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

IN THE SENATE OF THE UNITED STATES

introduced the following bill; which was read twice and referred to the Committee on

A BILL

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

Be it enacted by the Senate and House ofRepresentatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) Short Title.—This Act may be cited as the “SUPPORT for Patients and Communities Reauthorization Act of 2023”.

(b) Table of Contents.—The table of contents for this Act is as follows:
1. Short title; table of contents.

**TITLE I—REAUTHORIZATIONS**

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

**TITLE II—OTHER PROVISIONS**

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

1. **TITLE I—REAUTHORIZATIONS**

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

3. Section 546(h) of the Public Health Service Act (42 U.S.C. 290ee–1(h)) is amended by striking “2019 through 2023” and inserting “2024 through 2028”.
SEC. 102. PILOT PROGRAM FOR PUBLIC HEALTH LABORATORIES TO DETECT FENTANYL AND OTHER SYNTHETIC OPIOIDS.

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

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

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

SEC. 104. PRENATAL AND POSTNATAL HEALTH.

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

SEC. 105. PLANS OF SAFE CARE.

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

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

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

SEC. 107. YOUTH PREVENTION AND RECOVERY.

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

SEC. 108. COMPREHENSIVE OPIOID RECOVERY CENTERS.

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

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

Section 7131(e) of the SUPPORT for Patients and Communities Act (42 U.S.C. 242t(e)) is amended by striking “2019 through 2023” and inserting “2024 through 2028”.

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

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

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

Section 582(j) of the Public Health Service Act (42 U.S.C. 290hh–1(j)) (relating to grants to address the problems of persons who experience violence-related
stress) is amended by striking “2019 through 2023” and inserting “2024 through 2028”.

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

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

SEC. 113. BUILDING COMMUNITIES OF RECOVERY.

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

SEC. 114. PEER SUPPORT TECHNICAL ASSISTANCE CENTER.

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

SEC. 115. PREVENTING OVERDOSES OF CONTROLLED SUBSTANCES.

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

SEC. 116. CAREER ACT.

Section 7183(k) of the SUPPORT for Patients and Communities Act (42 U.S.C. 290ee–8(k)) is amended by
striking “2019 through 2023” and inserting “2024 through 2028”.

**TITLE II—OTHER PROVISIONS**

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

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

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

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

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

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

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

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

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

“(n) AT-HOME DRUG DISPOSAL STANDARDS AND SYSTEMS.—

“(1) Establishments of at-home drug disposal standards.—Not later than one year after the date of enactment of the SUPPORT for Patients and Communities Reauthorization Act of 2023, the Secretary shall publish guidance to facilitate the use of at-home safe disposal systems for drugs subject to a risk evaluation and mitigation strategy that includes an element described in subsection (e)(4).

“(2) Guidance.—The guidance under paragraph (1) shall include—

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

“(B) recommended information to include as instruction for use to disseminate with at-home disposal systems; and
“(C) best practices and educational tools
to support the use of an at-home disposal sys-
tem.

“(3) Updates.—The Secretary shall update
the guidance under this subsection not less fre-
quently than every 5 years.”.

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

Subsection (n) of section 505–1 of the Federal Food,
Drug, and Cosmetic Act (21 U.S.C. 355–1), as added by
section 5, is amended by adding at the end the following:

“(4) Report on at-home drug disposal
systems.—

“(A) In general.—Not later than one
year after the date of enactment of the SUP-
PORT for Patients and Communities Reauthor-
ization Act of 2023, the Secretary, in consulta-
tion with the Administrator of the Drug En-
forcement Administration, shall issue a report
outlining steps to improve access to at-home
drug disposal systems.

“(B) Report.—The report required under
subparagraph (A) shall include—

“(i) a review of commercially available
at-home drug disposal systems;
“(ii) current usage of at-home drug disposal systems;

“(iii) any barriers to development, including information necessary to independently verify deactivation of appropriate drugs and challenges with real world testing;

“(iv) any barriers to distribution of at-home drug disposal systems; and

“(v) best practices for educational resources to inform distribution and use of at-home drug disposal systems.”.

SEC. 205. ENSURING STATE CHOICE IN PDMP SYSTEMS.

