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1ST SESSION

H. R. 2483

IN THE SENATE OF THE UNITED STATES

JUNE 5, 2025

Received; read twice and referred to the Committee on Health, Education,
Labor, and Pensions

AN ACT

To reauthorize certain programs that provide for opioid use
disorder prevention, treatment, and recovery, 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,*

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

2 (a) SHORT TITLE.—This Act may be cited as the
 3 “SUPPORT for Patients and Communities Reauthoriza-
 4 tion Act of 2025”.

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

Sec. 1. Short title; table of contents.

TITLE I—PREVENTION

- Sec. 101. Prenatal and postnatal health.
- Sec. 102. Monitoring and education regarding infections associated with illicit drug use and other risk factors.
- Sec. 103. Preventing overdoses of controlled substances.
- Sec. 104. Support for individuals and families impacted by fetal alcohol spectrum disorder.
- Sec. 105. Promoting state choice in PDMP systems.
- Sec. 106. First responder training program.
- Sec. 107. Donald J. Cohen National Child Traumatic Stress Initiative.
- Sec. 108. Protecting suicide prevention lifeline from cybersecurity incidents.
- Sec. 109. Monitoring and reporting of child, youth, and adult trauma.
- Sec. 110. Bruce’s law.
- Sec. 111. Guidance on at-home drug disposal systems.
- Sec. 112. Assessment of opioid drugs and actions.
- Sec. 113. Grant program for State and Tribal response to opioid use disorders.

TITLE II—TREATMENT

- Sec. 201. Residential treatment program for pregnant and postpartum women.
- Sec. 202. Improving access to addiction medicine providers.
- Sec. 203. Mental and behavioral health education and training grants.
- Sec. 204. Loan repayment program for substance use disorder treatment workforce.
- Sec. 205. Development and dissemination of model training programs for substance use disorder patient records.
- Sec. 206. Task force on best practices for trauma-informed identification, referral, and support.
- Sec. 207. Grants to enhance access to substance use disorder treatment.
- Sec. 208. State guidance related to individuals with serious mental illness and children with serious emotional disturbance.
- Sec. 209. Reviewing the scheduling of approved products containing a combination of buprenorphine and naloxone.
- Sec. 210. References to opioid overdose reversal agents in HHS grant programs.
- Sec. 211. Roundtable on using health information technology to improve mental health and substance use care outcomes.

TITLE III—RECOVERY

- Sec. 301. Building communities of recovery.

- Sec. 302. Peer support technical assistance center.
 Sec. 303. Comprehensive opioid recovery centers.
 Sec. 304. Youth prevention and recovery.
 Sec. 305. CAREER Act.
 Sec. 306. Addressing economic and workforce impacts of the opioid crisis.
 Sec. 307. Review of information related to funding opportunities under programs administered by SAMHSA.

TITLE IV—MISCELLANEOUS MATTERS

- Sec. 401. Delivery of a controlled substance by a pharmacy to a prescribing practitioner.
 Sec. 402. Required training for prescribers of controlled substances.

1 **TITLE I—PREVENTION**

2 **SEC. 101. PRENATAL AND POSTNATAL HEALTH.**

3 Section 317L(d) of the Public Health Service Act (42
 4 U.S.C. 247b–13(d)) is amended by striking “such sums
 5 as may be necessary for each of the fiscal years 2019
 6 through 2023” and inserting “\$4,250,000 for each of fis-
 7 cal years 2026 through 2030”.

8 **SEC. 102. MONITORING AND EDUCATION REGARDING IN-** 9 **FECTIONS ASSOCIATED WITH ILLICIT DRUG** 10 **USE AND OTHER RISK FACTORS.**

11 Section 317N(d) of the Public Health Service Act (42
 12 U.S.C. 247b–15(d)) is amended by striking “fiscal years
 13 2019 through 2023” and inserting “fiscal years 2026
 14 through 2030”.

15 **SEC. 103. PREVENTING OVERDOSES OF CONTROLLED SUB-** 16 **STANCES.**

17 (a) IN GENERAL.—Section 392A of the Public
 18 Health Service Act (42 U.S.C. 280b–1) is amended—

19 (1) in subsection (a)(2)—

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

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

7 (2) in subsection (b)(2)—

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

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

14 (C) in subparagraph (E)—

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

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

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

21 (b) ADDITIONAL GRANTS.—Section 392A(a)(3) of
22 the Public Health Service Act (42 U.S.C. 280b–1(a)(3))
23 is amended—

1 (1) in the matter preceding subparagraph (A),
2 by striking “and Indian Tribes—” and inserting
3 “and Indian Tribes for the following purposes:”;

4 (2) by amending subparagraph (A) to read as
5 follows:

6 “(A) To carry out innovative projects for
7 grantees to detect, identify, and rapidly respond
8 to controlled substance misuse, abuse, and
9 overdoses, and associated risk factors, including
10 changes in patterns of such controlled sub-
11 stance use. Such projects may include the use
12 of innovative, evidence-based strategies for de-
13 tecting such patterns, such as wastewater sur-
14 veillance, if proven to support actionable pre-
15 vention strategies, in a manner consistent with
16 applicable Federal and State privacy laws.”;
17 and

18 (3) in subparagraph (B), by striking “for any”
19 and inserting “For any”.

20 (c) AUTHORIZATION OF APPROPRIATIONS.—Section
21 392A(e) of the Public Health Service Act (42 U.S.C.
22 280b–1(e)) is amended by striking “\$496,000,000 for
23 each of fiscal years 2019 through 2023” and inserting
24 “\$505,579,000 for each of fiscal years 2026 through
25 2030”.

