
20 analysis requirements described in paragraph (1), an  
21 analysis of the actions taken by the Secretary of  
22 Labor, the Secretary of the Treasury, and the Sec-  
23 retary of Health and Human Services to provide  
24 guidance to ensure that group health plans and  
25 health insurance issuers can fully comply with men-

1 tal health parity requirements under section 2726 of  
2 the Public Health Service Act (42 U.S.C. 300gg–26,  
3 section 712 of the Employee Retirement Income Se-  
4 curity Act of 1974 (29 U.S.C. 1185a), and section  
5 9812 of the Internal Revenue Code of 1986 and the  
6 NQTL comparative analysis requirements described  
7 in paragraph (1), including an analysis of—

8 (A) the extent to which the Secretary of  
9 Labor, the Secretary of the Treasury, and the  
10 Secretary of Health and Human Services have  
11 fulfilled the requirement under section 203(b)  
12 of division BB of the Consolidated Appropria-  
13 tions Act, 2021 (Public Law 116–260) to issue  
14 the specific guidance and regulations pertaining  
15 to the requirements for group health plans and  
16 health insurance issuers to demonstrate compli-  
17 ance with the NQTL comparative analysis re-  
18 quirements; and

19 (B) whether sufficient guidance and exam-  
20 ples from the Department of Labor and De-  
21 partment of Health and Human Services, and  
22 the Department of the Treasury exist to guide  
23 and assist group health plans and health insur-  
24 ance issuers in complying with the requirements  
25 to demonstrate compliance with mental health

1 parity NQTL comparative analysis require-  
2 ments/under such sections 2726(a)(8),  
3 712(a)(8), and 9812(a)(8).

4 (3) A review of the enforcement processes of  
5 the Department of Labor and the Department of  
6 Health and Human Services to evaluate the consist-  
7 ency of interpretation of the requirements under sec-  
8 tion 2726(a)(8) of the Public Health Service Act (42  
9 U.S.C. 300gg-26(a)(8), section 712(a)(8) of the  
10 Employee Retirement Income Security Act of 1974  
11 (29 U.S.C. 1185a(a)(8)), and section 9812(a)(8) of  
12 the Internal Revenue Code of 1986, in particular  
13 with respect to processes utilized for enforcement,  
14 actions or inactions that constitute noncompliance,  
15 and avoidance among the agencies of duplication of  
16 enforcement, including an evaluation of compliance  
17 with section 104 of the Health Insurance Portability  
18 and Accountability Act of 1996 (Public Law 104-  
19 191).

20 (4) A review of the implementation, by the De-  
21 partment of Labor, Department of Health and  
22 Human Services, and Department of the Treasury,  
23 of mental health parity requirements under section  
24 2726 of the Public Health Service Act (42 U.S.C.  
25 300gg-26), section 712 of the Employee Retirement

1 Income Security Act of 1974 (29 U.S.C. 1185a),  
2 and section 9812 of the Internal Revenue Code of  
3 1986, including all such requirements in effect  
4 through the enactment of the Mental Health Parity  
5 Act of 1996 (Public Law 104–204), the Paul  
6 Wellstone and Pete Domenici Mental Health Parity  
7 and Addiction Equity Act of 2008 (Public Law 110–  
8 460), the 21st Century Cures Act (Public Law 114–  
9 255), and the Consolidated Appropriations Act,  
10 2023 (Public Law 117–328) (including any amend-  
11 ments made by such Acts), and including with re-  
12 spect to the timing of all actions, delays of any ac-  
13 tions, reasons for any such delays, mandated re-  
14 quirements that were met only once but not each  
15 time such requirements were mandated.

16 (b) DEFINITIONS.—In this section, the terms “group  
17 health plan” and “health insurance issuer” have the  
18 meanings given such terms in section 733 of the Employee  
19 Retirement Income Security Act of 1974 (29 U.S.C.  
20 1191b).

1 **SEC. 212. STATE GUIDANCE RELATED TO INDIVIDUALS**  
2 **WITH SERIOUS MENTAL ILLNESS AND CHIL-**  
3 **DREN WITH SERIOUS EMOTIONAL DISTURB-**  
4 **ANCE.**

5 (a) REVIEW OF USE OF CERTAIN FUNDING.—Not  
6 later than 1 year after the date of enactment of this Act,  
7 the Secretary of Health and Human Services, acting  
8 through the Assistant Secretary for Mental Health and  
9 Substance Use, shall conduct a review of the use by States  
10 of funds made available under the Community Mental  
11 Health Services Block Grant program under subpart I of  
12 part B of title XIX of the Public Health Service Act (42  
13 U.S.C. 300x et seq.) for First Episode Psychosis activities.  
14 Such review shall consider the following:

15 (1) How the States use funds for evidence-  
16 based treatments and services, such as coordinated  
17 specialty care, according to the standard of care for  
18 individuals with early serious mental illness, includ-  
19 ing the comprehensiveness of such treatments to in-  
20 clude all aspects of the recommended intervention.

