

# Union Calendar No. 276

117<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 7666

**[Report No. 117-364, Part I]**

To amend the Public Health Service Act to reauthorize certain programs relating to mental health and substance use disorders, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

MAY 6, 2022

Mr. PALLONE (for himself and Mrs. RODGERS of Washington) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

JUNE 13, 2022

Additional sponsor: Mr. TRONE

JUNE 13, 2022

Reported from the Committee on Energy and Commerce with an amendment

[Strike out all after the enacting clause and insert the part printed in *italic*]

JUNE 13, 2022

Committee on the Judiciary discharged; committed to the Committee of the Whole House on the State of the Union and ordered to be printed

[For text of introduced bill, see copy of bill as introduced on May 6, 2022]

# **A BILL**

To amend the Public Health Service Act to reauthorize certain programs relating to mental health and substance use disorders, 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 “Re-*  
 5 *storing Hope for Mental Health and Well-Being Act of*  
 6 *2022”.*

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—MENTAL HEALTH AND CRISIS CARE NEEDS*

*Subtitle A—Crisis Care Services and 9–8–8 Implementation*

*Sec. 101. Behavioral Health Crisis Coordinating Office.*

*Sec. 102. Crisis response continuum of care.*

*Subtitle B—Into the Light for Maternal Mental Health and Substance Use Disorders*

*Sec. 111. Screening and treatment for maternal mental health and substance use disorders.*

*Sec. 112. Maternal mental health hotline.*

*Sec. 113. Task force on maternal mental health.*

*Subtitle C—Reaching Improved Mental Health Outcomes for Patients*

*Sec. 121. Innovation for mental health.*

*Sec. 122. Crisis care coordination.*

*Sec. 123. Treatment of serious mental illness.*

*Subtitle D—Anna Westin Legacy*

*Sec. 131. Maintaining education and training on eating disorders.*

*Subtitle E—Community Mental Health Services Block Grant Reauthorization*

*Sec. 141. Reauthorization of block grants for community mental health services.*

*Subtitle F—Peer-Supported Mental Health Services*

*Sec. 151. Peer-supported mental health services.*

*TITLE II—SUBSTANCE USE DISORDER PREVENTION, TREATMENT,  
AND RECOVERY SERVICES*

*Subtitle A—Native Behavioral Health Access Improvement*

*Sec. 201. Behavioral health and substance use disorder services for Native Americans.*

*Subtitle B—Summer Barrow Prevention, Treatment, and Recovery*

*Sec. 211. Grants for the benefit of homeless individuals.*

*Sec. 212. Priority substance abuse treatment needs of regional and national significance.*

*Sec. 213. Evidence-based prescription opioid and heroin treatment and interventions demonstration.*

*Sec. 214. Priority substance use disorder prevention needs of regional and national significance.*

*Sec. 215. Sober Truth on Preventing (STOP) Underage Drinking Reauthorization.*

*Sec. 216. Grants for jail diversion programs.*

*Sec. 217. Formula grants to States.*

*Sec. 218. Projects for Assistance in Transition From Homelessness.*

*Sec. 219. Grants for reducing overdose deaths.*

*Sec. 220. Opioid overdose reversal medication access and education grant programs.*

*Sec. 221. State demonstration grants for comprehensive opioid abuse response.*

*Sec. 222. Emergency department alternatives to opioids.*

*Subtitle C—Excellence in Recovery Housing*

*Sec. 231. Clarifying the role of SAMHSA in promoting the availability of high-quality recovery housing.*

*Sec. 232. Developing guidelines for States to promote the availability of high-quality recovery housing.*

*Sec. 233. Coordination of Federal activities to promote the availability of recovery housing.*

*Sec. 234. NAS study and report.*

*Sec. 235. Grants for States to promote the availability of recovery housing and services.*

*Sec. 236. Funding.*

*Sec. 237. Technical correction.*

*Subtitle D—Substance Use Prevention, Treatment, and Recovery Services Block  
Grant*

*Sec. 241. Eliminating stigmatizing language relating to substance use.*

*Sec. 242. Authorized activities.*

*Sec. 243. Requirements relating to certain infectious diseases and human immunodeficiency virus.*

*Sec. 244. State plan requirements.*

*Sec. 245. Updating certain language relating to Tribes.*

*Sec. 246. Block grants for substance use prevention, treatment, and recovery services.*

*Sec. 247. Requirement of reports and audits by States.*

*Sec. 248. Study on assessment for use in distribution of limited State resources.*

*Subtitle E—Timely Treatment for Opioid Use Disorder*

- Sec. 251. Study on exemptions for treatment of opioid use disorder through opioid treatment programs during the COVID–19 public health emergency.*
- Sec. 252. Changes to Federal opioid treatment standards.*

*Subtitle F—Additional Provisions Relating to Addiction Treatment*

- Sec. 261. Prohibition.*
- Sec. 262. Eliminating additional requirements for dispensing narcotic drugs in schedule III, IV, and V for maintenance or detoxification treatment.*
- Sec. 263. Requiring prescribers of controlled substances to complete training.*

**TITLE III—ACCESS TO MENTAL HEALTH CARE AND COVERAGE**

*Subtitle A—Collaborate in an Orderly and Cohesive Manner*

- Sec. 301. Increasing uptake of the collaborative care model.*

*Subtitle B—Helping Enable Access to Lifesaving Services*

- Sec. 311. Reauthorization and provision of certain programs to strengthen the health care workforce.*

*Subtitle C—Eliminating the Opt-Out for Nonfederal Governmental Health Plans*

- Sec. 321. Eliminating the opt-out for nonfederal governmental health plans.*

*Subtitle D—Mental Health and Substance Use Disorder Parity Implementation*

- Sec. 331. Grants to support mental health and substance use disorder parity implementation.*

**TITLE IV—CHILDREN AND YOUTH**

*Subtitle A—Supporting Children’s Mental Health Care Access*

- Sec. 401. Pediatric mental health care access grants.*
- Sec. 402. Infant and early childhood mental health promotion, intervention, and treatment.*

*Subtitle B—Continuing Systems of Care for Children*

- Sec. 411. Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances.*
- Sec. 412. Substance Use Disorder Treatment and Early Intervention Services for Children and Adolescents.*

*Subtitle C—Garrett Lee Smith Memorial Reauthorization*

- Sec. 421. Suicide prevention technical assistance center.*
- Sec. 422. Youth suicide early intervention and prevention strategies.*
- Sec. 423. Mental health and substance use disorder services for students in higher education.*
- Sec. 424. Mental and behavioral health outreach and education at institutions of higher education.*

1 **TITLE I—MENTAL HEALTH AND**  
2 **CRISIS CARE NEEDS**  
3 **Subtitle A—Crisis Care Services**  
4 **and 9–8–8 Implementation**

5 **SEC. 101. BEHAVIORAL HEALTH CRISIS COORDINATING OF-**  
6 **FICE.**

7 *Part A of title V of the Public Health Service Act (42*  
8 *U.S.C. 290aa et seq.) is amended by adding at the end the*  
9 *following:*

10 **“SEC. 506B. BEHAVIORAL HEALTH CRISIS COORDINATING**  
11 **OFFICE.**

12 *“(a) IN GENERAL.—The Secretary shall establish,*  
13 *within the Substance Abuse and Mental Health Services*  
14 *Administration, an office to coordinate work relating to be-*  
15 *havioral health crisis care across the operating divisions*  
16 *and agencies of the Department of Health and Human*  
17 *Services, including the Substance Abuse and Mental Health*  
18 *Services Administration, the Centers for Medicare & Med-*  
19 *icaid Services, and the Health Resources and Services Ad-*  
20 *ministration, and external stakeholders.*

21 *“(b) DUTY.—The office established under subsection*  
22 *(a) shall—*

23 *“(1) convene Federal, State, Tribal, local, and*  
24 *private partners;*

1           “(2) launch and manage Federal workgroups  
2 charged with making recommendations regarding be-  
3 havioral health crisis issues, including with respect to  
4 health care best practices, workforce development,  
5 mental health disparities, data collection, technology,  
6 program oversight, public awareness, and engage-  
7 ment; and

8           “(3) support technical assistance, data analysis,  
9 and evaluation functions in order to assist States, lo-  
10 calities, Territories, Tribes, and Tribal communities  
11 to develop crisis care systems and establish nation-  
12 wide best practices with the objective of expanding the  
13 capacity of, and access to, local crisis call centers,  
14 mobile crisis care, crisis stabilization, psychiatric  
15 emergency services, and rapid post-crisis follow-up  
16 care provided by—

17           “(A) the National Suicide Prevention and  
18 Mental Health Crisis Hotline and Response Sys-  
19 tem;

20           “(B) community mental health centers (as  
21 defined in section 1861(ff)(3)(B) of the Social  
22 Security Act);

23           “(C) certified community behavioral health  
24 clinics, as described in section 223 of the Pro-  
25 tecting Access to Medicare Act of 2014; and

1                   “(D) other community mental health and  
2                   substance use disorder providers.

3                   “(c) *AUTHORIZATION OF APPROPRIATIONS.*—There is  
4 authorized to be appropriated to carry out this section  
5 \$5,000,000 for each of fiscal years 2023 through 2027.”.

6 **SEC. 102. CRISIS RESPONSE CONTINUUM OF CARE.**

7                   Subpart 3 of part B of title V of the Public Health  
8 Service Act (42 U.S.C. 290bb–31 et seq.) is amended by  
9 adding at the end the following:

10 **“SEC. 520N. CRISIS RESPONSE CONTINUUM OF CARE.**

11                   “(a) *IN GENERAL.*—The Secretary shall publish best  
12 practices for a crisis response continuum of care for use  
13 by health care providers, crisis services administrators, and  
14 crisis services providers in responding to individuals (in-  
15 cluding children and adolescents) experiencing mental  
16 health crises, substance-related crises, and crises arising  
17 from co-occurring disorders.

18                   “(b) *BEST PRACTICES.*—

19                   “(1) *SCOPE OF BEST PRACTICES.*—The best  
20 practices published under subsection (a) shall de-  
21 fine—

22                   “(A) a minimum set of core crisis response  
23 services, as determined by the Secretary, for each  
24 entity that furnishes such services, that—



1           “(i) do not require prior authorization  
2           from an insurance provider or group health  
3           plan nor a referral from a health care pro-  
4           vider prior to the delivery of services;

5           “(ii) provide for serving all individ-  
6           uals regardless of age or ability to pay;

7           “(iii) provide for operating 24 hours a  
8           day, 7 days a week; and

9           “(iv) provide for care and support  
10          through resources described in paragraph  
11          (2)(A) until the individual has been sta-  
12          bilized or transferred to the next level of cri-  
13          sis care; and

14          “(B) psychiatric stabilization, including the  
15          point at which a case may be closed for—

16               “(i) individuals screened over the  
17               phone; and

18               “(ii) individuals stabilized on the scene  
19               by mobile teams.

20          “(2) IDENTIFICATION OF ESSENTIAL FUNC-  
21          TIONS.—The best practices published under subsection  
22          (a) shall identify the essential functions of each serv-  
23          ice in the crisis response continuum, which shall in-  
24          clude at least the following:

1           “(A) *Identification of resources for referral*  
2           *and enrollment in continuing mental health,*  
3           *substance use, or other human services relevant*  
4           *for the individual in crisis where necessary.*

5           “(B) *Delineation of access and entry points*  
6           *to services within the crisis response continuum.*

7           “(C) *Development of protocols and agree-*  
8           *ments for the transfer and receipt of individuals*  
9           *to and from other segments of the crisis response*  
10           *continuum segments as needed, and from outside*  
11           *referrals including health care providers, first re-*  
12           *sponders including law enforcement, paramedics,*  
13           *and firefighters, education institutions, and com-*  
14           *munity-based organizations.*

15           “(D) *Description of the qualifications of cri-*  
16           *sis services staff, including roles for physicians,*  
17           *licensed clinicians, case managers, and peers (in*  
18           *accordance with State licensing requirements or*  
19           *requirements applicable to Tribal health profes-*  
20           *sionals).*

21           “(E) *The convening of collaborative meet-*  
22           *ings of crisis response service providers, first re-*  
23           *sponders including law enforcement, paramedics,*  
24           *and firefighters, and community partners (in-*  
25           *cluding National Suicide Prevention Lifeline or*

1           9–8–8 call centers, 9–1–1 public service answer-  
2           ing points, and local mental health and sub-  
3           stance use disorder treatment providers) oper-  
4           ating in a common region for the discussion of  
5           case management, best practices, and general  
6           performance improvement.

7           “(3) *SERVICE CAPACITY AND QUALITY BEST*  
8           *PRACTICES.*—*The best practices under subsection (a)*  
9           *shall include recommendations on—*

10                   “(A) *adequate volume of services to meet*  
11                   *population need;*

12                   “(B) *appropriate timely response; and*

13                   “(C) *capacity to meet the needs of different*  
14                   *patient populations that may experience a men-*  
15                   *tal health or substance use crisis, including chil-*  
16                   *dren, families, and all age groups, cultural and*  
17                   *linguistic minorities, individuals with co-occur-*  
18                   *ring mental health and substance use disorders,*  
19                   *individuals with cognitive disabilities, individ-*  
20                   *uals with developmental delays, and individuals*  
21                   *with chronic medical conditions and physical*  
22                   *disabilities.*

23           “(4) *IMPLEMENTATION TIMEFRAME.*—*The Sec-*  
24           *retary shall—*

1           “(A) not later than 1 year after the date of  
2           enactment of this section, publish and maintain  
3           the best practices required by subsection (a); and

4           “(B) every two years thereafter, publish up-  
5           dates.

6           “(5) DATA COLLECTION AND EVALUATIONS.—The  
7           Secretary, directly or through grants, contracts, or  
8           interagency agreements, shall collect data and conduct  
9           evaluations with respect to the provision of services  
10          and programs offered on the crisis response con-  
11          tinuum for purposes of assessing the extent to which  
12          the provision of such services and programs meet cer-  
13          tain objectives and outcomes measures as determined  
14          by the Secretary. Such objectives shall include—

15               “(A) a reduction in reliance on law enforce-  
16               ment response, as appropriate, to individuals in  
17               crisis who would be more appropriately served  
18               by a mobile crisis team capable of responding to  
19               mental health and substance-related crises;

20               “(B) a reduction in boarding or extended  
21               holding of patients in emergency room facilities  
22               who require further psychiatric care, including  
23               care for substance use disorders;

24               “(C) evidence of adequate access to crisis  
25               care centers and crisis bed services; and

1           “(D) evidence of adequate linkage to appro-  
2           priate post-crisis care and longitudinal treat-  
3           ment for mental health or substance use disorder  
4           when relevant.”.

5 ***Subtitle B—Into the Light for Ma-***  
6 ***ternal Mental Health and Sub-***  
7 ***stance Use Disorders***

8 **SEC. 111. SCREENING AND TREATMENT FOR MATERNAL**  
9 ****MENTAL HEALTH AND SUBSTANCE USE DIS-****  
10 ****ORDERS.****

11       (a) *IN GENERAL.*—Section 317L–1 of the Public  
12 *Health Service Act (42 U.S.C. 247b–13a) is amended—*

13           (1) *in the section heading, by striking “MATER-*  
14 *NAL DEPRESSION” and inserting “MATERNAL*  
15 *MENTAL HEALTH AND SUBSTANCE USE DIS-*  
16 *ORDERS”;* and

17           (2) *in subsection (a)—*

18               (A) *by inserting “, Indian Tribes and Trib-*  
19 *al organizations (as such terms are defined in*  
20 *section 4 of the Indian Self-Determination and*  
21 *Education Assistance Act), and Urban Indian*  
22 *organizations (as such term is defined under the*  
23 *Federally Recognized Indian Tribe List Act of*  
24 *1994)” after “States”;* and

1           (B) by striking “for women who are preg-  
2           nant, or who have given birth within the pre-  
3           ceding 12 months, for maternal depression” and  
4           inserting “for women who are postpartum, preg-  
5           nant, or have given birth within the preceding  
6           12 months, for maternal mental health and sub-  
7           stance use disorders”.

8           (b) *APPLICATION*.—Subsection (b) of section 317L–1 of  
9           the Public Health Service Act (42 U.S.C. 247b–13a) is  
10          amended—

11           (1) by striking “a State shall submit” and in-  
12           serting “an entity listed in subsection (a) shall sub-  
13           mit”; and

14           (2) in paragraphs (1) and (2), by striking “ma-  
15           ternal depression” each place it appears and inserting  
16           “maternal mental health and substance use dis-  
17           orders”.

18           (c) *PRIORITY*.—Subsection (c) of section 317L–1 of the  
19           Public Health Service Act (42 U.S.C. 247b–13a) is amend-  
20          ed—

21           (1) by striking “may give priority to States pro-  
22           posing to improve or enhance access to screening” and  
23           inserting the following: “shall give priority to entities  
24           listed in subsection (a) that—

1           “(1) are proposing to create, improve, or enhance  
2           screening, prevention, and treatment”;

3           (2) by striking “maternal depression” and in-  
4           serting “maternal mental health and substance use  
5           disorders”;

6           (3) by striking the period at the end of para-  
7           graph (1), as so designated, and inserting a semi-  
8           colon; and

9           (4) by inserting after such paragraph (1) the fol-  
10          lowing:

11           “(2) are currently partnered with, or will part-  
12           ner with, a community-based organization to address  
13           maternal mental health and substance use disorders;

14           “(3) are located in an area with high rates of  
15           adverse maternal health outcomes or significant  
16           health, economic, racial, or ethnic disparities in ma-  
17           ternal health and substance use disorder outcomes;  
18           and

19           “(4) operate in a health professional shortage  
20           area designated under section 332.”.

21          (d) *USE OF FUNDS.*—Subsection (d) of section 317L–  
22          1 of the Public Health Service Act (42 U.S.C. 247b–13a)  
23          is amended—

24           (1) in paragraph (1)—

1           (A) in subparagraph (A), by striking “to  
2           health care providers; and” and inserting “on  
3           maternal mental health and substance use dis-  
4           order screening, brief intervention, treatment (as  
5           applicable for health care providers), and refer-  
6           rals for treatment to health care providers in the  
7           primary care setting and nonclinical perinatal  
8           support workers;”;

9           (B) in subparagraph (B), by striking “to  
10          health care providers, including information on  
11          maternal depression screening, treatment, and  
12          followup support services, and linkages to com-  
13          munity-based resources; and” and inserting “on  
14          maternal mental health and substance use dis-  
15          order screening, brief intervention, treatment (as  
16          applicable for health care providers) and refer-  
17          rals for treatment, follow-up support services,  
18          and linkages to community-based resources to  
19          health care providers in the primary care setting  
20          and clinical perinatal support workers; and”;  
21          and

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

23               “(C) enabling health care providers (such as  
24               obstetrician-gynecologists, nurse practitioners,  
25               nurse midwives, pediatricians, psychiatrists,



1           *mental and other behavioral health care pro-*  
2           *viders, and adult primary care clinicians) to*  
3           *provide or receive real-time psychiatric consulta-*  
4           *tion (in-person or remotely), including through*  
5           *the use of technology-enabled collaborative learn-*  
6           *ing and capacity building models (as defined in*  
7           *section 330N), to aid in the treatment of preg-*  
8           *nant and postpartum women; and”;* and

9           *(2) in paragraph (2)—*

10                 *(A) by striking subparagraph (A) and re-*  
11                 *designating subparagraphs (B) and (C) as sub-*  
12                 *paragraphs (A) and (B), respectively;*

13                 *(B) in subparagraph (A), as redesignated,*  
14                 *by striking “and” at the end;*

15                 *(C) in subparagraph (B), as redesignated—*

16                         *(i) by inserting “, including” before*  
17                         *“for rural areas”; and*

18                         *(ii) by striking the period at the end*  
19                         *and inserting a semicolon; and*

20                 *(D) by inserting after subparagraph (B), as*  
21                 *redesignated, the following:*

22                         *“(C) providing assistance to pregnant and*  
23                         *postpartum women to receive maternal mental*  
24                         *health and substance use disorder treatment, in-*

1           *cluding patient consultation, care coordination,*  
2           *and navigation for such treatment;*

3           “(D) *coordinating with maternal and child*  
4           *health programs of the Federal Government and*  
5           *State, local, and Tribal governments, including*  
6           *child psychiatric access programs;*

7           “(E) *conducting public outreach and aware-*  
8           *ness regarding grants under subsection (a);*

9           “(F) *creating multistate consortia to carry*  
10           *out the activities required or authorized under*  
11           *this subsection; and*

12           “(G) *training health care providers in the*  
13           *primary care setting and nonclinical perinatal*  
14           *support workers on trauma-informed care, cul-*  
15           *turally and linguistically appropriate services,*  
16           *and best practices related to training to improve*  
17           *the provision of maternal mental health and sub-*  
18           *stance use disorder care for racial and ethnic*  
19           *minority populations, including with respect to*  
20           *perceptions and biases that may affect the ap-*  
21           *proach to, and provision of, care.”.*

22           (e) *ADDITIONAL PROVISIONS.—Section 317L–1 of the*  
23           *Public Health Service Act (42 U.S.C. 247b–13a) is amend-*  
24           *ed—*

1           (1) *by redesignating subsection (e) as subsection*  
2           *(h); and*

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

5           “(e) *TECHNICAL ASSISTANCE.—The Secretary shall*  
6           *provide technical assistance to grantees and entities listed*  
7           *in subsection (a) for carrying out activities pursuant to this*  
8           *section.*

9           “(f) *DISSEMINATION OF BEST PRACTICES.—The Sec-*  
10          *retary, based on evaluation of the activities funded pursu-*  
11          *ant to this section, shall identify and disseminate evidence-*  
12          *based or evidence-informed best practices for screening, as-*  
13          *essment, and treatment services for maternal mental health*  
14          *and substance use disorders, including culturally and lin-*  
15          *guistically appropriate services, for women during preg-*  
16          *nancy and 12 months following pregnancy.*

17          “(g) *MATCHING REQUIREMENT.—The Federal share of*  
18          *the cost of the activities for which a grant is made to an*  
19          *entity under subsection (a) shall not exceed 90 percent of*  
20          *the total cost of such activities.”.*

21          (f) *AUTHORIZATION OF APPROPRIATIONS.—Subsection*  
22          *(h) of section 317L–1 (42 U.S.C. 247b–13a) of the Public*  
23          *Health Service Act, as redesignated, is further amended—*

24                 (1) *by striking “\$5,000,000” and inserting*  
25                 *“\$24,000,000”; and*

1           (2) by striking “2018 through 2022” and insert-  
2           ing “2023 through 2027”.

3 **SEC. 112. MATERNAL MENTAL HEALTH HOTLINE.**

4           Part P of title III of the Public Health Service Act  
5 (42 U.S.C. 280g et seq.) is amended by adding at the end  
6 the following:

7 **“SEC. 399V-7. MATERNAL MENTAL HEALTH HOTLINE.**

8           “(a) *IN GENERAL.*—The Secretary shall maintain, di-  
9           rectly or by grant or contract, a national hotline to provide  
10           emotional support, information, brief intervention, and  
11           mental health and substance use disorder resources to preg-  
12           nant and postpartum women at risk of, or affected by, ma-  
13           ternal mental health and substance use disorders, and to  
14           their families or household members.

15           “(b) *REQUIREMENTS FOR HOTLINE.*—The hotline  
16           under subsection (a) shall—

17                   “(1) be a 24/7 real-time hotline;

18                   “(2) provide voice and text support;

19                   “(3) be staffed by certified peer specialists, li-  
20           censed health care professionals, or licensed mental  
21           health professionals who are trained on—

22                           “(A) maternal mental health and substance  
23           use disorder prevention, identification, and  
24           intervention; and

1                   “(B) providing culturally and linguistically  
2                   appropriate support; and

3                   “(4) provide maternal mental health and sub-  
4                   stance use disorder assistance and referral services to  
5                   meet the needs of underserved populations, individ-  
6                   uals with disabilities, and family and household  
7                   members of pregnant or postpartum women at risk of  
8                   experiencing maternal mental health and substance  
9                   use disorders.