1 **SEC. 104. SUPPORT FOR INDIVIDUALS AND FAMILIES IM-**
2 **PACTED BY FETAL ALCOHOL SPECTRUM DIS-**
3 **ORDER.**

4 (a) IN GENERAL.—Part O of title III of the Public
5 Health Service Act (42 U.S.C. 280f et seq.) is amended
6 to read as follows:

7 **“PART O—FETAL ALCOHOL SPECTRUM DIS-**
8 **ORDER PREVENTION AND SERVICES PRO-**
9 **GRAM**
10 **“SEC. 399H. FETAL ALCOHOL SPECTRUM DISORDERS PRE-**
11 **VENTION, INTERVENTION, AND SERVICES DE-**
12 **LIVERY PROGRAM.**

13 “(a) IN GENERAL.—The Secretary shall establish or
14 continue activities to support a comprehensive fetal alcohol
15 spectrum disorders (referred to in this section as ‘FASD’)
16 education, prevention, identification, intervention, and
17 services delivery program, which may include—

18 “(1) an education and public awareness pro-
19 gram to support, conduct, and evaluate the effective-
20 ness of—

21 “(A) educational programs targeting
22 health professions schools, social and other sup-
23 portive services, educators and counselors and
24 other service providers in all phases of child-
25 hood development, and other relevant service
26 providers, concerning the prevention, identifica-

1 tion, and provision of services for infants, chil-
2 dren, adolescents, and adults with FASD;

3 “(B) strategies to educate school-age chil-
4 dren, including pregnant and high-risk youth,
5 concerning FASD;

6 “(C) public and community awareness pro-
7 grams concerning FASD; and

8 “(D) strategies to coordinate information
9 and services across affected community agen-
10 cies, including agencies providing social services
11 such as foster care, adoption, and social work,
12 agencies providing health services, and agencies
13 involved in education, vocational training, and
14 civil and criminal justice;

15 “(2) supporting and conducting research on
16 FASD, as appropriate, including to—

17 “(A) develop appropriate medical diag-
18 nostic methods for identifying FASD; and

19 “(B) develop effective culturally and lin-
20 guistically appropriate evidence-based or evi-
21 dence-informed interventions and appropriate
22 supports for preventing prenatal alcohol expo-
23 sure, which may co-occur with exposure to other
24 substances;

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

4 “(A) utilizing and adapting existing Fed-
5 eral, State, or Tribal programs to include
6 FASD identification and FASD-informed sup-
7 port;

8 “(B) developing and expanding screening
9 and diagnostic capacity for FASD;

10 “(C) developing, implementing, and evalu-
11 ating targeted FASD-informed intervention
12 programs for FASD;

13 “(D) providing training with respect to
14 FASD for professionals across relevant sectors;
15 and

16 “(E) disseminating information about
17 FASD and support services to affected individ-
18 uals and their families; and

19 “(4) an applied research program concerning
20 intervention and prevention to support and conduct
21 service demonstration projects, clinical studies and
22 other research models providing advocacy, edu-
23 cational and vocational training, counseling, medical
24 and mental health, and other supportive services, as
25 well as models that integrate and coordinate such

1 services, that are aimed at the unique challenges fac-
2 ing individuals with fetal alcohol spectrum disorder
3 or fetal alcohol effect and their families.

4 “(b) GRANTS AND TECHNICAL ASSISTANCE.—

5 “(1) IN GENERAL.—The Secretary may award
6 grants, cooperative agreements and contracts and
7 provide technical assistance to eligible entities to
8 carry out subsection (a).

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

12 “(A) be a State, Indian Tribe or Tribal or-
13 ganization, local government, scientific or aca-
14 demic institution, or nonprofit organization;
15 and

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

22 “(3) ADDITIONAL APPLICATION CONTENTS.—

23 The Secretary may require that an eligible entity in-
24 clude in the application submitted under paragraph
25 (2)(B)—

1 “(A) a designation of an individual to
2 serve as a FASD State or Tribal coordinator of
3 activities such eligible entity proposes to carry
4 out through a grant, cooperative agreement, or
5 contract under this section; and

6 “(B) a description of an advisory com-
7 mittee the entity will establish to provide guid-
8 ance for the entity on developing and imple-
9 menting a statewide or Tribal strategic plan to
10 prevent FASD and provide for the identifica-
11 tion, treatment, and support of individuals with
12 FASD and their families.

13 “(c) DEFINITION OF FASD-INFORMED.—For pur-
14 poses of this section, the term ‘FASD-informed’, with re-
15 spect to support or an intervention program, means that
16 such support or intervention program uses culturally and
17 linguistically informed evidence-based or practice-based
18 interventions and appropriate resources to support an im-
19 proved quality of life for an individual with FASD and
20 the family of such individual.

21 **“SEC. 399I. STRENGTHENING CAPACITY AND EDUCATION**
22 **FOR FETAL ALCOHOL SPECTRUM DIS-**
23 **ORDERS.**

24 “(a) IN GENERAL.—The Secretary shall award
25 grants, contracts, or cooperative agreements, as the Sec-

1 retary determines appropriate, to public or nonprofit pri-
2 vate entities with demonstrated expertise in the field of
3 fetal alcohol spectrum disorders (referred to in this section
4 as ‘FASD’). Such awards shall be for the purposes of
5 building local, Tribal, State, and nationwide capacities to
6 prevent the occurrence of FASD by carrying out the pro-
7 grams described in subsection (b).

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

11 “(1) Developing and supporting public edu-
12 cation and outreach activities to raise public aware-
13 ness of the risks associated with alcohol consumption
14 during pregnancy.

15 “(2) Acting as a clearinghouse for evidence-
16 based resources on FASD prevention, identification,
17 and culturally and linguistically appropriate best
18 practices to help inform systems of care for individ-
19 uals with FASD across their lifespan.

20 “(3) Increasing awareness and understanding
21 of efficacious, evidence-based screening tools and
22 culturally and linguistically appropriate evidence-
23 based intervention services and best practices, which
24 may include improving the capacity for State, Trib-
25 al, and local affiliates.

1 “(4) Providing technical assistance to recipients
2 of grants, cooperative agreements, or contracts
3 under section 399H, as appropriate.

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

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

14 “(1) Resource development and dissemination.

15 “(2) Intervention services.

16 “(3) Training and technical assistance.

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

18 “There are authorized to be appropriated to carry out
19 this part \$12,500,000 for each of fiscal years 2026
20 through 2030.”.

21 (b) REPORT.—Not later than 4 years after the date
22 of enactment of this Act, and every year thereafter, the
23 Secretary of Health and Human Services shall prepare
24 and submit to the Committee on Health, Education,
25 Labor, and Pensions of the Senate and the Committee on

1 Energy and Commerce of the House of Representatives
 2 a report containing—

3 (1) a review of the activities carried out pursu-
 4 ant to sections 399H and 399I of the Public Health
 5 Service Act, as amended, to advance public edu-
 6 cation and awareness of fetal alcohol spectrum dis-
 7 orders (referred to in this section as “FASD”);

8 (2) a description of—

9 (A) the activities carried out pursuant to
 10 such sections 399H and 399I to identify, pre-
 11 vent, and treat FASD; and

12 (B) methods used to evaluate the outcomes
 13 of such activities; and

14 (3) an assessment of activities carried out pur-
 15 suant to such sections 399H and 399I to support in-
 16 dividuals with FASD.