21 (2) How State mental health departments co-  
22 ordinate with State Medicaid departments in the de-  
23 livery of the treatments and services described in  
24 paragraph (1).

25 (3) The percentage of the State funding under  
26 the block grant program that is applied toward early

1 serious mental illness and funding in excess of, or  
2 under, 10 percent of the amount of the grant, bro-  
3 ken down by State.

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

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

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

14 (b) REPORT AND GUIDANCE.—

15 (1) REPORT.—Not later than 6 months after  
16 the completion of the review under subsection (a),  
17 the Secretary of Health and Human Services, acting  
18 through the Assistant Secretary for Mental Health  
19 and Substance Use, shall submit to the Committee  
20 on Appropriations, the Committee on Health, Edu-  
21 cation, Labor, and Pensions, and the Committee on  
22 Finance of the Senate and to the Committee on Ap-  
23 propriations and the Committee on Energy and  
24 Commerce of the House of Representatives a report  
25 on the findings made as a result of the review con-

1       ducted under subsection (a). Such report shall in-  
2       clude any recommendations with respect to any  
3       changes to the Community Mental Health Services  
4       Block Grant program under subpart I of part B of  
5       title XIX of the Public Health Service Act (42  
6       U.S.C. 300x et seq.), including the set aside re-  
7       quired for First Episode Psychosis, that would facili-  
8       tate improved outcomes for the targeted population  
9       involved.

10           (2) GUIDANCE.—Not later than 1 year after  
11       the date on which the report is submitted under  
12       paragraph (1), the Secretary of Health and Human  
13       Services, acting through the Assistant Secretary for  
14       Mental Health and Substance Use, shall update the  
15       guidance provided to States under the Community  
16       Mental Health Services Block Grant program based  
17       on the findings and recommendations of the report.

18       (c) ADDITIONAL GUIDANCE.—The Director of the  
19       National Institute of Mental Health shall coordinate with  
20       the Assistant Secretary for Mental Health and Substance  
21       Use in providing guidance to State grantees and provider  
22       subgrantees about research advances in the delivery of  
23       services for First Episode Psychosis under the Community  
24       Mental Health Services Block Grant program.

1 (d) GUIDANCE FOR STATES RELATING TO HEALTH  
2 CARE SERVICES AND INTERVENTIONS FOR INDIVIDUALS  
3 WITH SERIOUS MENTAL ILLNESS AND CHILDREN WITH  
4 SERIOUS EMOTIONAL DISTURBANCE.—Not later than 2  
5 years after the date of enactment of this Act, the Assistant  
6 Secretary for Mental Health and Substance Use, jointly  
7 with the Administrator of the Centers for Medicare &  
8 Medicaid Services and the Director of the National Insti-  
9 tute of Mental Health—

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

23 (2) may streamline relevant State reporting re-  
24 quirements if such streamlining would result in mak-  
25 ing it easier for States to coordinate funding under

1 the programs described in paragraph (1) to improve  
2 treatments for individuals with serious mental illness  
3 and serious emotional disturbance.

4 **SEC. 213. IMPROVING ACCESS TO ADDICTION MEDICINE**  
5 **PROVIDERS.**

6 Section 597 of the Public Health Service Act (42  
7 U.S.C. 290ll) is amended—

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

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

12 **SEC. 214. ROUNDTABLE ON USING HEALTH INFORMATION**  
13 **TECHNOLOGY TO IMPROVE MENTAL HEALTH**  
14 **AND SUBSTANCE USE CARE OUTCOMES.**

15 (a) ROUNDTABLE.—Not later than 180 days after  
16 the date of enactment of this Act, the Office of the Na-  
17 tional Coordinator for Health Information Technology  
18 shall convene a public roundtable to examine how the ex-  
19 panded use of electronic health records among mental  
20 health and substance use service providers can improve  
21 outcomes for patients in mental health and substance use  
22 settings and how best to increase electronic health record  
23 adoption among such providers.

24 (b) PARTICIPANTS.—The National Coordinator for  
25 Health Information Technology shall ensure that the par-

1 ticipants in the roundtable under subsection (a) include  
2 private and public sector stakeholders, including patients,  
3 providers (including providers of inpatient services and  
4 providers of outpatient services), and representatives of  
5 payors, health information exchanges, professional asso-  
6 ciations, health information technology vendors, health in-  
7 formation technology certification organizations, and  
8 State and Federal agencies.

