

119TH CONGRESS
1ST SESSION

S. 2121

To reauthorize certain programs that provide for opioid use disorder prevention, treatment, and recovery, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JUNE 18, 2025

Mr. CASSIDY (for himself, Mr. SANDERS, Ms. MURKOWSKI, Ms. BALDWIN, Mr. MULLIN, Ms. HASSAN, Mr. TUBERVILLE, and Mr. HICKENLOOPER) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

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,*

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

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

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

Sec. 1. Short title; table of contents.

TITLE I—PREVENTION

- Sec. 101. 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.

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.

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.

TITLE I—PREVENTION

SEC. 101. PRENATAL AND POSTNATAL HEALTH.

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

SEC. 102. MONITORING 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 “fiscal years 2019 through 2023” and inserting “fiscal years 2026 through 2030”.

SEC. 103. PREVENTING OVERDOSES OF CONTROLLED SUBSTANCES.

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

(1) in subsection (a)(2)—

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

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

1 (2) in subsection (b)(2)—

2 (A) in subparagraph (B), by inserting “,
3 and associated risk factors,” after “such
4 overdoses”;

5 (B) in subparagraph (C), by striking “cod-
6 ing” and inserting “monitoring and identi-
7 fying”;

8 (C) in subparagraph (E)—

9 (i) by inserting a comma after “public
10 health laboratories”; and

11 (ii) by inserting “and other emerging
12 substances related” after “analogues”; and

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

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

18 (1) in the matter preceding subparagraph (A),
19 by striking “and Indian Tribes—” and inserting
20 “and Indian Tribes for the following purposes.”;

21 (2) by amending subparagraph (A) to read as
22 follows:

23 “(A) To carry out innovative projects for
24 grantees to detect, identify, and rapidly respond
25 to controlled substance misuse, abuse, and

1 overdoses, and associated risk factors, including
 2 changes in patterns of such controlled sub-
 3 stance use. Such projects may include the use
 4 of innovative, evidence-based strategies for de-
 5 tecting such patterns, such as wastewater sur-
 6 veillance, if proven to support actionable pre-
 7 vention strategies, in a manner consistent with
 8 applicable Federal and State privacy laws.”;
 9 and
 10 (3) in subparagraph (B), by striking “for any”
 11 and inserting “For any”.

12 (c) AUTHORIZATION OF APPROPRIATIONS.—Section
 13 392A(e) of the Public Health Service Act (42 U.S.C.
 14 280b–1(e)) is amended by striking “\$496,000,000 for
 15 each of fiscal years 2019 through 2023” and inserting
 16 “\$505,579,000 for each of fiscal years 2026 through
 17 2030”.

18 **SEC. 104. SUPPORT FOR INDIVIDUALS AND FAMILIES IM-**
 19 **PACTED BY FETAL ALCOHOL SPECTRUM DIS-**
 20 **ORDER.**

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

1 **“PART O—FETAL ALCOHOL SPECTRUM DIS-**
 2 **ORDER PREVENTION AND SERVICES PRO-**
 3 **GRAM**

4 **“SEC. 399H. FETAL ALCOHOL SPECTRUM DISORDERS PRE-**
 5 **VENTION, INTERVENTION, AND SERVICES DE-**
 6 **LIVERY PROGRAM.**

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

12 “(1) an education and public awareness pro-
 13 gram to support, conduct, and evaluate the effective-
 14 ness of—

15 “(A) educational programs targeting
 16 health professions schools, social and other sup-
 17 portive services, educators and counselors and
 18 other service providers in all phases of child-
 19 hood development, and other relevant service
 20 providers, concerning the prevention, identifica-
 21 tion, and provision of services for infants, chil-
 22 dren, adolescents, and adults with FASD;

23 “(B) strategies to educate school-age chil-
 24 dren, including pregnant and high-risk youth,
 25 concerning FASD;