10                  “(c) *ADDITIONAL REQUIREMENTS.*—In maintaining  
11 *the hotline under subsection (a), the Secretary shall—*

12                   “(1) consult with the Domestic Violence Hotline,  
13                   National Suicide Prevention Lifeline, and Veterans  
14                   Crisis Line to ensure that pregnant and postpartum  
15                   women are connected in real-time to the appropriate  
16                   specialized hotline service, when applicable;

17                   “(2) conduct a public awareness campaign for  
18                   the hotline; and

19                   “(3) consult with Federal departments and agen-  
20                   cies, including the Centers of Excellence of the Sub-  
21                   stance Abuse and Mental Health Services Administra-  
22                   tion and the Department of Veterans Affairs, to in-  
23                   crease awareness regarding the hotline.

1       “(d) *ANNUAL REPORT.*—*The Secretary shall submit*  
2 *an annual report to the Congress on the hotline under sub-*  
3 *section (a) and implementation of this section, including—*

4               “(1) *an evaluation of the effectiveness of activi-*  
5 *ties conducted or supported under subsection (a);*

6               “(2) *a directory of entities or organizations to*  
7 *which staff maintaining the hotline funded under this*  
8 *section may make referrals; and*

9               “(3) *such additional information as the Sec-*  
10 *retary determines appropriate.*

11       “(e) *AUTHORIZATION OF APPROPRIATIONS.*—*To carry*  
12 *out this section, there are authorized to be appropriated*  
13 *\$10,000,000 for each of fiscal years 2023 through 2027.”.*

14 **SEC. 113. TASK FORCE ON MATERNAL MENTAL HEALTH.**

15       *Part B of title III of the Public Health Service Act*  
16 *(42 U.S.C. 243 et seq.) is amended by inserting after section*  
17 *317L-1 (42 U.S.C. 247b-13a) the following:*

18 **“SEC. 317L-2. TASK FORCE ON MATERNAL MENTAL HEALTH.**

19       “(a) *ESTABLISHMENT.*—*Not later than 180 days after*  
20 *the date of enactment of the Restoring Hope for the Mental*  
21 *Health and Well-Being Act of 2022, the Secretary, for pur-*  
22 *poses of identifying, evaluating, and making recommenda-*  
23 *tions to coordinate and improve Federal responses to mater-*  
24 *nal mental health conditions, shall—*

1           “(1) *establish a task force to be known as the*  
2           *Task Force on Maternal Mental Health (in this sec-*  
3           *tion referred to as the ‘Task Force’); or*

4           “(2) *incorporate the duties, public meetings, and*  
5           *reports specified in subsections (c) through (f) into ex-*  
6           *isting Federal policy forums, including the Maternal*  
7           *Health Interagency Policy Committee and the Mater-*  
8           *nal Health Working Group, as appropriate.*

9           “(b) *MEMBERSHIP.—*

10           “(1) *COMPOSITION.—The Task Force shall be*  
11           *composed of—*

12                   “(A) *the Federal members under paragraph*  
13                   *(2); and*

14                   “(B) *the non-Federal members under para-*  
15                   *graph (3).*

16           “(2) *FEDERAL MEMBERS.—The Federal members*  
17           *of the Task Force shall consist of the following heads*  
18           *of Federal departments and agencies (or their des-*  
19           *ignees):*

20                   “(A) *The Assistant Secretary for Health of*  
21                   *the Department of Health and Human Services,*  
22                   *who shall serve as Chair.*

23                   “(B) *The Assistant Secretary for Planning*  
24                   *and Evaluation of the Department of Health and*  
25                   *Human Services.*

1           “(C) *The Assistant Secretary of the Admin-*  
2           *istration for Children and Families.*

3           “(D) *The Director of the Centers for Disease*  
4           *Control and Prevention.*

5           “(E) *The Administrator of the Centers for*  
6           *Medicare & Medicaid Services.*

7           “(F) *The Administrator of the Health Re-*  
8           *sources and Services Administration.*

9           “(G) *The Director of the Indian Health*  
10          *Service.*

11          “(H) *The Assistant Secretary for Mental*  
12          *Health and Substance Use.*

13          “(I) *Such other Federal departments and*  
14          *agencies as the Secretary determines appropriate*  
15          *that serve individuals with maternal mental*  
16          *health conditions.*

17          “(3) *NON-FEDERAL MEMBERS.—The non-Federal*  
18          *members of the Task Force shall—*

19                 “(A) *compose not more than one-half, and*  
20                 *not less than one-third, of the total membership*  
21                 *of the Task Force;*

22                 “(B) *be appointed by the Secretary; and*

23                 “(C) *include—*

24                         “(i) *representatives of medical societies*  
25                         *with expertise in maternal or mental health;*



1                   “(ii) representatives of nonprofit orga-  
2                   nizations with expertise in maternal or  
3                   mental health;

4                   “(iii) relevant industry representatives;  
5                   and

6                   “(iv) other representatives, as appro-  
7                   priate.

8                   “(4) *DEADLINE FOR DESIGNATING DESIGNEES.*—  
9                   If the Assistant Secretary for Health, or the head of  
10                  a Federal department or agency serving as a member  
11                  of the Task Force under paragraph (2), chooses to be  
12                  represented on the Task Force by a designee, the As-  
13                  sistant Secretary or department or agency head shall  
14                  designate such designee not later than 90 days after  
15                  the date of the enactment of this section.

16                  “(c) *DUTIES.*—The Task Force shall—

17                         “(1) prepare and regularly update a report that  
18                         analyzes and evaluates the state of national maternal  
19                         mental health policy and programs at the Federal,  
20                         State, and local levels, and identifies best practices  
21                         with respect to maternal mental health policy, includ-  
22                         ing—

23                                 “(A) a set of evidence-based, evidence-in-  
24                                 formed, and promising practices with respect  
25                                 to—

1           “(i) prevention strategies for individ-  
2           uals at risk of experiencing a maternal  
3           mental health condition, including strate-  
4           gies and recommendations to address health  
5           inequities;

6           “(ii) the identification, screening, di-  
7           agnosis, intervention, and treatment of in-  
8           dividuals and families affected by a mater-  
9           nal mental health condition;

10           “(iii) the expeditious referral to, and  
11           implementation of, practices and supports  
12           that prevent and mitigate the effects of a  
13           maternal mental health condition, including  
14           strategies and recommendations to elimi-  
15           nate the racial and ethnic disparities that  
16           exist in maternal mental health; and

17           “(iv)           community-based           or  
18           multigenerational practices that support in-  
19           dividuals and families affected by a mater-  
20           nal mental health condition; and

21           “(B) Federal and State programs and ac-  
22           tivities to prevent, screen, diagnose, intervene,  
23           and treat maternal mental health conditions;

24           “(2) develop and regularly update a national  
25           strategy for maternal mental health, taking into con-

1 *sideration the findings of the report under paragraph*  
2 *(1), on how the Task Force and Federal departments*  
3 *and agencies represented on the Task Force may*  
4 *prioritize options for, and may implement a coordi-*  
5 *nated approach to, addressing maternal mental health*  
6 *conditions, including by—*

7 *“(A) increasing prevention, screening, diag-*  
8 *nosis, intervention, treatment, and access to care,*  
9 *including clinical and nonclinical care such as*  
10 *peer-support and community health workers,*  
11 *through the public and private sectors;*

12 *“(B) providing support for pregnant or*  
13 *postpartum individuals who are at risk for or*  
14 *experiencing a maternal mental health condition,*  
15 *and their families, as appropriate;*

16 *“(C) reducing racial, ethnic, geographic,*  
17 *and other health disparities for prevention, diag-*  
18 *nosis, intervention, treatment, and access to care;*

19 *“(D) identifying options for modifying,*  
20 *strengthening, and coordinating Federal pro-*  
21 *grams and activities, such as the Medicaid pro-*  
22 *gram under title XIX of the Social Security Act*  
23 *and the State Children’s Health Insurance Pro-*  
24 *gram under title XXI of such Act, including ex-*  
25 *isting infant and maternity programs, in order*

1           to increase research, prevention, identification,  
2           intervention, and treatment with respect to ma-  
3           ternal mental health; and

4                   “(E) planning, data sharing, and commu-  
5                   nication within and across Federal departments,  
6                   agencies, offices, and programs;

7                   “(3) solicit public comments from stakeholders  
8           for the report under paragraph (1) and the national  
9           strategy under paragraph (2), including comments  
10          from frontline service providers, mental health profes-  
11          sionals, researchers, experts in maternal mental  
12          health, institutions of higher education, public health  
13          agencies (including maternal and child health pro-  
14          grams), and industry representatives, in order to in-  
15          form the activities and reports of the Task Force; and

16                   “(4) disaggregate any data collected under this  
17                  section by race, ethnicity, geographical location, age,  
18                  marital status, socioeconomic level, and other factors,  
19                  as the Secretary determines appropriate.

20           “(d) MEETINGS.—The Task Force shall—

21                   “(1) meet not less than two times each year; and

22                   “(2) convene public meetings, as appropriate, to  
23          fulfill its duties under this section.

24           “(e) REPORTS TO PUBLIC AND FEDERAL LEADERS.—

25          The Task Force shall make publicly available and submit

1 *to the heads of relevant Federal departments and agencies,*  
2 *the Committee on Energy and Commerce of the House of*  
3 *Representatives, the Committee on Health, Education,*  
4 *Labor, and Pensions of the Senate, and other relevant con-*  
5 *gressional committees, the following:*

6           “(1) *Not later than 1 year after the first meeting*  
7 *of the Task Force, an initial report under subsection*  
8 *(c)(1).*

9           “(2) *Not later than 2 years after the first meet-*  
10 *ing of the Task Force, an initial national strategy*  
11 *under subsection (c)(2).*

12           “(3) *Each year thereafter—*

13                   “(A) *an updated report under subsection*  
14 *(c)(1);*

15                   “(B) *an updated national strategy under*  
16 *subsection (c)(2); or*

17                   “(C) *if no update is made under subsection*  
18 *(c)(1) or (c)(2), a report summarizing the activi-*  
19 *ties of the Task Force.*

20           “(f) *REPORTS TO GOVERNORS.—Upon finalizing the*  
21 *initial national strategy under subsection (c)(2), and upon*  
22 *making relevant updates to such strategy, the Task Force*  
23 *shall submit a report to the Governors of all States describ-*  
24 *ing opportunities for local- and State-level partnerships*  
25 *identified under subsection (c)(2)(D).*

1       “(g) *SUNSET.*—*The Task Force shall terminate on*  
2 *September 30, 2027.*”

3       “(h) *NONDUPLICATION OF FEDERAL EFFORTS.*—*The*  
4 *Secretary may relieve the Task Force, in carrying out sub-*  
5 *sections (c) through (f), from responsibility for carrying out*  
6 *such activities as may be specified by the Secretary as du-*  
7 *plicative with other activities carried out by the Depart-*  
8 *ment of Health and Human Services.*”.

9       ***Subtitle C—Reaching Improved***  
10       ***Mental Health Outcomes for Pa-***  
11       ***tients***

12       ***SEC. 121. INNOVATION FOR MENTAL HEALTH.***

13       (a) *NATIONAL MENTAL HEALTH AND SUBSTANCE USE*  
14 *POLICY LABORATORY.*—*Section 501A of the Public Health*  
15 *Service Act (42 U.S.C. 290aa–0) is amended—*

16               (1) *in subsection (e)(1), by striking “Indian*  
17 *tribes or tribal organizations” and inserting “Indian*  
18 *Tribes or Tribal organizations”;*

19               (2) *by striking subsection (e)(3); and*

20               (3) *by adding at the end the following:*

21       “(f) *AUTHORIZATION OF APPROPRIATIONS.*—*To carry*  
22 *out this section, there is authorized to be appropriated*  
23 *\$10,000,000 for each of fiscal years 2023 through 2027.*”.

24       (b) *INTERDEPARTMENTAL SERIOUS MENTAL ILLNESS*  
25 *COORDINATING COMMITTEE.*—

1           (1) *IN GENERAL.*—Part A of title V of the Public  
2           Health Service Act (42 U.S.C. 290aa et seq.) is  
3           amended by inserting after section 501A (42 U.S.C.  
4           290aa–0) the following:

5           **“SEC. 501B. INTERDEPARTMENTAL SERIOUS MENTAL ILL-**  
6   **NESS COORDINATING COMMITTEE.**

7           “(a) *ESTABLISHMENT.*—

8                           “(1) *IN GENERAL.*—The Secretary of Health and  
9           Human Services, or the designee of the Secretary,  
10          shall establish a committee to be known as the Inter-  
11          departmental Serious Mental Illness Coordinating  
12          Committee (in this section referred to as the ‘Com-  
13          mittee’).

14                          “(2) *FEDERAL ADVISORY COMMITTEE ACT.*—Ex-  
15          cept as provided in this section, the provisions of the  
16          Federal Advisory Committee Act (5 U.S.C. App.)  
17          shall apply to the Committee.

18                          “(b) *MEETINGS.*—The Committee shall meet not fewer  
19          than 2 times each year.

20                          “(c) *RESPONSIBILITIES.*—The Committee shall submit,  
21          on a biannual basis, to Congress and any other relevant  
22          Federal department or agency a report including—

23    “(1) a summary of advances in serious mental  
24          illness and serious emotional disturbance research re-  
25          lated to the prevention of, diagnosis of, intervention

1 *in, and treatment and recovery of serious mental ill-*  
2 *nesses, serious emotional disturbances, and advances*  
3 *in access to services and support for adults with a se-*  
4 *rious mental illness or children with a serious emo-*  
5 *tional disturbance;*

6 “(2) *an evaluation of the effect Federal programs*  
7 *related to serious mental illness have on public health,*  
8 *including public health outcomes such as—*

9 “(A) *rates of suicide, suicide attempts, inci-*  
10 *dence and prevalence of serious mental illnesses,*  
11 *serious emotional disturbances, and substance*  
12 *use disorders, overdose, overdose deaths, emer-*  
13 *gency hospitalizations, emergency room board-*  
14 *ing, preventable emergency room visits, inter-*  
15 *action with the criminal justice system, home-*  
16 *lessness, and unemployment;*

17 “(B) *increased rates of employment and en-*  
18 *rollment in educational and vocational pro-*  
19 *grams;*

20 “(C) *quality of mental and substance use*  
21 *disorders treatment services; or*

22 “(D) *any other criteria as may be deter-*  
23 *mined by the Secretary; and*

24 “(3) *specific recommendations for actions that*  
25 *agencies can take to better coordinate the administra-*



1        *tion of mental health services for adults with a serious*  
2        *mental illness or children with a serious emotional*  
3        *disturbance.*

4        “(d) *MEMBERSHIP.—*

5                “(1) *FEDERAL MEMBERS.—The Committee shall*  
6        *be composed of the following Federal representatives,*  
7        *or the designees of such representatives—*

8                “(A) *the Secretary of Health and Human*  
9                *Services, who shall serve as the Chair of the*  
10               *Committee;*

11               “(B) *the Assistant Secretary for Mental*  
12               *Health and Substance Use;*

13               “(C) *the Attorney General;*

14               “(D) *the Secretary of Veterans Affairs;*

15               “(E) *the Secretary of Defense;*

16               “(F) *the Secretary of Housing and Urban*  
17               *Development;*

18               “(G) *the Secretary of Education;*

19               “(H) *the Secretary of Labor;*

20               “(I) *the Administrator of the Centers for*  
21               *Medicare & Medicaid Services; and*

22               “(J) *the Commissioner of Social Security.*

23               “(2) *NON-FEDERAL MEMBERS.—The Committee*  
24        *shall also include not less than 14 non-Federal public*

1        *members appointed by the Secretary of Health and*  
2        *Human Services, of which—*

3                *“(A) at least 2 members shall be an indi-*  
4                *vidual who has received treatment for a diag-*  
5                *nosis of a serious mental illness;*

6                *“(B) at least 1 member shall be a parent or*  
7                *legal guardian of an adult with a history of a*  
8                *serious mental illness or a child with a history*  
9                *of a serious emotional disturbance;*

10               *“(C) at least 1 member shall be a represent-*  
11               *ative of a leading research, advocacy, or service*  
12               *organization for adults with a serious mental ill-*  
13               *ness;*

14               *“(D) at least 2 members shall be—*

15                        *“(i) a licensed psychiatrist with expe-*  
16                        *rience in treating serious mental illnesses;*

17                        *“(ii) a licensed psychologist with expe-*  
18                        *rience in treating serious mental illnesses or*  
19                        *serious emotional disturbances;*

20                        *“(iii) a licensed clinical social worker*  
21                        *with experience treating serious mental ill-*  
22                        *nesses or serious emotional disturbances; or*

23                        *“(iv) a licensed psychiatric nurse,*  
24                        *nurse practitioner, or physician assistant*

1           *with experience in treating serious mental*  
2           *illnesses or serious emotional disturbances;*

3           “(E) *at least 1 member shall be a licensed*  
4           *mental health professional with a specialty in*  
5           *treating children and adolescents with a serious*  
6           *emotional disturbance;*

7           “(F) *at least 1 member shall be a mental*  
8           *health professional who has research or clinical*  
9           *mental health experience in working with mi-*  
10          *norities;*

11          “(G) *at least 1 member shall be a mental*  
12          *health professional who has research or clinical*  
13          *mental health experience in working with medi-*  
14          *cally underserved populations;*

15          “(H) *at least 1 member shall be a State cer-*  
16          *tified mental health peer support specialist;*

17          “(I) *at least 1 member shall be a judge with*  
18          *experience in adjudicating cases related to crimi-*  
19          *nal justice or serious mental illness;*

20          “(J) *at least 1 member shall be a law en-*  
21          *forcement officer or corrections officer with exten-*  
22          *sive experience in interfacing with adults with a*  
23          *serious mental illness, children with a serious*  
24          *emotional disturbance, or individuals in a men-*  
25          *tal health crisis; and*

1           “(K) at least 1 member shall have experi-  
2           ence providing services for homeless individuals  
3           and working with adults with a serious mental  
4           illness, children with a serious emotional dis-  
5           turbance, or individuals in a mental health cri-  
6           sis.

7           “(3) *TERMS.*—A member of the Committee ap-  
8           pointed under paragraph (2) shall serve for a term of  
9           3 years, and may be reappointed for 1 or more addi-  
10          tional 3-year terms. Any member appointed to fill a  
11          vacancy for an unexpired term shall be appointed for  
12          the remainder of such term. A member may serve  
13          after the expiration of the member’s term until a suc-  
14          cessor has been appointed.

15          “(e) *WORKING GROUPS.*—In carrying out its func-  
16          tions, the Committee may establish working groups. Such  
17          working groups shall be composed of Committee members,  
18          or their designees, and may hold such meetings as are nec-  
19          essary.

20          “(f) *SUNSET.*—The Committee shall terminate on Sep-  
21          tember 30, 2027.”.

22                 (2) *CONFORMING AMENDMENTS.*—

23                         (A) Section 501(l)(2) of the Public Health  
24                         Service Act (42 U.S.C. 290aa(l)(2)) is amended

1           by striking “section 6031 of such Act” and in-  
2           serting “section 501B of this Act”.

3           (B) Section 6031 of the Helping Families  
4           in Mental Health Crisis Reform Act of 2016 (Di-  
5           vision B of Public Law 114–255) is repealed  
6           (and by conforming the item relating to such sec-  
7           tion in the table of contents in section 1(b)).

8           (c) **PRIORITY MENTAL HEALTH NEEDS OF REGIONAL**  
9           **AND NATIONAL SIGNIFICANCE.**—Section 520A of the Public  
10          Health Service Act (42 U.S.C. 290bb–32) is amended—

11           (1) in subsection (a), by striking “Indian tribes  
12          or tribal organizations” and inserting “Indian Tribes  
13          or Tribal organizations”; and

14           (2) in subsection (f), by striking “\$394,550,000  
15          for each of fiscal years 2018 through 2022” and in-  
16          serting “\$599,036,000 for each of fiscal years 2023  
17          through 2027”.

18          **SEC. 122. CRISIS CARE COORDINATION.**

19           (a) **STRENGTHENING COMMUNITY CRISIS RESPONSE**  
20          **SYSTEMS.**—Section 520F of the Public Health Service Act  
21          (42 U.S.C. 290bb–37) is amended to read as follows:

22          **“SEC. 520F. MENTAL HEALTH CRISIS RESPONSE PARTNER-**  
23          **SHIP PILOT PROGRAM.**

24           “(a) **IN GENERAL.**—The Secretary shall establish a  
25          pilot program under which the Secretary will award com-

1 *petitive grants to States, localities, territories, Indian*  
2 *Tribes, and Tribal organizations to establish new, or en-*  
3 *hance existing, mobile crisis response teams that divert the*  
4 *response for mental health and substance use crises from*  
5 *law enforcement to mobile crisis teams, as described in sub-*  
6 *section (b).*

7       “(b) *MOBILE CRISIS TEAMS DESCRIBED.*—A mobile  
8 *crisis team described in this subsection is a team of individ-*  
9 *uals—*

10               “(1) *that is available to respond to individuals*  
11 *in crisis and provide immediate stabilization, refer-*  
12 *als to community-based mental health and substance*  
13 *use disorder services and supports, and triage to a*  
14 *higher level of care if medically necessary;*

15               “(2) *which may include licensed counselors, clin-*  
16 *ical social workers, physicians, paramedics, crisis*  
17 *workers, peer support specialists, or other qualified*  
18 *individuals; and*

19               “(3) *which may provide support to divert behav-*  
20 *ioral health crisis calls from the 9–1–1 system to the*  
21 *9–8–8 system.*

22       “(c) *PRIORITY.*—In awarding grants under this sec-  
23 *tion, the Secretary shall prioritize applications which ac-*  
24 *count for the specific needs of the communities to be served,*  
25 *including children and families, veterans, rural and under-*

1 *served populations, and other groups at increased risk of*  
2 *death from suicide or overdose.*

3 “(d) *REPORT.*—

4 “(1) *INITIAL REPORT.*—*Not later than September*  
5 *30, 2024, the Secretary shall submit to Congress a re-*  
6 *port on steps taken by the entities specified in sub-*  
7 *section (a) as of such date of enactment to strengthen*  
8 *the partnerships among mental health providers, sub-*  
9 *stance use disorder treatment providers, primary care*  
10 *physicians, mental health and substance use crisis*  
11 *teams, paramedics, law enforcement officers, and*  
12 *other first responders.*

13 “(2) *PROGRESS REPORTS.*—*Not later than one*  
14 *year after the date on which the first grant is award-*  
15 *ed to carry out this section, and for each year there-*  
16 *after, the Secretary shall submit to Congress a report*  
17 *on the grants made during the year covered by the re-*  
18 *port, which shall include—*

19 “(A) *impact data on the teams and people*  
20 *served by such programs, including demographic*  
21 *information of individuals served, volume, and*  
22 *types of service utilization;*

23 “(B) *outcomes of the number of linkages to*  
24 *community-based resources, short-term crisis re-*  
25 *ceiving and stabilization facilities, and diversion*

1           *from law enforcement or hospital emergency de-*  
2           *partment settings;*

3           “(C) *data consistent with the State block*  
4           *grant requirements for continuous evaluation*  
5           *and quality improvement, and other relevant*  
6           *data as determined by the Secretary; and*

7           “(D) *the Secretary’s recommendations and*  
8           *best practices for—*

9                   “(i) *States and localities providing*  
10            *mobile crisis response and stabilization*  
11            *services for youth and adults; and*

12                   “(ii) *improvements to the program es-*  
13            *tablished under this section.*

14           “(e) *AUTHORIZATION OF APPROPRIATIONS.—There are*  
15            *authorized to be appropriated to carry out this section,*  
16            *\$10,000,000 for each of fiscal years 2023 through 2027.”.*

17           (b) *MENTAL HEALTH AWARENESS TRAINING*  
18            *GRANTS.—*

19                   (1) *IN GENERAL.—Section 520J(b) of the Public*  
20            *Health Service Act (42 U.S.C. 290bb–41(b)) is*  
21            *amended—*

22                           (A) *in paragraph (1), by striking “Indian*  
23                            *tribes, tribal organizations” and inserting “In-*  
24                            *Indian Tribes, Tribal organizations”;*



1           (B) in paragraph (4), by striking “Indian  
2           tribe, tribal organization” and inserting “Indian  
3           Tribe, Tribal organization”;

4           (C) in paragraph (5)—

5                 (i) by striking “Indian tribe, tribal or-  
6                 ganization” and inserting “Indian Tribe,  
7                 Tribal organization”;

8                 (ii) in subparagraph (A), by striking  
9                 “and” at the end;

10                (iii) in subparagraph (B)(ii), by strik-  
11                ing the period at the end and inserting “;  
12                and”; and

13                (iv) by adding at the end the following:

14                “(C) suicide intervention and prevention,  
15                including recognizing warning signs and how to  
16                refer someone for help.”;

17           (D) in paragraph (6), by striking “Indian  
18           tribe, tribal organization” and inserting “Indian  
19           Tribe, Tribal organization”; and

20           (E) in paragraph (7), by striking  
21           “\$14,693,000 for each of fiscal years 2018  
22           through 2022” and inserting “\$24,963,000 for  
23           each of fiscal years 2023 through 2027”.