9 (c) REPORT.—Not later than 180 days after the con-  
10 clusion of the public stakeholder roundtable under sub-  
11 section (a), the Office of the National Coordinator for  
12 Health Information Technology shall submit to the Com-  
13 mittee on Health, Education, Labor, and Pensions of the  
14 Senate and the Committee on Energy and Commerce of  
15 the House of Representatives a report outlining informa-  
16 tion gathered from the roundtable under subsection (a).  
17 Such report shall include an examination of—

18 (1) recommendations from the roundtable par-  
19 ticipants;

20 (2) unique considerations for using electronic  
21 health record systems in mental health and sub-  
22 stance use treatment settings;

23 (3) unique considerations for developers of  
24 health information technology relating to certifi-  
25 cation of electronic health record for use in mental

1 health and substance use treatment settings where  
2 the applicable health information technology is not  
3 currently subject to certification requirements;

4 (4) current usage of electronic health record  
5 systems by mental health and substance use disorder  
6 service providers, and the scope and magnitude of  
7 such providers that do not use electronic health  
8 record systems;

9 (5) examples of how electronic health record  
10 systems enable coordinated care and care manage-  
11 ment;

12 (6) how electronic health record systems further  
13 appropriate patient and provider access to secure,  
14 usable electronic information exchange;

15 (7) how electronic health record systems can be  
16 connected to or support existing systems, which may  
17 include the 988 crisis line, mobile crisis response  
18 systems, and co-responder programs, to facilitate  
19 connectivity, response, and integrated care;

20 (8) any existing programs to support greater  
21 adoption of electronic health record systems among  
22 mental health and substance use service providers;

23 (9) any limitations to greater adoption of elec-  
24 tronic health record systems among mental health  
25 and substance use service providers;

1           (10) the costs of adoption of electronic health  
2           record systems by mental health and substance use  
3           disorder service providers; and

4           (11) best practices implemented by States and  
5           by other entities to support adoption of use of elec-  
6           tronic health records among mental health and sub-  
7           stance use disorder service providers.

8   **SEC. 215. PEER-TO-PEER MENTAL HEALTH SUPPORT.**

9           (a) IN GENERAL.—The Assistant Secretary for Men-  
10          tal Health and Substance Use (referred to in this section  
11          as the “Assistant Secretary”), in consultation with the  
12          Secretary of Education, may, as appropriate and within  
13          a relevant existing program, carry out a pilot program and  
14          make awards, on a competitive basis, to eligible entities  
15          to support evidence-based mental health peer support ac-  
16          tivities for students enrolled in secondary schools (as such  
17          term is defined in section 8101 of the Elementary and  
18          Secondary Education Act of 1965 (20 U.S.C. 7801)).

19          (b) ELIGIBILITY.—To be eligible to receive an award  
20          under this section, an entity shall—

21                 (1) be a State, political subdivision of a State,  
22                 territory, or Indian Tribe or Tribal organization (as  
23                 such terms are defined in section 4 of the Indian  
24                 Self-Determination and Education Assistance Act  
25                 (25 U.S.C. 5304)); and

1           (2) submit to the Assistant Secretary an appli-  
2           cation at such time, in such manner, and containing  
3           such information as the Assistant Secretary may re-  
4           quire, including a description of how the entity will  
5           measure and evaluate progress of the program in  
6           improving student mental health outcomes.

7           (c) USE OF AMOUNTS.—

8           (1) IN GENERAL.—Subject to paragraph (2), an  
9           eligible entity may use amounts provided under this  
10          section to implement or operate evidence-based men-  
11          tal health peer support activities in 1 or more sec-  
12          ondary schools (as such term is defined in section  
13          8101 of the Elementary and Secondary Education  
14          Act of 1965 (20 U.S.C. 7801)) within the jurisdic-  
15          tion of such eligible entity, which may include pro-  
16          viding training, as appropriate, to students, adult  
17          supervisors, and other appropriate individuals to im-  
18          prove the early identification of, response to, and re-  
19          covery supports for mental health and substance use  
20          challenges, reduce associated risks, and promote re-  
21          siliency.

22          (2) PROGRAM OVERSIGHT.—An eligible entity  
23          shall ensure that mental health peer support activi-  
24          ties under paragraph (1) are overseen by a school-  
25          based mental health professional.

1           (3) FERPA.—Any education records of the stu-  
2           dent collected or maintained under this section shall  
3           have the protections provided in section 444 of the  
4           General Education Provisions Act (20 U.S.C.  
5           1232g).