17 **SEC. 105. PROMOTING STATE CHOICE IN PDMP SYSTEMS.**

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

21 “(5) PROMOTING STATE CHOICE.—Nothing in
 22 this section shall be construed to authorize the Sec-
 23 retary to require States to use a specific vendor or
 24 a specific interoperability connection other than to
 25 align with nationally recognized, consensus-based

1 open standards, such as in accordance with sections
2 3001 and 3004.”.

3 **SEC. 106. FIRST RESPONDER TRAINING PROGRAM.**

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

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

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

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

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

14 (3) in subsection (f)—

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

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

19 (C) in paragraph (2)—

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

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

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

3 (4) in subsection (h), by striking “\$36,000,000
4 for each of fiscal years 2019 through 2023” and in-
5 serting “\$57,000,000 for each of fiscal years 2026
6 through 2030”.

7 **SEC. 107. DONALD J. COHEN NATIONAL CHILD TRAUMATIC**
8 **STRESS INITIATIVE.**

9 (a) TECHNICAL AMENDMENT.—The second part G of
10 title V of the Public Health Service Act (42 U.S.C. 290kk
11 et seq.), as added by section 144 of the Community Re-
12 newal Tax Relief Act of 2000 (Public Law 106–554), is
13 amended—

14 (1) by redesignating such part as part J; and

15 (2) by redesignating sections 581 through 584
16 as sections 596 through 596C, respectively.

17 (b) IN GENERAL.—Section 582 of the Public Health
18 Service Act (42 U.S.C. 290hh–1) is amended—

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

22 (2) in subsection (a)—

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

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

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

5 (4) in subsection (d)—

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

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

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

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

17 (5) in subsection (e)—

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

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

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

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

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

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

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

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

18 “(1) a plan for the evaluation of the activities
19 funded under the grant, contract, or agreement, in-
20 cluding both process and outcomes evaluation, and
21 the submission of an evaluation at the end of the
22 project period; and

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

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

3 (7) by amending subsection (j) to read as fol-
 4 lows:

5 “(j) AUTHORIZATION OF APPROPRIATIONS.—There
 6 is authorized to be appropriated to carry out this section—

7 “(1) \$98,887,000 for fiscal year 2026;

8 “(2) \$98,887,000 for fiscal year 2027;

9 “(3) \$98,887,000 for fiscal year 2028;

10 “(4) \$100,000,000 for fiscal year 2029; and

11 “(5) \$100,000,000 for fiscal year 2030.”.

12 **SEC. 108. PROTECTING SUICIDE PREVENTION LIFELINE**
 13 **FROM CYBERSECURITY INCIDENTS.**

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

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

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

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

22 “(6) taking such steps as may be necessary to
 23 ensure the suicide prevention hotline is protected
 24 from cybersecurity incidents and eliminates known
 25 cybersecurity vulnerabilities.”.

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

3 (1) by redesignating subsection (f) as sub-
4 section (g); and

5 (2) by inserting after subsection (e) the fol-
6 lowing:

7 “(f) CYBERSECURITY REPORTING.—

8 “(1) NOTIFICATION.—

9 “(A) IN GENERAL.—The program’s net-
10 work administrator receiving Federal funding
11 pursuant to subsection (a) shall report to the
12 Assistant Secretary, in a manner that protects
13 personal privacy, consistent with applicable
14 Federal and State privacy laws—

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

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

23 “(B) LOCAL AND REGIONAL CRISIS CEN-
24 TERS.—Local and regional crisis centers par-
25 ticipating in the program shall report to the

1 program’s network administrator identified
2 under subparagraph (A), in a manner that pro-
3 tects personal privacy, consistent with applica-
4 ble Federal and State privacy laws—

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

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

13 “(2) NOTIFICATION.—If the program’s network
14 administrator receiving funding pursuant to sub-
15 section (a) discovers, or is informed by a local or re-
16 gional crisis center pursuant to paragraph (1)(B) of,
17 a cybersecurity vulnerability or incident, within a
18 reasonable amount of time after such discovery or
19 receipt of information, such entity shall report the
20 vulnerability or incident to the Assistant Secretary.

21 “(3) CLARIFICATION.—

22 “(A) OVERSIGHT.—

23 “(i) LOCAL AND REGIONAL CRISIS
24 CENTERS.—Except as provided in clause
25 (ii), local and regional crisis centers par-

1 participating in the program shall oversee all
2 technology each center employs in the pro-
3 vision of services as a participant in the
4 program.

5 “(ii) NETWORK ADMINISTRATOR.—
6 The program’s network administrator re-
7 ceiving Federal funding pursuant to sub-
8 section (a) shall oversee the technology
9 each crisis center employs in the provision
10 of services as a participant in the program
11 if such oversight responsibilities are estab-
12 lished in the applicable network participa-
13 tion agreement.

14 “(B) SUPPLEMENT, NOT SUPPLANT.—The
15 cybersecurity incident reporting requirements
16 under this subsection shall supplement, and not
17 supplant, cybersecurity incident reporting re-
18 quirements under other provisions of applicable
19 Federal law that are in effect on the date of the
20 enactment of the SUPPORT for Patients and
21 Communities Reauthorization Act of 2025.”.

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

1 (1) conduct and complete a study that evaluates
2 cybersecurity risks and vulnerabilities associated
3 with the 9–8–8 National Suicide Prevention Lifeline;
4 and

5 (2) submit a report on the findings of such
6 study to the Committee on Health, Education,
7 Labor, and Pensions of the Senate and the Com-
8 mittee on Energy and Commerce of the House of
9 Representatives.

10 **SEC. 109. MONITORING AND REPORTING OF CHILD, YOUTH,**
11 **AND ADULT TRAUMA.**

12 Section 7131(e) of the SUPPORT for Patients and
13 Communities Act (42 U.S.C. 242t(e)) is amended by strik-
14 ing “\$2,000,000 for each of fiscal years 2019 through
15 2023” and inserting “\$9,000,000 for each of fiscal years
16 2026 through 2030”.