1           (2) *TECHNICAL CORRECTIONS.*—Section 520J(b)  
2       of the Public Health Service Act (42 U.S.C. 290bb–  
3       41(b)) is amended—

4           (A) in the heading of paragraph (2), by  
5       striking “EMERGENCY SERVICES PERSONNEL”  
6       and inserting “EMERGENCY SERVICES PER-  
7       SONNEL”; and

8           (B) in the heading of paragraph (3), by  
9       striking “DISTRIBUTION OF AWARDS” and in-  
10      serting “DISTRIBUTION OF AWARDS”.

11       (c) *ADULT SUICIDE PREVENTION.*—Section 520L of  
12      the Public Health Service Act (42 U.S.C. 290bb–43) is  
13      amended—

14           (1) in subsection (a)—

15           (A) in paragraph (2)—

16           (i) by striking “Indian tribe” each  
17          place it appears and inserting “Indian  
18          Tribe”; and

19           (ii) by striking “tribal organization”  
20          each place it appears and inserting “Tribal  
21          organization”; and

22           (B) by amending paragraph (3)(C) to read  
23      as follows:

1           “(C) *Raising awareness of suicide preven-*  
2           *tion resources, promoting help seeking among*  
3           *those at risk for suicide.*”; and

4           (2) *in subsection (d), by striking “\$30,000,000*  
5           *for the period of fiscal years 2018 through 2022” and*  
6           *inserting “\$30,000,000 for each of fiscal years 2023*  
7           *through 2027”.*

8   **SEC. 123. TREATMENT OF SERIOUS MENTAL ILLNESS.**

9           (a) *ASSERTIVE COMMUNITY TREATMENT GRANT PRO-*  
10          *GRAM.*—

11           (1) *TECHNICAL AMENDMENT.*—*Section 520M(b)*  
12          *of the Public Health Service Act (42 U.S.C. 290bb-*  
13          *44(b)) is amended by striking “Indian tribe or tribal*  
14          *organization” and inserting “Indian Tribe or Tribal*  
15          *organization”.*

16           (2) *REPORT TO CONGRESS.*—*Section 520M(d)(1)*  
17          *of the Public Health Service Act (42 U.S.C. 290bb-*  
18          *44(d)(1)) is amended by striking “not later than the*  
19          *end of fiscal year 2021” and inserting “not later than*  
20          *the end of fiscal year 2026”.*

21           (3) *AUTHORIZATION OF APPROPRIATIONS.*—*Sec-*  
22          *tion 520M(e)(1) of the Public Health Service Act (42*  
23          *U.S.C. 290bb-44(d)(1)) is amended by striking*  
24          *“\$5,000,000 for the period of fiscal years 2018*

1 *through 2022” and inserting “\$9,000,000 for each of*  
2 *fiscal years 2023 through 2027”.*

3 *(b) ASSISTED OUTPATIENT TREATMENT.—Section 224*  
4 *of the Protecting Access to Medicare Act of 2014 (42 U.S.C.*  
5 *290aa note) is amended to read as follows:*

6 **“SEC. 224. ASSISTED OUTPATIENT TREATMENT GRANT PRO-**  
7 **GRAM FOR INDIVIDUALS WITH SERIOUS MEN-**  
8 **TAL ILLNESS.**

9 *“(a) IN GENERAL.—The Secretary shall carry out a*  
10 *program to award grants to eligible entities for assisted out-*  
11 *patient treatment programs for individuals with serious*  
12 *mental illness.*

13 *“(b) CONSULTATION.—The Secretary shall carry out*  
14 *this section in consultation with the Director of the Na-*  
15 *tional Institute of Mental Health, the Attorney General of*  
16 *the United States, the Administrator of the Administration*  
17 *for Community Living, and the Assistant Secretary for*  
18 *Mental Health and Substance Use.*

19 *“(c) SELECTING AMONG APPLICANTS.—In awarding*  
20 *grants under this section, the Secretary—*

21 *“(1) may give preference to applicants that have*  
22 *not previously implemented an assisted outpatient*  
23 *treatment program; and*

24 *“(2) shall evaluate applicants based on their po-*  
25 *tential to reduce hospitalization, homelessness, incar-*

1        *ceration, and interaction with the criminal justice*  
2        *system while improving the health and social out-*  
3        *comes of the patient.*

4        *“(d) PROGRAM REQUIREMENTS.—An assisted out-*  
5        *patient treatment program funded with a grant awarded*  
6        *under this section shall include—*

7                *“(1) evaluating the medical and social needs of*  
8        *the patients who are participating in the program;*

9                *“(2) preparing and executing treatment plans*  
10        *for such patients that—*

11                *“(A) include criteria for completion of*  
12        *court-ordered treatment if applicable; and*

13                *“(B) provide for monitoring of the patient’s*  
14        *compliance with the treatment plan, including*  
15        *compliance with medication and other treatment*  
16        *regimens;*

17                *“(3) providing for case management services that*  
18        *support the treatment plan;*

19                *“(4) ensuring appropriate referrals to medical*  
20        *and social services providers;*

21                *“(5) evaluating the process for implementing the*  
22        *program to ensure consistency with the patient’s*  
23        *needs and State law; and*

1           “(6) *measuring treatment outcomes, including*  
2           *health and social outcomes such as rates of incarcer-*  
3           *ation, health care utilization, and homelessness.*

4           “(e) *REPORT.—Not later than the end of fiscal year*  
5           *2027, the Secretary shall submit a report to the appropriate*  
6           *congressional committees on the grant program under this*  
7           *section. Such report shall include an evaluation of the fol-*  
8           *lowing:*

9           “(1) *Cost savings and public health outcomes*  
10           *such as mortality, suicide, substance abuse, hos-*  
11           *pitalization, and use of services.*

12           “(2) *Rates of incarceration of patients.*

13           “(3) *Rates of homelessness of patients.*

14           “(4) *Patient and family satisfaction with pro-*  
15           *gram participation.*

16           “(5) *Demographic information regarding par-*  
17           *ticipation of those served by the grant compared to*  
18           *demographic information in the population of the*  
19           *grant recipient.*

20           “(f) *DEFINITIONS.—In this section:*

21           “(1) *The term ‘assisted outpatient treatment’*  
22           *means medically prescribed mental health treatment*  
23           *that a patient receives while living in a community*  
24           *under the terms of a law authorizing a State or local*  
25           *civil court to order such treatment.*

1           “(2) *The term ‘eligible entity’ means a county,*  
2 *city, mental health system, mental health court, or*  
3 *any other entity with authority under the law of the*  
4 *State in which the entity is located to implement,*  
5 *monitor, and oversee an assisted outpatient treatment*  
6 *program.*

7           “(g) *FUNDING.—*

8           “(1) *AMOUNT OF GRANTS.—*

9           “(A) *MAXIMUM AMOUNT.—The amount of a*  
10 *grant under this section shall not exceed*  
11 *\$1,000,000 for any fiscal year.*

12           “(B) *DETERMINATION.—Subject to subpara-*  
13 *graph (A), the Secretary shall determine the*  
14 *amount of each grant under this section based on*  
15 *the population of the area to be served through*  
16 *the grant and an estimate of the number of pa-*  
17 *tients to be served.*

18           “(2) *AUTHORIZATION OF APPROPRIATIONS.—*

19 *There is authorized to be appropriated to carry out*  
20 *this section \$22,000,000 for each of fiscal years 2023*  
21 *through 2027.”.*

1     ***Subtitle D—Anna Westin Legacy***

2     ***SEC. 131. MAINTAINING EDUCATION AND TRAINING ON***  
 3                     ***EATING DISORDERS.***

4             *Subpart 3 of part B of title V of the Public Health*  
 5     *Service Act (42 U.S.C. 290bb–31 et seq.), as amended by*  
 6     *section 102, is further amended by adding at the end the*  
 7     *following:*

8     ***“SEC. 5200. CENTER OF EXCELLENCE FOR EATING DIS-***  
 9                     ***ORDERS FOR EDUCATION AND TRAINING ON***  
 10                    ***EATING DISORDERS.***

11            *“(a) IN GENERAL.—The Secretary, acting through the*  
 12     *Assistant Secretary, shall maintain, by competitive grant*  
 13     *or contract, a Center of Excellence for Eating Disorders (re-*  
 14     *ferred to in this section as the ‘Center’) to improve the iden-*  
 15     *tification of, interventions for, and treatment of eating dis-*  
 16     *orders in a manner that is developmentally, culturally, and*  
 17     *linguistically appropriate.*

18            *“(b) SUBGRANTS AND SUBCONTRACTS.—The Center*  
 19     *shall coordinate and implement the activities under sub-*  
 20     *section (c), in whole or in part, by awarding competitive*  
 21     *subgrants or subcontracts—*

22                     *“(1) across geographical regions; and*

23                     *“(2) in a manner that is not duplicative.*

24            *“(c) ACTIVITIES.—The Center—*

25                     *“(1) shall—*



1           “(A) provide training and technical assist-  
2           ance for—

3                   “(i) primary care and behavioral  
4                   health care providers to carry out screening,  
5                   brief intervention, and referral to treatment  
6                   for individuals experiencing, or at risk for,  
7                   eating disorders; and

8                   “(ii) nonclinical community support  
9                   workers to identify and support individuals  
10                  with, or at disproportionate risk for, eating  
11                  disorders;

12                  “(B) develop and provide training mate-  
13                  rials to health care providers, including primary  
14                  care and behavioral health care providers, in the  
15                  effective treatment and ongoing support of indi-  
16                  viduals with eating disorders, including children  
17                  and marginalized populations at dispropor-  
18                  tionate risk for eating disorders;

19                  “(C) provide collaboration and coordination  
20                  to other centers of excellence, technical assistance  
21                  centers, and psychiatric consultation lines of the  
22                  Substance Abuse and Mental Health Services Ad-  
23                  ministration and the Health Resources and  
24                  Services Administration on the identification, ef-

1        *fective treatment, and ongoing support of indi-*  
2        *viduals with eating disorders; and*

3                *“(D) coordinate with the Director of the*  
4        *Centers for Disease Control and Prevention and*  
5        *the Administrator of the Health Resources and*  
6        *Services Administration to disseminate training*  
7        *to primary care and behavioral health care pro-*  
8        *viders; and*

9        *“(2) may—*

10                *“(A) coordinate with electronic health*  
11        *record systems for the integration of protocols*  
12        *pertaining to screening, brief intervention, and*  
13        *referral to treatment for individuals experi-*  
14        *encing, or at risk for, eating disorders;*

15                *“(B) develop and provide training mate-*  
16        *rials to health care providers, including primary*  
17        *care and behavioral health care providers, in the*  
18        *effective treatment and ongoing support for*  
19        *members of the Armed Forces and veterans expe-*  
20        *riencing, or at risk for, eating disorders; and*

21                *“(C) consult with the Secretary of Defense*  
22        *and the Secretary of Veterans Affairs on preven-*  
23        *tion, identification, intervention for, and treat-*  
24        *ment of eating disorders.*

1       “(d) *AUTHORIZATION OF APPROPRIATIONS.*—To carry  
2 out this section, there is authorized to be appropriated  
3 \$1,000,000 for each of fiscal years 2023 through 2027.”.

4       ***Subtitle E—Community Mental***  
5       ***Health Services Block Grant Re-***  
6       ***authorization***

7       ***SEC. 141. REAUTHORIZATION OF BLOCK GRANTS FOR COM-***  
8       ***MUNITY MENTAL HEALTH SERVICES.***

9       (a) *FUNDING.*—Section 1920(a) of the Public Health  
10 Service Act (42 U.S.C. 300x–9(a)) is amended by striking  
11 “\$532,571,000 for each of fiscal years 2018 through 2022”  
12 and inserting “\$857,571,000 for each of fiscal years 2023  
13 through 2027”.

14       (b) *SET-ASIDE FOR EVIDENCE-BASED CRISIS CARE*  
15 *SERVICES.*—Section 1920 of the Public Health Service Act  
16 (42 U.S.C. 300x–9) is amended by adding at the end the  
17 following:

18       “(d) *CRISIS CARE.*—

19               “(1) *IN GENERAL.*—Except as provided in para-  
20 graph (3), a State shall expend at least 5 percent of  
21 the amount the State receives pursuant to section  
22 1911 for each fiscal year to support evidenced-based  
23 programs that address the crisis care needs of—

24                       “(A) individuals, including children and  
25 adolescents, experiencing mental health crises,

1           *substance-related crises, or crises arising from*  
2           *co-occurring disorders; and*

3           “(B) *persons with intellectual and develop-*  
4           *mental disabilities.*

5           “(2) *CORE ELEMENTS.—At the discretion of the*  
6           *single State agency responsible for the administration*  
7           *of the program of the State under a grant under sec-*  
8           *tion 1911, funds expended pursuant to paragraph (1)*  
9           *may be used to fund some or all of the core crisis care*  
10          *service components, delivered according to evidence-*  
11          *based principles, including the following:*

12                  “(A) *Crisis call centers.*

13                  “(B) *24/7 mobile crisis services.*

14                  “(C) *Crisis stabilization programs offering*  
15                  *acute care or subacute care in a hospital or ap-*  
16                  *propriately licensed facility, as determined by*  
17                  *the Substance Abuse and Mental Health Services*  
18                  *Administration, with referrals to inpatient or*  
19                  *outpatient care.*

20           “(3) *STATE FLEXIBILITY.—In lieu of expending*  
21           *5 percent of the amount the State receives pursuant*  
22           *to section 1911 for a fiscal year to support evidence-*  
23           *based programs as required by paragraph (1), a State*  
24           *may elect to expend not less than 10 percent of such*

1 amount to support such programs by the end of two  
2 consecutive fiscal years.

3 “(4) *RULE OF CONSTRUCTION.*—With respect to  
4 funds expended pursuant to the set-aside in para-  
5 graph (1), section 1912(b)(1)(A)(vi) shall not apply.”.

6 (c) *EARLY INTERVENTION.*—

7 (1) *STATE PLAN OPTION.*—Section  
8 1912(b)(1)(A)(vii) of the Public Health Service Act  
9 (42 U.S.C. 300x-1(b)(1)(A)(vii)) is amended—

10 (A) in subclause (III), by striking “and” at  
11 the end;

12 (B) in subclause (IV), by striking the period  
13 at the end and inserting “; and”; and

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

15 “(V) a description of any evi-  
16 dence-based early intervention strate-  
17 gies and programs the State provides  
18 to prevent, delay, or reduce the severity  
19 and onset of mental illness and behav-  
20 ioral problems, including for children  
21 and adolescents, irrespective of experi-  
22 encing a serious mental illness or seri-  
23 ous emotional disturbance, as defined  
24 under subsection (c)(1).”.

1           (2) *ALLOCATION ALLOWANCE; REPORTS.*—*Sec-*  
2           *tion 1920 of the Public Health Service Act (42 U.S.C.*  
3           *300x–9), as amended by subsection (c), is further*  
4           *amended by adding at the end the following:*

5           “(e) *EARLY INTERVENTION SERVICES.*—*In the case of*  
6           *a State with a State plan that provides for strategies and*  
7           *programs specified in section 1912(b)(1)(A)(vii)(VI), such*  
8           *State may expend not more than 5 percent of the amount*  
9           *of the allotment of the State pursuant to a funding agree-*  
10          *ment under section 1911 for each fiscal year to support such*  
11          *strategies and programs.*

12          “(f) *REPORTS TO CONGRESS.*—*Not later than Sep-*  
13          *tember 30, 2025, and biennially thereafter, the Secretary*  
14          *shall provide a report to the Congress on the crisis care and*  
15          *early intervention strategies and programs pursued by*  
16          *States pursuant to subsections (d) and (e). Each such report*  
17          *shall include—*

18                 “(1) *a description of the each State’s crisis care*  
19                 *and early intervention activities;*

20                 “(2) *the population served, including informa-*  
21                 *tion on demographics, including age;*

22                 “(3) *the outcomes of such activities, including—*

23                         “(A) *how such activities reduced hos-*  
24                         *pitalizations and hospital stays;*

1           “(B) how such activities reduced incidents  
2           of suicidal ideation and behaviors; and

3           “(C) how such activities reduced the severity  
4           of onset of serious mental illness and serious  
5           emotional disturbance; and

6           “(4) any other relevant information the Sec-  
7           retary deems necessary.”.

8           ***Subtitle F—Peer-Supported Mental***  
9           ***Health Services***

10       ***SEC. 151. PEER-SUPPORTED MENTAL HEALTH SERVICES.***

11       *Subpart 3 of part B of title V of the Public Health*  
12       *Service Act (42 U.S.C. 290bb—31 et seq.) is amended by*  
13       *inserting after section 520G (42 U.S.C. 290bb—38) the fol-*  
14       *lowing:*

15       ***“SEC. 520H. PEER-SUPPORTED MENTAL HEALTH SERVICES.***

16       ***“(a) GRANTS AUTHORIZED.—The Secretary, acting***  
17       ***through the Director of the Center for Mental Health Serv-***  
18       ***ices, shall award grants to eligible entities to enable such***  
19       ***entities to develop, expand, and enhance access to mental***  
20       ***health peer-delivered services.***

21       ***“(b) USE OF FUNDS.—Grants awarded under sub-***  
22       ***section (a) shall be used to develop, expand, and enhance***  
23       ***national, statewide, or community-focused programs, in-***  
24       ***cluding virtual peer-support services and infrastructure, in-***  
25       ***cluding by—***

1           “(1) carrying out workforce development, recruit-  
2           ment, and retention activities, to train, recruit, and  
3           retain peer-support providers;

4           “(2) building connections between mental health  
5           treatment programs, including between community  
6           organizations and peer-support networks, including  
7           virtual peer-support networks, and with other mental  
8           health support services;

9           “(3) reducing stigma associated with mental  
10          health disorders;

11          “(4) expanding and improving virtual peer men-  
12          tal health support services, including adoption of  
13          technologies to expand access to virtual peer mental  
14          health support services, including by acquiring—

15                 “(A) appropriate physical hardware for  
16                 such virtual services;

17                 “(B) software and programs to efficiently  
18                 run peer-support services virtually; and

19                 “(C) other technology for establishing vir-  
20                 tual waiting rooms and virtual video platforms  
21                 for meetings; and

22          “(5) conducting research on issues relating to  
23          mental illness and the impact peer-support has on re-  
24          siliency, including identifying—

25                 “(A) the signs of mental illness;



1           “(B) the resources available to individuals  
2           with mental illness and to their families; and

3           “(C) the resources available to help support  
4           individuals living with mental illness.

5           “(c) *SPECIAL CONSIDERATION.*—In carrying out this  
6 section, the Secretary shall give special consideration to the  
7 unique needs of rural areas.

8           “(d) *DEFINITION.*—In this section, the term ‘eligible  
9 entity’ means—

10           “(1) a nonprofit consumer-run organization  
11 that—

12           “(A) is principally governed by people liv-  
13 ing with a mental health condition; and

14           “(B) mobilizes resources within and outside  
15 of the mental health community, which may in-  
16 clude through peer-support networks, to increase  
17 the prevalence and quality of long-term wellness  
18 of individuals living with a mental health condi-  
19 tion, including those with a co-occurring sub-  
20 stance use disorder; or

21           “(2) a Federally recognized Tribe, Tribal organi-  
22 zation, Urban Indian organization, or consortium of  
23 Tribes or Tribal organizations.

1       “(e) *AUTHORIZATION OF APPROPRIATIONS.—There is*  
 2 *authorized to be appropriated to carry out this section*  
 3 *\$13,000,000 for each of fiscal years 2023 through 2027.”.*

4       ***TITLE II—SUBSTANCE USE DIS-***  
 5       ***ORDER PREVENTION, TREAT-***  
 6       ***MENT, AND RECOVERY SERV-***  
 7       ***ICES***

8       ***Subtitle A—Native Behavioral***  
 9       ***Health Access Improvement***

10       ***SEC. 201. BEHAVIORAL HEALTH AND SUBSTANCE USE DIS-***  
 11       ***ORDER SERVICES FOR NATIVE AMERICANS.***

12       *Section 506A of the Public Health Service Act (42*  
 13 *U.S.C. 290aa–5a) is amended to read as follows:*

14       ***“SEC. 506A. BEHAVIORAL HEALTH AND SUBSTANCE USE***  
 15       ***DISORDER SERVICES FOR NATIVE AMERI-***  
 16       ***CANS.***

17       “(a) *DEFINITIONS.—In this section:*

18               “(1) *The term ‘eligible entity’ means an Indian*  
 19 *Tribe, a Tribal organization, an Urban Indian orga-*  
 20 *nization, and a Native Hawaiian health organiza-*  
 21 *tion.*

22               “(2) *The terms ‘Indian Tribe’, ‘Tribal organiza-*  
 23 *tion’, and ‘Urban Indian organization’ have the*  
 24 *meanings given to the terms ‘Indian tribe’, ‘tribal or-*

1        *ganization*’, and ‘*Urban Indian organization*’ in sec-  
2        *tion 4 of the Indian Health Care Improvement Act.*

3            “(3) *The term ‘Native Hawaiian health organi-*  
4        *zation’ means ‘Papa Ola Lokahi’ as defined in section*  
5        *12 of the Native Hawaiian Health Care Improvement*  
6        *Act.*

7        “(b) *FORMULA FUNDS.—*

8            “(1) *IN GENERAL.—The Secretary, in consulta-*  
9        *tion with the Director of the Indian Health Service,*  
10       *as appropriate, shall award funds to eligible entities,*  
11       *in amounts determined pursuant to the formula de-*  
12       *scribed in paragraph (2), to be used by the eligible en-*  
13       *tity to provide culturally appropriate mental health*  
14       *and substance use disorder prevention, treatment, and*  
15       *recovery services to American Indians, Alaska Na-*  
16       *tives, and Native Hawaiians.*

17            “(2) *FORMULA.—The Secretary, using the proc-*  
18        *ess described in subsection (d), shall develop a for-*  
19        *mula to determine the amount of an award under*  
20        *paragraph (1). Such formula shall take into account*  
21        *the populations of eligible entities whose rates of over-*  
22        *dose deaths or suicide are substantially higher relative*  
23        *to the populations of other Indian Tribes, Tribal or-*  
24        *ganizations, Urban Indian organizations, or Native*  
25        *Hawaiian health organizations, as applicable.*

1       “(c) *TECHNICAL ASSISTANCE AND PROGRAM EVALUA-*  
2 *TION.—*

3               “(1) *IN GENERAL.—The Secretary shall—*

4                       “(A) *provide technical assistance to appli-*  
5 *cants and awardees under this section; and*

6                       “(B) *collect and evaluate information on the*  
7 *program carried out under this section.*

8               “(2) *CONSULTATION ON EVALUATION MEASURES,*  
9 *AND DATA SUBMISSION AND REPORTING REQUIRE-*  
10 *MENTS.—The Secretary shall, using the process de-*  
11 *scribed in subsection (d), develop evaluation measures*  
12 *and data submission and reporting requirements for*  
13 *purposes of the collection and evaluation of informa-*  
14 *tion.*

15               “(3) *DATA SUBMISSION AND REPORTING.—As a*  
16 *condition on receipt of funds under this section, an*  
17 *applicant shall agree to submit data and reports in*  
18 *a timely manner consistent with the evaluation meas-*  
19 *ures and data submission and reporting requirements*  
20 *developed under subsection (d).*

21               “(d) *REGULATIONS.—*

22                       “(1) *PROMULGATION.—Not later than 180 days*  
23 *after the date of enactment of the Restoring Hope for*  
24 *Mental Health and Well-Being Act of 2022, the Sec-*  
25 *retary shall initiate procedures under subchapter III*

1       of chapter 5 of title 5, United States Code, to nego-  
2       tiate and promulgate such regulations as are nec-  
3       essary to carry out this section, including develop-  
4       ment of the funding formula described in subsection  
5       (b) and the program evaluation and reporting re-  
6       quirements under subsection (c).