6           (d) EVALUATION; REPORT.—

7           (1) EVALUATION.—The Assistant Secretary  
8           shall carry out an evaluation to measure the efficacy  
9           of the program under this section. The evaluation  
10          shall—

11                   (A) measure participation rates in mental  
12                   health peer support activities, including any as-  
13                   sociated trends;

14                   (B) describe the specific trainings pro-  
15                   vided, or other activities carried out under the  
16                   pilot program;

17                   (C) assess whether such mental health peer  
18                   support activities impacted mental health out-  
19                   comes of participating students; and

20                   (D) measure the effectiveness of the pilot  
21                   program in connecting students to professional  
22                   mental health services compared to other evi-  
23                   dence-based strategies.

24           (2) REPORT.—The Assistant Secretary shall  
25          prepare and submit to the Committee on Health,

1 Education, Labor and Pensions of the Senate and  
2 the Committees on Energy and Commerce and Edu-  
3 cation and the Workforce of the House of Rep-  
4 resentatives a report containing the results of the  
5 evaluation conducted under paragraph (1).

6 (e) TECHNICAL ASSISTANCE.—The Assistant Sec-  
7 retary, in coordination with the Secretary of Education,  
8 shall provide technical assistance to eligible entities apply-  
9 ing for and receiving an award under this section, includ-  
10 ing the identification and dissemination of best practices  
11 for mental health peer support programs for students.

12 (f) RULE OF CONSTRUCTION.—Section 4001 of the  
13 Elementary and Secondary Education Act of 1965 (20  
14 U.S.C. 7101) shall apply to an entity receiving a grant,  
15 contract, or cooperative agreement under this section in  
16 the same manner as such section applies to an entity re-  
17 ceiving funding under title IV of such Act, except that sec-  
18 tion 4001(a)(2)(B)(i) of such Act shall not apply.

19 (g) SUNSET.—This section shall terminate on Sep-  
20 tember 30, 2028.

21 **SEC. 216. KID PROOF PILOT PROGRAM.**

22 (a) IN GENERAL.—The Assistant Secretary for Men-  
23 tal Health and Substance Use (referred to in this section  
24 as the “Assistant Secretary”), may, as appropriate and  
25 within a relevant existing program, carry out a pilot pro-

1 gram and make awards, on a competitive basis, to eligible  
2 entities to prevent, or reduce the risk of, suicide and drug  
3 overdose by children, adolescents, and young adults, in-  
4 cluding by addressing the misuse of lethal means com-  
5 monly used in overdose or suicide.

6 (b) ELIGIBILITY.—To be eligible to receive an award  
7 under this section, an entity shall—

8 (1) be a State, political subdivision of a State,  
9 territory, or Indian Tribe or Tribal organization (as  
10 such terms are defined in section 4 of the Indian  
11 Self-Determination and Education Assistance Act  
12 (25 U.S.C. 5304)); and

13 (2) submit to the Assistant Secretary an appli-  
14 cation at such time, in such manner, and containing  
15 such information as the Assistant Secretary may re-  
16 quire, including a description of the geographic loca-  
17 tion and settings in which such entity proposes to  
18 carry out activities under such award and the dem-  
19 onstrated need of such geographic location and set-  
20 tings.

21 (c) USE OF FUNDS.—An eligible entity shall use  
22 amounts provided under this section to implement evi-  
23 dence-based practices to prevent, or reduce the risk of,  
24 overdose and suicide among children, adolescents, and  
25 young adults, including promoting education and aware-

1 ness among parents or legal guardians on relevant best  
2 practices and providing appropriate supplies to parents or  
3 legal guardians to prevent, or reduce the risk of, misuse  
4 of lethal means commonly used in overdose or suicide.

5 (d) PARTNERSHIPS.—Recipients of funding under  
6 this section may partner with health care facilities to carry  
7 out activities under subsection (c).

8 (e) EVALUATION; REPORT.—

9 (1) EVALUATION.—Not later than 2 years after  
10 the date on which awards under this section are first  
11 issued, the Assistant Secretary shall carry out an  
12 evaluation to measure the efficacy of the program  
13 under this section. The evaluation shall include—

14 (A) a description of any specific education  
15 and awareness activities carried out through the  
16 pilot program under this section;

17 (B) the number and types of supplies pro-  
18 vided to parents or legal guardians to prevent,  
19 or reduce the risk of the misuse of, lethal  
20 means commonly used in overdose or suicide;  
21 and

22 (C) an assessment of the efficacy of the  
23 pilot program in preventing, or reducing the  
24 risk of, overdose and suicide.