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

“(5) ENSURING STATE CHOICE.—Nothing in this section shall be construed to—

“(A) direct, require or encourage a State to use a specific interstate data sharing program;

“(B) limit or prohibit the discretion of a PDMP to utilize interoperability connections of its choice;

“(C) permit, encourage, or otherwise condition Federal financial assistance to States
based upon the use of open architecture by
PDMP systems or contracted vendors; or
“(D) limit or prohibit the discretion of
States to utilize Federal financial assistance re-
ceived under this section to enter into arrange-
ments with vendors of their choice in order to
carry out a program under this section.”.

SEC. 206. MENTAL HEALTH PARITY.

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

(1) The non-quantitative treatment limit (re-
ferred to in this section as “NQTL”) requirements
with respect to mental health and substance use dis-
order benefits under group health plans and health
insurance issuers under section 2726(a)(8) of the
Public Health Service Act (42 U.S.C. 300gg–
26(a)(8)), section 712(a)(8) of the Employee Retire-
1185a(a)(8)), and section 9812(a)(8) of the Internal
Revenue Code of 1986 (referred to in this section as the “NQTL comparative analysis requirements”), and the requirements for the Secretary of Health and Human Services, the Secretary of Labor, and the Secretary of the Treasury to issue regulations, a compliance program guide, and additional guidance documents and tools providing guidance relating to mental health parity requirements under section 2726(a) of the Public Health Service Act (42 U.S.C. 300gg–26(a)), section 712(a) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185a(a)), and section 9812(a) of the Internal Revenue Code of 1986.

(2) With respect to the NQTL comparative analysis requirements described in paragraph (1), an analysis of the actions taken by the Secretary of Labor, the Secretary of Treasury, and the Secretary of Health and Human Services to provide guidance to ensure that group health plans and health insurance issuers can fully comply with mental health parity requirements under section 2726 of the Public Health Service Act (42 U.S.C. 300gg–26, section 712 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185a), and section 9812 of the Internal Revenue Code of 1986 and the NQTL
comparative analysis requirements described in para-
graph (1), including an analysis of—

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

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

(3) A review of the enforcement processes of
the Department of Labor and the Department of
Health and Human Services to evaluate the consistency of interpretation of the requirements under section 2726(a)(8) of the Public Health Service Act (42 U.S.C. 300gg–26(a)(8), section 712(a)(8) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185a(a)(8)), and section 9812(a)(8) of the Internal Revenue Code of 1986, in particular with respect to processes utilized for enforcement, actions or inactions that constitute noncompliance, and avoidance among the agencies of duplication of enforcement, including an evaluation of compliance with section 104 of the Health Insurance Portability and Accountability Act of 1996 (Public Law 104–191).

(4) A review of the implementation, by the Department of Labor, Department of Health and Human Services, and Department of the Treasury, of mental health parity requirements under section 2726 of the Public Health Service Act (42 U.S.C. 300gg–26), section 712 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185a), and section 9812 of the Internal Revenue Code of 1986, including all such requirements in effect through the enactment of the Mental Health Parity Act of 1996 (Public Law 104–204), the Paul
Wellstone and Pete Domenici Mental Health Parity
and Addiction Equity Act of 2008 (Public Law 110–
460), the 21st Century Cures Act (Public Law 114–
255), and the Consolidated Appropriations Act,
2023 (Public Law 117–328) (including any amend-
ments made by such Acts), and including with re-
spect to the timing of all actions, delays of any ac-
tions, reasons for any such delays, mandated re-
quirements that were met only once but not each
time such requirements were mandated.
(b) Definitions.—In this section, the terms “group
health plan” and “health insurance issuer” have the
meanings given such terms in section 733 of the Employee
1191b).

SEC. 207. STATE GUIDANCE ON COVERAGE FOR INDIVID-
UALS WITH SERIOUS MENTAL ILLNESS AND
CHILDREN WITH SERIOUS EMOTIONAL DIS-
TURBANCE.