7               “(2) *PUBLICATION.*—Not later than 18 months  
8       after the date of enactment of the Restoring Hope for  
9       Mental Health and Well-Being Act of 2022, the Sec-  
10       retary shall publish in the Federal Register proposed  
11       regulations to implement this section.

12               “(3) *COMMITTEE.*—A negotiated rulemaking  
13       committee established pursuant to section 565 of title  
14       5, United States Code, to carry out this subsection  
15       shall have as its members only representatives of the  
16       Federal Government, Tribal Governments, and Urban  
17       Indian organizations. For purposes of such rule-  
18       making, the Indian Health Service shall be the lead  
19       agency for the Department.

20               “(4) *ADAPTATION OF PROCEDURES.*—In car-  
21       rying out this subsection, the Secretary shall adapt  
22       any negotiated rulemaking procedures to the unique  
23       context of the government-to-government relationship  
24       between the United States and Indian Tribes.

1           “(5) *EFFECT.*—*The lack of promulgated regula-*  
2           *tions under this subsection shall not limit the effect*  
3           *or implementation of this section.*

4           “(e) *APPLICATION.*—*An entity desiring an award*  
5           *under subsection (b) shall submit an application to the Sec-*  
6           *retary at such time, in such manner, and accompanied by*  
7           *such information as the Secretary may reasonably require.*

8           “(f) *REPORT.*—*Not later than 3 years after the date*  
9           *of the enactment of the Restoring Hope for Mental Health*  
10          *and Well-Being Act of 2022, and annually thereafter, the*  
11          *Secretary shall prepare and submit, to the Committee on*  
12          *Health, Education, Labor, and Pensions of the Senate, and*  
13          *the Committee on Energy and Commerce of the House of*  
14          *Representatives, a report describing the services provided*  
15          *pursuant to this section.*

16          “(g) *AUTHORIZATION OF APPROPRIATIONS.*—*There*  
17          *are authorized to be appropriated to carry out this section,*  
18          *\$40,000,000 for each of fiscal years 2023 through 2027.”.*

1 ***Subtitle B—Summer Barrow Pre-***  
2 ***vention, Treatment, and Recov-***  
3 ***ery***

4 **SEC. 211. GRANTS FOR THE BENEFIT OF HOMELESS INDI-**  
5 **VIDUALS.**

6 *Section 506(e) of the Public Health Service Act (42*  
7 *U.S.C. 290aa–5(e)) is amended by striking “2018 through*  
8 *2022” and inserting “2023 through 2027”.*

9 **SEC. 212. PRIORITY SUBSTANCE ABUSE TREATMENT NEEDS**  
10 **OF REGIONAL AND NATIONAL SIGNIFICANCE.**

11 *Section 509 of the Public Health Service Act (42*  
12 *U.S.C. 290bb–2) is amended—*

13 *(1) in the section heading, by striking “ABUSE”*  
14 *and inserting “USE DISORDER”;*

15 *(2) in subsection (a)—*

16 *(A) by striking “tribes and tribal organiza-*  
17 *tions (as the terms ‘Indian tribes’ and ‘tribal or-*  
18 *ganizations’ are defined” and inserting “Tribes*  
19 *and Tribal organizations (as such terms are de-*  
20 *fined”;* and

21 *(B) in paragraph (3), by striking “in sub-*  
22 *stance abuse”;*

23 *(3) in subsection (b), in the subsection heading,*  
24 *by striking “ABUSE” and inserting “USE DIS-*  
25 *ORDER”;* and

1           (4) *in subsection (f), by striking “\$333,806,000*  
2 *for each of fiscal years 2018 through 2022” and in-*  
3 *serting “\$521,517,000 for each of fiscal years 2023*  
4 *through 2027”.*

5 **SEC. 213. EVIDENCE-BASED PRESCRIPTION OPIOID AND**  
6 **HEROIN TREATMENT AND INTERVENTIONS**  
7 **DEMONSTRATION.**

8           *Section 514B of the Public Health Service Act (42*  
9 *U.S.C. 290bb–10) is amended—*

10           (1) *in subsection (a)(1)—*

11                   (A) *by striking “substance abuse” and in-*  
12 *serting “substance use disorder”;*

13                   (B) *by striking “tribes and tribal organiza-*  
14 *tions” and inserting “Tribes and Tribal organi-*  
15 *zations”;* and

16                   (C) *by striking “addiction” and inserting*  
17 *“substance use disorders”;*

18           (2) *in subsection (e)(3), by striking “tribes and*  
19 *tribal organizations” and inserting “Tribes and Trib-*  
20 *al organizations”;* and

21           (3) *in subsection (f), by striking “2017 through*  
22 *2021” and inserting “2023 through 2027”.*



1 **SEC. 214. PRIORITY SUBSTANCE USE DISORDER PREVEN-**  
2 **TION NEEDS OF REGIONAL AND NATIONAL**  
3 **SIGNIFICANCE.**

4 *Section 516 of the Public Health Service Act (42*  
5 *U.S.C. 290bb–22) is amended—*

6 *(1) in subsection (a)—*

7 *(A) in paragraph (3), by striking “abuse”*  
8 *and inserting “use”; and*

9 *(B) in the matter following paragraph (3),*  
10 *by striking “tribes or tribal organizations” and*  
11 *inserting “Tribes or Tribal organizations”;*

12 *(2) in subsection (b), in the subsection heading,*  
13 *by striking “ABUSE” and inserting “USE DIS-*  
14 *ORDER”;* and

15 *(3) in subsection (f), by striking “\$211,148,000*  
16 *for each of fiscal years 2018 through 2022” and in-*  
17 *serting “\$218,219,000 for each of fiscal years 2023*  
18 *through 2027”.*

19 **SEC. 215. SOBER TRUTH ON PREVENTING (STOP) UNDER-**  
20 **AGE DRINKING REAUTHORIZATION.**

21 *Section 519B of the Public Health Service Act (42*  
22 *U.S.C. 290bb–25b) is amended—*

23 *(1) by amending subsection (a) to read as fol-*  
24 *lows:*

25 *“(a) DEFINITIONS.—For purposes of this section:*

1           “(1) *The term ‘alcohol beverage industry’ means*  
2 *the brewers, vintners, distillers, importers, distribu-*  
3 *tors, and retail or online outlets that sell or serve*  
4 *beer, wine, and distilled spirits.*

5           “(2) *The term ‘school-based prevention’ means*  
6 *programs, which are institutionalized, and run by*  
7 *staff members or school-designated persons or organi-*  
8 *zations in any grade of school, kindergarten through*  
9 *12th grade.*

10           “(3) *The term ‘youth’ means persons under the*  
11 *age of 21.’; and*

12           (2) *by striking subsections (c) through (g) and*  
13 *inserting the following:*

14           “(c) *INTERAGENCY COORDINATING COMMITTEE; AN-*  
15 *NUAL REPORT ON STATE UNDERAGE DRINKING PREVEN-*  
16 *TION AND ENFORCEMENT ACTIVITIES.—*

17           “(1) *INTERAGENCY COORDINATING COMMITTEE*  
18 *ON THE PREVENTION OF UNDERAGE DRINKING.—*

19           “(A) *IN GENERAL.—The Secretary, in col-*  
20 *laboration with the Federal officials specified in*  
21 *subparagraph (B), shall continue to support and*  
22 *enhance the efforts of the interagency coordi-*  
23 *nating committee, that began operating in 2004,*  
24 *focusing on underage drinking (referred to in*  
25 *this subsection as the ‘Committee’).*

1           “(B) *OTHER AGENCIES.*—*The officials re-*  
2           *ferred to in subparagraph (A) are the Secretary*  
3           *of Education, the Attorney General, the Sec-*  
4           *retary of Transportation, the Secretary of the*  
5           *Treasury, the Secretary of Defense, the Surgeon*  
6           *General, the Director of the Centers for Disease*  
7           *Control and Prevention, the Director of the Na-*  
8           *tional Institute on Alcohol Abuse and Alco-*  
9           *holism, the Assistant Secretary for Mental*  
10           *Health and Substance Use, the Director of the*  
11           *National Institute on Drug Abuse, the Assistant*  
12           *Secretary for Children and Families, the Direc-*  
13           *tor of the Office of National Drug Control Policy,*  
14           *the Administrator of the National Highway*  
15           *Traffic Safety Administration, the Adminis-*  
16           *trator of the Office of Juvenile Justice and De-*  
17           *linquency Prevention, the Chairman of the Fed-*  
18           *eral Trade Commission, and such other Federal*  
19           *officials as the Secretary of Health and Human*  
20           *Services determines to be appropriate.*

21           “(C) *CHAIR.*—*The Secretary of Health and*  
22           *Human Services shall serve as the chair of the*  
23           *Committee.*

24           “(D) *DUTIES.*—*The Committee shall guide*  
25           *policy and program development across the Fed-*

1            *eral Government with respect to underage drink-*  
2            *ing, provided, however, that nothing in this sec-*  
3            *tion shall be construed as transferring regulatory*  
4            *or program authority from an Agency to the Co-*  
5            *ordinating Committee.*

6            “(E) CONSULTATIONS.—*The Committee*  
7            *shall actively seek the input of and shall consult*  
8            *with all appropriate and interested parties, in-*  
9            *cluding States, public health research and inter-*  
10           *est groups, foundations, and alcohol beverage in-*  
11           *dustry trade associations and companies.*

12           “(F) ANNUAL REPORT.—

13           “(i) IN GENERAL.—*The Secretary, on*  
14           *behalf of the Committee, shall annually sub-*  
15           *mit to the Congress a report that summa-*  
16           *rizes—*

17           “(I) *all programs and policies of*  
18           *Federal agencies designed to prevent*  
19           *and reduce underage drinking, focusing*  
20           *particularly on programs and policies*  
21           *that support the adoption and enforce-*  
22           *ment of State policies designed to pre-*  
23           *vent and reduce underage drinking as*  
24           *specified in paragraph (2);*

1           “(II) *the extent of progress in pre-*  
2           *venting and reducing underage drink-*  
3           *ing at State and national levels;*

4           “(III) *data that the Secretary*  
5           *shall collect with respect to the infor-*  
6           *mation specified in clause (ii); and*

7           “(IV) *such other information re-*  
8           *garding underage drinking as the Sec-*  
9           *retary determines to be appropriate.*

10          “(i) *CERTAIN INFORMATION.—The re-*  
11          *port under clause (i) shall include infor-*  
12          *mation on the following:*

13               “(I) *Patterns and consequences of*  
14               *underage drinking as reported in re-*  
15               *search and surveys such as, but not*  
16               *limited to, Monitoring the Future,*  
17               *Youth Risk Behavior Surveillance Sys-*  
18               *tem, the National Survey on Drug Use*  
19               *and Health, and the Fatality Analysis*  
20               *Reporting System.*

21               “(II) *Measures of the availability*  
22               *of alcohol from commercial and non-*  
23               *commercial sources to underage popu-*  
24               *lations.*

1                   “(III) Measures of the exposure of  
2                   underage populations to messages re-  
3                   garding alcohol in advertising, social  
4                   media, and the entertainment media.

5                   “(IV) Surveillance data, including  
6                   information on the onset and preva-  
7                   lence of underage drinking, consump-  
8                   tion patterns, beverage preferences,  
9                   prevalence of drinking among students  
10                  at institutions of higher education, cor-  
11                  relations between adult and youth  
12                  drinking, and the means of underage  
13                  access, including trends over time for  
14                  these surveillance data. The Secretary  
15                  shall develop a plan to improve the col-  
16                  lection, measurement, and consistency  
17                  of reporting Federal underage alcohol  
18                  data.

19                  “(V) Any additional findings re-  
20                  sulting from research conducted or sup-  
21                  ported under subsection (f).

22                  “(VI) Evidence-based best prac-  
23                  tices to prevent and reduce underage  
24                  drinking including a review of the re-  
25                  search literature related to State laws,

1                   *regulations, and policies designed to*  
2                   *prevent and reduce underage drinking,*  
3                   *as described in paragraph (2)(B)(i).*

4                   “(2) *ANNUAL REPORT ON STATE UNDERAGE*  
5                   *DRINKING PREVENTION AND ENFORCEMENT ACTIVI-*  
6                   *TIES.—*

7                   “(A) *IN GENERAL.—The Secretary shall,*  
8                   *with input and collaboration from other appro-*  
9                   *priate Federal agencies, States, Indian Tribes,*  
10                  *territories, and public health, consumer, and al-*  
11                  *cohol beverage industry groups, annually issue a*  
12                  *report on each State’s performance in enacting,*  
13                  *enforcing, and creating laws, regulations, and*  
14                  *policies to prevent or reduce underage drinking*  
15                  *based on an assessment of best practices devel-*  
16                  *oped pursuant to paragraph (1)(F)(ii)(VI) and*  
17                  *subparagraph (B)(i). For purposes of this para-*  
18                  *graph, each such report, with respect to a year,*  
19                  *shall be referred to as the ‘State Report’. Each*  
20                  *State Report shall be designed as a resource tool*  
21                  *for Federal agencies assisting States in the their*  
22                  *underage drinking prevention efforts, State pub-*  
23                  *lic health and law enforcement agencies, State*  
24                  *and local policymakers, and underage drinking*

1           *prevention coalitions including those receiving*  
2           *grants pursuant to subsection (e).*

3           “(B) *STATE PERFORMANCE MEASURES.*—

4                   “(i) *IN GENERAL.*—*The Secretary shall*  
5                   *develop, in consultation with the Com-*  
6                   *mittee, a set of measures to be used in pre-*  
7                   *paring the State Report on best practices as*  
8                   *they relate to State laws, regulations, poli-*  
9                   *cies, and enforcement practices.*

10                   “(ii) *STATE REPORT CONTENT.*—*The*  
11                   *State Report shall include updates on State*  
12                   *laws, regulations, and policies included in*  
13                   *previous reports to Congress, including with*  
14                   *respect to the following:*

15                           “(I) *Whether or not the State has*  
16                           *comprehensive anti-underage drinking*  
17                           *laws such as for the illegal sale, pur-*  
18                           *chase, attempt to purchase, consump-*  
19                           *tion, or possession of alcohol; illegal*  
20                           *use of fraudulent ID; illegal furnishing*  
21                           *or obtaining of alcohol for an indi-*  
22                           *vidual under 21 years; the degree of*  
23                           *strictness of the penalties for such of-*  
24                           *fenses; and the prevalence of the en-*  
25                           *forcement of each of these infractions.*



1           “(II) Whether or not the State has  
2           *comprehensive liability statutes per-*  
3           *taining to underage access to alcohol*  
4           *such as dram shop, social host, and*  
5           *house party laws, and the prevalence of*  
6           *enforcement of each of these laws.*

7           “(III) Whether or not the State  
8           *encourages and conducts comprehensive*  
9           *enforcement efforts to prevent underage*  
10           *access to alcohol at retail outlets, such*  
11           *as random compliance checks and*  
12           *shoulder tap programs, and the num-*  
13           *ber of compliance checks within alcohol*  
14           *retail outlets measured against the*  
15           *number of total alcohol retail outlets in*  
16           *each State, and the result of such*  
17           *checks.*

18           “(IV) Whether or not the State en-  
19           *courages training on the proper selling*  
20           *and serving of alcohol for all sellers*  
21           *and servers of alcohol as a condition of*  
22           *employment.*

23           “(V) Whether or not the State has  
24           *policies and regulations with regard to*

1                   *direct sales to consumers and home de-*  
2                   *livery of alcoholic beverages.*

3                   “(VI) *Whether or not the State*  
4                   *has programs or laws to deter adults*  
5                   *from purchasing alcohol for minors;*  
6                   *and the number of adults targeted by*  
7                   *these programs.*

8                   “(VII) *Whether or not the State*  
9                   *has enacted graduated drivers licenses*  
10                  *and the extent of those provisions.*

11                  “(iii) *ADDITIONAL CATEGORIES.—In*  
12                  *addition to the updates on State laws, regu-*  
13                  *lations, and policies listed in clause (ii), the*  
14                  *Secretary shall consider the following:*

15                  “(I) *Whether or not States have*  
16                  *adopted laws, regulations, and policies*  
17                  *that deter underage alcohol use, as de-*  
18                  *scribed in ‘The Surgeon General’s Call*  
19                  *to Action to Prevent and Reduce Un-*  
20                  *derage Drinking’ issued in 2007 and*  
21                  *‘Facing Addiction in America: The*  
22                  *Surgeon General’s Report on Alcohol,*  
23                  *Drugs and Health’ issued in 2016, in-*  
24                  *cluding restrictions on low-price, high-*

1                    *volume drink specials, and wholesaler*  
2                    *pricing provisions.*

3                    *“(II) Whether or not States have*  
4                    *adopted laws, regulations, and policies*  
5                    *designed to reduce alcohol advertising*  
6                    *messages attractive to youth and youth*  
7                    *exposure to alcohol advertising and*  
8                    *marketing in measured and*  
9                    *unmeasured media and digital and so-*  
10                   *cial media.*

11                   *“(III) Whether or not States have*  
12                   *laws and policies that promote under-*  
13                   *age drinking prevention policy develop-*  
14                   *ment by local jurisdictions.*

15                   *“(IV) Whether or not States have*  
16                   *adopted laws, regulations, and policies*  
17                   *to restrict youth access to alcoholic bev-*  
18                   *erages that may pose special risks to*  
19                   *youth, including but not limited to al-*  
20                   *coholic mists, gelatins, freezer pops,*  
21                   *premixed caffeinated alcoholic bev-*  
22                   *erages, and flavored malt beverages.*

23                   *“(V) Whether or not States have*  
24                   *adopted uniform best practices proto-*

1                    *cols for conducting compliance checks*  
2                    *and shoulder tap programs.*

3                    *“(VI) Whether or not States have*  
4                    *adopted uniform best practices penalty*  
5                    *protocols for violations of laws prohib-*  
6                    *iting retail licensees from selling or*  
7                    *furnishing of alcohol to minors.*

8                    *“(iv) UNIFORM DATA SYSTEM.—For*  
9                    *performance measures related to enforce-*  
10                    *ment of underage drinking laws as specified*  
11                    *in clauses (ii) and (iii), the Secretary shall*  
12                    *develop and test a uniform data system for*  
13                    *reporting State enforcement data, including*  
14                    *the development of a pilot program for this*  
15                    *purpose. The pilot program shall include*  
16                    *procedures for collecting enforcement data*  
17                    *from both State and local law enforcement*  
18                    *jurisdictions.*

19                    *“(3) AUTHORIZATION OF APPROPRIATIONS.—*  
20                    *There is authorized to be appropriated to carry out*  
21                    *this subsection \$1,000,000 for each of fiscal years*  
22                    *2023 through 2027.*

23                    *“(d) NATIONAL MEDIA CAMPAIGN TO PREVENT UN-*  
24                    *DERAGE DRINKING.—*

1           “(1) *IN GENERAL.*—*The Secretary, in consulta-*  
2           *tion with the National Highway Traffic Safety Ad-*  
3           *ministration, shall develop an intensive, multifaceted,*  
4           *adult-oriented national media campaign to reduce*  
5           *underage drinking by influencing attitudes regarding*  
6           *underage drinking, increasing the willingness of*  
7           *adults to take actions to reduce underage drinking,*  
8           *and encouraging public policy changes known to de-*  
9           *crease underage drinking rates.*

10           “(2) *PURPOSE.*—*The purpose of the national*  
11           *media campaign described in this section shall be to*  
12           *achieve the following objectives:*

13                   “(A) *Instill a broad societal commitment to*  
14                   *reduce underage drinking.*

15                   “(B) *Increase specific actions by adults that*  
16                   *are meant to discourage or inhibit underage*  
17                   *drinking.*

18                   “(C) *Decrease adult conduct that tends to*  
19                   *facilitate or condone underage drinking.*

20           “(3) *COMPONENTS.*—*When implementing the na-*  
21           *tional media campaign described in this section, the*  
22           *Secretary shall—*

23                   “(A) *educate the public about the public*  
24                   *health and safety benefits of evidence-based poli-*  
25                   *cies to reduce underage drinking, including min-*

1 *imum legal drinking age laws, and build public*  
2 *and parental support for and cooperation with*  
3 *enforcement of such policies;*

4 *“(B) educate the public about the negative*  
5 *consequences of underage drinking;*

6 *“(C) promote specific actions by adults that*  
7 *are meant to discourage or inhibit underage*  
8 *drinking, including positive behavior modeling,*  
9 *general parental monitoring, and consistent and*  
10 *appropriate discipline;*

11 *“(D) discourage adult conduct that tends to*  
12 *facilitate underage drinking, including the*  
13 *hosting of underage parties with alcohol and the*  
14 *purchasing of alcoholic beverages on behalf of un-*  
15 *derage youth;*

16 *“(E) establish collaborative relationships*  
17 *with local and national organizations and insti-*  
18 *tutions to further the goals of the campaign and*  
19 *assure that the messages of the campaign are dis-*  
20 *seminated from a variety of sources;*

21 *“(F) conduct the campaign through multi-*  
22 *media sources; and*

23 *“(G) conduct the campaign with regard to*  
24 *changing demographics and cultural and lin-*  
25 *guistic factors.*

1           “(4) *CONSULTATION REQUIREMENT.*—*In devel-*  
2           *oping and implementing the national media cam-*  
3           *paign described in this section, the Secretary shall*  
4           *consult recommendations for reducing underage*  
5           *drinking published by the National Academy of*  
6           *Sciences and the Surgeon General. The Secretary*  
7           *shall also consult with interested parties including*  
8           *medical, public health, and consumer and parent*  
9           *groups, law enforcement, institutions of higher edu-*  
10           *cation, community organizations and coalitions, and*  
11           *other stakeholders supportive of the goals of the cam-*  
12           *paign.*

13           “(5) *ANNUAL REPORT.*—*The Secretary shall*  
14           *produce an annual report on the progress of the devel-*  
15           *opment or implementation of the media campaign de-*  
16           *scribed in this subsection, including expenses and pro-*  
17           *jected costs, and, as such information is available, re-*  
18           *port on the effectiveness of such campaign in affecting*  
19           *adult attitudes toward underage drinking and adult*  
20           *willingness to take actions to decrease underage*  
21           *drinking.*

22           “(6) *RESEARCH ON YOUTH-ORIENTED CAM-*  
23           *PAIGN.*—*The Secretary may, based on the availability*  
24           *of funds, conduct research on the potential success of*  
25           *a youth-oriented national media campaign to reduce*

1        *underage drinking. The Secretary shall report any*  
2        *such results to Congress with policy recommendations*  
3        *on establishing such a campaign.*

4            “(7) *ADMINISTRATION.—The Secretary may*  
5        *enter into a subcontract with another Federal agency*  
6        *to delegate the authority for execution and adminis-*  
7        *tration of the adult-oriented national media cam-*  
8        *paign.*

9            “(8) *AUTHORIZATION OF APPROPRIATIONS.—*  
10        *There is authorized to be appropriated to carry out*  
11        *this section \$2,500,000 for each of fiscal years 2023*  
12        *through 2027.*

13            “(e) *COMMUNITY-BASED COALITION ENHANCEMENT*  
14 *GRANTS TO PREVENT UNDERAGE DRINKING.—*

15            “(1) *AUTHORIZATION OF PROGRAM.—The Assist-*  
16        *ant Secretary for Mental Health and Substance Use,*  
17        *in consultation with the Director of the Office of Na-*  
18        *tional Drug Control Policy, shall award enhancement*  
19        *grants to eligible entities to design, implement, evalu-*  
20        *ate, and disseminate comprehensive strategies to*  
21        *maximize the effectiveness of community-wide ap-*  
22        *proaches to preventing and reducing underage drink-*  
23        *ing. This subsection is subject to the availability of*  
24        *appropriations.*



1           “(2) *PURPOSES.*—*The purposes of this subsection*  
2           *are to—*

3                   “(A) *prevent and reduce alcohol use among*  
4                   *youth in communities throughout the United*  
5                   *States;*

6                   “(B) *strengthen collaboration among com-*  
7                   *munities, the Federal Government, Tribal Gov-*  
8                   *ernments, and State and local governments;*

9                   “(C) *enhance intergovernmental cooperation*  
10                   *and coordination on the issue of alcohol use*  
11                   *among youth;*

12                   “(D) *serve as a catalyst for increased cit-*  
13                   *izen participation and greater collaboration*  
14                   *among all sectors and organizations of a commu-*  
15                   *nity that first demonstrates a long-term commit-*  
16                   *ment to reducing alcohol use among youth;*

17                   “(E) *implement state-of-the-art science-*  
18                   *based strategies to prevent and reduce underage*  
19                   *drinking by changing local conditions in com-*  
20                   *munities; and*

21                   “(F) *enhance, not supplant, effective local*  
22                   *community initiatives for preventing and reduc-*  
23                   *ing alcohol use among youth.*

24           “(3) *APPLICATION.*—*An eligible entity desiring*  
25           *an enhancement grant under this subsection shall sub-*

1        *mit an application to the Assistant Secretary at such*  
2        *time, and in such manner, and accompanied by such*  
3        *information and assurances, as the Assistant Sec-*  
4        *retary may require. Each application shall include—*

5                *“(A) a complete description of the entity’s*  
6                *current underage alcohol use prevention initia-*  
7                *tives and how the grant will appropriately en-*  
8                *hance the focus on underage drinking issues; or*

9                *“(B) a complete description of the entity’s*  
10                *current initiatives, and how it will use this*  
11                *grant to enhance those initiatives by adding a*  
12                *focus on underage drinking prevention.*

13                *“(4) USES OF FUNDS.—Each eligible entity that*  
14                *receives a grant under this subsection shall use the*  
15                *grant funds to carry out the activities described in*  
16                *such entity’s application submitted pursuant to para-*  
17                *graph (3) and obtain specialized training and tech-*  
18                *nical assistance by the entity funded under section 4*  
19                *of Public Law 107–82, as amended (21 U.S.C. 1521*  
20                *note). Grants under this subsection shall not exceed*  
21                *\$60,000 per year and may not exceed four years.*

22                *“(5) SUPPLEMENT NOT SUPPLANT.—Grant funds*  
23                *provided under this subsection shall be used to supple-*  
24                *ment, not supplant, Federal and non-Federal funds*

1 available for carrying out the activities described in  
2 this subsection.