1           (2) REPORT.—The Assistant Secretary shall  
2           prepare and submit to the Committee on Health,  
3           Education, Labor and Pensions of the Senate and  
4           the Committee on Energy and Commerce of the  
5           House of Representatives a report containing the re-  
6           sults of the evaluation conducted under paragraph  
7           (1).

8           (f) SUNSET.—This section shall terminate on Sep-  
9           tember 30, 2028.

## 10                           **TITLE III—RECOVERY**

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

12           Section 7102(c) of the SUPPORT for Patients and  
13           Communities Act (42 U.S.C. 290bb–7a(c)) (as amended  
14           by section 113(a)) is amended—

15                       (1) in paragraph (2)—

16                               (A) in subparagraph (A)—

17                                       (i) in clause (i)—

18   (I) by inserting “, or a consortia  
19   of local educational agencies,” after  
20   “a local educational agency”; and

21   (II) by striking “high schools”  
22   and inserting “secondary schools”;  
23   and

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

1 (B) by amending subparagraph (E) to read  
2 as follows:

3 “(E) INDIAN TRIBE; TRIBAL ORGANIZA-  
4 TION.—The terms ‘Indian Tribe’ and ‘Tribal  
5 organization’ have the meanings given such  
6 terms in section 4 of the Indian Self-Deter-  
7 mination and Education Assistance Act (25  
8 U.S.C. 5304).”;

9 (C) by redesignating subparagraph (K) as  
10 subparagraph (L); and

11 (D) by inserting after subparagraph (J)  
12 the following:

13 “(K) SECONDARY SCHOOL.—The term  
14 ‘secondary school’ has the meaning given such  
15 term in section 8101 of the Elementary and  
16 Secondary Education Act of 1965 (20 U.S.C.  
17 7801).”;

18 (2) in paragraph (3)(A), in the matter pre-  
19 ceding clause (i)—

20 (A) by striking “and abuse”; and

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

23 (3) in paragraph (4)—

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

4 (B) in subparagraph (A), by striking “and  
5 abuse”; and

6 (C) in subparagraph (B), by striking “peer  
7 mentoring” and inserting “peer-to-peer sup-  
8 port”;

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

11 (5) in paragraph (6)(A)—

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

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

15 “(vi) a plan to sustain the activities  
16 carried out under the grant program, after  
17 the grant program has ended; and”;

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

20 (7) by amending paragraph (9) to read as fol-  
21 lows:

22 “(9) AUTHORIZATION OF APPROPRIATIONS.—  
23 To carry out this subsection, there are authorized to  
24 be appropriated \$10,000,000 for fiscal year 2024,  
25 \$12,000,000 for fiscal year 2025, \$14,000,000 for

1 fiscal year 2026, \$16,000,000 for fiscal year 2027,  
2 and \$18,000,000 for fiscal year 2028.”.

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

4 Section 552 of the Public Health Service Act (42  
5 U.S.C. 290ee–7) is amended—

6 (1) in subsection (d)(2)—

7 (A) in the matter preceding subparagraph  
8 (A), by striking “and in such manner” and in-  
9 serting “, in such manner, and containing such  
10 information and assurances”; and

11 (B) in subparagraph (A), by striking “is  
12 capable of coordinating with other entities to  
13 carry out” and inserting “has the demonstrated  
14 capability to carry out, through referral or con-  
15 tractual arrangements”;

16 (2) in subsection (h)—

17 (A) by redesignating paragraphs (1)  
18 through (4) as subparagraphs (A) through (D),  
19 respectively, and adjusting the margins accord-  
20 ingly;

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

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

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

1           “(2) ADDITIONAL REPORTING FOR CERTAIN EL-  
2           IGIBLE ENTITIES.—An entity carrying out activities  
3           described in subsection (g) through referral or con-  
4           tractual arrangements shall include in the submis-  
5           sions required under paragraph (1) information re-  
6           lated to the status of such referrals or contractual  
7           arrangements, including an assessment of whether  
8           such referrals or contractual arrangements are sup-  
9           porting the ability of such entity to carry out such  
10          activities.”; and

11           (3) in subsection (j), by striking “2019 through  
12          2023” and inserting “2024 through 2028”.

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

14          Section 547(f) of the Public Health Service Act (42  
15 U.S.C. 290ee–2(f)) is amended by striking “\$5,000,000  
16 for each of fiscal years 2019 through 2023” and inserting  
17 “\$16,000,000 for each of fiscal years 2024 through  
18 2028”.