1 “(C) public and community awareness pro-
2 grams concerning FASD; and

3 “(D) strategies to coordinate information
4 and services across affected community agen-
5 cies, including agencies providing social services
6 such as foster care, adoption, and social work,
7 agencies providing health services, and agencies
8 involved in education, vocational training, and
9 civil and criminal justice;

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

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

14 “(B) develop effective culturally and lin-
15 guistically appropriate evidence-based or evi-
16 dence-informed interventions and appropriate
17 supports for preventing prenatal alcohol expo-
18 sure, which may co-occur with exposure to other
19 substances;

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

23 “(A) utilizing and adapting existing Fed-
24 eral, State, or Tribal programs to include

1 FASD identification and FASD-informed sup-
2 port;

3 “(B) developing and expanding screening
4 and diagnostic capacity for FASD;

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

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

11 “(E) disseminating information about
12 FASD and support services to affected individ-
13 uals and their families; and

14 “(4) an applied research program concerning
15 intervention and prevention to support and conduct
16 service demonstration projects, clinical studies and
17 other research models providing advocacy, edu-
18 cational and vocational training, counseling, medical
19 and mental health, and other supportive services, as
20 well as models that integrate and coordinate such
21 services, that are aimed at the unique challenges fac-
22 ing individuals with FASD and their families.

23 “(b) GRANTS AND TECHNICAL ASSISTANCE.—

24 “(1) IN GENERAL.—The Secretary may award
25 grants, cooperative agreements, and contracts and

1 provide technical assistance to eligible entities to
 2 carry out subsection (a).

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

6 “(A) be a State, Indian Tribe or Tribal or-
 7 ganization, local government, scientific or aca-
 8 demic institution, or nonprofit organization;
 9 and

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

16 “(3) ADDITIONAL APPLICATION CONTENTS.—
 17 The Secretary may require that an eligible entity in-
 18 clude in the application submitted under paragraph
 19 (2)(B)—

20 “(A) a designation of an individual to
 21 serve as a FASD State or Tribal coordinator of
 22 activities such eligible entity proposes to carry
 23 out through a grant, cooperative agreement, or
 24 contract under this section; and

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

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

16 **“SEC. 399I. STRENGTHENING CAPACITY AND EDUCATION**
 17 **FOR FETAL ALCOHOL SPECTRUM DIS-**
 18 **ORDERS.**

19 “(a) IN GENERAL.—The Secretary shall award
 20 grants, contracts, or cooperative agreements, as the Sec-
 21 retary determines appropriate, to public or nonprofit pri-
 22 vate entities with demonstrated expertise in the field of
 23 fetal alcohol spectrum disorders (referred to in this section
 24 as ‘FASD’). Such awards shall be for the purposes of
 25 building local, Tribal, State, and nationwide capacities to

1 prevent the occurrence of FASD by carrying out the pro-
2 grams described in subsection (b).

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

6 “(1) Developing and supporting public edu-
7 cation and outreach activities to raise public aware-
8 ness of the risks associated with alcohol consumption
9 during pregnancy.

10 “(2) Acting as a clearinghouse for evidence-
11 based resources on FASD prevention, identification,
12 and culturally and linguistically appropriate best
13 practices to help inform systems of care for individ-
14 uals with FASD across their lifespan.

15 “(3) Increasing awareness and understanding
16 of efficacious, evidence-based screening tools and
17 culturally and linguistically appropriate evidence-
18 based intervention services and best practices, which
19 may include improving the capacity for State, Trib-
20 al, and local affiliates.

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

24 “(c) APPLICATION.—To be eligible for a grant, con-
25 tract, or cooperative agreement under this section, an enti-

1 ty shall submit to the Secretary an application at such
 2 time, in such manner, and containing such information as
 3 the Secretary may require.

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

9 “(1) Resource development and dissemination.

10 “(2) Intervention services.

11 “(3) Training and technical assistance.