3 “(6) *EVALUATION.*—Grants under this subsection  
4 shall be subject to the same evaluation requirements  
5 and procedures as the evaluation requirements and  
6 procedures imposed on recipients of drug-free commu-  
7 nity grants.

8 “(7) *DEFINITIONS.*—For purposes of this sub-  
9 section, the term ‘eligible entity’ means an organiza-  
10 tion that is currently receiving or has received grant  
11 funds under the Drug-Free Communities Act of 1997.

12 “(8) *ADMINISTRATIVE EXPENSES.*—Not more  
13 than 6 percent of a grant under this subsection may  
14 be expended for administrative expenses.

15 “(9) *AUTHORIZATION OF APPROPRIATIONS.*—  
16 There is authorized to be appropriated to carry out  
17 this subsection \$11,500,000 for each of fiscal years  
18 2023 through 2027.

19 “(f) *GRANTS TO PROFESSIONAL PEDIATRIC PROVIDER*  
20 *ORGANIZATIONS TO REDUCE UNDERAGE DRINKING*  
21 *THROUGH SCREENING AND BRIEF INTERVENTIONS.*—

22 “(1) *IN GENERAL.*—The Secretary, acting  
23 through the Assistant Secretary for Mental Health  
24 and Substance Use, shall make one or more grants to  
25 professional pediatric provider organizations to in-

1       crease among the members of such organizations effec-  
2       tive practices to reduce the prevalence of alcohol use  
3       among individuals under the age of 21, including col-  
4       lege students.

5               “(2) *PURPOSES.*—Grants under this subsection  
6       shall be made to promote the practices of—

7                       “(A) screening adolescents for alcohol use;

8                       “(B) offering brief interventions to adoles-  
9       cents to discourage such use;

10                      “(C) educating parents about the dangers of  
11       and methods of discouraging such use;

12                      “(D) diagnosing and treating alcohol use  
13       disorders; and

14                      “(E) referring patients, when necessary, to  
15       other appropriate care.

16               “(3) *USE OF FUNDS.*—A professional pediatric  
17       provider organization receiving a grant under this  
18       section may use the grant funding to promote the  
19       practices specified in paragraph (2) among its mem-  
20       bers by—

21                      “(A) providing training to health care pro-  
22       viders;

23                      “(B) disseminating best practices, including  
24       culturally and linguistically appropriate best

1           *practices, and developing, printing, and distrib-*  
2           *uting materials; and*

3           “(C) *supporting other activities approved*  
4           *by the Assistant Secretary.*

5           “(4) *APPLICATION.—To be eligible to receive a*  
6           *grant under this subsection, a professional pediatric*  
7           *provider organization shall submit an application to*  
8           *the Assistant Secretary at such time, and in such*  
9           *manner, and accompanied by such information and*  
10          *assurances as the Secretary may require. Each appli-*  
11          *cation shall include—*

12                  “(A) *a description of the pediatric provider*  
13                  *organization;*

14                  “(B) *a description of the activities to be*  
15                  *completed that will promote the practices speci-*  
16                  *fied in paragraph (2);*

17                  “(C) *a description of the organization’s*  
18                  *qualifications for performing such practices; and*

19                  “(D) *a timeline for the completion of such*  
20                  *activities.*

21           “(5) *DEFINITIONS.—For the purpose of this sub-*  
22           *section:*

23                  “(A) *BRIEF INTERVENTION.—The term*  
24                  *‘brief intervention’ means, after screening a pa-*  
25                  *tient, providing the patient with brief advice*

1           *and other brief motivational enhancement tech-*  
2           *niques designed to increase the insight of the pa-*  
3           *tient regarding the patient’s alcohol use, and any*  
4           *realized or potential consequences of such use to*  
5           *effect the desired related behavioral change.*

6           “(B) *ADOLESCENTS.*—*The term ‘adoles-*  
7           *cents’ means individuals under 21 years of age.*

8           “(C) *PROFESSIONAL PEDIATRIC PROVIDER*  
9           *ORGANIZATION.*—*The term ‘professional pedi-*  
10           *atric provider organization’ means an organiza-*  
11           *tion or association that—*

12                   “(i) *consists of or represents pediatric*  
13                   *health care providers; and*

14                   “(ii) *is qualified to promote the prac-*  
15                   *tices specified in paragraph (2).*

16           “(D) *SCREENING.*—*The term ‘screening’*  
17           *means using validated patient interview tech-*  
18           *niques to identify and assess the existence and*  
19           *extent of alcohol use in a patient.*

20           “(6) *AUTHORIZATION OF APPROPRIATIONS.*—  
21           *There is authorized to be appropriated to carry out*  
22           *this subsection \$3,000,000 for each of fiscal years*  
23           *2023 through 2027.*

24           “(g) *DATA COLLECTION AND RESEARCH.*—

1           “(1) *ADDITIONAL RESEARCH ON UNDERAGE*  
2           *DRINKING.*—

3           “(A) *IN GENERAL.*—*The Secretary shall,*  
4           *subject to the availability of appropriations, col-*  
5           *lect data, and conduct or support research that*  
6           *is not duplicative of research currently being*  
7           *conducted or supported by the Department of*  
8           *Health and Human Services, on underage drink-*  
9           *ing, with respect to the following:*

10           “(i) *Improve data collection in support*  
11           *of evaluation of the effectiveness of com-*  
12           *prehensive community-based programs or*  
13           *strategies and statewide systems to prevent*  
14           *and reduce underage drinking, across the*  
15           *underage years from early childhood to age*  
16           *21, such as programs funded and imple-*  
17           *mented by governmental entities, public*  
18           *health interest groups and foundations, and*  
19           *alcohol beverage companies and trade asso-*  
20           *ciations, through the development of models*  
21           *of State-level epidemiological surveillance of*  
22           *underage drinking by funding in States or*  
23           *large metropolitan areas new epidemiolo-*  
24           *gists focused on excessive drinking including*  
25           *underage alcohol use.*

1           “(ii) Obtain and report more precise  
2 information than is currently collected on  
3 the scope of the underage drinking problem  
4 and patterns of underage alcohol consump-  
5 tion, including improved knowledge about  
6 the problem and progress in preventing, re-  
7 ducing, and treating underage drinking, as  
8 well as information on the rate of exposure  
9 of youth to advertising and other media  
10 messages encouraging and discouraging al-  
11cohol consumption.

12           “(iii) Synthesize, expand on, and  
13 widely disseminate existing research on ef-  
14 fective strategies for reducing underage  
15 drinking, including translational research,  
16 and make this research easily accessible to  
17 the general public.

18           “(iv) Improve and conduct public  
19 health surveillance on alcohol use and alco-  
20 hol-related conditions in States by increas-  
21 ing the use of surveys, such as the Behav-  
22 ioral Risk Factor Surveillance System, to  
23 monitor binge and excessive drinking and  
24 related harms among individuals who are  
25 at least 18 years of age, but not more than



1           *20 years of age, including harm caused to*  
2           *self or others as a result of alcohol use that*  
3           *is not duplicative of research currently*  
4           *being conducted or supported by the Depart-*  
5           *ment of Health and Human Services.*

6           “(B) *AUTHORIZATION OF APPROPRIA-*  
7           *TIONS.—There is authorized to be appropriated*  
8           *to carry out this paragraph \$5,000,000 for each*  
9           *of fiscal years 2023 through 2027.*

10          “(2) *NATIONAL ACADEMY OF SCIENCES STUDY.—*

11           “(A) *IN GENERAL.—Not later than 12*  
12           *months after the enactment of the Restoring*  
13           *Hope for Mental Health and Well-Being Act of*  
14           *2022, the Secretary shall—*

15            “(i) *contract with the National Acad-*  
16            *emy of Sciences to study developments in*  
17            *research on underage drinking and the pub-*  
18            *lic policy implications of these develop-*  
19            *ments; and*

20            “(ii) *report to the Congress on the re-*  
21            *sults of such review.*

22           “(B) *AUTHORIZATION OF APPROPRIA-*  
23           *TIONS.—There is authorized to be appropriated*  
24           *to carry out this paragraph \$500,000 for fiscal*  
25           *year 2023.”.*

1 **SEC. 216. GRANTS FOR JAIL DIVERSION PROGRAMS.**

2 *Section 520G of the Public Health Service Act (42*  
3 *U.S.C. 290bb–38) is amended—*

4 *(1) in subsection (a)—*

5 *(A) by striking “up to 125”; and*

6 *(B) by striking “tribes and tribal organiza-*  
7 *tions” and inserting “Tribes and Tribal organi-*  
8 *zations”;*

9 *(2) in subsection (b)(2), by striking “tribes, and*  
10 *tribal organizations” and inserting “Tribes, and*  
11 *Tribal organizations”;*

12 *(3) in subsection (c)—*

13 *(A) in paragraph (1), by striking “tribe or*  
14 *tribal organization” and inserting “Tribe or*  
15 *Tribal organization, health facility or program*  
16 *described in subsection (a), or public or non-*  
17 *profit entity referred to in subsection (a)”;* and

18 *(B) in paragraph (2)(A)(iii), by striking*  
19 *“tribe, or tribal organization” and inserting*  
20 *“Tribe, or Tribal organization”;*

21 *(4) in subsection (e)—*

22 *(A) in the matter preceding paragraph (1),*  
23 *by striking “tribe, or tribal organization” and*  
24 *inserting “Tribe, or Tribal organization”; and*

25 *(B) in paragraph (5), by striking “or ar-*  
26 *rest” and inserting “, arrest, or release”;*

1           (5) in subsection (f), by striking “tribe, or tribal  
2           organization” each place it appears and inserting  
3           “Tribe, or Tribal organization”;

4           (6) in subsection (h), by striking “tribe, or tribal  
5           organization” and inserting “Tribe, or Tribal organi-  
6           zation”; and

7           (7) in subsection (j), by striking “\$4,269,000 for  
8           each of fiscal years 2018 through 2022” and inserting  
9           “\$14,000,000 for each of fiscal years 2023 through  
10          2027”.

11 **SEC. 217. FORMULA GRANTS TO STATES.**

12          Section 521 of the Public Health Service Act (42  
13 U.S.C. 290cc–21) is amended by striking “2018 through  
14 2022” and inserting “2023 through 2027”.

15 **SEC. 218. PROJECTS FOR ASSISTANCE IN TRANSITION**  
16 **FROM HOMELESSNESS.**

17          Section 535(a) of the Public Health Service Act (42  
18 U.S.C. 290cc–35(a)) is amended by striking “2018 through  
19 2022” and inserting “2023 through 2027”.

20 **SEC. 219. GRANTS FOR REDUCING OVERDOSE DEATHS.**

21          (a) GRANTS.—

22               (1) REPEAL OF MAXIMUM GRANT AMOUNT.—  
23          Paragraph (2) of section 544(a) of the Public Health  
24          Service Act (42 U.S.C. 290dd–3(a)) is hereby re-  
25          pealed.

1           (2) *ELIGIBLE ENTITY; SUBGRANTS.*—Section  
2           544(a) of the Public Health Service Act (42 U.S.C.  
3           290dd–3(a)) is amended by striking paragraph (3)  
4           and inserting the following:

5           “(2) *ELIGIBLE ENTITY.*—For purposes of this  
6           section, the term ‘eligible entity’ means a State, Ter-  
7           ritory, locality, Indian Tribe (as defined in the Fed-  
8           erally Recognized Indian Tribe List Act of 1994),  
9           Tribal organization, or Urban Indian organization  
10          (as those terms are defined in section 4 of the Indian  
11          Health Care Improvement Act).

12          “(3) *SUBGRANTS.*—For the purposes for which a  
13          grant is awarded under this section, the eligible entity  
14          receiving the grant may award subgrants to a Feder-  
15          ally qualified health center (as defined in section  
16          1861(aa) of the Social Security Act), an opioid treat-  
17          ment program (as defined in section 8.2 of title 42,  
18          Code of Federal Regulations (or any successor regula-  
19          tions)), any practitioner dispensing narcotic drugs  
20          pursuant to section 303(g) of the Controlled Sub-  
21          stances Act, or any nonprofit organization that the  
22          Secretary deems appropriate.”

23          (3) *PRESCRIBING.*—Section 544(a)(4) of the  
24          Public Health Service Act (42 U.S.C. 290dd–3(a)(4))  
25          is amended—

1           (A) in subparagraph (A), by inserting “,  
2           including patients prescribed with both an  
3           opioid and a benzodiazepine” before the semi-  
4           colon at the end; and

5           (B) in subparagraph (D), by striking “drug  
6           overdose” and inserting “substance overdose”.

7           (4) *USE OF FUNDS.*—Paragraph (5) of section  
8           544(c) of the Public Health Service Act (42 U.S.C.  
9           290dd–3(c)) is amended to read as follows:

10           “(5) To establish protocols to connect patients  
11           who have experienced an overdose with appropriate  
12           treatment, including overdose reversal medications,  
13           medication assisted treatment, and appropriate coun-  
14           seling and behavioral therapies.”.

15           (5) *IMPROVING ACCESS TO OVERDOSE TREAT-*  
16           *MENT.*—Section 544 of the Public Health Service Act  
17           (42 U.S.C. 290dd–3) is amended—

18           (A) by redesignating subsections (d) through  
19           (f) as subsections (e) through (g), respectively;

20           (B) in subsection (f), as so redesignated, by  
21           striking “subsection (d)” and inserting “sub-  
22           section (e)”; and

23           (C) by inserting after subsection (c) the fol-  
24           lowing:

1       “(d) *IMPROVING ACCESS TO OVERDOSE TREAT-*  
2 *MENT.—*

3               “(1) *INFORMATION ON BEST PRACTICES.—*

4                       “(A) *HEALTH AND HUMAN SERVICES.—The*  
5 *Secretary of Health and Human Services may*  
6 *provide information to States, localities, Indian*  
7 *Tribes, Tribal organizations, and Urban Indian*  
8 *organizations on best practices for prescribing or*  
9 *co-prescribing a drug or device approved,*  
10 *cleared, or otherwise authorized under the Fed-*  
11 *eral Food, Drug, and Cosmetic Act for emergency*  
12 *treatment of known or suspected opioid overdose,*  
13 *including for patients receiving chronic opioid*  
14 *therapy and patients being treated for opioid use*  
15 *disorders.*

16                       “(B) *DEFENSE.—The Secretary of Defense*  
17 *may provide information to prescribers within*  
18 *Department of Defense medical facilities on best*  
19 *practices for prescribing or co-prescribing a drug*  
20 *or device approved, cleared, or otherwise author-*  
21 *ized under the Federal Food, Drug, and Cosmetic*  
22 *Act for emergency treatment of known or sus-*  
23 *pected opioid overdose, including for patients re-*  
24 *ceiving chronic opioid therapy and patients*  
25 *being treated for opioid use disorders.*

1                   “(C) *VETERANS AFFAIRS.*—*The Secretary of*  
2                   *Veterans Affairs may provide information to*  
3                   *prescribers within Department of Veterans Af-*  
4                   *fairs medical facilities on best practices for pre-*  
5                   *scribing or co-prescribing a drug or device ap-*  
6                   *proved, cleared, or otherwise authorized under*  
7                   *the Federal Food, Drug, and Cosmetic Act for*  
8                   *emergency treatment of known or suspected*  
9                   *opioid overdose, including for patients receiving*  
10                   *chronic opioid therapy and patients being treat-*  
11                   *ed for opioid use disorders.*

12                   “(2) *RULE OF CONSTRUCTION.*—*Nothing in this*  
13                   *subsection shall be construed as establishing or con-*  
14                   *tributing to a medical standard of care.”.*

15                   (6) *AUTHORIZATION OF APPROPRIATIONS.*—*Sec-*  
16                   *tion 544(g) of the Public Health Service Act (42*  
17                   *U.S.C. 290dd–3), as redesignated, is amended by*  
18                   *striking “fiscal years 2017 through 2021” and insert-*  
19                   *ing “fiscal years 2023 through 2027”.*

20                   (7) *TECHNICAL AMENDMENTS.*—

21                   (A) *Section 544 of the Public Health Serv-*  
22                   *ice Act (42 U.S.C. 290dd–3), as amended, is fur-*  
23                   *ther amended by striking “approved or cleared”*  
24                   *each place it appears and inserting “approved,*  
25                   *cleared, or otherwise authorized”.*

1                   (B) Section 107 of the Comprehensive Ad-  
2                   diction and Recovery Act of 2016 (Public Law  
3                   114–198) is amended by striking subsection (b).

4 **SEC. 220. OPIOID OVERDOSE REVERSAL MEDICATION AC-**  
5 **CESS AND EDUCATION GRANT PROGRAMS.**

6           (a) GRANTS.—Section 545 of the Public Health Service  
7 Act (42 U.S.C. 290ee) is amended—

8                   (1) in the section heading, by striking “**ACCESS**  
9 **AND EDUCATION GRANT PROGRAMS**” and insert-  
10 ing “**ACCESS, EDUCATION, AND CO-PRE-**  
11 **SCRIBING GRANT PROGRAMS**”;

12                   (2) in the heading of subsection (a), by striking  
13 “GRANTS TO STATES” and inserting “GRANTS”;

14                   (3) in subsection (a), by striking “shall make  
15 grants to States” and inserting “shall make grants to  
16 States, localities, Indian Tribes (as defined by the  
17 Federally Recognized Indian Tribe List Act of 1994),  
18 Tribal organizations, and Urban Indian organiza-  
19 tions (as those terms are defined in section 4 of the  
20 Indian Health Care Improvement Act)”;

21                   (4) in subsection (a)(1), by striking “implement  
22 strategies for pharmacists to dispense a drug or de-  
23 vice” and inserting “implement strategies that in-  
24 crease access to drugs or devices”;



1           (5) by redesignating paragraphs (3) and (4) as  
2           paragraphs (4) and (5), respectively; and

3           (6) by inserting after paragraph (2) the fol-  
4           lowing:

5           “(3) encourage health care providers to co-pre-  
6           scribe, as appropriate, drugs or devices approved,  
7           cleared, or otherwise authorized under the Federal  
8           Food, Drug, and Cosmetic Act for emergency treat-  
9           ment of known or suspected opioid overdose;”.

10          (b) *GRANT PERIOD.*—Section 545(d)(2) of the Public  
11          Health Service Act (42 U.S.C. 290ee(d)(2)) is amended by  
12          striking “3 years” and inserting “5 years”.

13          (c) *LIMITATION.*—Paragraph (3) of section 545(d) of  
14          the Public Health Service Act (42 U.S.C. 290ee(d)) is  
15          amended to read as follows:

16                 “(3) *LIMITATIONS.*—A State may—

17                         “(A) use not more than 10 percent of a  
18                         grant under this section for educating the public  
19                         pursuant to subsection (a)(5); and

20                         “(B) use not less than 20 percent of a grant  
21                         under this section to offset cost-sharing for dis-  
22                         tribution and dispensing of drugs or devices ap-  
23                         proved, cleared, or otherwise authorized under  
24                         the Federal Food, Drug, and Cosmetic Act for

1           *emergency treatment of known or suspected*  
2           *opioid overdose.”.*

3           (d) *AUTHORIZATION OF APPROPRIATIONS.—Section*  
4           *545(h)(1) of the Public Health Service Act, is amended by*  
5           *striking “fiscal years 2017 through 2019” and inserting*  
6           *“fiscal years 2023 through 2027”.*

7           (e) *TECHNICAL AMENDMENT.—Section 545 of the Pub-*  
8           *lic Health Service Act (42 U.S.C. 290ee), as amended, is*  
9           *further amended by striking “approved or cleared” each*  
10          *place it appears and inserting “approved, cleared, or other-*  
11          *wise authorized”.*

12       **SEC. 221. STATE DEMONSTRATION GRANTS FOR COM-**  
13                               **PREHENSIVE OPIOID ABUSE RESPONSE.**

14          *Section 548 of the Public Health Service Act (42*  
15          *U.S.C. 290ee–3) is amended—*

16               (1) *in the section heading, by striking “**ABUSE**”*  
17               *and inserting “**USE DISORDER**”;*

18               (2) *in subsection (b)—*

19                       (A) *in the subsection heading, by striking*  
20                       *“**ABUSE**” and inserting “**USE DISORDER**”;*

21                       (B) *in paragraph (1), by striking “abuse”*  
22                       *and inserting “use disorder”;*

23                       (C) *in paragraph (2)—*

1           (i) *in the matter preceding subpara-*  
2           *graph (A), by striking “abuse” and insert-*  
3           *ing “use disorder”;*

4           (ii) *in subparagraph (A), by striking*  
5           *“opioid use, treatment, and addiction recov-*  
6           *ery” and inserting “opioid use disorders,*  
7           *and treatment for, and recovery from opioid*  
8           *use disorders”;*

9           (iii) *in subparagraph (C), by striking*  
10           *“addiction” each place it appears and in-*  
11           *serting “use disorder”;*

12           (iv) *by amending subparagraph (D) to*  
13           *read as follows:*

14           *“(D) developing, implementing, and ex-*  
15           *panding efforts to prevent overdose death from*  
16           *opioid or other prescription medication use dis-*  
17           *orders; and”;* and

18           (v) *in subparagraph (E), by striking*  
19           *“abuse” and inserting “use disorders”;* and

20           (D) *in paragraph (4), by striking “abuse”*  
21           *each place it appears and inserting “use dis-*  
22           *orders”;* and

23           (3) *by striking “2017 through 2021” and insert-*  
24           *ing “2023 through 2027”.*

1 **SEC. 222. EMERGENCY DEPARTMENT ALTERNATIVES TO**  
2 **OPIOIDS.**

3 *Section 7091 of the SUPPORT for Patients and Com-*  
4 *munities Act (Public Law 115–271) is amended—*

5 *(1) in the section heading, by striking “DEM-*  
6 ***ONSTRATION*” (and by conforming the item relating**  
7 *to such section in the table of contents in section*  
8 *1(b));*

9 *(2) in subsection (a)—*

10 *(A) by amending the subsection heading to*  
11 *read as follows: “GRANT PROGRAM”; and*

12 *(B) in paragraph (1), by striking “dem-*  
13 *onstration”;*

14 *(3) in subsection (b), in the subsection heading,*  
15 *by striking “DEMONSTRATION”;*

16 *(4) in subsection (d)(4), by striking “tribal” and*  
17 *inserting “Tribal”;*

18 *(5) in subsection (f), by striking “Not later than*  
19 *1 year after completion of the demonstration program*  
20 *under this section, the Secretary shall submit a report*  
21 *to the Congress on the results of the demonstration*  
22 *program” and inserting “Not later than the end of*  
23 *each of fiscal years 2024 and 2027, the Secretary*  
24 *shall submit to the Congress a report on the results*  
25 *of the program”; and*

1           (6) in subsection (g), by striking “2019 through  
2           2021” and inserting “2023 through 2027”.