19 **SEC. 304. PEER SUPPORT TECHNICAL ASSISTANCE CEN-**  
20 **TER.**

21          Section 547A of the Public Health Service Act (42  
22 U.S.C. 290ee–2a) is amended—

23           (1) in subsection (b)(4), by striking “building;  
24          and” and inserting the following: “building, such  
25          as—

1                   “(A) professional development of peer sup-  
2                   port specialists; and

3                   “(B) making recovery support services  
4                   available in nonclinical settings; and”;

5                   (2) by redesignating subsections (d) and (e) as  
6                   subsections (e) and (f), respectively;

7                   (3) by inserting after subsection (c) the fol-  
8                   lowing:

9                   “(d) PILOT PROGRAM.—

10                   “(1) IN GENERAL.—The Secretary shall carry  
11                   out a pilot program to establish one regional tech-  
12                   nical assistance center (referred to in this subsection  
13                   as the ‘Regional Center’) to assist the Center in car-  
14                   rying out activities described in subsection (b) within  
15                   the geographic region of such Regional Center in a  
16                   manner that is tailored to the needs of such region.

17                   “(2) EVALUATION.—Not later than 4 years  
18                   after the date of enactment of the SUPPORT for  
19                   Patients and Communities Reauthorization Act, the  
20                   Secretary shall evaluate the activities of the Regional  
21                   Center and submit to the Committee on Health,  
22                   Education, Labor, and Pensions of the Senate and  
23                   the Committee on Energy and Commerce of the  
24                   House of Representatives a report on the findings of  
25                   such evaluation, including—

1           “(A) a description of the distinct roles and  
2           responsibilities of the Regional Center and the  
3           Center;

4           “(B) available information relating to the  
5           outcomes of the pilot program under this sub-  
6           section, such as any impact the Regional Center  
7           had on the operations and efficiency of the Cen-  
8           ter relating to requests for technical assistance  
9           and support within the region of such Regional  
10          Center;

11          “(C) a description of any gaps or areas of  
12          duplication relating to the activities of the Re-  
13          gional Center and the Center within such re-  
14          gion; and

15          “(D) recommendations relating to the  
16          modification, expansion, or termination of the  
17          pilot program under this subsection.

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

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

1 **SEC. 305. CAREER ACT.**

2 (a) IN GENERAL.—Section 7183 of the SUPPORT  
3 for Patients and Communities Act (42 U.S.C. 290ee–8)  
4 is amended—

5 (1) in the section heading, by inserting “;  
6 **TREATMENT, RECOVERY, AND WORKFORCE**  
7 **SUPPORT GRANTS**” after “**CAREER ACT**”;

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

10 (3) in subsection (c)—

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

15 (B) by amending paragraph (2) to read as  
16 follows:

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

19 “(A) The highest age-adjusted average  
20 rates of drug overdose deaths for calendar years  
21 2018 through 2022 based on data from the  
22 Centers for Disease Control and Prevention, in-  
23 cluding, if necessary, provisional data for cal-  
24 endar year 2022.

25 “(B) The highest average rates of unem-  
26 ployment for calendar years 2018 through 2022

1 based on data provided by the Bureau of Labor  
2 Statistics.

3 “(C) The lowest average labor force par-  
4 ticipation rates for calendar years 2018 through  
5 2022 based on data provided by the Bureau of  
6 Labor Statistics.”;

7 (4) in subsection (g)—

8 (A) in each of paragraphs (1) and (3), by  
9 redesignating subparagraphs (A) and (B) as  
10 clauses (i) and (ii), respectively, and adjusting  
11 the margins accordingly;

12 (B) by redesignating paragraphs (1)  
13 through (3) as subparagraphs (A) through (C),  
14 respectively, and adjusting the margins accord-  
15 ingly;

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

19 “(1) IN GENERAL.—An entity”; and

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

21 “(2) TRANSPORTATION SERVICES.—An entity  
22 receiving a grant under this section may use not  
23 more than 5 percent of the funds for providing  
24 transportation for individuals to participate in an ac-  
25 tivity supported by a grant under this section, which

1 transportation shall be to or from a place of work  
2 or a place where the individual is receiving career  
3 and technical education or job training services or  
4 receiving services directly linked to treatment of or  
5 recovery from a substance use disorder.