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

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

16 (b) REPORT.—Not later than 4 years after the date
 17 of enactment of this Act, and every year thereafter, the
 18 Secretary of Health and Human Services shall prepare
 19 and submit to the Committee on Health, Education,
 20 Labor, and Pensions of the Senate and the Committee on
 21 Energy and Commerce of the House of Representatives
 22 a report containing—

23 (1) a review of the activities carried out pursu-
 24 ant to sections 399H and 399I of the Public Health
 25 Service Act, as amended by subsection (a), to ad-

vance public education and awareness of fetal alcohol spectrum disorders (referred to in this section as “FASD”);

(2) a description of—

(A) the activities carried out pursuant to such sections 399H and 399I to identify, prevent, and treat FASD; and

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

(3) an assessment of activities carried out pursuant to such sections 399H and 399I to support individuals with FASD.

SEC. 105. PROMOTING 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 at the end the following:

“(5) PROMOTING STATE CHOICE.—Nothing in this section shall be construed to authorize the Secretary to require States to use a specific vendor or a specific interoperability connection other than to align with nationally recognized, consensus-based open standards, such as in accordance with sections 3001 and 3004.”.

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

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

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

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

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

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

12 (3) in subsection (f)—

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

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

17 (C) in paragraph (2)—

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

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

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

25 (4) in subsection (h), by striking “\$36,000,000
26 for each of fiscal years 2019 through 2023” and in-

1 serting “\$57,000,000 for each of fiscal years 2026
2 through 2030”.

3 **SEC. 107. DONALD J. COHEN NATIONAL CHILD TRAUMATIC**
4 **STRESS INITIATIVE.**

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

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

11 (2) by redesignating sections 581 through 584
12 as sections 596 through 596C, respectively.

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

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

18 (2) in subsection (a)—

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

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

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

1 (4) in subsection (d)—

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

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

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

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

13 (5) in subsection (e)—

14 (A) by redesignating paragraphs (1) and
15 (2) as subparagraphs (A) and (B), respectively,
16 and adjusting the margins accordingly;

17 (B) in subparagraph (A), as so redesign-
18 nated, by inserting “and implementation” after
19 “the dissemination”;

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

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

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

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

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

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

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

20 “(2) a description of how such entity, Indian
 21 Tribe, or Tribal organization will support efforts led
 22 by the Secretary or the NCTSI coordinating center,
 23 as applicable, to evaluate activities carried out under
 24 this section.”; and

1 (7) by amending subsection (j) to read as fol-
 2 lows:

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

5 “(1) \$98,887,000 for fiscal year 2026;

6 “(2) \$98,887,000 for fiscal year 2027;

7 “(3) \$98,887,000 for fiscal year 2028;

8 “(4) \$100,000,000 for fiscal year 2029; and

9 “(5) \$100,000,000 for fiscal year 2030.”.

10 **SEC. 108. PROTECTING SUICIDE PREVENTION LIFELINE**
 11 **FROM CYBERSECURITY INCIDENTS.**

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

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

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

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

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

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

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

3 (2) by inserting after subsection (e) the fol-
4 lowing:

5 “(f) CYBERSECURITY REPORTING.—

6 “(1) NOTIFICATION.—

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

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

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

21 “(B) LOCAL AND REGIONAL CRISIS CEN-
22 TERS.—Local and regional crisis centers par-
23 ticipating in the program shall report to the
24 program’s network administrator identified
25 under subparagraph (A), in a manner that pro-

1 tects personal privacy, consistent with applica-
 2 ble Federal and State privacy laws—

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

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

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

19 “(3) CLARIFICATION.—

20 “(A) OVERSIGHT.—

21 “(i) LOCAL AND REGIONAL CRISIS
 22 CENTERS.—Except as provided in clause
 23 (ii), local and regional crisis centers par-
 24 ticipating in the program shall oversee all
 25 technology each center employs in the pro-

1 vision of services as a participant in the
2 program.