3       **Subtitle C—Excellence in Recovery**  
4                           **Housing**

5       **SEC. 231. CLARIFYING THE ROLE OF SAMHSA IN PRO-**  
6                           **MOTING THE AVAILABILITY OF HIGH-QUALITY**  
7                           **RECOVERY HOUSING.**

8           Section 501(d) of the Public Health Service Act (42  
9       U.S.C. 290aa) is amended—

10           (1) in paragraph (24)(E), by striking “and” at  
11           the end;

12           (2) in paragraph (25), by striking the period at  
13           the end and inserting “; and”; and

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

15           “(26) collaborate with national accrediting enti-  
16           ties, reputable providers, organizations or individuals  
17           with established expertise in delivery of recovery hous-  
18           ing services, States, Federal agencies (including the  
19           Department of Health and Human Services, the De-  
20           partment of Housing and Urban Development, and  
21           the agencies listed in section 550(e)(2)(B)), and other  
22           relevant stakeholders, to promote the availability of  
23           high-quality recovery housing and services for indi-  
24           viduals with a substance use disorder.”.

1 **SEC. 232. DEVELOPING GUIDELINES FOR STATES TO PRO-**  
2 **MOTE THE AVAILABILITY OF HIGH-QUALITY**  
3 **RECOVERY HOUSING.**

4 *Section 550(a) of the Public Health Service Act (42*  
5 *U.S.C. 290ee-5(a)) (relating to national recovery housing*  
6 *best practices) is amended—*

7 *(1) by amending paragraph (1) to read as fol-*  
8 *lows:*

9 *“(1) IN GENERAL.—The Secretary, in consulta-*  
10 *tion with the individuals and entities specified in*  
11 *paragraph (2), shall build on existing best practices*  
12 *and previously developed guidelines to develop and*  
13 *periodically update consensus-based best practices,*  
14 *which may include model laws for implementing sug-*  
15 *gested minimum standards for operating, and pro-*  
16 *moting the availability of, high-quality recovery hous-*  
17 *ing.”;*

18 *(2) in paragraph (2)—*

19 *(A) by striking subparagraphs (A) and (B)*  
20 *and inserting the following:*

21 *“(A) Officials representing the agencies de-*  
22 *scribed in subsection (e)(2).”;* and

23 *(B) by redesignating subparagraphs (C)*  
24 *through (G) as subparagraphs (B) through (F),*  
25 *respectively; and*

26 *(3) by adding at the end the following:*

1           “(3) *AVAILABILITY.*—*The best practices referred*  
2 *to in paragraph (1) shall be—*

3                   “(A) *made publicly available; and*

4                   “(B) *published on the public website of the*  
5 *Substance Abuse and Mental Health Services Ad-*  
6 *ministration.*

7           “(4) *EXCLUSION OF GUIDELINE ON TREATMENT*  
8 *SERVICES.*—*In developing the guidelines under para-*  
9 *graph (1), the Secretary may not include any guide-*  
10 *lines with respect to substance use disorder treatment*  
11 *services.”.*

12 **SEC. 233. COORDINATION OF FEDERAL ACTIVITIES TO PRO-**  
13 **MOTE THE AVAILABILITY OF RECOVERY**  
14 **HOUSING.**

15       *Section 550 of the Public Health Service Act (42*  
16 *U.S.C. 290ee–5) (relating to national recovery housing best*  
17 *practices) is amended—*

18           (1) *by redesignating subsections (e), (f), and (g)*  
19 *as subsections (g), (h), and (i), respectively; and*

20           (2) *by inserting after subsection (d) the fol-*  
21 *lowing:*

22       “(e) *COORDINATION OF FEDERAL ACTIVITIES TO PRO-*  
23 *MOTE THE AVAILABILITY OF HOUSING FOR INDIVIDUALS*  
24 *EXPERIENCING HOMELESSNESS, INDIVIDUALS WITH A*

1 *MENTAL ILLNESS, AND INDIVIDUALS WITH A SUBSTANCE*  
2 *USE DISORDER.—*

3           “(1) *IN GENERAL.—The Secretary, acting*  
4 *through the Assistant Secretary, and the Secretary of*  
5 *Housing and Urban Development shall convene an*  
6 *interagency working group for the following purposes:*

7           “(A) *To increase collaboration, cooperation,*  
8 *and consultation among the Department of*  
9 *Health and Human Services, the Department of*  
10 *Housing and Urban Development, and the Fed-*  
11 *eral agencies listed in paragraph (2)(B), with re-*  
12 *spect to promoting the availability of housing,*  
13 *including recovery housing, for individuals expe-*  
14 *riencing homelessness, individuals with mental*  
15 *illnesses, and individuals with substance use dis-*  
16 *order.*

17           “(B) *To align the efforts of such agencies*  
18 *and avoid duplication of such efforts by such*  
19 *agencies.*

20           “(C) *To develop objectives, priorities, and a*  
21 *long-term plan for supporting State, Tribal, and*  
22 *local efforts with respect to the operation of re-*  
23 *covery housing that is consistent with the best*  
24 *practices developed under this section.*



1           “(D) To coordinate enforcement of fair  
2           housing practices, as appropriate, among Fed-  
3           eral and State agencies.

4           “(E) To coordinate data collection on the  
5           quality of recovery housing.

6           “(2) COMPOSITION.—The interagency working  
7           group under paragraph (1) shall be composed of—

8           “(A) the Secretary, acting through the As-  
9           sistant Secretary, and the Secretary of Housing  
10          and Urban Development, who shall serve as the  
11          co-chairs; and

12          “(B) representatives of each of the following  
13          Federal agencies:

14                  “(i) The Centers for Medicare & Med-  
15                  icaid Services.

16                  “(ii) The Substance Abuse and Mental  
17                  Health Services Administration.

18                  “(iii) The Health Resources and Serv-  
19                  ices Administration.

20                  “(iv) The Office of Inspector General.

21                  “(v) The Indian Health Service.

22                  “(vi) The Department of Agriculture.

23                  “(vii) The Department of Justice.

24                  “(viii) The Office of National Drug  
25                  Control Policy.

1                   “(ix) *The Bureau of Indian Affairs.*

2                   “(x) *The Department of Labor.*

3                   “(xi) *The Department of Veterans Af-*  
4                   *fairs.*

5                   “(xii) *Any other Federal agency as the*  
6                   *co-chairs determine appropriate.*

7                   “(3) *MEETINGS.—The working group shall meet*  
8                   *on a quarterly basis.*

9                   “(4) *REPORTS TO CONGRESS.—Not later than 4*  
10                  *years after the date of the enactment of this section,*  
11                  *the working group shall submit to the Committee on*  
12                  *Energy and Commerce, the Committee on Ways and*  
13                  *Means, the Committee on Agriculture, and the Com-*  
14                  *mittee on Financial Services of the House of Rep-*  
15                  *resentatives and the Committee on Health, Education,*  
16                  *Labor, and Pensions, the Committee on Agriculture,*  
17                  *Nutrition, and Forestry, and the Committee on Fi-*  
18                  *nance of the Senate a report describing the work of*  
19                  *the working group and any recommendations of the*  
20                  *working group to improve Federal, State, and local*  
21                  *coordination with respect to recovery housing and*  
22                  *other housing resources and operations for individuals*  
23                  *experiencing homelessness, individuals with a mental*  
24                  *illness, and individuals with a substance use dis-*  
25                  *order.”.*

1 **SEC. 234. NAS STUDY AND REPORT.**

2 (a) *IN GENERAL.*—Not later than 60 days after the  
3 date of enactment of this Act, the Secretary of Health and  
4 Human Services, acting through the Assistant Secretary for  
5 Mental Health and Substance Use shall—

6 (1) *contract with the National Academies of*  
7 *Sciences, Engineering, and Medicine—*

8 (A) *to study the quality and effectiveness of*  
9 *recovery housing in the United States and*  
10 *whether the availability of such housing meets*  
11 *demand; and*

12 (B) *to identify recommendations to promote*  
13 *the availability of high-quality recovery housing;*  
14 *and*

15 (2) *report to the Congress on the results of such*  
16 *review.*

17 (b) *AUTHORIZATION OF APPROPRIATIONS.*—*To carry*  
18 *out this section there is authorized to be appropriated*  
19 *\$1,500,000 for fiscal year 2023.*

20 **SEC. 235. GRANTS FOR STATES TO PROMOTE THE AVAIL-**  
21 **ABILITY OF RECOVERY HOUSING AND SERV-**  
22 **ICES.**

23 *Section 550 of the Public Health Service Act (42*  
24 *U.S.C. 290ee–5) (relating to national recovery housing best*  
25 *practices), as amended by sections 232 and 233, is further*

1 *amended by inserting after subsection (e) (as inserted by*  
2 *section 233) the following:*

3       “(f) *GRANTS FOR IMPLEMENTING NATIONAL RECOV-*  
4 *ERY HOUSING BEST PRACTICES.*—

5               “(1) *IN GENERAL.*—*The Secretary shall award*  
6 *grants to States (and political subdivisions thereof),*  
7 *Tribes, and territories—*

8                       “(A) *for the provision of technical assist-*  
9 *ance to implement the guidelines and rec-*  
10 *ommendations developed under subsection (a);*  
11 *and*

12                       “(B) *to promote—*

13                               “(i) *the availability of recovery hous-*  
14 *ing for individuals with a substance use*  
15 *disorder; and*

16                               “(ii) *the maintenance of recovery hous-*  
17 *ing in accordance with best practices devel-*  
18 *oped under this section.*

19               “(2) *STATE PROMOTION PLANS.*—*Not later than*  
20 *90 days after receipt of a grant under paragraph (1),*  
21 *and every 2 years thereafter, each State (or political*  
22 *subdivisions thereof,) Tribe, or territory receiving a*  
23 *grant under paragraph (1) shall submit to the Sec-*  
24 *retary, and publish on a publicly accessible internet*

1 *website of the State (or political subdivisions thereof),*  
2 *Tribe, or territory—*

3 *“(A) the plan of the State (or political sub-*  
4 *divisions thereof), Tribe, or territory, with re-*  
5 *spect to the promotion of recovery housing for in-*  
6 *dividuals with a substance use disorder located*  
7 *within the jurisdiction of such State (or political*  
8 *subdivisions thereof), Tribe, or territory; and*

9 *“(B) a description of how such plan is con-*  
10 *sistent with the best practices developed under*  
11 *this section.”.*

12 **SEC. 236. FUNDING.**

13 *Subsection (i) of section 550 of the Public Health Serv-*  
14 *ice Act (42 U.S.C. 290ee–5) (relating to national recovery*  
15 *housing best practices), as redesignated by section 233, is*  
16 *amended by striking “\$3,000,000 for the period of fiscal*  
17 *years 2019 through 2021” and inserting “\$5,000,000 for the*  
18 *period of fiscal years 2023 through 2027”.*

19 **SEC. 237. TECHNICAL CORRECTION.**

20 *Title V of the Public Health Service Act (42 U.S.C.*  
21 *290aa et seq.) is amended—*

22 *(1) by redesignating section 550 (relating to So-*  
23 *briety Treatment and Recovery Teams) (42 U.S.C.*  
24 *290ee–10), as added by section 8214 of Public Law*  
25 *115–271, as section 550A; and*

1           (2) by moving such section so it appears after  
2           section 550 (relating to national recovery housing best  
3           practices).

4           ***Subtitle D—Substance Use Preven-***  
5           ***tion, Treatment, and Recovery***  
6           ***Services Block Grant***

7           ***SEC. 241. ELIMINATING STIGMATIZING LANGUAGE RELAT-***  
8           ***ING TO SUBSTANCE USE.***

9           (a) *BLOCK GRANTS FOR PREVENTION AND TREAT-*  
10          *MENT OF SUBSTANCE USE.*—Part B of title XIX of the Pub-  
11          lic Health Service Act (42 U.S.C. 300x et seq.) is amend-  
12          ed—

13                 (1) in the part heading, by striking “**SUB-**  
14                 **STANCE ABUSE**” and inserting “**SUBSTANCE**  
15                 **USE**”;

16                 (2) in subpart II, by amending the subpart  
17                 heading to read as follows: “**Block Grants for**  
18                 **Substance Use Prevention, Treatment,**  
19                 **and Recovery Services**”;

20                 (3) in section 1922(a) (42 U.S.C. 300x–22(a))—

21                         (A) in paragraph (1), in the matter pre-  
22                         ceding subparagraph (A), by striking “substance  
23                         abuse” and inserting “substance use disorders”;  
24                         and

1           (B) by striking “such abuse” each place it  
2           appears in paragraphs (1) and (2) and inserting  
3           “such disorders”;

4           (4) in section 1923 (42 U.S.C. 300x–23)—

5           (A) in the section heading, by striking  
6           “**SUBSTANCE ABUSE**” and inserting “**SUB-**  
7           **STANCE USE**”; and

8           (B) in subsection (a), by striking “drug  
9           abuse” and inserting “substance use disorders”;

10          (5) in section 1925(a)(1) (42 U.S.C. 300x–  
11          25(a)(1)), by striking “alcohol or drug abuse” and in-  
12          serting “alcohol or other substance use disorders”;

13          (6) in section 1926(b)(2)(B) (42 U.S.C. 300x–  
14          26(b)(2)(B)), by striking “substance abuse”;

15          (7) in section 1931(b)(2) (42 U.S.C. 300x–  
16          31(b)(2)), by striking “substance abuse” and inserting  
17          “substance use disorders”;

18          (8) in section 1933(d)(1) (42 U.S.C. 300x–  
19          33(d)), in the matter following subparagraph (B), by  
20          striking “abuse of alcohol and other drugs” and in-  
21          serting “use of substances”;

22          (9) by amending paragraph (4) of section 1934  
23          (42 U.S.C. 300x–34) to read as follows:

1           “(4) *The term ‘substance use disorder’ means the*  
2           *recurrent use of alcohol or other drugs that causes*  
3           *clinically significant impairment.’;*

4           (10) *in section 1935 (42 U.S.C. 300x–35)—*

5           (A) *in subsection (a), by striking “substance*  
6           *abuse” and inserting “substance use disorders”;*  
7           *and*

8           (B) *in subsection (b)(1), by striking “sub-*  
9           *stance abuse” each place it appears and insert-*  
10          *ing “substance use disorders”;*

11          (11) *in section 1949 (42 U.S.C. 300x–59), by*  
12          *striking “substance abuse” each place it appears in*  
13          *subsections (a) and (d) and inserting “substance use*  
14          *disorders”;*

15          (12) *in section 1954(b)(4) (42 U.S.C. 300x–*  
16          *64(b)(4))—*

17          (A) *by striking “substance abuse” and in-*  
18          *serting “substance use disorders”; and*

19          (B) *by striking “such abuse” and inserting*  
20          *“such disorders”;*

21          (13) *in section 1955 (42 U.S.C. 300x–65), by*  
22          *striking “substance abuse” each place it appears and*  
23          *inserting “substance use disorder”; and*



1           (14) in section 1956 (42 U.S.C. 300x-66), by  
2           striking “substance abuse” and inserting “substance  
3           use disorders”.

4           (b) *CERTAIN PROGRAMS REGARDING MENTAL*  
5 *HEALTH AND SUBSTANCE ABUSE.*—Part C of title XIX of  
6 *the Public Health Service Act (42 U.S.C. 300y et seq.) is*  
7 *amended—*

8           (1) in the part heading, by striking “**SUB-**  
9           **STANCE ABUSE**” and inserting “**SUBSTANCE**  
10          **USE**”;

11          (2) in section 1971 (42 U.S.C. 300y), by striking  
12          “substance abuse” each place it appears in sub-  
13          sections (a), (b), and (f) and inserting “substance  
14          use”; and

15          (3) in section 1976 (42 U.S.C. 300y-11), by  
16          striking “intravenous abuse” each place it appears  
17          and inserting “intravenous use”.

18 **SEC. 242. AUTHORIZED ACTIVITIES.**

19          Section 1921(b) of the Public Health Service Act (42  
20 U.S.C. 300x-21(b)) is amended by striking “prevent and  
21 treat substance use disorders” and inserting “prevent, treat,  
22 and provide recovery support services for substance use dis-  
23 orders”.

1 **SEC. 243. REQUIREMENTS RELATING TO CERTAIN INFEC-**  
2 **TIOUS DISEASES AND HUMAN IMMUNO-**  
3 **DEFICIENCY VIRUS.**

4 *Section 1924 of the Public Health Service Act (42*  
5 *U.S.C. 300x-24) is amended—*

6 *(1) in the section heading, by striking “TUBER-*  
7 **CULOSIS AND HUMAN IMMUNODEFICIENCY**  
8 **VIRUS” and inserting “TUBERCULOSIS, VIRAL**  
9 **HEPATITIS, AND HUMAN IMMUNODEFICIENCY**  
10 **VIRUS”;**

11 *(2) by amending subsection (a)(2) to read as fol-*  
12 *lows:*

13 *“(2) DESIGNATED STATES.—*

14 *“(A) FISCAL YEARS THROUGH FISCAL YEAR*  
15 *2024.—For purposes of this subsection, through*  
16 *September 30, 2024, a State described in this*  
17 *paragraph is any State whose rate of cases of ac-*  
18 *quired immune deficiency syndrome is 10 or*  
19 *more such cases per 100,000 individuals (as in-*  
20 *dicated by the number of such cases reported to*  
21 *and confirmed by the Director of the Centers for*  
22 *Disease Control and Prevention for the most re-*  
23 *cent calendar year for which such data are*  
24 *available).*

25 *“(B) FISCAL YEAR 2025 AND SUCCEEDING*  
26 *FISCAL YEARS.—*

1           “(i) *IN GENERAL.*—Beginning with fis-  
2           cal year 2025, for purposes of this sub-  
3           section, a State described in this paragraph  
4           is any State whose rate of cases of human  
5           immunodeficiency virus is 10 or more such  
6           cases per 100,000 individuals (as indicated  
7           by the number of such cases newly reported  
8           to and confirmed by the Director of the Cen-  
9           ters for Disease Control and Prevention for  
10          the most recent calendar year for which  
11          such data are available).

12          “(ii) *CONTINUATION OF DESIGNATED*  
13          *STATE STATUS.*—In the case of a State  
14          whose rate of cases of human immuno-  
15          deficiency virus falls below the threshold  
16          specified in clause (i) for a calendar year,  
17          such State shall, notwithstanding clause (i),  
18          continue to be described in this paragraph  
19          unless the rate of cases falls below such  
20          threshold for three consecutive calendar  
21          years.”.

22               (3) by redesignating subsections (c) and (d) as  
23          subsections (d) and (e), respectively; and

24               (4) by inserting after subsection (b) the fol-  
25          lowing:

1       “(c) *VIRAL HEPATITIS.*—

2               “(1) *IN GENERAL.*—*A funding agreement for a*  
3 *grant under section 1921 is that the State involved*  
4 *will require that any entity receiving amounts from*  
5 *the grant for operating a program of treatment for*  
6 *substance use disorders—*

7                       “(A) *will, directly or through arrangements*  
8 *with other public or nonprofit private entities,*  
9 *routinely make available viral hepatitis services*  
10 *to each individual receiving treatment for such*  
11 *disorders; and*

12                       “(B) *in the case of an individual in need*  
13 *of such treatment who is denied admission to the*  
14 *program on the basis of the lack of the capacity*  
15 *of the program to admit the individual, will*  
16 *refer the individual to another provider of viral*  
17 *hepatitis services.*

18               “(2) *VIRAL HEPATITIS SERVICES.*—*For purposes*  
19 *of paragraph (1), the term ‘viral hepatitis services’,*  
20 *with respect to an individual, means—*

21                       “(A) *screening the individual for viral hep-*  
22 *atitis; and*

23                       “(B) *referring the individual to a provider*  
24 *whose practice includes viral hepatitis vaccina-*  
25 *tion and treatment.”.*

1 **SEC. 244. STATE PLAN REQUIREMENTS.**

2 *Section 1932(b)(1)(A) of the Public Health Service Act*  
3 *(42 U.S.C. 300x-32(b)(1)(A)) is amended—*

4 *(1) by redesignating clauses (vi) through (ix) as*  
5 *clauses (vii) through (x), respectively; and*

6 *(2) by inserting after clause (v) the following:*

7 *“(vi) provides a description of—*

8 *“(I) the State’s comprehensive*  
9 *statewide recovery support services ac-*  
10 *tivities, including the number of indi-*  
11 *viduals being served, target popu-*  
12 *lations, and priority needs; and*

13 *“(II) the amount of funds received*  
14 *under this subpart expended on recov-*  
15 *ery support services, disaggregated by*  
16 *the amount expended for type of service*  
17 *activity;”.*

18 **SEC. 245. UPDATING CERTAIN LANGUAGE RELATING TO**  
19 **TRIBES.**

20 *Section 1933(d) of the Public Health Service Act (42*  
21 *U.S.C. 300x-33(d)) is amended—*

22 *(1) in paragraph (1)—*

23 *(A) in subparagraph (A)—*

24 *(i) by striking “of an Indian tribe or*  
25 *tribal organization” and inserting “of an*  
26 *Indian Tribe or Tribal organization”; and*

1                   (ii) by striking “such tribe” and in-  
2                   serting “such Tribe”;

3                   (B) in subparagraph (B)—

4                   (i) by striking “tribe or tribal organi-  
5                   zation” and inserting “Tribe or Tribal or-  
6                   ganization”; and

7                   (ii) by striking “Secretary under this”  
8                   and inserting “Secretary under this sub-  
9                   part”; and

10                  (C) in the matter following subparagraph  
11                  (B), by striking “tribe or tribal organization”  
12                  and inserting “Tribe or Tribal organization”;

13                  (2) by amending paragraph (2) to read as fol-  
14                  lows:

15                  “(2) INDIAN TRIBE OR TRIBAL ORGANIZATION AS  
16                  GRANTEE.—The amount reserved by the Secretary on  
17                  the basis of a determination under this subsection  
18                  shall be granted to the Indian Tribe or Tribal organi-  
19                  zation serving the individuals for whom such a deter-  
20                  mination has been made.”;

21                  (3) in paragraph (3), by striking “tribe or tribal  
22                  organization” and inserting “Tribe or Tribal organi-  
23                  zation”; and

24                  (4) in paragraph (4)—

1           (A) in the paragraph heading, by striking  
2           “DEFINITION” and inserting “DEFINITIONS”;  
3           and

4           (B) by striking “The terms” and all that  
5           follows through “given such terms” and inserting  
6           the following: “The terms ‘Indian Tribe’ and  
7           ‘Tribal organization’ have the meanings given  
8           the terms ‘Indian tribe’ and ‘tribal organiza-  
9           tion’”.