17 **SEC. 110. BRUCE’S LAW.**

18 (a) YOUTH PREVENTION AND RECOVERY.—Section
19 7102(c) of the SUPPORT for Patients and Communities
20 Act (42 U.S.C. 290bb–7a(c)) is amended—

21 (1) in paragraph (3)(A)(i), by inserting “,
22 which may include strategies to increase education
23 and awareness of the potency and dangers of syn-
24 thetic opioids (including drugs contaminated with

1 fentanyl) and, as appropriate, other emerging drug
2 use or misuse issues” before the semicolon; and

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

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

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

15 “(g) WORKING GROUPS.—

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

23 “(2) ADDITIONAL FEDERAL INTERAGENCY
24 WORK GROUP ON FENTANYL CONTAMINATION OF IL-
25 LEGAL DRUGS.—

1 “(A) ESTABLISHMENT.—The Secretary,
2 acting through the Committee, shall establish a
3 Federal Interagency Work Group on Fentanyl
4 Contamination of Illegal Drugs (referred to in
5 this paragraph as the ‘Work Group’) consisting
6 of representatives from relevant Federal depart-
7 ments and agencies on the Committee.

8 “(B) CONSULTATION.—The Work Group
9 shall consult with relevant stakeholders and
10 subject matter experts, including—

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

15 “(ii) family members of both adults
16 and youth who have overdosed by fentanyl
17 contaminated illicit drugs.

18 “(C) DUTIES.—The Work Group shall—

19 “(i) examine Federal efforts to reduce
20 and prevent drug overdose by fentanyl-con-
21 taminated illicit drugs;

22 “(ii) identify strategies to improve
23 State, Tribal, and local responses to over-
24 dose by fentanyl-contaminated illicit drugs;

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

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

10 “(v) make recommendations for edu-
11 cating youth on the potency and dangers of
12 drugs contaminated by fentanyl.

13 “(D) ANNUAL REPORT TO SECRETARY.—
14 The Work Group shall annually prepare and
15 submit to the Secretary, the Committee on
16 Health, Education, Labor, and Pensions of the
17 Senate, and the Committee on Energy and
18 Commerce and the Committee on Education
19 and Workforce of the House of Representatives,
20 a report on the activities carried out by the
21 Work Group under subparagraph (C), including
22 recommendations to reduce and prevent drug
23 overdose by fentanyl contamination of illegal
24 drugs, in all populations, and specifically among
25 youth at risk for substance misuse.”; and

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

3 “(i) SUNSET.—The Committee shall terminate on
4 September 30, 2030.”.

5 **SEC. 111. GUIDANCE ON AT-HOME DRUG DISPOSAL SYS-**
6 **TEMS.**

7 (a) IN GENERAL.—Not later than one year after the
8 date of enactment of this Act, the Secretary of Health and
9 Human Services, in consultation with the Administrator
10 of the Drug Enforcement Administration, shall publish
11 guidance to facilitate the use of at-home safe disposal sys-
12 tems for applicable drugs.

13 (b) CONTENTS.—The guidance under subsection (a)
14 shall include—

15 (1) recommended standards for effective at-
16 home drug disposal systems to meet applicable re-
17 quirements enforced by the Food and Drug Adminis-
18 tration;

19 (2) recommended information to include as in-
20 structions for use to disseminate with at-home drug
21 disposal systems;

22 (3) best practices and educational tools to sup-
23 port the use of an at-home drug disposal system, as
24 appropriate; and

1 (4) recommended use of licensed health pro-
2 viders for the dissemination of education, instruc-
3 tion, and at-home drug disposal systems, as appro-
4 prium.

5 **SEC. 112. ASSESSMENT OF OPIOID DRUGS AND ACTIONS.**

6 (a) IN GENERAL.—Not later than one year after the
7 date of enactment of this Act, the Secretary of Health and
8 Human Services (referred to in this section as the “Sec-
9 retary”) shall publish on the website of the Food and
10 Drug Administration (referred to in this section as the
11 “FDA”) a report that outlines a plan for assessing opioid
12 analgesic drugs that are approved under section 505 of
13 the Federal Food, Drug, and Cosmetic Act (21 U.S.C.
14 355) that addresses the public health effects of such opioid
15 analgesic drugs as part of the benefit-risk assessment and
16 the activities of the FDA that relate to facilitating the de-
17 velopment of nonaddictive medical products intended to
18 treat pain or addiction. Such report shall include—

19 (1) an update on the actions taken by the FDA
20 to consider the effectiveness, safety, benefit-risk pro-
21 file, and use of approved opioid analgesic drugs;

22 (2) a timeline for an assessment of the potential
23 need, as appropriate, for labeling changes, revised or
24 additional postmarketing requirements, enforcement
25 actions, or withdrawals for opioid analgesic drugs;

1 (3) an overview of the steps that the FDA has
2 taken to support the development and approval of
3 nonaddictive medical products intended to treat pain
4 or addiction, and actions planned to further support
5 the development and approval of such products; and

6 (4) an overview of the consideration by the
7 FDA of clinical trial methodologies for analgesic
8 drugs, including the enriched enrollment randomized
9 withdrawal methodology, and the benefits and draw-
10 backs associated with different trial methodologies
11 for such drugs, incorporating any public input re-
12 ceived under subsection (b).

13 (b) PUBLIC INPUT.—In carrying out subsection (a),
14 the Secretary shall provide an opportunity for public input
15 concerning the regulation by the FDA of opioid analgesic
16 drugs, including scientific evidence that relates to condi-
17 tions of use, safety, or benefit-risk assessment (including
18 consideration of the public health effects) of such opioid
19 analgesic drugs.

20 **SEC. 113. GRANT PROGRAM FOR STATE AND TRIBAL RE-**
21 **SPONSE TO OPIOID USE DISORDERS.**

22 The activities carried out pursuant to section
23 1003(b)(4)(A) of the 21st Century Cures Act (42 U.S.C.
24 290ee–3a(b)(4)(A)) may include facilitating access to
25 products used to prevent overdose deaths by detecting the

1 presence of one or more substances, such as fentanyl and
2 xylazine test strips, to the extent the purchase and posses-
3 sion of such products is consistent with Federal and State
4 law.

5 **TITLE II—TREATMENT**

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

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

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

13 (2) in subsection (g)—

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

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

21 (3) in subsection (s), by striking “\$29,931,000
22 for each of fiscal years 2019 through 2023” and in-
23 serting “\$38,931,000 for each of fiscal years 2026
24 through 2030”.