6 “(3) LIMITATION.—The Secretary may not re-  
7 quire an entity to, or give priority to an entity that  
8 plans to, use the funds of a grant under this section  
9 for activities that are not specified in this sub-  
10 section.”;

11 (5) in subsection (i)(2), by inserting “, which  
12 shall include employment and earnings outcomes de-  
13 scribed in subclauses (I) and (III) of section  
14 116(b)(2)(A)(i) of the Workforce Innovation and  
15 Opportunity Act (29 U.S.C. 3141(b)(2)(A)(i)) with  
16 respect to the participation of such individuals with  
17 a substance use disorder in programs and activities  
18 funded by the grant under this section” after “sub-  
19 section (g)”;

20 (6) in subsection (j)—

21 (A) in paragraph (1), by inserting “for  
22 grants awarded prior to the date of enactment  
23 of the SUPPORT for Patients and Commu-  
24 nities Reauthorization Act” after “grant period  
25 under this section”; and

1 (B) in paragraph (2)—

2 (i) in the matter preceding subpara-  
3 graph (A), by striking “2 years after sub-  
4 mitting the preliminary report required  
5 under paragraph (1)” and inserting “Sep-  
6 tember 30, 2028”; and

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

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

13 (b) CLERICAL AMENDMENT.—The table of contents  
14 in section 1(b) of the SUPPORT for Patients and Com-  
15 munities Act (Public Law 115–271; 132 Stat. 3894) is  
16 amended by striking the item relating to section 7183 and  
17 inserting the following:

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

18 **SEC. 306. OFFICE OF RECOVERY.**

19 (a) IN GENERAL.—There is established, within the  
20 Substance Abuse and Mental Health Services Administra-  
21 tion, an Office of Recovery (referred to in this section as  
22 the “Office”).

23 (b) RESPONSIBILITIES.—The Office shall, taking into  
24 account the perspectives of individuals with demonstrated

1 experience in mental health or substance use disorder re-  
2 covery—

3 (1) identify new and emerging challenges re-  
4 lated to the provision of recovery support services;

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

12 (3) ensure coordination of efforts to identify,  
13 disseminate, and evaluate best practices related to—

14 (A) improving the capacity of, and access  
15 to, recovery support services; and

16 (B) supporting the training, education,  
17 professional development, and retention of peer  
18 support specialists.

19 (c) REPORT.—Not later than 4 years after the date  
20 of enactment of this Act, the Assistant Secretary for Men-  
21 tal Health and Substance Use shall submit to the Com-  
22 mittee on Health, Education, Labor, and Pensions of the  
23 Senate and the Committee on Energy and Commerce of  
24 the House of Representatives a report on the activities  
25 conducted by the Office, including—

1 (1) a description of the specific roles and re-  
2 sponsibilities of the Office;

3 (2) a description of the relationship between the  
4 Office and other relevant components or programs of  
5 the Substance Abuse and Mental Health Services  
6 Administration;

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

12 (4) recommendations related to the continued  
13 operations of the Office.

14 **SEC. 307. REVIEW OF GRANTS.GOV.**

15 (a) IN GENERAL.—Not later than 1 year after the  
16 date of enactment of this Act, the Secretary of Health and  
17 Human Services (referred to in this section as the “Sec-  
18 retary”) shall convene a public meeting for purposes of  
19 improving awareness of, and access to, information related  
20 to current and future Federal funding opportunities, in-  
21 cluding Federal funding opportunities related to mental  
22 health and substance use disorder programs.

23 (b) TOPICS.—The public meeting under subsection  
24 (a) shall include—

1           (1) opportunities to improve the utility and  
2           functionality of relevant Internet websites main-  
3           tained by the Secretary, such as Grants.gov;

4           (2) other models for displaying and dissemi-  
5           nating information related to Federal funding oppor-  
6           tunities, such as interactive dashboards; and

7           (3) strategies to improve the ability of entities  
8           to apply for Federal funding opportunities, including  
9           entities that have not traditionally applied for pro-  
10          grams administered by the Secretary.

11         (c) WEBSITE IMPROVEMENTS.—The Secretary shall  
12         implement improvements to Grants.gov based on stake-  
13         holder feedback received at the public meeting under sub-  
14         section (a).

15         (d) REPORT.—Not later than 1 year after the date  
16         on which the public meeting under subsection (a) is con-  
17         vened, the Secretary shall submit to the Committee on  
18         Health, Education, Labor, and Pensions of the Senate and  
19         the Committee on Energy and Commerce of the House  
20         of Representatives a report summarizing the findings of  
21         such meeting, including how the Secretary has taken into  
22         account the feedback received through such meeting and  
23         implemented improvements to relevant Internet websites  
24         maintained by the Secretary and strategies to improve  
25         awareness of Federal funding opportunities.

1                   **TITLE IV—TECHNICAL**  
2                   **AMENDMENTS**

3   **SEC. 401. DELIVERY OF A CONTROLLED SUBSTANCE BY A**  
4                   **PHARMACY TO AN ADMINISTERING PRACTI-**  
5                   **TIONER.**

6           Section 309A(a) of the Controlled Substances Act  
7 (21 U.S.C. 829a(a)) is amended by striking paragraph (2)  
8 and inserting the following:

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

11                   “(A) by injection or implantation for the  
12           purpose of maintenance or detoxification treat-  
13           ment; or

14                   “(B) intranasally, subject to risk evalua-  
15           tion and mitigation strategy pursuant to section  
16           505–1 of the Federal Food, Drug, and Cos-  
17           metic Act (21 U.S.C. 355–1), with post-admin-  
18           istration monitoring by a health care profes-  
19           sional;”.