10 **SEC. 246. BLOCK GRANTS FOR SUBSTANCE USE PREVEN-**  
11 **TION, TREATMENT, AND RECOVERY SERV-**  
12 **ICES.**

13           (a) *IN GENERAL.*—Section 1935(a) of the Public  
14 Health Service Act (42 U.S.C. 300x–35(a)), as amended by  
15 section 241, is further amended by striking “appropriated”  
16 and all that follows through “2022..” and inserting the fol-  
17 lowing: “appropriated \$1,908,079,000 for each of fiscal  
18 years 2023 through 2027.”.

19           (b) *TECHNICAL CORRECTIONS.*—Section 1935(b)(1)(B)  
20 of the Public Health Service Act (42 U.S.C. 300x–  
21 35(b)(1)(B)) is amended by striking “the collection of data  
22 in this paragraph is”.

1 **SEC. 247. REQUIREMENT OF REPORTS AND AUDITS BY**  
2 **STATES.**

3 *Section 1942(a) of the Public Health Service Act (42*  
4 *U.S.C. 300x-52(a)) is amended—*

5 *(1) in paragraph (1), by striking “and” at the*  
6 *end;*

7 *(2) in paragraph (2), by striking the period at*  
8 *the end and inserting “; and”; and*

9 *(3) by adding at the end the following:*

10 *“(3) the amount provided to each recipient in*  
11 *the previous fiscal year.”.*

12 **SEC. 248. STUDY ON ASSESSMENT FOR USE IN DISTRIBUTION OF LIMITED STATE RESOURCES.**

14 *(a) IN GENERAL.—The Secretary of Health and*  
15 *Human Services, acting through the Assistant Secretary for*  
16 *Mental Health and Substance Use (in this section referred*  
17 *to as the “Secretary”), shall, in consultation with States*  
18 *and other local entities providing prevention, treatment, or*  
19 *recovery support services related to substance use, conduct*  
20 *a study to develop a model needs assessment process for*  
21 *States to consider to help determine how best to allocate*  
22 *block grant funding received under subpart II of part B*  
23 *of title XIX of the Public Health Service Act (42 U.S.C.*  
24 *300x-21) to provide services to substance use disorder pre-*  
25 *vention, treatment, and recovery support. The study shall*



1 *include cost estimates with each model needs assessment*  
2 *process.*

3 (b) *REPORT.*—*Not later than 2 years after the date*  
4 *of the enactment of this Act, the Secretary shall submit to*  
5 *the Committee on Energy and Commerce of the House of*  
6 *Representatives and the Committee on Health, Education,*  
7 *Labor, and Pensions of the Senate a report on the results*  
8 *of the study conducted under paragraph (1).*

9 ***Subtitle E—Timely Treatment for***  
10 ***Opioid Use Disorder***

11 ***SEC. 251. STUDY ON EXEMPTIONS FOR TREATMENT OF***  
12 ***OPIOID USE DISORDER THROUGH OPIOID***  
13 ***TREATMENT PROGRAMS DURING THE COVID-***  
14 ***19 PUBLIC HEALTH EMERGENCY.***

15 (a) *STUDY.*—*The Assistant Secretary for Mental*  
16 *Health and Substance Use shall conduct a study, in con-*  
17 *sultation with patients and other stakeholders, on activities*  
18 *carried out pursuant to exemptions granted—*

19 (1) *to a State (including the District of Colum-*  
20 *bia or any territory of the United States) or an*  
21 *opioid treatment program;*

22 (2) *pursuant to section 8.11(h) of title 42, Code*  
23 *of Federal Regulations; and*

24 (3) *during the period—*

1           (A) beginning on the declaration of the pub-  
2           lic health emergency for the COVID-19 pan-  
3           demic under section 319 of the Public Health  
4           Service Act (42 U.S.C. 247d); and

5           (B) ending on the earlier of—

6           (i) the termination of such public  
7           health emergency, including extensions  
8           thereof pursuant to such section 319; and

9           (ii) the end of calendar year 2022.

10          (b) *PRIVACY.*—The section does not authorize the dis-  
11          closure by the Department of Health and Human Services  
12          of individually identifiable information about patients.

13          (c) *FEEDBACK.*—In conducting the study under sub-  
14          section (a), the Assistant Secretary for Mental Health and  
15          Substance Use shall gather feedback from the States and  
16          opioid treatment programs on their experiences in imple-  
17          menting exemptions described in subsection (a).

18          (d) *REPORT.*—Not later than 180 days after the end  
19          of the period described in subsection (a)(3)(B), and subject  
20          to subsection (c), the Assistant Secretary for Mental Health  
21          and Substance Use shall publish a report on the results of  
22          the study under this section.

1 **SEC. 252. CHANGES TO FEDERAL OPIOID TREATMENT**  
2 **STANDARDS.**

3 (a) *MOBILE MEDICATION UNITS.*—Section 302(e) of  
4 the Controlled Substances Act (21 U.S.C. 822(e)) is amend-  
5 ed by adding at the end the following:

6 “(3) Notwithstanding paragraph (1), a registrant that  
7 is dispensing pursuant to section 303(g) narcotic drugs to  
8 individuals for maintenance treatment or detoxification  
9 treatment shall not be required to have a separate registra-  
10 tion to incorporate one or more mobile medication units  
11 into the registrant’s practice to dispense such narcotics at  
12 locations other than the registrant’s principal place of busi-  
13 ness or professional practice described in paragraph (1), so  
14 long as the registrant meets such standards for operation  
15 of a mobile medication unit as the Attorney General may  
16 establish.”.

17 (b) *REVISE OPIOID TREATMENT PROGRAM ADMISSION*  
18 *CRITERIA TO ELIMINATE REQUIREMENT THAT PATIENTS*  
19 *HAVE AN OPIOID USE DISORDER FOR AT LEAST 1 YEAR.*—  
20 Not later than 18 months after the date of enactment of  
21 this Act, the Secretary of Health and Human Services shall  
22 revise section 8.12(e)(1) of title 42, Code of Federal Regula-  
23 tions (or successor regulations), to eliminate the require-  
24 ment that an opioid treatment program only admit an in-  
25 dividual for treatment under the program if the individual

1 *has been addicted to opioids for at least 1 year before being*  
2 *so admitted for treatment.*

3 *(c) FINAL REGULATION ON PERIODS FOR TAKE-HOME*  
4 *SUPPLY REQUIREMENTS.—*

5 *(1) IN GENERAL.—Not later than 18 months*  
6 *after the date of enactment of this Act, the Secretary*  
7 *of Health and Human Services shall promulgate a*  
8 *final regulation amending paragraphs (i)(3)(i)*  
9 *through (i)(3)(vi) of section 8.12 of title 42, Code of*  
10 *Federal Regulations, as appropriate based on the*  
11 *findings of the study under section 251 of this Act.*

12 *(2) CRITERIA.—The regulation under paragraph*  
13 *(1) shall establish relevant criteria for the medical di-*  
14 *rector or an appropriately licensed practitioner of an*  
15 *opioid treatment program, to determine whether a pa-*  
16 *tient is stable and may qualify for unsupervised use,*  
17 *which criteria may allow for consideration of each of*  
18 *the following:*

19 *(A) Whether the benefits of providing unsu-*  
20 *pervised doses to a patient outweigh the risks.*

21 *(B) The patient's demonstrated adherence to*  
22 *their treatment plan.*

23 *(C) The patient's history of negative toxi-*  
24 *cology tests.*

1           (D) *Whether there is an absence of serious*  
2           *behavioral problems.*

3           (E) *The patient's stability in living ar-*  
4           *rangements and social relationships.*

5           (F) *Whether there is an absence of substance*  
6           *misuse-related behaviors.*

7           (G) *Whether there is an absence of recent*  
8           *diversion activity.*

9           (H) *Whether there is an assurance that the*  
10          *medication can be safely stored by the patient.*

11          (I) *Any other criterion the Secretary of*  
12          *Health and Human Services determines appro-*  
13          *priate.*

14          (3) *PROHIBITED SOLE CONSIDERATION.—The*  
15          *regulation under paragraph (1) shall prohibit the*  
16          *medical director of an opioid treatment program from*  
17          *considering, as the sole consideration in determining*  
18          *whether a patient is sufficiently responsible in han-*  
19          *dling opioid drugs for unsupervised use, whether the*  
20          *patient has an absence of recent misuse of drugs*  
21          *(whether narcotic or nonnarcotic), including alcohol.*

1     ***Subtitle F—Additional Provisions***  
2     ***Relating to Addiction Treatment***

3     **SEC. 261. PROHIBITION.**

4         *Notwithstanding any provision of this Act and the*  
5     *amendments made by this Act, no funds made available to*  
6     *carry out this Act or any amendment made by this Act*  
7     *shall be used to purchase, procure, or distribute pipes or*  
8     *cylindrical objects intended to be used to smoke or inhale*  
9     *illegal scheduled substances.*

10    **SEC. 262. ELIMINATING ADDITIONAL REQUIREMENTS FOR**  
11                    ***DISPENSING NARCOTIC DRUGS IN SCHEDULE***  
12                    ***III, IV, AND V FOR MAINTENANCE OR DETOXI-***  
13                    ***FICATION TREATMENT.***

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

16                 *(1) by striking paragraph (2);*

17                 *(2) by striking “(g)(1) Except as provided in*  
18     *paragraph (2), practitioners who dispense narcotic*  
19     *drugs to individuals for maintenance treatment or de-*  
20     *toxification treatment” and inserting “(g) Practi-*  
21     *tioners who dispense narcotic drugs (other than nar-*  
22     *cotic drugs in schedule III, IV, or V) to individuals*  
23     *for maintenance treatment or detoxification treat-*  
24     *ment”;*

1           (3) by redesignating subparagraphs (A), (B),  
2           and (C) as paragraphs (1), (2), and (3), respectively;  
3           and

4           (4) in paragraph (2), as so redesignated—

5                   (A) by striking “(i) security of stocks” and  
6                   inserting “(A) security of stocks”; and

7                   (B) by striking “(ii) the maintenance of  
8                   records” and inserting “(B) the maintenance of  
9                   records”.

10          (b) *CONFORMING CHANGES.*—

11           (1) Subsections (a) and (d)(1) of section 304 of  
12           the Controlled Substances Act (21 U.S.C. 824) are  
13           each amended by striking “303(g)(1)” each place it  
14           appears and inserting “303(g)”.

15           (2) Section 309A(a)(2) of the Controlled Sub-  
16           stances Act (21 U.S.C. 829a) is amended—

17                   (A) in the matter preceding subparagraph  
18                   (A), by striking “the controlled substance is to be  
19                   administered for the purpose of maintenance or  
20                   detoxification treatment under section 303(g)(2)”  
21                   and inserting “the controlled substance is a nar-  
22                   cotic drug in schedule III, IV, or V to be admin-  
23                   istered for the purpose of maintenance or detoxi-  
24                   fication treatment”; and

1           (B) by striking “and—” and all that fol-  
2           lows through “is to be administered by injection  
3           or implantation;” and inserting “and is to be  
4           administered by injection or implantation;”.

5           (3) Section 520E–4(c) of the Public Health Serv-  
6           ice Act (42 U.S.C. 290bb–36d(c)) is amended by strik-  
7           ing “information on any qualified practitioner that  
8           is certified to prescribe medication for opioid depend-  
9           ency under section 303(g)(2)(B) of the Controlled  
10          Substances Act” and inserting “information on any  
11          practitioner who prescribes narcotic drugs in schedule  
12          III, IV, or V of section 202 of the Controlled Sub-  
13          stances Act for the purpose of maintenance or detoxi-  
14          fication treatment”.

15          (4) Section 544(a)(3) of the Public Health Serv-  
16          ice Act (42 U.S.C. 290dd–3), as added by section  
17          219(a)(2), is amended by striking “any practitioner  
18          dispensing narcotic drugs pursuant to section 303(g)  
19          of the Controlled Substances Act” and inserting “any  
20          practitioner dispensing narcotic drugs for the purpose  
21          of maintenance or detoxification treatment”.

22          (5) Section 1833(bb)(3)(B) of the Social Security  
23          Act (42 U.S.C. 1395l(bb)(3)(B)) is amended by strik-  
24          ing “first receives a waiver under section 303(g) of  
25          the Controlled Substances Act on or after January 1,



1       2019” and inserting “first begins prescribing narcotic  
2       drugs in schedule III, IV, or V of section 202 of the  
3       Controlled Substances Act for the purpose of mainte-  
4       nance or detoxification treatment on or after January  
5       1, 2021”.

6               (6) Section 1834(o)(3)(C)(ii) of the Social Secu-  
7       rity Act (42 U.S.C. 1395m(o)(3)(C)(ii)) is amended  
8       by striking “first receives a waiver under section  
9       303(g) of the Controlled Substances Act on or after  
10       January 1, 2019” and inserting “first begins pre-  
11       scribing narcotic drugs in schedule III, IV, or V of  
12       section 202 of the Controlled Substances Act for the  
13       purpose of maintenance or detoxification treatment  
14       on or after January 1, 2021”.

15              (7) Section 1866F(c)(3) of the Social Security  
16       Act (42 U.S.C. 1395cc–6(c)(3)) is amended—

17                   (A) in subparagraph (A), by adding “and”  
18                   at the end;

19                   (B) in subparagraph (B), by striking “;  
20                   and” and inserting a period; and

21                   (C) by striking subparagraph (C).

22              (8) Section 1903(aa)(2)(C) of the Social Security  
23       Act (42 U.S.C. 1396b(aa)(2)(C)) is amended—

24                   (A) in clause (i), by adding “and” at the  
25                   end;

1                   (B) by striking clause (ii); and  
2                   (C) by redesignating clause (iii) as clause  
3                   (ii).

4 **SEC. 263. REQUIRING PRESCRIBERS OF CONTROLLED SUB-**  
5 **STANCES TO COMPLETE TRAINING.**

6           Section 303 of the Controlled Substances Act (21  
7 U.S.C. 823) is amended by adding at the end the following:

8           “(l) *REQUIRED TRAINING FOR PRESCRIBERS.*—

9                   “(1) *TRAINING REQUIRED.*—As a condition on  
10                   registration under this section to dispense controlled  
11                   substances in schedule II, III, IV, or V, the Attorney  
12                   General shall require any qualified practitioner, be-  
13                   ginning with the first applicable registration for the  
14                   practitioner, to meet the following:

15                           “(A) *If the practitioner is a physician, the*  
16                           *practitioner meets one or more of the following*  
17                           *conditions:*

18                                   “(i) *The physician holds a board cer-*  
19                                   *tification in addiction psychiatry or addic-*  
20                                   *tion medicine from the American Board of*  
21                                   *Medical Specialties.*

22                                   “(ii) *The physician holds a board cer-*  
23                                   *tification from the American Board of Ad-*  
24                                   *dition Medicine.*

1           “(iii) *The physician holds a board cer-*  
2           *tification in addiction medicine from the*  
3           *American Osteopathic Association.*

4           “(iv) *The physician has, with respect*  
5           *to the treatment and management of pa-*  
6           *tients with opioid or other substance use*  
7           *disorders, completed not less than 8 hours of*  
8           *training (through classroom situations, sem-*  
9           *inars at professional society meetings, elec-*  
10           *tronic communications, or otherwise) that is*  
11           *provided by—*

12                   “(I) *the American Society of Ad-*  
13                   *iction Medicine, the American Acad-*  
14                   *emy of Addiction Psychiatry, the*  
15                   *American Medical Association, the*  
16                   *American Osteopathic Association, the*  
17                   *American Psychiatric Association, or*  
18                   *any other organization accredited by*  
19                   *the Accreditation Council for Con-*  
20                   *tinuing Medical Education (commonly*  
21                   *known as the ‘ACCME’);*

22                   “(II) *any organization accredited*  
23                   *by a State medical society accreditor*  
24                   *that is recognized by the ACCME;*

1                   “(III) any organization accredited  
2                   by the American Osteopathic Associa-  
3                   tion to provide continuing medical  
4                   education; or

5                   “(IV) any organization approved  
6                   by the Assistant Secretary for Mental  
7                   Health and Substance Abuse or the  
8                   ACCME.

9                   “(v) The physician graduated in good  
10                  standing from an accredited school of  
11                  allopathic medicine or osteopathic medicine  
12                  in the United States during the 5-year pe-  
13                  riod immediately preceding the date on  
14                  which the physician first registers or renews  
15                  under this section and has successfully com-  
16                  pleted a comprehensive allopathic or osteo-  
17                  pathic medicine curriculum or accredited  
18                  medical residency that included not less  
19                  than 8 hours of training on treating and  
20                  managing patients with opioid and other  
21                  substance use disorders, including the ap-  
22                  propriate clinical use of all drugs approved  
23                  by the Food and Drug Administration for  
24                  the treatment of a substance use disorder.

1           “(B) If the practitioner is not a physician,  
2           the practitioner meets one or more of the fol-  
3           lowing conditions:

4                   “(i) The practitioner has completed not  
5                   fewer than 8 hours of training with respect  
6                   to the treatment and management of pa-  
7                   tients with opioid or other substance use  
8                   disorders (through classroom situations,  
9                   seminars at professional society meetings,  
10                  electronic communications, or otherwise)  
11                  provided by the American Society of Addic-  
12                  tion Medicine, the American Academy of  
13                  Addiction Psychiatry, the American Med-  
14                  ical Association, the American Osteopathic  
15                  Association, the American Nurses  
16                  Credentialing Center, the American Psy-  
17                  chiatric Association, the American Associa-  
18                  tion of Nurse Practitioners, the American  
19                  Academy of Physician Associates, or any  
20                  other organization approved or accredited  
21                  by the Assistant Secretary for Mental  
22                  Health and Substance Abuse or the or the  
23                  Accreditation Council for Continuing Med-  
24                  ical Education.

1           “(ii) *The practitioner has graduated in*  
2           *good standing from an accredited physician*  
3           *assistant school or accredited school of ad-*  
4           *vanced practice nursing in the United*  
5           *States during the 5-year period imme-*  
6           *diately preceding the date on which the*  
7           *practitioner first registers or renews under*  
8           *this section and has successfully completed a*  
9           *comprehensive physician assistant or ad-*  
10           *vanced practice nursing curriculum that in-*  
11           *cluded not fewer than 8 hours of training*  
12           *on treating and managing patients with*  
13           *opioid and other substance use disorders,*  
14           *including the appropriate clinical use of all*  
15           *drugs approved by the Food and Drug Ad-*  
16           *ministration for the treatment of a sub-*  
17           *stance use disorder.*

18           “(2) *ONE-TIME TRAINING.—The Attorney Gen-*  
19           *eral shall not require any qualified practitioner to*  
20           *complete the training described in clause (iv) or (v)*  
21           *of paragraph (1)(A) or clause (i) or (ii) of paragraph*  
22           *(1)(B) more than once.*

23           “(3) *RULE OF CONSTRUCTION.—Nothing in this*  
24           *subsection shall be construed to preclude the use, by*  
25           *a qualified practitioner, of training received pursuant*

1 *to this subsection to satisfy registration requirements*  
 2 *of a State or for some other lawful purpose.*

3 *“(4) DEFINITIONS.—In this section:*

4 *“(A) FIRST APPLICABLE REGISTRATION.—*

5 *The term ‘first applicable registration’ means the*  
 6 *first registration or renewal of registration by a*  
 7 *qualified practitioner under this section that oc-*  
 8 *curs on or after the date that is 180 days after*  
 9 *the date of enactment of the Restoring Hope for*  
 10 *Mental Health and Well-Being Act of 2022.*

11 *“(B) QUALIFIED PRACTITIONER.—In this*

12 *subsection, the term ‘qualified practitioner’*  
 13 *means a practitioner who—*

14 *“(i) is licensed under State law to pre-*

15 *scribe controlled substances; and*

16 *“(ii) is not solely a veterinarian.”.*

17 ***TITLE III—ACCESS TO MENTAL***  
 18 ***HEALTH CARE AND COVERAGE***

19 ***Subtitle A—Collaborate in an***  
 20 ***Orderly and Cohesive Manner***

21 ***SEC. 301. INCREASING UPTAKE OF THE COLLABORATIVE***  
 22 ***CARE MODEL.***

23 *Section 520K of the Public Health Service Act (42*

24 *U.S.C. 290bb–42) is amended to read as follows:*

1 **“SEC. 520K. INTEGRATION INCENTIVE GRANTS AND COOP-**  
2 **ERATIVE AGREEMENTS.**

3 “(a) *DEFINITIONS.—In this section:*

4 “(1) *COLLABORATIVE CARE MODEL.—The term*  
5 *‘collaborative care model’ means the evidence-based,*  
6 *integrated behavioral health service delivery method*  
7 *that includes—*

8 “(A) *care directed by the primary care*  
9 *team;*

10 “(B) *structured care management;*

11 “(C) *regular assessments of clinical status*  
12 *using developmentally appropriate, validated*  
13 *tools; and*

14 “(D) *modification of treatment as appro-*  
15 *priate.*

16 “(2) *ELIGIBLE ENTITY.—The term ‘eligible enti-*  
17 *ty’ means a State, or an appropriate State agency,*  
18 *in collaboration with—*

19 “(A) *1 or more qualified community pro-*  
20 *grams as described in section 1913(b)(1);*

21 “(B) *1 or more health centers (as defined in*  
22 *section 330(a)), a rural health clinic (as defined*  
23 *in section 1961(aa) of the Social Security Act),*  
24 *or a Federally qualified health center (as defined*  
25 *in such section); or*



1           “(C) 1 or more primary health care prac-  
2           tices.

3           “(3) INTEGRATED CARE; BIDIRECTIONAL INTE-  
4           GRATED CARE.—

5           “(A) The term ‘integrated care’ means mod-  
6           els or practices for coordinating and jointly de-  
7           livering behavioral and physical health services,  
8           which may include practices that share the same  
9           space in the same facility.

10          “(B) The term ‘bidirectional integrated  
11          care’ means the integration of behavioral health  
12          care and specialty physical health care, as well  
13          as the integration of primary and physical  
14          health care with specialty behavioral health set-  
15          tings, including within primary health care set-  
16          tings.