1 **SEC. 202. IMPROVING ACCESS TO ADDICTION MEDICINE**
2 **PROVIDERS.**

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

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

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

9 **SEC. 203. MENTAL AND BEHAVIORAL HEALTH EDUCATION**
10 **AND TRAINING GRANTS.**

11 Section 756(f) of the Public Health Service Act (42
12 U.S.C. 294e–1(f)) is amended by striking “fiscal years
13 2023 through 2027” and inserting “fiscal years 2026
14 through 2030”.

15 **SEC. 204. LOAN REPAYMENT PROGRAM FOR SUBSTANCE**
16 **USE DISORDER TREATMENT WORKFORCE.**

17 Section 781(j) of the Public Health Service Act (42
18 U.S.C. 295h(j)) is amended by striking “\$25,000,000 for
19 each of fiscal years 2019 through 2023” and inserting
20 “\$40,000,000 for each of fiscal years 2026 through
21 2030”.

1 **SEC. 205. DEVELOPMENT AND DISSEMINATION OF MODEL**
2 **TRAINING PROGRAMS FOR SUBSTANCE USE**
3 **DISORDER PATIENT RECORDS.**

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

7 **SEC. 206. TASK FORCE ON BEST PRACTICES FOR TRAUMA-**
8 **INFORMED IDENTIFICATION, REFERRAL, AND**
9 **SUPPORT.**

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

13 (1) in subsection (b)(1)—

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

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

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

20 (2) in subsection (d)(1), in the matter pre-
21 ceding subparagraph (A), by inserting “, develop-
22 mental disability service providers” before “, individ-
23 uals who are”; and

24 (3) in subsection (i), by striking “2023” and in-
25 serting “2030”.

1 **SEC. 207. GRANTS TO ENHANCE ACCESS TO SUBSTANCE**
2 **USE DISORDER TREATMENT.**

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

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

6 (2) by striking “(a) IN GENERAL.—The Sec-
7 retary” and inserting the following: “The Sec-
8 retary”.

9 **SEC. 208. STATE GUIDANCE RELATED TO INDIVIDUALS**
10 **WITH SERIOUS MENTAL ILLNESS AND CHIL-**
11 **DREN WITH SERIOUS EMOTIONAL DISTURB-**
12 **ANCE.**

13 (a) REVIEW OF USE OF CERTAIN FUNDING.—Not
14 later than 1 year after the date of enactment of this Act,
15 the Secretary of Health and Human Services (referred to
16 in this section as the “Secretary”), acting through the As-
17 sistant Secretary for Mental Health and Substance Use,
18 shall conduct a review of State use of funds made available
19 under the Community Mental Health Services Block
20 Grant program under subpart I of part B of title XIX
21 of the Public Health Service Act (42 U.S.C. 300x et seq.)
22 (referred to in this section as the “block grant program”)
23 for first episode psychosis activities. Such review shall con-
24 sider the following:

25 (1) How States use funds for evidence-based
26 treatments and services according to the standard of

1 care for individuals with early serious mental illness
2 and children with a serious emotional disturbance.

3 (2) The percentages of the State funding under
4 the block grant program expended on early serious
5 mental illness and first episode psychosis, and the
6 number of individuals served under such funds.

7 (b) REPORT AND GUIDANCE.—

8 (1) REPORT.—Not later than 180 days after
9 the completion of the review under subsection (a),
10 the Secretary shall submit to the Committee on
11 Health, Education, Labor, and Pensions and the
12 Committee on Appropriations of the Senate and the
13 Committee on Energy and Commerce and the Com-
14 mittee on Appropriations of the House of Represent-
15 atives a report describing—

16 (A) the findings of the review under sub-
17 section (a); and

18 (B) any recommendations for changes to
19 the block grant program that would facilitate
20 improved outcomes for individuals with serious
21 mental illness and children with serious emo-
22 tional disturbance.

23 (2) GUIDANCE.—Not later than 1 year after
24 the date on which the report is submitted under
25 paragraph (1), the Secretary shall update the guid-

1 ance provided to States under the block grant pro-
2 gram on coordinated specialty care and other evi-
3 dence-based mental health care services for individ-
4 uals with serious mental illness and children with a
5 serious emotional disturbance, based on the findings
6 and recommendations of such report.

7 **SEC. 209. REVIEWING THE SCHEDULING OF APPROVED**
8 **PRODUCTS CONTAINING A COMBINATION OF**
9 **BUPRENORPHINE AND NALOXONE.**

10 (a) SECRETARY OF HHS.—The Secretary of Health
11 and Human Services shall, consistent with the require-
12 ments and procedures set forth in sections 201 and 202
13 of the Controlled Substances Act (21 U.S.C. 811, 812)—

14 (1) review the relevant data pertaining to the
15 scheduling of products containing a combination of
16 buprenorphine and naloxone that have been ap-
17 proved under section 505 of the Federal Food,
18 Drug, and Cosmetic Act (21 U.S.C. 355); and

19 (2) if appropriate, request that the Attorney
20 General initiate rulemaking proceedings to revise the
21 schedules accordingly with respect to such products.

22 (b) ATTORNEY GENERAL.—The Attorney General
23 shall review any request made by the Secretary of Health
24 and Human Services under subsection (a)(2) and deter-
25 mine whether to initiate proceedings to revise the sched-

1 ules in accordance with the criteria set forth in sections
2 201 and 202 of the Controlled Substances Act (21 U.S.C.
3 811, 812).

4 **SEC. 210. REFERENCES TO OPIOID OVERDOSE REVERSAL**
5 **AGENTS IN HHS GRANT PROGRAMS.**

6 (a) IN GENERAL.—The Secretary of Health and
7 Human Services shall ensure that, as appropriate, when-
8 ever the Department of Health and Human Services
9 issues a regulation or guidance for any grant program ad-
10 dressing opioid misuse and use disorders, any reference
11 to an opioid overdose reversal drug (such as a reference
12 to naloxone) is inclusive of any opioid overdose reversal
13 drug that has been approved under section 505 of the Fed-
14 eral Food, Drug, and Cosmetic Act (21 U.S.C. 355) for
15 emergency treatment of a known or suspected opioid over-
16 dose.

17 (b) EXISTING REFERENCES.—

18 (1) UPDATE.—Not later than one year after the
19 date of enactment of this Act, the Secretary of
20 Health and Human Services shall update all ref-
21 erences described in paragraph (2) to be inclusive of
22 any opioid overdose reversal drug that has been ap-
23 proved or otherwise authorized for use by the Food
24 and Drug Administration.

