

SUPPORT for Patients and Communities Reauthorization Act

Ranking Member Bill Cassidy, M.D

Section by Section

Title I—SUPPORT Act Reauthorizations

Section 101. First Responder Training

Reauthorizes grants to train and provide resources for first responders on how to safely respond to a known or suspected opioid overdose.

Section 102. Pilot Program for Public Health Laboratories to Detect Fentanyl and Other Synthetic Opioids

Reauthorizes grants to state and local agencies to support coordination between public health laboratories and laboratories operated by law enforcement to improve detection of fentanyl, fentanyl analogues, and other synthetic opioids.

Section 103. Residential Treatment Programs for Pregnant and Postpartum Women

Reauthorizes grants to provide comprehensive treatment to pregnant and postpartum women with a substance use disorder in residential or outpatient settings.

Section 104. Prenatal and Postnatal Health

Reauthorizes data collection and analysis of prenatal smoking, alcohol, and other substance abuse and misuse, and the outcomes associated with such activities on children's health such as neonatal abstinence syndrome.

Section 105. Plans of Safe Care

Reauthorizes support for states to collaborate on and improve plans of safe care for substance-exposed infants.

Section 106. Loan Repayment Program for Substance Use Disorder Treatment Workforce

Reauthorizes a 6-year loan repayment program for substance use disorder treatment professionals.

Section 107. Youth Prevention and Recovery

Reauthorizes a grant program to prevent, provide recovery support for, and treat substance use disorders in children, adolescents, and young adults.

Section 108. Comprehensive Opioid Recovery Centers

Reauthorizes grants to establish or operate comprehensive opioid recovery centers, which provide wrap-around treatment and recovery support services.

Section 109. CDC Surveillance and Data Collection for Child, Youth, and Adult Trauma

Reauthorizes authority for the Centers for Disease Control and Prevention (CDC) to support state efforts to collect and report data on adverse childhood experiences through existing public health surveys.

Section 110. Task Force to Develop Best Practices for Trauma-Informed Identification, Referral, and Support

Extends an interagency task force to make recommendations regarding best practices to identify, prevent, and mitigate the effects of trauma on infants, children, and youth.

Section 111. Donald J. Cohen National Child Traumatic Stress Initiative

Reauthorizes grants to operate the National Child Traumatic Stress Initiative, which focuses on the prevention of the long-term consequences of child trauma, and early intervention services and treatment of child trauma.

Section 112. Surveillance and Education Regarding Infections Associated with Illicit Drug Use and Other Risk Factors

Reauthorizes a CDC program to support state and federal efforts to prevent and respond to infections commonly associated with illicit drug use, such as viral hepatitis and HIV.

Section 113. Building Communities of Recovery

Reauthorizes grants to fund community organizations that provide long-term recovery support services.

Section 114. Peer Support Technical Assistant Center

Reauthorizes the National Peer-Run Training and Technical Assistance Center for Addiction Recovery Support, which supports recovery community organizations and peer support networks that provide substance use disorder peer support services.

Section 115. Preventing Overdoses of Controlled Substances

Reauthorizes grants to help states improve their prescription drug monitoring programs (PDMPs) and enhance controlled substance overdose data collection.

Section 116. CAREER Act

Reauthorizes grants that provide funding to substance use disorder treatment centers that help individuals in recovery re-enter the workforce.

Title II—Other Provisions

Section 201. Delivery of a Controlled Substance by a Pharmacy

Allows the delivery of a self-administered controlled substance by a pharmacy to a practitioner when the controlled substance is administered under supervision. Currently,

pharmacies may only deliver a practitioner-administered controlled substance to a practitioner.

Section 202. Regulations Relating to a Special Registration for Telemedicine

Directs the U.S. Department of Health and Human Services (HHS) and the Drug Enforcement Administration (DEA) to finally issue a special registration process for practitioners to prescribe controlled substances via telemedicine. Congress first directed DEA to do this in 2008, and again in 2018.

Section 203. Review of At-Home Drug Disposal Systems

Directs the Food and Drug Administration (FDA), in consultation with DEA, to issue guidance on how manufacturers of at-home drug disposal systems should meet relevant statutory standards.

Section 204. Report of At-Home Drug Disposal Systems

Directs FDA, in consultation with DEA, to issue a report on how at-home drug disposal systems are being used, how to expand access to such systems, and to examine barriers to the development and distribution of these systems.

Section 205. Ensuring State Choice in PDMP Systems

Clarifies that states may not be directed, limited, or prohibited from utilizing their preferred PDMP or interstate sharing program.

Section 206. Mental Health Parity

This provision would require the Department of Labor (DOL) Office of the Investigator General (OIG) to issue a report pertaining to the actions of HHS, DOL, and Treasury as it relates to the agencies' implementation of mental health parity requirements.

Section 207. State Guidance on Coverage for Individuals with Serious Mental Illness (SMI) and Children with Serious Emotional Disturbance (SED)

Requires Substance Abuse and Mental Health Services Administration (SAMHSA) to conduct a review of states' activities related to first episode psychosis, and requires the Centers for Medicare and Medicaid Services (CMS), the National Institute of Mental Health (NIMH), and SAMHSA to issue joint guidance to states on coverage recommendations for people with SMI and children with SED.

Section 208. Community Mental Health Services Block Grant Services Provider

Enables for-profit entities to receive funding from the Community Mental Health Services Block Grant at the discretion of the state.

Section 209. Reports and Studies on Medication Treatments for Opioid Use Disorder

Directs the National Institutes of Health (NIH) to semiannually submit reports to the appropriate congressional committees on clinical studies conducted or funded by NIH involving access to methadone for opioid use disorder in opioid treatment programs and other settings. In conjunction with DEA, NIH is also required to semiannually brief the committees on interim results from these studies, identifying any barriers that impede timely and adequate patient enrollment in new studies.

Additionally, SAMHSA must provide the committees with an interim report on the impact of the elimination of the buprenorphine X-waiver on access to medication for opioid use disorder. SAMHSA is further required to analyze the role of methadone in opioid overdose-related deaths, on access to medication for opioid use disorder across the country, and whether expanding access to methadone beyond opioid treatment programs is necessary and feasible.

Section 210. Fetal Alcohol Spectrum Disorder (FASD) Respect Act

Reauthorizes federal FASDs programs under HHS that support prevention, identification, intervention, and research.