(a) Review of Use of Certain Funding.—Not
later than 180 days after the date of enactment of this
Act, the Secretary of Health and Human Services, acting
through the Assistant Secretary for Mental Health and
Substance Use, shall conduct a review of the use by States
of funds made available under the Community Mental
Health Services Block Grant program under subpart I of part B of title XIX of the Public Health Service Act (42 U.S.C. 300x et seq.) for First Episode Psychosis activities. Such review shall consider the following:

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

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

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

(4) How many individuals are served by the expenditures described in paragraph (3), broken down on a per-capita basis.
(5) How the funds are used to reach individuals in underserved populations, including individuals in rural areas and individuals from minority groups.

(b) REPORT AND GUIDANCE.—

(1) REPORT.—Not later than 6 months after the completion of the review under subsection (a), the Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, shall submit to the Committee on Appropriations, the Committee on Health, Education, Labor, and Pensions, and the Committee on Finance of the Senate and to the Committee on Appropriations and the Committee on Energy and Commerce of the House of Representatives a report on the findings made as a result of the review conducted under subsection (a). Such report shall include any recommendations with respect to any changes to the Community Mental Health Services Block Grant program, including the set aside required for First Episode Psychosis, that would facilitate improved outcomes for the targeted population involved.

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

(c) TECHNICAL ASSISTANCE.—The Director of the National Institute of Mental Health shall coordinate with the Assistant Secretary for Mental Health and Substance Use in providing technical assistance to State grantees and provider subgrantees in the delivery of services for First Episode Psychosis under the Community Mental Health Services Block Grant program.

(d) GUIDANCE FOR STATES RELATING TO COVERAGE RECOMMENDATIONS OF HEALTH CARE SERVICES AND INTERVENTIONS FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS AND CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE.—Not later than 2 years after the date of enactment of this Act, the Administrator of the Centers for Medicare & Medicaid Services, jointly with the Assistant Secretary for Mental Health and Substance Use and the Director of the National Institute of Mental Health—

(1) shall provide updated guidance to States concerning—

(A) coverage recommendations relating to health care services and interventions for indi-
individuals with serious mental illness, specifically First Episode Psychosis; and (B) the manner in which Federal funding provided to States through programs administered by such agencies, including the Community Mental Health Services Block Grant program under subpart I of part B of title XIX of the Public Health Service Act (42 U.S.C. 300x–2(b)(1)), may be coordinated to support individuals with serious mental illness and serious emotional disturbance; and (2) may streamline relevant State reporting requirements if such streamlining would result in making it easier for States to coordinate funding under the programs described in paragraph (1)(B) to improve treatments for individuals with serious mental illness and serious emotional disturbance.

SEC. 208. COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT SERVICE PROVIDERS.

Subpart I of part B of title XIX of the Public Health Service Act is amended—
(1) in section 1913(b)(1) (42 U.S.C. 300x–2(b)(1)), by inserting “, and which may include, at the discretion of the State, appropriate programs op-
erated by for-profit entities” after “consumer-directed programs”; and

(2) in section 1916(a)(5) (42 U.S.C. 300x–5(a)(5)), by inserting “, or a for-profit entity selected by a State pursuant to section 1913(b)(1)” before the period at the end.

SEC. 209. REPORTS AND STUDIES ON MEDICATION TREATMENTS FOR OPIOID USE DISORDER.

(a) NIH STUDY ON METHADONE TREATMENT.—Not later than 6 months after the date of the enactment of this Act, and every 6 months thereafter, the Director of the National Institutes of Health—

(1) shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on ongoing and new clinical studies conducted or funded by the National Institutes of Health on the access to, safety of, and efficacy of methadone treatment for opioid use disorder in accredited and certified opioid treatment programs and in other programs or settings; and

(2) in conjunction with the Administrator of the Drug Enforcement Administration, shall brief the Committee on Health, Education, Labor, and Pen-
sions of the Senate and the Committee on Energy
and Commerce of the House of Representatives on—

(A) interim results from the studies de-
scribed in paragraph (1); and

(B) any barriers that may prevent ade-
quate and timely enrollment of patients in any
new clinical study described in paragraph (1).