1 (2) REFERENCES.—A reference described in
 2 this paragraph is any reference to an opioid overdose
 3 reversal drug (such as naloxone) in any regulation or
 4 guidance of the Department of Health and Human
 5 Services that—

6 (A) was issued before the date of enact-
 7 ment of this Act; and

8 (B) is included in—

9 (i) the grant program for State and
 10 Tribal response to opioid use disorders
 11 under section 1003 of the 21st Century
 12 Cures Act (42 U.S.C. 290ee–3 note) (com-
 13 monly referred to as “State Opioid Re-
 14 sponse Grants” and “Tribal Opioid Re-
 15 sponse Grants”); or

16 (ii) the grant program for priority
 17 substance use disorder prevention needs of
 18 regional and national significance under
 19 section 516 of the Public Health Service
 20 Act (42 U.S.C. 290bb–22).

21 **SEC. 211. ROUNDTABLE ON USING HEALTH INFORMATION**
 22 **TECHNOLOGY TO IMPROVE MENTAL HEALTH**
 23 **AND SUBSTANCE USE CARE OUTCOMES.**

24 (a) ROUNDTABLE.—Not later than 180 days after
 25 the date of enactment of this Act, the National Coordi-

1 nator for Health Information Technology shall convene a
2 public roundtable to examine—

3 (1) how the expanded use of electronic health
4 records among mental health and substance use
5 service providers can improve outcomes for patients
6 in mental health and substance use settings; and

7 (2) how best to increase electronic health record
8 adoption among such providers.

9 (b) PARTICIPANTS.—The National Coordinator for
10 Health Information Technology shall ensure that the par-
11 ticipants in the roundtable under subsection (a) include
12 private and public sector stakeholders, including patients,
13 providers (including providers of inpatient services and
14 providers of outpatient services), and representatives of
15 payors, health information exchanges, professional asso-
16 ciations, health information technology vendors, health in-
17 formation technology certification organizations, and
18 State and Federal agencies.

19 (c) REPORT.—Not later than 180 days after the con-
20 clusion of the public stakeholder roundtable under sub-
21 section (a), the National Coordinator for Health Informa-
22 tion Technology shall submit to the Committee on Health,
23 Education, Labor, and Pensions of the Senate and the
24 Committee on Energy and Commerce of the House of
25 Representatives a report outlining information gathered

1 from the roundtable under subsection (a). Such report
2 shall include an examination of—

3 (1) recommendations from the roundtable par-
4 ticipants;

5 (2) unique considerations for using electronic
6 health record systems in mental health and sub-
7 stance use treatment settings;

8 (3) unique considerations for developers of
9 health information technology relating to certifi-
10 cation of electronic health record systems for use in
11 mental health and substance use treatment settings
12 where the applicable health information technology
13 is not subject to certification requirements;

14 (4) current usage of electronic health record
15 systems by mental health and substance use disorder
16 service providers, and the scope and magnitude of
17 such providers that do not use electronic health
18 record systems;

19 (5) examples of how electronic health record
20 systems enable coordinated care and care manage-
21 ment;

22 (6) how electronic health record systems ad-
23 vance appropriate patient and provider access to se-
24 cure, usable electronic information exchange;

1 (7) how electronic health record systems can be
 2 connected to or support existing systems, which may
 3 include the 9–8–8 National Suicide Prevention Life-
 4 line, mobile crisis response systems, and co-re-
 5 sponder programs, to facilitate connectivity, re-
 6 sponse, and integrated care;

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

10 (9) any limitations to greater adoption of elec-
 11 tronic health record systems among mental health
 12 and substance use service providers;

13 (10) the costs of adoption of electronic health
 14 record systems by mental health and substance use
 15 disorder service providers; and

16 (11) best practices implemented by States and
 17 other entities to support adoption of use of elec-
 18 tronic health records among mental health and sub-
 19 stance use disorder service providers.

20 **TITLE III—RECOVERY**

21 **SEC. 301. BUILDING COMMUNITIES OF RECOVERY.**

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

1 “\$17,000,000 for each of fiscal years 2026 through
2 2030”.

3 **SEC. 302. PEER SUPPORT TECHNICAL ASSISTANCE CEN-**
4 **TER.**

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

7 (1) in subsection (b)(4), by striking “building;
8 and” and inserting the following: “building, such
9 as—

10 “(A) professional development of peer sup-
11 port specialists; and

12 “(B) making recovery support services
13 available in nonclinical settings; and”;

14 (2) by redesignating subsections (d) and (e) as
15 subsections (e) and (f), respectively;

16 (3) by inserting after subsection (c) the fol-
17 lowing:

18 “(d) REGIONAL CENTERS.—

19 “(1) IN GENERAL.—The Secretary may estab-
20 lish one regional technical assistance center (referred
21 to in this subsection as the ‘Regional Center’), with
22 existing resources, to assist the Center in carrying
23 out activities described in subsection (b) within the
24 geographic region of such Regional Center in a man-
25 ner that is tailored to the needs of such region.

1 “(2) EVALUATION.—Not later than 4 years
2 after the date of enactment of the SUPPORT for
3 Patients and Communities Reauthorization Act of
4 2025, the Secretary shall evaluate the activities of
5 the Regional Center and submit to the Committee
6 on Health, Education, Labor, and Pensions of the
7 Senate and the Committee on Energy and Com-
8 merce of the House of Representatives a report on
9 the findings of such evaluation, including—

10 “(A) a description of the distinct roles and
11 responsibilities of the Regional Center and the
12 Center;

13 “(B) available information relating to the
14 outcomes of the Regional Center under this
15 subsection, such as any impact on the oper-
16 ations and efficiency of the Center relating to
17 requests for technical assistance and support
18 within the region of such Regional Center;

19 “(C) a description of any gaps or areas of
20 duplication relating to the activities of the Re-
21 gional Center and the Center within such re-
22 gion; and

23 “(D) recommendations relating to the
24 modification, expansion, or termination of the
25 Regional Center under this subsection.

1 “(3) TERMINATION.—This subsection shall ter-
 2minate on September 30, 2030.”; and

3 (4) in subsection (f), as so redesignated, by
 4striking “\$1,000,000 for each of fiscal years 2019
 5through 2023” and inserting “\$2,000,000 for each
 6of fiscal years 2026 through 2030”.