3 “(ii) NETWORK ADMINISTRATOR.—

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

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

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

23 (1) conduct and complete a study that evaluates
24 cybersecurity risks and vulnerabilities associated

1 with the 9–8–8 National Suicide Prevention Lifeline;
2 and

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

8 **SEC. 109. MONITORING AND REPORTING OF CHILD, YOUTH,**
9 **AND ADULT TRAUMA.**

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

15 **SEC. 110. BRUCE’S LAW.**

16 (a) YOUTH PREVENTION AND RECOVERY.—Section
17 7102(c) of the SUPPORT for Patients and Communities
18 Act (42 U.S.C. 290bb–7a(c)) is amended—

19 (1) in paragraph (3)(A)(i), by inserting “,
20 which may include strategies to increase education
21 and awareness of the potency and dangers of syn-
22 thetic opioids (including drugs contaminated with
23 fentanyl) and, as appropriate, other emerging drug
24 use or misuse issues” before the semicolon; and

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

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

11 (1) by striking subsection (g) and inserting the
 12 following:

13 “(g) WORKING GROUPS.—

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

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

24 “(A) ESTABLISHMENT.—The Secretary,
 25 acting through the Committee, shall establish a

1 Federal Interagency Work Group on Fentanyl
2 Contamination of Illegal Drugs (referred to in
3 this paragraph as the ‘Work Group’) consisting
4 of representatives from relevant Federal depart-
5 ments and agencies on the Committee.

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

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

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

16 “(C) DUTIES.—The Work Group shall—

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

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

23 “(iii) coordinate with the Secretary, as
24 appropriate, in carrying out activities to
25 raise public awareness of synthetic opioids

1 and other emerging drug use and misuse
2 issues;

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

7 “(v) make recommendations for edu-
8 cating youth on the potency and dangers of
9 drugs contaminated by fentanyl.

10 “(D) ANNUAL REPORT TO SECRETARY.—

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

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

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

3 **SEC. 111. GUIDANCE ON AT-HOME DRUG DISPOSAL SYS-**
4 **TEMS.**

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

11 (b) CONTENTS.—The guidance under subsection (a)
12 shall include—

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

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

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

23 (4) recommended use of licensed health pro-
24 viders for the dissemination of education, instruc-

1 tion, and at-home drug disposal systems, as appro-
2 priate.

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

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 publish on the website of the Food and
8 Drug Administration (referred to in this section as the
9 “FDA”) a report that outlines a plan for assessing opioid
10 analgesic drugs that are approved under section 505 of
11 the Federal Food, Drug, and Cosmetic Act (21 U.S.C.
12 355) that addresses the public health effects of such opioid
13 analgesic drugs as part of the benefit-risk assessment and
14 the activities of the FDA that relate to facilitating the de-
15 velopment of nonaddictive medical products intended to
16 treat pain or addiction. Such report shall include—

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

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

24 (3) an overview of the steps that the FDA has
25 taken to support the development and approval of

1 nonaddictive medical products intended to treat pain
 2 or addiction, and actions planned to further support
 3 the development and approval of such products; and
 4 (4) an overview of the consideration by the
 5 FDA of clinical trial methodologies for analgesic
 6 drugs, including the enriched enrollment randomized
 7 withdrawal methodology, and the benefits and draw-
 8 backs associated with different trial methodologies
 9 for such drugs, incorporating any public input re-
 10 ceived under subsection (b).

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

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

20 The activities carried out pursuant to section
 21 1003(b)(4)(A) of the 21st Century Cures Act (42 U.S.C.
 22 290ee–3a(b)(4)(A)) may include facilitating access to
 23 products used to prevent overdose deaths by detecting the
 24 presence of one or more substances, such as fentanyl and
 25 xylazine test strips, to the extent the purchase and posses-

1 sion of such products is consistent with Federal and State
 2 law.