(b) Study on Medication Treatments for
Opioid Use Disorders.—The Secretary of Health and
Human Services, acting through the Assistant Secretary
for Mental Health and Substance Use, shall—

(1) study—

(A) the early impact on access to medica-
tion treatment for opioid use disorder and
opioid-related overdose deaths through
buprenorphine prescribing pursuant to section
303(g) of the Controlled Substances Act (21
U.S.C. 823(g)), as amended by section 1262 of
title I of division FF of the Mental Health and
Well-Being Act of 2022;

(B) an updated analysis of the effect of
methadone on opioid-related overdose death
rates, disaggregated by State;

(C) the number of patients with opioid use
disorder who are prescribed no medication for
such disorder, and the number of patients with opioid use disorder who are prescribed naltrexone, buprenorphine, or methadone, respectively, at each opioid treatment program;

(D) the prevalence of patients with opioid use disorder, disaggregated by county and the number of patients with opioid use disorder in each county;

(E) the number of addiction psychiatrists and addiction medicine physicians within a county who are not affiliated with an opioid treatment program and, with respect to such psychiatrists and physicians—

(i) whether such providers accept new patients;

(ii) which types of health insurance are accepted by such providers; and

(iii) wait times for new appointments;

and

(F) a survey of retail pharmacies nationwide, disaggregated by State, to determine which pharmacies serve as methadone dispensing units for opioid treatment programs, and which such pharmacies are interested in stocking or dispensing methadone; and
(2) submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives—

(A) not later than the earlier of 18 months after the date of the enactment of this Act or June 1, 2025, an initial report on the study under paragraph (1); and

(B) not later than December 31, 2025, a final report on the study under paragraph (1).

SEC. 210. FASD RESPECT ACT.

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

(1) by amending the part heading to read as follows: “FETAL ALCOHOL SPECTRUM DISORDERS PREVENTION AND SERVICES PROGRAM”;

(2) in section 399H (42 U.S.C. 280f)—

(A) in the section heading, by striking “ESTABLISHMENT OF FETAL ALCOHOL SYNDROME PREVENTION” and inserting “FETAL ALCOHOL SPECTRUM DISORDERS PREVENTION, INTERVENTION,”;
(B) by striking “Fetal Alcohol Syndrome and Fetal Alcohol Effect” each place it appears and inserting “FASD”;

(C) in subsection (a)—

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

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

(I) by inserting “or continue activities to support” after “shall establish”;

(II) by striking “FASD” (as amended by subparagraph (B)) and inserting “fetal alcohol spectrum disorders (referred to in this section as ‘FASD’)”;

(III) by striking “prevention, intervention” and inserting “awareness, prevention, identification, intervention,”; and

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

(iii) in paragraph (1)—

(I) in subparagraph (A)—
(aa) by striking “medical schools” and inserting “health professions schools”; and

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

(II) in subparagraph (D), by striking “medical and mental” and inserting “agencies providing”; (iv) in paragraph (2)—

(I) in the matter preceding subparagraph (A), by striking “a prevention and diagnosis program to support clinical studies, demonstrations and other research as appropriate” and inserting “supporting and conducting research on FASD, as appropriate, including”; 

(II) in subparagraph (B)—

(aa) by striking “prevention services and interventions for pregnant, alcohol-dependent women” and inserting “culturally and linguistically informed evidence-based or practice-based
interventions and appropriate societal supports for preventing prenatal alcohol exposure, which may co-occur with exposure to other substances”; and

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

(v) by striking paragraph (3) and inserting the following:

“(3) integrating into surveillance practice an evidence-based standard case definition for fetal alcohol syndrome and, in collaboration with other Federal and outside partners, support organizations of appropriate medical and mental health professionals in their development and refinement of evidence-based clinical diagnostic guidelines and criteria for all fetal alcohol spectrum disorders; and

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

“(A) utilizing and adapting existing Federal, State, or Tribal programs to include FASD identification and FASD-informed support;
“(B) developing and expanding screening
and diagnostic capacity for FASD;
“(C) developing, implementing, and evaluating targeted FASD-informed intervention
programs for FASD;
“(D) increasing awareness of FASD;
“(E) providing training with respect to
FASD for professionals across relevant sectors; and
“(F) disseminating information about
FASD and support services to affected individ-
uals and their families.”;