7 **SEC. 303. COMPREHENSIVE OPIOID RECOVERY CENTERS.**

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

10 (1) in subsection (d)(2)—

11 (A) in the matter preceding subparagraph
 12(A), by striking “and in such manner” and in-
 13serting “, in such manner, and containing such
 14information and assurances, including relevant
 15documentation,”; and

16 (B) in subparagraph (A), by striking “is
 17capable of coordinating with other entities to
 18carry out” and inserting “has the demonstrated
 19capability to carry out, through referral or con-
 20tractual arrangements”;

21 (2) in subsection (h)—

22 (A) by redesignating paragraphs (1)
 23through (4) as subparagraphs (A) through (D),
 24respectively, and adjusting the margins accord-
 25ingly;

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

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

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

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

15 (3) in subsection (j), by striking “2019 through
16 2023” and inserting “2026 through 2030”.

17 **SEC. 304. YOUTH PREVENTION AND RECOVERY.**

18 Section 7102(c) of the SUPPORT for Patients and
19 Communities Act (42 U.S.C. 290bb–7a(c)) (as amended
20 by section 110(a)) is amended—

21 (1) in paragraph (2)—

22 (A) in subparagraph (A)—

23 (i) in clause (i)—

24 (I) by inserting “, or a consor-
25 tium of local educational agencies,”

1 after “a local educational agency”;
2 and

3 (II) by striking “high schools”
4 and inserting “secondary schools”;
5 and

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

8 (B) by amending subparagraph (E) to read
9 as follows:

10 “(E) INDIAN TRIBE; TRIBAL ORGANIZA-
11 TION.—The terms ‘Indian Tribe’ and ‘Tribal
12 organization’ have the meanings given such
13 terms in section 4 of the Indian Self-Deter-
14 mination and Education Assistance Act (25
15 U.S.C. 5304).”;

16 (C) by redesignating subparagraph (K) as
17 subparagraph (L); and

18 (D) by inserting after subparagraph (J)
19 the following:

20 “(K) SECONDARY SCHOOL.—The term
21 ‘secondary school’ has the meaning given such
22 term in section 8101 of the Elementary and
23 Secondary Education Act of 1965 (20 U.S.C.
24 7801).”;

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

3 (A) by striking “and abuse”; and

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

6 (3) in paragraph (4)—

7 (A) in the matter preceding subparagraph
8 (A), by striking “Indian tribes” and inserting
9 “Indian Tribes”;

10 (B) in subparagraph (A), by striking “and
11 abuse”; and

12 (C) in subparagraph (B), by striking “peer
13 mentoring” and inserting “peer-to-peer sup-
14 port”;

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

17 (5) in paragraph (6)(A)—

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

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

21 “(vi) a plan to sustain the activities
22 carried out under the grant program, after
23 the grant program has ended; and”;

24 (6) in paragraph (8), by striking “2022” and
25 inserting “2028”; and

1 (7) by amending paragraph (9) to read as fol-
2 lows:

3 “(9) AUTHORIZATION OF APPROPRIATIONS.—

4 To carry out this subsection, there are authorized to
5 be appropriated—

6 “(A) \$10,000,000 for fiscal year 2026;

7 “(B) \$12,000,000 for fiscal year 2027;

8 “(C) \$13,000,000 for fiscal year 2028;

9 “(D) \$14,000,000 for fiscal year 2029;

10 and

11 “(E) \$15,000,000 for fiscal year 2030.”.

12 **SEC. 305. CAREER ACT.**

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

16 (1) in the section heading, by inserting “;
17 **TREATMENT, RECOVERY, AND WORKFORCE**
18 **SUPPORT GRANTS**” after “**CAREER ACT**”;

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

21 (3) in subsection (c)—

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

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

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

5 “(A) The highest age-adjusted average
6 rates of drug overdose deaths for calendar years
7 2018 through 2022 based on data from the
8 Centers for Disease Control and Prevention, in-
9 cluding, if necessary, provisional data for cal-
10 endar year 2022.

11 “(B) The highest average rates of unem-
12 ployment for calendar years 2018 through 2022
13 based on data provided by the Bureau of Labor
14 Statistics.

15 “(C) The lowest average labor force par-
16 ticipation rates for calendar years 2018 through
17 2022 based on data provided by the Bureau of
18 Labor Statistics.”;

19 (4) in subsection (g)—

20 (A) in each of paragraphs (1) and (3), by
21 redesignating subparagraphs (A) and (B) as
22 clauses (i) and (ii), respectively, and adjusting
23 the margins accordingly;

24 (B) by redesignating paragraphs (1)
25 through (3) as subparagraphs (A) through (C),

1 respectively, and adjusting the margins accord-
2 ingly;

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

6 “(1) IN GENERAL.—An entity”; and

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

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

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

23 (5) in subsection (i)(2), by inserting “, which
24 shall include employment and earnings outcomes de-
25 scribed in subclauses (I) and (III) of section

1 116(b)(2)(A)(i) of the Workforce Innovation and
2 Opportunity Act (29 U.S.C. 3141(b)(2)(A)(i)) with
3 respect to the participation of such individuals with
4 a substance use disorder in programs and activities
5 funded by the grant under this section” after “sub-
6 section (g)”;

7 (6) in subsection (j)—

8 (A) in paragraph (1), by inserting “for
9 grants awarded prior to the date of enactment
10 of the SUPPORT for Patients and Commu-
11 nities Reauthorization Act of 2025” after
12 “grant period under this section”; and

13 (B) in paragraph (2)—

14 (i) in the matter preceding subpara-
15 graph (A), by striking “2 years after sub-
16 mitting the preliminary report required
17 under paragraph (1)” and inserting “Sep-
18 tember 30, 2030”; and

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

21 (7) in subsection (k), by striking “\$5,000,000
22 for each of fiscal years 2019 through 2023” and in-
23 serting “\$12,000,000 for each of fiscal years 2026
24 through 2030”.