20   **SEC. 402. TECHNICAL CORRECTION ON CONTROLLED SUB-**  
21                   **STANCES DISPENSING.**

22           Effective as if included in the enactment of Public  
23 Law 117–328—

24                   (1) section 1252(a) of division FF of Public  
25           Law 117–328 (136 Stat. 5681) is amended, in the

1 matter being inserted into section 302(e) of the Con-  
2 trolled Substances Act, by striking “303(g)” and in-  
3 serting “303(h)”;

4 (2) section 1262 of division FF of Public Law  
5 117–328 (136 Stat. 5681) is amended—

6 (A) in subsection (a)—

7 (i) in the matter preceding paragraph  
8 (1), by striking “303(g)” and inserting  
9 “303(h)”;

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

13 (iii) in the matter being inserted by  
14 subsection (a)(2), by striking “(g) Practi-  
15 tioners” and inserting “(h) Practitioners”;  
16 and

17 (B) in subsection (b)—

18 (i) in the matter being stricken by  
19 paragraph (1), by striking “303(g)(1)”  
20 and inserting “303(h)(1)”;

21 (ii) in the matter being inserted by  
22 paragraph (1), by striking “303(g)” and  
23 inserting “303(h)”;

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

4 (iv) in the matter being stricken by  
5 paragraph (3), by striking “303(g)(2)(B)”  
6 and inserting “303(h)(2)(B)”;

7 (v) in the matter being stricken by  
8 paragraph (5), by striking “303(g)” and  
9 inserting “303(h)”;

10 (vi) in the matter being stricken by  
11 paragraph (6), by striking “303(g)” and  
12 inserting “303(h)”;

13 (3) section 1263(b) of division FF of Public  
14 Law 117–328 (136 Stat. 5685) is amended—

15 (A) by striking “303(g)(2)” and inserting  
16 “303(h)(2)”;

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

19 **SEC. 403. REQUIRED TRAINING FOR PRESCRIBERS OF CON-**  
20 **TROLLED SUBSTANCES.**

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

23 (1) by redesignating the second subsection des-  
24 igned as subsection (l) as subsection (m); and

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

1 (A) in subparagraph (A)—

2 (i) In clause (iv)—

3 (I) In subclause (I)—

4 (aa) by inserting “the Amer-  
5 ican Academy of Family Physi-  
6 cians, the American Podiatric  
7 Medical Association, the Acad-  
8 emy of General Dentistry, the  
9 American Optometric Associa-  
10 tion,” before “or any other orga-  
11 nization”;

12 (bb) by striking “or the  
13 Commission” and inserting “the  
14 Commission”; and

15 (cc) by inserting “, or the  
16 Council on Podiatric Medical  
17 Education” before the semicolon  
18 at the end; and

19 (II) in subclause (III), by insert-  
20 ing “or the American Academy of  
21 Family Physicians” after “Associa-  
22 tion”; and

23 (ii) in clause (v), in the matter pre-  
24 ceding subclause (I)—

1 (I) by striking “osteopathic medi-  
2 cine, dental surgery” and inserting  
3 “osteopathic medicine, podiatric medi-  
4 cine, dental surgery”; and

5 (II) by striking “or dental medi-  
6 cine curriculum” and inserting “or  
7 dental or podiatric medicine cur-  
8 riculum”; and

9 (B) in subparagraph (B)—

10 (i) in clause (i)—

11 (I) by inserting “the American  
12 Pharmacists Association, the Accredi-  
13 tation Council on Pharmacy Edu-  
14 cation, the American Psychiatric  
15 Nurses Association, the American  
16 Academy of Nursing, the American  
17 Academy of Family Physicians,” be-  
18 fore “or any other organization”; and

19 (II) by inserting “, the American  
20 Academy of Family Physicians,” be-  
21 fore “or the Accreditation Council”;  
22 and

23 (ii) in clause (ii)—

1 (I) by striking “or accredited  
2 school” and inserting “, an accredited  
3 school”; and

4 (II) by inserting “, or an accred-  
5 ited school of pharmacy” before “in  
6 the United States”.

7 (b) EFFECTIVE DATE.—The amendment made by  
8 subsection (a) shall take effect as if enacted on December  
9 29, 2022.