(D) in subsection (b)—

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

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

“(1) IN GENERAL.—The Secretary”; and

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

“(2) ELIGIBLE ENTITIES.—To be eligible to re-
ceive a grant, or enter into a cooperative agreement
or contract, under this section, an entity shall—
“(A) be a State, Indian Tribe or Tribal or-
ganization, local government, scientific or aca-
demic institution, or nonprofit organization; and

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

“(3) ADDITIONAL APPLICATION CONTENTS.— The Secretary may require that an entity using amounts from a grant, cooperative agreement, or contract under this section for an activity under subsection (a)(4) include in the application for such amounts submitted under paragraph (2)(B)—

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

“(B) a description of an advisory committee the entity will establish to provide guidance for the entity on developing and implementing a statewide or Tribal strategic plan to prevent FASD and provide for the identification, treatment, and support of individuals with FASD and their families.”;
(E) by striking subsections (c) and (d); and

(F) by adding at the end the following:

“(c) DEFINITION OF FASD-INFORMED.—For purposes of this section, the term ‘FASD-informed’, with respect to support or an intervention program, means that such support or intervention program uses culturally and linguistically informed evidence-based or practice-based interventions and appropriate societal supports to support an improved quality of life for an individual with FASD and the family of such individual.”; and

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

“SEC. 399I. FETAL ALCOHOL SPECTRUM DISORDERS CENTERS FOR EXCELLENCE.

“(a) IN GENERAL.—The Secretary shall, as appropriate, award grants, cooperative agreements, or contracts to public or nonprofit entities with demonstrated expertise in the prevention of, identification of, and intervention services with respect to, fetal alcohol spectrum disorders (referred to in this section as ‘FASD’) and other related adverse conditions. Such awards shall be for the purposes of establishing Fetal Alcohol Spectrum Disorders Centers for Excellence to build local, Tribal, State, and national
capacities to prevent the occurrence of FASD and other related adverse conditions, and to respond to the needs of individuals with FASD and their families by carrying out the programs described in subsection (b).

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

“(1) Initiating or expanding diagnostic capacity for FASD by increasing screening, assessment, identification, and diagnosis.

“(2) Developing and supporting public awareness and outreach activities, including the use of a range of media and public outreach, to raise public awareness of the risks associated with alcohol consumption during pregnancy, with the goals of reducing the prevalence of FASD and improving the developmental, health (including mental health), and educational outcomes of individuals with FASD and supporting families caring for individuals with FASD.

“(3) Acting as a clearinghouse for evidence-based resources on FASD prevention, identification, and culturally and linguistically informed best practices, including the maintenance of a national data-based directory on FASD-specific services in States,
Indian Tribes, and local communities, and disseminating ongoing research and developing resources on FASD to help inform systems of care for individuals with FASD across their lifespan.

“(4) Increasing awareness and understanding of efficacious, evidence-based FASD screening tools and culturally- and linguistically-appropriate evidence-based intervention services and best practices, which may include by conducting national, regional, State, Tribal, or peer cross-State webinars, workshops, or conferences for training community leaders, medical and mental health and substance use disorder professionals, education and disability professionals, families, law enforcement personnel, judges, individuals working in financial assistance programs, social service personnel, child welfare professionals, and other service providers.

“(5) Improving capacity for State, Tribal, and local affiliates dedicated to FASD awareness, prevention, and identification and family and individual support programs and services.

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

“(7) Carrying out other functions, as appropriate.
“(c) APPLICATION.—To be eligible for a grant, contract, or cooperative agreement under this section, an entity shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

“(d) SUBCONTRACTING.—A public or private nonprofit entity may carry out the following activities required under this section through contracts or cooperative agreements with other public and private nonprofit entities with demonstrated expertise in FASD:

“(1) Prevention activities.

“(2) Screening and identification.

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

“(4) Intervention services.

“SEC. 399J. AUTHORIZATION OF APPROPRIATIONS.

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

(b) REPORT.—Not later than 4 years after the date of enactment of this Act, the Secretary of Health and Human Services shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of
Representatives a report on the efforts of the Department of Health and Human Services to advance public awareness on, and facilitate the identification of best practices related to, fetal alcohol spectrum disorders identification, prevention, treatment, and support.

(c) TECHNICAL AMENDMENT.—Section 519D of the Public Health Service Act (42 U.S.C. 290bb–25d) is repealed.