

118TH CONGRESS
1ST SESSION

S. _____

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

IN THE SENATE OF THE UNITED STATES

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

A BILL

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

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

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

4 (a) SHORT TITLE.—This Act may be cited as the
5 “SUPPORT for Patients and Communities Reauthoriza-
6 tion Act”.

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

2

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

TITLE II—TREATMENT

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

TITLE III—RECOVERY

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

TITLE IV—TECHNICAL AMENDMENTS

- Sec. 401. Delivery of a controlled substance by a pharmacy to an administering practitioner.
- Sec. 402. Technical correction on controlled substances dispensing.
- Sec. 403. Required training for prescribers of controlled substances.

1 **TITLE I—PREVENTION**

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

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

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

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

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

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

13 (3) in subsection (f)—

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

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

18 (C) in paragraph (2)—

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

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

24 (D) in paragraph (3), by striking “opioid
25 and heroin”; and

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

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

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

11 **SEC. 103. PREVENTING OVERDOSES OF CONTROLLED SUB-**
12 **STANCES.**

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

15 (1) in subsection (a)—

16 (A) in paragraph (2)—

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

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

23 (B) in paragraph (3)(A)—

24 (i) by inserting “identify substances
25 causing overdose and” after “rapidly”; and

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

4 (2) in subsection (b)(2)—

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

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

11 (C) in subparagraph (E)—

12 (i) by inserting a comma after “public
13 health laboratories”; and

14 (ii) by inserting “and other emerging
15 substances related” after “analogues”; and

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

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

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

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

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

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

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

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

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

18 (2) in subsection (a)—

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

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

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

26 (4) in subsection (d)—

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

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

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

6 “(2) NCTSI 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 informed evi-

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

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

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

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

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

21 “(A) utilizing and adapting existing Fed-
22 eral, State, or Tribal programs to include
23 FASD identification and FASD-informed sup-
24 port;

1 “(B) developing and expanding screening
2 and diagnostic capacity for FASD;

3 “(C) developing, implementing, and evalu-
4 ating targeted FASD-informed intervention
5 programs for FASD;

6 “(D) increasing awareness of FASD;

7 “(E) providing training with respect to
8 FASD for professionals across relevant sectors;
9 and

10 “(F) disseminating information about
11 FASD and support services to affected individ-
12 uals and their families.”;

13 (D) in subsection (b)—

14 (i) by striking “described in section
15 399I”;

16 (ii) by striking “The Secretary” and
17 inserting the following:

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

19 (iii) by adding at the end the fol-
20 lowing:

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

24 “(A) be a State, Indian Tribe or Tribal or-
25 ganization, local government, scientific or aca-

1 demic institution, or nonprofit organization;
2 and

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

9 “(3) ADDITIONAL APPLICATION CONTENTS.—

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

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

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

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

2 and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3 “(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 sections
20 3001 and 3004.”.

21 **TITLE II—TREATMENT**

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

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

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

4 (2) in subsection (g)—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19 and inserting the following:

20 “The Secretary”.

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

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

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

9 (2) in subsection (c)—

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

12 (B) in paragraph (3)—

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

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

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

23 (3) in subsection (d)—

24 (A) in paragraph (4)—

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

1 (ii) in subparagraph (B)—

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

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

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

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

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

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

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

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

3 (6) in subsection (h)—

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

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

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

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

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

15 and

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

17 “(2) APPLICATION OF PROVISIONS.—

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

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

7 (7) in subsection (k)—

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

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

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

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

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

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

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

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

7 (1) in subsection (b)(1)—

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

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

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

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

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

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

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

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

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

8 **SEC. 211. MENTAL HEALTH PARITY.**

9 (a) IN GENERAL.—Not later than January 1, 2025,
10 the Inspector General of the Department of Labor, in co-
11 ordination with the Inspector General of the Department
12 of Health and Human Services, shall report to the Com-
13 mittee on Health, Education, Labor, and Pensions of the
14 Senate and the Committee on Energy and Commerce and
15 the Committee on Education and the Workforce of the
16 House of Representatives on the following:

17 (1) The non-quantitative treatment limit (re-
18 ferred to in this section as “NQTL”) requirements
19 with respect to mental health and substance use dis-
20 order benefits under group health plans and health
21 insurance issuers under section 2726(a)(8) of the
22 Public Health Service Act (42 U.S.C. 300gg–
23 26(a)(8)), section 712(a)(8) of the Employee Retirement
24 Income Security Act of 1974 (29 U.S.C.
25 1185a(a)(8)), and section 9812(a)(8) of the Internal
26 Revenue Code of 1986 (referred to in this section as

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

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

1 NQTL comparative analysis requirements described
2 in paragraph (1), including an analysis of—

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

14 (B) whether sufficient guidance and exam-
15 ples from the Department of Labor and De-
16 partment of Health and Human Services, and
17 the Department of the Treasury exist to guide
18 and assist group health plans and health insur-
19 ance issuers in complying with the requirements
20 to demonstrate compliance with mental health
21 parity NQTL comparative analysis require-
22 ments/under such sections 2726(a)(8),
23 712(a)(8), and 9812(a)(8).

24 (3) A review of the enforcement processes of
25 the Department of Labor and the Department of

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

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

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

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

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

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

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

4 Such review shall consider the following:

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

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

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

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

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

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

7 (b) REPORT AND GUIDANCE.—

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

1 tate improved outcomes for the targeted population
2 involved.

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

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

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

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

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

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

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

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

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

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

5 **TITLE III—RECOVERY**

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

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

9 (1) in paragraph (2)—

10 (A) in subparagraph (A)—

11 (i) in clause (i)—

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

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

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

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

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

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

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

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

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

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

14 (A) by striking “and abuse”; and

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

17 (3) in paragraph (4)—

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

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

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

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

3 (5) in paragraph (6)(A)—

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

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

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

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

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

14 “(9) AUTHORIZATION OF APPROPRIATIONS.—

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

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

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

23 (1) in subsection (d)(2)—

24 (A) in the matter preceding subparagraph

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

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

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

8 (2) in subsection (h)—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 “(d) PILOT PROGRAM.—

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

9 “(2) EVALUATION.—Not later than 4 years
10 after the date of enactment of the SUPPORT for
11 Patients and Communities Reauthorization Act, the
12 Secretary shall evaluate the activities of the Regional
13 Center and submit to the Committee on Health,
14 Education, Labor, and Pensions of the Senate and
15 the Committee on Energy and Commerce of the
16 House of Representatives a report on the findings of
17 such evaluation, including—

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

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

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

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

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

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

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

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

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

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

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

25 (3) in subsection (c)—

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

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

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

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

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

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

23 (4) in subsection (g)—

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

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

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

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

10 “(1) IN GENERAL.—An entity”; and

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

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

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

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

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

12 (6) in subsection (j)—

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

18 (B) in paragraph (2)—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

21 (A) in subsection (a)—

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

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

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

8 (B) in subsection (b)—

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

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

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

18 (iv) in the matter being stricken by
19 paragraph (3), by striking “303(g)(2)(B)”
20 and inserting “303(h)(2)(B)”;

21 (v) in the matter being stricken by
22 paragraph (5), by striking “303(g)” and
23 inserting “303(h)”;

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

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

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

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

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

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

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

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

17 (A) in subparagraph (A)—

18 (i) In clause (iv)—

19 (I) In subclause (I)—

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

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

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

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

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

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

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

22 (B) in subparagraph (B)—

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

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

7 (ii) in clause (ii)—

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

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

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