3 **TITLE II—TREATMENT**

4 **SEC. 201. RESIDENTIAL TREATMENT PROGRAM FOR PREG-** 5 **NANT AND POSTPARTUM WOMEN.**

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

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

11 (2) in subsection (g)—

12 (A) by inserting “a plan describing” after
 13 “will provide”; and

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

19 (3) in subsection (s), by striking “\$29,931,000
 20 for each of fiscal years 2019 through 2023” and in-
 21 serting “\$38,931,000 for each of fiscal years 2026
 22 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 rules 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 **TITLE III—RECOVERY**

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

6 Section 547(f) of the Public Health Service Act (42
 7 U.S.C. 290ee–2(f)) is amended by striking “\$5,000,000
 8 for each of fiscal years 2019 through 2023” and inserting
 9 “\$17,000,000 for each of fiscal years 2026 through
 10 2030”.

11 **SEC. 302. PEER SUPPORT TECHNICAL ASSISTANCE CEN-** 12 **TER.**

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

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

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

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

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

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

1 “(d) REGIONAL CENTERS.—

2 “(1) IN GENERAL.—The Secretary may estab-
3 lish one regional technical assistance center (referred
4 to in this subsection as the ‘Regional Center’), with
5 existing resources, to assist the Center in carrying
6 out activities described in subsection (b) within the
7 geographic region of such Regional Center in a man-
8 ner that is tailored to the needs of such region.

9 “(2) EVALUATION.—Not later than 4 years
10 after the date of enactment of the SUPPORT for
11 Patients and Communities Reauthorization Act of
12 2025, the Secretary shall evaluate the activities of
13 the Regional Center and submit to the Committee
14 on Health, Education, Labor, and Pensions of the
15 Senate and the Committee on Energy and Com-
16 merce of the House of Representatives a report on
17 the findings of such evaluation, including—

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

21 “(B) available information relating to the
22 outcomes of the Regional Center under this
23 subsection, such as any impact on the oper-
24 ations and efficiency of the Center relating to

1 requests for technical assistance and support
 2 within the region of such Regional Center;

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

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

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

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

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

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

19 (1) in subsection (d)(2)—

20 (A) in the matter preceding subparagraph
 21 (A), by striking “and in such manner” and in-
 22 serting “, in such manner, and containing such
 23 information and assurances, including relevant
 24 documentation,”; and

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

6 (2) in subsection (h)—

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

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

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

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

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

1 (3) in subsection (j), by striking “2019 through
2 2023” and inserting “2026 through 2030”.

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

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

7 (1) in paragraph (2)—

8 (A) in subparagraph (A)—

9 (i) in clause (i)—

10 (I) by inserting “, or a consor-
11 tium of local educational agencies,”
12 after “a local educational agency”;
13 and

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

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

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

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

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

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

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

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

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

14 (A) by striking “and abuse”; and

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

17 (3) in paragraph (4)—

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

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

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

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

3 (5) in paragraph (6)(A)—

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

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

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

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

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

14 “(9) AUTHORIZATION OF APPROPRIATIONS.—

15 To carry out this subsection, there are authorized to
16 be appropriated—

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

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

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

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

21 and

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

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

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

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

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

10 (3) in subsection (c)—

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

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

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

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

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

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

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

7 (4) in subsection (g)—

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

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

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

19 “(1) IN GENERAL.—An entity”; and

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

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

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

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

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

20 (6) in subsection (j)—

21 (A) in paragraph (1), by inserting “for
 22 grants awarded prior to the date of enactment
 23 of the SUPPORT for Patients and Commu-
 24 nities Reauthorization Act of 2025” after
 25 “grant period under this section”; and

1 (B) in paragraph (2)—

2 (i) in the matter preceding subpara-
 3 graph (A), by striking “2 years after sub-
 4 mitting the preliminary report required
 5 under paragraph (1)” and inserting “Sep-
 6 tember 30, 2030”; and

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

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

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

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

19 (A) by striking the section heading and in-
 20 serting “**CAREER ACT; RECOVERY HOUSING**
 21 **PILOT PROGRAM**”;

22 (B) in subsection (a), by striking “through
 23 2023” and inserting “through 2030”;