1 (b) REAUTHORIZATION OF THE CAREER ACT; RE-
 2 COVERY HOUSING PILOT PROGRAM.—

3 (1) IN GENERAL.—Section 8071 of the SUP-
 4 PORT for Patients and Communities Act (42
 5 U.S.C. 5301 note; Public Law 115–271) is amend-
 6 ed—

7 (A) by striking the section heading and in-
 8 serting “**CAREER ACT; RECOVERY HOUSING**
 9 **PILOT PROGRAM**”;

10 (B) in subsection (a), by striking “through
 11 2023” and inserting “through 2030”;

12 (C) in subsection (b)—

13 (i) in paragraph (1), by striking “not
 14 later than 60 days after the date of enact-
 15 ment of this Act” and inserting “not later
 16 than 60 days after the date of enactment
 17 of the SUPPORT for Patients and Com-
 18 munities Reauthorization Act of 2025”;
 19 and

20 (ii) in paragraph (2)(B)(i)—

21 (I) in subclause (I)—

22 (aa) by striking “for cal-
 23 endar years 2013 through 2017”;
 24 and

1 (bb) by inserting “for cal-
2 endar years 2018 through 2022”
3 after “rates of unemployment”;
4 (II) in subclause (II)—

5 (aa) by striking “for cal-
6 endar years 2013 through 2017”;
7 and

8 (bb) by inserting “for cal-
9 endar years 2018 through 2022”
10 after “participation rates”; and
11 (III) by striking subclause (III)
12 and inserting the following:

13 “(III) The highest age-adjusted
14 average rates of drug overdose deaths
15 for calendar years 2018 through 2022
16 based on data from the Centers for
17 Disease Control and Prevention, in-
18 cluding, if necessary, provisional data
19 for calendar year 2022.”; and

20 (D) in subsection (f), by striking “For the
21 2-year period following the date of enactment of
22 this Act, the” and inserting “The”.

23 (2) CONFORMING AMENDMENT.—Subtitle F of
24 title VIII of the SUPPORT for Patients and Com-
25 munities Act (Public Law 115–271; 132 Stat. 4095)

1 is amended by striking the subtitle heading and in-
 2 serting the following: “**Subtitle F—CAREER**
 3 **Act; Recovery Housing Pilot Program**” .

4 (c) CLERICAL AMENDMENTS.—The table of contents
 5 in section 1(b) of the SUPPORT for Patients and Com-
 6 munities Act (Public Law 115–271; 132 Stat. 3894) is
 7 amended—

8 (1) by striking the item relating to section 7183
 9 and inserting the following:

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

10 (2) by striking the item relating to subtitle F
 11 of title VIII and inserting the following:

“Subtitle F—CAREER Act; Recovery Housing Pilot Program”; and

12 (3) by striking the item relating to section 8071
 13 and inserting the following:

“Sec. 8071. CAREER Act; Recovery Housing Pilot Program.”.

14 **SEC. 306. ADDRESSING ECONOMIC AND WORKFORCE IM-**
 15 **PACTS OF THE OPIOID CRISIS.**

16 Section 8041(g)(1) of the SUPPORT for Patients
 17 and Communities Act (29 U.S.C. 3225a(g)(1)) is amended
 18 by striking “2023” and inserting “2030”.

1 **SEC. 307. REVIEW OF INFORMATION RELATED TO FUNDING**
2 **OPPORTUNITIES UNDER PROGRAMS ADMIN-**
3 **ISTERED BY SAMHSA.**

4 (a) IN GENERAL.—Not later than one year after the
5 date of enactment of this Act, the Secretary of Health and
6 Human Services (referred to in this section as the “Sec-
7 retary”) shall convene a public meeting for purposes of
8 improving awareness of, and access to, information related
9 to current and future funding opportunities under pro-
10 grams administered by the Substance Abuse and Mental
11 Health Services Administration (in this section referred
12 to as “SAMHSA funding opportunities”).

13 (b) TOPICS.—The public meeting under subsection
14 (a) shall include—

15 (1) opportunities to improve the utility and
16 functionality of internet websites maintained by the
17 Secretary that provide information related to
18 SAMHSA funding opportunities, such as
19 Grants.gov;

20 (2) other models for displaying and dissemi-
21 nating information related to SAMHSA funding op-
22 portunities, such as interactive dashboards; and

23 (3) strategies to improve the ability of entities
24 to apply for SAMHSA funding opportunities, includ-
25 ing entities that have not traditionally applied for
26 SAMHSA funding opportunities.

1 (c) WEBSITE IMPROVEMENTS.—The Secretary shall
2 implement improvements to Grants.gov related to
3 SAMHSA funding opportunities based on stakeholder
4 feedback received at the public meeting under subsection
5 (a), as appropriate, to the maximum extent feasible.

6 (d) REPORT.—Not later than one year after the date
7 on which the public meeting under subsection (a) is con-
8 vened, the Secretary shall submit to the Committee on
9 Health, Education, Labor, and Pensions of the Senate and
10 the Committee on Energy and Commerce of the House
11 of Representatives a report summarizing the findings of
12 such meeting, including how the Secretary has taken into
13 account the feedback received through such meeting and
14 implemented—

15 (1) improvements to internet websites main-
16 tained by the Secretary that provide information re-
17 lated to SAMHSA funding opportunities; and

18 (2) strategies to improve awareness of
19 SAMHSA funding opportunities.

**TITLE IV—MISCELLANEOUS
MATTERS**

**SEC. 401. DELIVERY OF A CONTROLLED SUBSTANCE BY A
PHARMACY TO A PRESCRIBING PRACTI-
TIONER.**

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 III, IV, or V to be administered—

“(A) by injection or implantation for the purpose of maintenance or detoxification treatment; or

“(B) subject to a risk evaluation and mitigation strategy pursuant to section 505–1 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355–1) that includes elements to assure safe use of the drug described in subsection (f)(3)(E) of such section, including a requirement for post-administration monitoring by a health care provider;”.

**SEC. 402. REQUIRED TRAINING FOR PRESCRIBERS OF CON-
TROLLED SUBSTANCES.**

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

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

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

4 (A) in subparagraph (A)—

5 (i) in clause (iv)—

6 (I) in subclause (I)—

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

15 (bb) by striking “or the
16 Commission” and inserting “, the
17 Commission”; and

18 (cc) by inserting “, or the
19 Council on Podiatric Medical
20 Education” before the semicolon
21 at the end; and

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

1 (ii) in clause (v), in the matter pre-
2 ceding subclause (I)—

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

7 (II) by striking “or dental medi-
8 cine curriculum” and inserting “or
9 dental or podiatric medicine cur-
10 rriculum”; and

11 (B) in subparagraph (B)—

12 (i) in clause (i)—

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

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

25 (ii) in clause (ii)—

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

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

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

Passed the House of Representatives June 4, 2025.

Attest: KEVIN F. MCCUMBER,
Clerk.