24 (C) in subsection (b)—

1 (i) in paragraph (1), by striking “not
 2 later than 60 days after the date of enact-
 3 ment of this Act” and inserting “not later
 4 than 60 days after the date of enactment
 5 of the SUPPORT for Patients and Com-
 6 munities Reauthorization Act of 2025”;
 7 and

8 (ii) in paragraph (2)(B)(i)—

9 (I) in subclause (I)—

10 (aa) by striking “for cal-
 11 endar years 2013 through 2017”;
 12 and

13 (bb) by inserting “for cal-
 14 endar years 2018 through 2022”
 15 after “rates of unemployment”;

16 (II) in subclause (II)—

17 (aa) by striking “for cal-
 18 endar years 2013 through 2017”;
 19 and

20 (bb) by inserting “for cal-
 21 endar years 2018 through 2022”
 22 after “participation rates”; and

23 (III) by striking subclause (III)

24 and inserting the following:

1 “(III) The highest age-adjusted
 2 average rates of drug overdose deaths
 3 for calendar years 2018 through 2022
 4 based on data from the Centers for
 5 Disease Control and Prevention, in-
 6 cluding, if necessary, provisional data
 7 for calendar year 2022.”; and

8 (D) in subsection (f), by striking “For the
 9 2-year period following the date of enactment of
 10 this Act, the” and inserting “The”.

11 (2) CONFORMING AMENDMENT.—Subtitle F of
 12 title VIII of the SUPPORT for Patients and Com-
 13 munities Act (Public Law 115–271; 132 Stat. 4095)
 14 is amended by striking the subtitle heading and in-
 15 serting the following: “**CAREER Act; Recovery**
 16 **Housing Pilot Program”** .

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

21 (1) by striking the item relating to section 7183
 22 and inserting the following:

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

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

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

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

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

5 **SEC. 306. ADDRESSING ECONOMIC AND WORKFORCE IM-**
6 **PACTS OF THE OPIOID CRISIS.**

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

10 **TITLE IV—MISCELLANEOUS**
11 **MATTERS**

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

15 Section 309A(a) of the Controlled Substances Act
16 (21 U.S.C. 829a(a)) is amended by striking paragraph (2)
17 and inserting the following:

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

20 “(A) by injection or implantation for the
21 purpose of maintenance or detoxification treat-
22 ment; or

23 “(B) subject to a risk evaluation and miti-
24 gation strategy pursuant to section 505–1 of

1 the Federal Food, Drug, and Cosmetic Act (21
 2 U.S.C. 355–1) that includes elements to assure
 3 safe use of the drug described in subsection
 4 (f)(3)(E) of such section, including a require-
 5 ment for post-administration monitoring by a
 6 health care provider;”.

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

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

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

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

14 (A) in subparagraph (A)—

15 (i) in clause (iv)—

16 (I) in subclause (I)—

17 (aa) by inserting “the Amer-
 18 ican Academy of Family Physi-
 19 cians, the American Podiatric
 20 Medical Association, the Acad-
 21 emy of General Dentistry, the
 22 American Optometric Associa-
 23 tion,” before “or any other orga-
 24 nization”;

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

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

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

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

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

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

22 (B) in subparagraph (B)—

23 (i) in clause (i)—

24 (I) by inserting “the American
25 Pharmacists Association, the Accredi-

1 tation Council on Pharmacy Edu-
 2 cation, the American Psychiatric
 3 Nurses Association, the American
 4 Academy of Nursing, the American
 5 Academy of Family Physicians,” be-
 6 fore “or any other organization”; and
 7 (II) by inserting “, the American
 8 Academy of Family Physicians,” be-
 9 fore “or the Accreditation Council”;
 10 and

11 (ii) in clause (ii)—

12 (I) by striking “or accredited
 13 school” and inserting “, an accredited
 14 school”; and

15 (II) by inserting “, or an accred-
 16 ited school of pharmacy” before “in
 17 the United States”.

18 (b) EFFECTIVE DATE.—The amendments made by
 19 subsection (a) shall take effect as if enacted on December
 20 29, 2022.