17          “(4) PRIMARY HEALTH CARE PROVIDER.—The  
18          term ‘primary health care provider’ means a provider  
19          who—

20                 “(A) provides health services related to fam-  
21                 ily medicine, internal medicine, pediatrics, ob-  
22                 stetrics, gynecology, or geriatrics; or

23                 “(B) is a doctor of medicine or osteopathy,  
24                 physician assistant, or nurse practitioner, who is  
25                 licensed to practice medicine by the State in

1           *which such physician, assistant, or practitioner*  
2           *primarily practices, including within primary*  
3           *health care settings.*

4           “(5) *PRIMARY HEALTH CARE PRACTICE.*—*The*  
5           *term ‘primary health care practice’ means a medical*  
6           *practice of primary health care providers, including*  
7           *a practice within a larger health care system.*

8           “(6) *SPECIAL POPULATION.*—*The term ‘special*  
9           *population’, for an eligible entity that is collaborating*  
10          *with an entity described in subparagraph (A) or (B)*  
11          *of paragraph (3), means—*

12                 “(A) *adults with a serious mental illness*  
13                 *who have a co-occurring physical health condi-*  
14                 *tion or chronic disease;*

15                 “(B) *children and adolescents with a men-*  
16                 *tal illness who have a co-occurring physical*  
17                 *health condition or chronic disease;*

18                 “(C) *individuals with a substance use dis-*  
19                 *order; or*

20                 “(D) *individuals with a mental illness who*  
21                 *have a co-occurring substance use disorder.*

22          “(b) *GRANTS AND COOPERATIVE AGREEMENTS.*—

23                 “(1) *IN GENERAL.*—*The Secretary may award*  
24                 *grants and cooperative agreements to eligible entities*  
25                 *to support the improvement of integrated care for*

1       *physical and behavioral health care in accordance*  
2       *with paragraph (2).*

3               “(2) *USE OF FUNDS.*—*A grant or cooperative*  
4       *agreement awarded under this section shall be used—*

5                       “(A) *in the case of an eligible entity that is*  
6       *collaborating with an entity described in sub-*  
7       *paragraph (A) or (B) of subsection (a)(2)—*

8                               “(i) *to promote full integration and*  
9       *collaboration in clinical practices between*  
10       *physical and behavioral health care for spe-*  
11       *cial populations including each population*  
12       *listed in subsection (a)(7);*

13                               “(ii) *to support the improvement of in-*  
14       *tegrated care models for physical and behav-*  
15       *ioral health care to improve the overall*  
16       *wellness and physical health status of—*

17                                       “(I) *adults with a serious mental*  
18       *illness or children with a serious emo-*  
19       *tional disturbance; and*

20                                       “(II) *individuals with a substance*  
21       *use disorder; and*

22                               “(iii) *to promote bidirectional inte-*  
23       *grated care services including screening, di-*  
24       *agnosis, prevention, treatment, and recovery*  
25       *of mental and substance use disorders, and*

1           *co-occurring physical health conditions and*  
2           *chronic diseases; and*

3           “(B) *in the case of an eligible entity that is*  
4           *collaborating with a primary health care prac-*  
5           *tice, to support the uptake of the collaborative*  
6           *care model, including by—*

7                     “(i) *hiring staff;*

8                     “(ii) *identifying and formalizing con-*  
9                     *tractual relationships with other health care*  
10                    *providers, including providers who will*  
11                    *function as psychiatric consultants and be-*  
12                    *havioral health care managers in providing*  
13                    *behavioral health integration services*  
14                    *through the collaborative care model;*

15                    “(iii) *purchasing or upgrading soft-*  
16                    *ware and other resources needed to appro-*  
17                    *priately provide behavioral health integra-*  
18                    *tion services through the collaborative care*  
19                    *model, including resources needed to estab-*  
20                    *lish a patient registry and implement meas-*  
21                    *urement-based care; and*

22                    “(iv) *for such other purposes as the*  
23                    *Secretary determines to be necessary.*

24           “(c) *APPLICATIONS.—*

1           “(1) *IN GENERAL.*—*An eligible entity that is col-*  
2           *laborating with an entity described in subparagraph*  
3           *(A) or (B) of subsection (a)(2) seeking a grant or co-*  
4           *operative agreement under subsection (b)(2)(A) shall*  
5           *submit an application to the Secretary at such time,*  
6           *in such manner, and accompanied by such informa-*  
7           *tion as the Secretary may require, including the con-*  
8           *tents described in paragraph (2).*

9           “(2) *CONTENTS.*—*Any such application of an el-*  
10           *igible entity described in subparagraph (A) or (B) of*  
11           *subsection (a)(2) shall include—*

12                   “(A) *a description of a plan to achieve fully*  
13                   *collaborative agreements to provide bidirectional*  
14                   *integrated care to special populations;*

15                   “(B) *a document that summarizes the poli-*  
16                   *cies, if any, that are barriers to the provision of*  
17                   *integrated care, and the specific steps, if applica-*  
18                   *ble, that will be taken to address such barriers;*

19                   “(C) *a description of partnerships or other*  
20                   *arrangements with local health care providers to*  
21                   *provide services to special populations;*

22                   “(D) *an agreement and plan to report to*  
23                   *the Secretary performance measures necessary to*  
24                   *evaluate patient outcomes and facilitate evalua-*  
25                   *tions across participating projects;*

1           “(E) a description of how validated rating  
2           scales will be implemented to support the im-  
3           provement of patient outcomes using measure-  
4           ment-based care, including those related to de-  
5           pression screening, patient follow-up, and symp-  
6           tom remission; and

7           “(F) a plan for sustainability beyond the  
8           grant or cooperative agreement period under sub-  
9           section (e).

10           “(3) COLLABORATIVE CARE MODEL GRANTS.—An  
11           eligible entity that is collaborating with a primary  
12           health care practice seeking a grant pursuant to sub-  
13           section (b)(2)(B) shall submit an application to the  
14           Secretary at such time, in such manner, and accom-  
15           panied by such information as the Secretary may re-  
16           quire.

17           “(d) GRANT AND COOPERATIVE AGREEMENT  
18           AMOUNTS.—

19           “(1) TARGET AMOUNT.—The target amount that  
20           an eligible entity may receive for a year through a  
21           grant or cooperative agreement under this section  
22           shall be—

23           “(A) \$2,000,000 for an eligible entity de-  
24           scribed in subparagraph (A) or (B) of subsection  
25           (a)(2); or

1           “(B) \$100,000 or less for an eligible entity  
2           described in subparagraph (C) of subsection  
3           (a)(2).

4           “(2) *ADJUSTMENT PERMITTED.*—The Secretary,  
5           taking into consideration the quality of an eligible en-  
6           tity’s application and the number of eligible entities  
7           that received grants under this section prior to the  
8           date of enactment of the Restoring Hope for Mental  
9           Health and Well-Being Act of 2022, may adjust the  
10          target amount that an eligible entity may receive for  
11          a year through a grant or cooperative agreement  
12          under this section.

13          “(3) *LIMITATION.*—An eligible entity that is col-  
14          laborating with an entity described in subparagraph  
15          (A) or (B) of subsection (a)(2) receiving funding  
16          under this section—

17                 “(A) may not allocate more than 20 percent  
18                 of the funds awarded to such eligible entity  
19                 under this section to administrative functions;  
20                 and

21                 “(B) shall allocate the remainder of such  
22                 funding to health facilities that provide inte-  
23                 grated care.

24          “(e) *DURATION.*—A grant or cooperative agreement  
25          under this section shall be for a period not to exceed 5 years.

1       “(f) *REPORT ON PROGRAM OUTCOMES.—An eligible*  
2 *entity receiving a grant or cooperative agreement under this*  
3 *section—*

4           “(1) *that is collaborating with an entity de-*  
5 *scribed in subparagraph (A) or (B) of subsection*  
6 *(a)(2) shall submit an annual report to the Secretary*  
7 *that includes—*

8                   “(A) *the progress made to reduce barriers to*  
9 *integrated care as described in the entity’s appli-*  
10 *cation under subsection (c); and*

11                   “(B) *a description of outcomes with respect*  
12 *to each special population listed in subsection*  
13 *(a)(7), including outcomes related to education,*  
14 *employment, and housing; or*

15           “(2) *that is collaborating with a primary health*  
16 *care practice shall submit an annual report to the*  
17 *Secretary that includes—*

18                   “(A) *the progress made to improve access;*

19                   “(B) *the progress made to improve patient*  
20 *outcomes; and*

21                   “(C) *the progress made to reduce referrals to*  
22 *specialty care.*

23       “(g) *TECHNICAL ASSISTANCE FOR PRIMARY-BEHAV-*  
24 *IORAL HEALTH CARE INTEGRATION.—*



1           “(1) *CERTAIN RECIPIENTS.—The Secretary may*  
2           *provide appropriate information, training, and tech-*  
3           *nical assistance to eligible entities that are collabo-*  
4           *rating with an entity described in subparagraph (A)*  
5           *or (B) of subsection (a)(2) that receive a grant or co-*  
6           *operative agreement under this section, in order to*  
7           *help such entities meet the requirements of this sec-*  
8           *tion, including assistance with—*

9                   “(A) *development and selection of integrated*  
10                  *care models;*

11                  “(B) *dissemination of evidence-based inter-*  
12                  *ventions in integrated care;*

13                  “(C) *establishment of organizational prac-*  
14                  *tices to support operational and administrative*  
15                  *success; and*

16                  “(D) *other activities, as the Secretary deter-*  
17                  *mines appropriate.*

18           “(2) *COLLABORATIVE CARE MODEL RECIPI-*  
19           *ENTS.—The Secretary shall provide appropriate in-*  
20           *formation, training, and technical assistance to eligi-*  
21           *ble entities that are collaborating with primary health*  
22           *care practices that receive funds under this section to*  
23           *help such entities implement the collaborative care*  
24           *model, including—*

1           “(A) developing financial models and budg-  
2           ets for implementing and maintaining a collabo-  
3           rative care model, based on practice size;

4           “(B) developing staffing models for essential  
5           staff roles;

6           “(C) providing strategic advice to assist  
7           practices seeking to utilize other clinicians for  
8           additional psychotherapeutic interventions;

9           “(D) providing information technology ex-  
10          pertise to assist with building the collaborative  
11          care model into electronic health records, includ-  
12          ing assistance with care manager tools, patient  
13          registry, ongoing patient monitoring, and pa-  
14          tient records;

15          “(E) training support for all key staff and  
16          operational consultation to develop practice  
17          workflows;

18          “(F) establishing methods to ensure the  
19          sharing of best practices and operational knowl-  
20          edge among primary health care physicians and  
21          primary health care practices that provide be-  
22          havioral health integration services through the  
23          collaborative care model; and

24          “(G) providing guidance and instruction to  
25          primary health care physicians and primary

1           *health care practices on developing and main-*  
2           *taining relationships with community-based*  
3           *mental health and substance use disorder facili-*  
4           *ties for referral and treatment of patients whose*  
5           *clinical presentation or diagnosis is best suited*  
6           *for treatment at such facilities.*

7           “(3) *ADDITIONAL DISSEMINATION OF TECHNICAL*  
8           *INFORMATION.—In addition to providing the assist-*  
9           *ance described in paragraphs (1) and (2) to recipi-*  
10           *ents of a grant or cooperative agreement under this*  
11           *section, the Secretary may also provide such assist-*  
12           *ance to other States and political subdivisions of*  
13           *States, Indian Tribes and Tribal organizations (as*  
14           *defined under the Federally Recognized Indian Tribe*  
15           *List Act of 1994), outpatient mental health and ad-*  
16           *diction treatment centers, community mental health*  
17           *centers that meet the criteria under section 1913(c),*  
18           *certified community behavioral health clinics de-*  
19           *scribed in section 223 of the Protecting Access to*  
20           *Medicare Act of 2014, primary care organizations*  
21           *such as Federally qualified health centers or rural*  
22           *health clinics as defined in section 1861(aa) of the*  
23           *Social Security Act, primary health care practices,*  
24           *other community-based organizations, and other enti-*

1 *ties engaging in integrated care activities, as the Sec-*  
 2 *retary determines appropriate.*

3 *“(h) AUTHORIZATION OF APPROPRIATIONS.—To carry*  
 4 *out this section, there is authorized to be appropriated*  
 5 *\$60,000,000 for each of fiscal years 2023 through 2027.”.*

6 ***Subtitle B—Helping Enable Access***  
 7 ***to Lifesaving Services***

8 ***SEC. 311. REAUTHORIZATION AND PROVISION OF CERTAIN***  
 9 ***PROGRAMS TO STRENGTHEN THE HEALTH***  
 10 ***CARE WORKFORCE.***

11 *(a) LIABILITY PROTECTIONS FOR HEALTH PROFES-*  
 12 *SIONAL VOLUNTEERS.—Section 224(q)(6) of the Public*  
 13 *Health Service Act (42 U.S.C. 233(q)(6)) is amended by*  
 14 *striking “October 1, 2022” and inserting “October 1, 2027”.*

15 *(b) MINORITY FELLOWSHIPS IN CRISIS CARE MAN-*  
 16 *AGEMENT.—Section 597(b) of the Public Health Service Act*  
 17 *(42 U.S.C. 290ll(b)) is amended by striking “in the fields*  
 18 *of psychiatry,” and inserting “in the fields of crisis care*  
 19 *management, psychiatry,”.*

20 *(c) MENTAL AND BEHAVIORAL HEALTH EDUCATION*  
 21 *AND TRAINING GRANTS.—Section 756 of the Public Health*  
 22 *Service Act (42 U.S.C. 294e–1) is amended—*

23 *(1) in subsection (a)(1), by inserting “(which*  
 24 *may include master’s and doctoral level programs)”*  
 25 *after “occupational therapy”; and*

1           (2) in subsection (f), by striking “For each of fis-  
2           cal years 2019 through 2023” and inserting “For  
3           each of fiscal years 2023 through 2027”.

4           (d) *TRAINING DEMONSTRATION PROGRAM*.—Section  
5           760(g) of the Public Health Service Act (42 U.S.C. 294k(g))  
6           is amended by inserting “and \$31,700,000 for each of fiscal  
7           years 2023 through 2027” before the period at the end.

8           ***Subtitle C—Eliminating the Opt-  
9           Out for Nonfederal Govern-  
10          mental Health Plans***

11          ***SEC. 321. ELIMINATING THE OPT-OUT FOR NONFEDERAL  
12          GOVERNMENTAL HEALTH PLANS.***

13          Section 2722(a)(2) of the Public Health Service Act  
14          (42 U.S.C. 300gg–21(a)(2)) is amended by adding at the  
15          end the following new subparagraph:

16                       “(F) *SUNSET OF ELECTION OPTION*.—

17                               “(i) *IN GENERAL*.—Notwithstanding  
18                               the preceding provisions of this para-  
19                               graph—

20                                       “(I) no election described in sub-  
21                                       paragraph (A) with respect to section  
22                                       2726 may be made on or after the date  
23                                       of the enactment of this subparagraph;  
24                                       and

1                   “(II) except as provided in clause  
2                   (ii), no such election with respect to  
3                   section 2726 expiring on or after the  
4                   date that is 180 days after the date of  
5                   such enactment may be renewed.

6                   “(ii) *EXCEPTION FOR CERTAIN COL-*  
7                   *LECTIVELY BARGAINED PLANS.—Notwith-*  
8                   *standing clause (i)(II), a plan described in*  
9                   *subparagraph (B)(ii) that is subject to mul-*  
10                   *tiple agreements described in such subpara-*  
11                   *graph of varying lengths and that has an*  
12                   *election described in subparagraph (A) with*  
13                   *respect to section 2726 in effect as of the*  
14                   *date of the enactment of this subparagraph*  
15                   *that expires on or after the date that is 180*  
16                   *days after the date of such enactment may*  
17                   *extend such election until the date on which*  
18                   *the term of the last such agreement ex-*  
19                   *pires.”.*

1 ***Subtitle D—Mental Health and***  
2 ***Substance Use Disorder Parity***  
3 ***Implementation***

4 **SEC. 331. GRANTS TO SUPPORT MENTAL HEALTH AND SUB-**  
5 **STANCE USE DISORDER PARITY IMPLEMEN-**  
6 **TATION.**

7 (a) *IN GENERAL.*—Section 2794(c) of the Public  
8 Health Service Act (42 U.S.C. 300gg–94(c)) (as added by  
9 section 1003 of the Patient Protection and Affordable Care  
10 Act (Public Law 111–148)) is amended by adding at the  
11 end the following:

12 “(3) *PARITY IMPLEMENTATION.*—

13 “(A) *IN GENERAL.*—Beginning during the  
14 first fiscal year that begins after the date of en-  
15 actment of this paragraph, the Secretary shall,  
16 out of funds made available pursuant to sub-  
17 paragraph (C), award grants to eligible States to  
18 enforce and ensure compliance with the mental  
19 health and substance use disorder parity provi-  
20 sions of section 2726.

21 “(B) *ELIGIBLE STATE.*—A State shall be el-  
22 igible for a grant awarded under this paragraph  
23 only if such State—

24 “(i) submits to the Secretary an appli-  
25 cation for such grant at such time, in such

1           *manner, and containing such information*  
2           *as specified by the Secretary; and*

3           “(ii) agrees to request and review from  
4           *health insurance issuers offering group or*  
5           *individual health insurance coverage the*  
6           *comparative analyses and other information*  
7           *required of such health insurance issuers*  
8           *under subsection (a)(8)(A) of section 2726*  
9           *relating to the design and application of*  
10           *nonquantitative treatment limitations im-*  
11           *posed on mental health or substance use dis-*  
12           *order benefits.*

13           “(C) *AUTHORIZATION OF APPROPRIA-*  
14           *TIONS.—There are authorized to be appropriated*  
15           *\$10,000,000 for each of the first five fiscal years*  
16           *beginning after the date of the enactment of this*  
17           *paragraph, to remain available until expended,*  
18           *for purposes of awarding grants under subpara-*  
19           *graph (A).”.*

20           (b) *TECHNICAL AMENDMENT.—Section 2794 of the*  
21           *Public Health Service Act (42 U.S.C. 300gg–95), as added*  
22           *by section 6603 of the Patient Protection and Affordable*  
23           *Care Act (Public Law 111–148) is redesignated as section*  
24           *2795.*



1           **TITLE IV—CHILDREN AND**  
2                           **YOUTH**  
3       **Subtitle A—Supporting Children’s**  
4                           **Mental Health Care Access**

5       **SEC. 401. PEDIATRIC MENTAL HEALTH CARE ACCESS**  
6                           **GRANTS.**

7           Section 330M of the Public Health Service Act (42  
8       U.S.C. 254c–19) is amended—

9                       (1) in the section enumerator, by striking  
10           **“330M”** and inserting **“330M.”**;

11                      (2) in subsection (a)—

12                               (A) by striking “Indian tribes and tribal  
13                               organizations” and inserting “Indian Tribes and  
14                               Tribal organizations”; and

15                               (B) by inserting “or, in the case of a State  
16                               that does not submit an application, a nonprofit  
17                               entity that has the support of the State” after  
18                               “450b))”;

19                      (3) in subsection (b)—

20                               (A) in paragraph (1)—

21                                       (i) in subparagraph (G), by inserting  
22                                       “developmental-behavioral pediatricians,”  
23                                       after “adolescent psychiatrists,”;

1                   (ii) in subparagraph (H), by striking  
2                   “; and” at the end and inserting a semi-  
3                   colon;

4                   (iii) by redesignating subparagraph (I)  
5                   as subparagraph (J); and

6                   (iv) by inserting after subparagraph  
7                   (H) the following:

8                   “(I) maintain an up-to-date list of commu-  
9                   nity-based supports for children with mental  
10                  health problems; and”;

11                  (B) by redesignating paragraph (2) as  
12                  paragraph (4);

13                  (C) by inserting after paragraph (1) the fol-  
14                  lowing:

15                  “(2) *SUPPORT TO SCHOOLS AND EMERGENCY DE-*  
16                  *PARTMENTS.—In addition to the activities required*  
17                  *by paragraph (1), a pediatric mental health care tele-*  
18                  *health access program referred to in subsection (a),*  
19                  *with respect to which a grant under such subsection*  
20                  *may be used, may provide support to schools and*  
21                  *emergency departments.*

22                  “(3) *PRIORITY.—In awarding grants under this*  
23                  *section, the Secretary shall give priority to applicants*  
24                  *proposing to—*

1           “(A) continue existing programs that meet  
2           the requirements of paragraph (1);

3           “(B) establish a pediatric mental health  
4           care telehealth access program in the jurisdiction  
5           of a State, Territory, Indian Tribe, or Tribal or-  
6           ganization that does not yet have such a pro-  
7           gram; or

8           “(C) expand a pediatric mental health care  
9           telehealth access program to include one or more  
10          new sites of care, such as a school or emergency  
11          department.”; and

12          (D) in paragraph (4), as redesignated by  
13          subparagraph (B), by inserting “Such a team  
14          may include a developmental-behavioral pedia-  
15          trician.” after “mental health counselor.”;

16          (4) in subsections (c), (d), and (f), by striking  
17          “Indian tribe, or tribal organization” each place it  
18          appears and inserting “Indian Tribe, Tribal organi-  
19          zation, or nonprofit entity”; and

20          (5) by striking subsection (g) and inserting the  
21          following:

22          “(g) *TECHNICAL ASSISTANCE.*—The Secretary shall  
23          award grants or contracts to one or more eligible entities  
24          (as defined by the Secretary) for the purposes of providing

1 *technical assistance and evaluation support to grantees*  
 2 *under subsection (a).*

3 “(h) *AUTHORIZATION OF APPROPRIATIONS.—To carry*  
 4 *out this section, there are authorized to be appropriated—*

5 “(1) *\$14,000,000 for each of fiscal years 2023*  
 6 *through 2025; and*

7 “(2) *\$30,000,000 for each of fiscal years 2026*  
 8 *through 2027.”.*

9 **SEC. 402. INFANT AND EARLY CHILDHOOD MENTAL HEALTH**  
 10 **PROMOTION, INTERVENTION, AND TREAT-**  
 11 **MENT.**

12 *Section 399Z–2(f) of the Public Health Service Act (42*  
 13 *U.S.C. 280h–6(f)) is amended by striking “\$20,000,000 for*  
 14 *the period of fiscal years 2018 through 2022” and inserting*  
 15 *“\$50,000,000 for the period of fiscal years 2023 through*  
 16 *2027”.*

17 ***Subtitle B—Continuing Systems of***  
 18 ***Care for Children***

19 **SEC. 411. COMPREHENSIVE COMMUNITY MENTAL HEALTH**  
 20 **SERVICES FOR CHILDREN WITH SERIOUS**  
 21 **EMOTIONAL DISTURBANCES.**

22 (a) *DEFINITION OF FAMILY.—Section 565(d)(2)(B) of*  
 23 *the Public Health Service Act (42 U.S.C. 290ff–4(d)(2)(B))*  
 24 *is amended by striking “as appropriate regarding mental*  
 25 *health services for the child, the parents of the child (biologi-*

1 *cal or adoptive, as the case may be) and any foster parents*  
2 *of the child” and inserting “as appropriate regarding men-*  
3 *tal health services for the child and the parents or kinship*  
4 *caregivers of the child”.*

5 *(b) AUTHORIZATION OF APPROPRIATIONS.—Para-*  
6 *graph (1) of section 565(f) of the Public Health Service Act*  
7 *(42 U.S.C. 290ff–4(f)) is amended—*

8 *(1) by moving the margin of such paragraph 2*  
9 *ems to the right; and*

10 *(2) by striking “\$119,026,000 for each of fiscal*  
11 *years 2018 through 2022” and inserting*  
12 *“\$125,000,000 for each of fiscal years 2023 through*  
13 *2027”.*

14 **SEC. 412. SUBSTANCE USE DISORDER TREATMENT AND**  
15 **EARLY INTERVENTION SERVICES FOR CHIL-**  
16 **DREN AND ADOLESCENTS.**

17 *Section 514 of the Public Health Service Act (42*  
18 *U.S.C. 290bb–7) is amended—*

19 *(1) in subsection (a), by striking “Indian tribes*  
20 *or tribal organizations” and inserting “Indian Tribes*  
21 *or Tribal organizations”;* and

22 *(2) in subsection (f), by striking “2018 through*  
23 *2022” and inserting “2023 through 2027”.*

1           ***Subtitle C—Garrett Lee Smith***  
2           ***Memorial Reauthorization***

3   ***SEC. 421. SUICIDE PREVENTION TECHNICAL ASSISTANCE***

4                           ***CENTER.***

5           (a) *TECHNICAL AMENDMENT.*—Section 520C of the  
6 *Public Health Service Act (42 U.S.C. 290bb–34)* is amend-  
7 *ed—*

8                   (1) *by striking “tribes” and inserting “Tribes”;*

9           *and*

10                   (2) *by striking “tribal” each place it appears*  
11 *and inserting “Tribal”.*

12           (b) *AUTHORIZATION OF APPROPRIATIONS.*—Section  
13 *520C(c) of the Public Health Service Act (42 U.S.C. 290bb–*  
14 *34(c))* is amended by striking “\$5,988,000 for each of fiscal  
15 *years 2018 through 2022”* and inserting “\$9,000,000 for  
16 *each of fiscal years 2023 through 2027”.*

17           (c) *ANNUAL REPORT.*—Section 520C(d) of the *Public*  
18 *Health Service Act (42 U.S.C. 290bb–34(d))* is amended by  
19 *striking “Not later than 2 years after the date of enactment*  
20 *of this subsection”* and inserting “Not later than 2 years  
21 *after the date of enactment of the Restoring Hope for Mental*  
22 *Health and Well-Being Act of 2022”.*

1 **SEC. 422. YOUTH SUICIDE EARLY INTERVENTION AND PRE-**  
2 **VENTION STRATEGIES.**

3 *Section 520E of the Public Health Service Act (42*  
4 *U.S.C. 290bb–36) is amended—*

5 *(1) by striking “tribe” and inserting “Tribe”;*

6 *(2) by striking “tribal” each place it appears*  
7 *and inserting “Tribal”;*

8 *(3) in subsection (a)(1), by inserting “pediatric*  
9 *health programs,” after “foster care systems,”;*

10 *(4) by amending subsection (b)(1)(B) to read as*  
11 *follows:*

12 *“(B) a public organization or private non-*  
13 *profit organization designated by a State or In-*  
14 *Indian Tribe (as defined under the Federally Rec-*  
15 *ognized Indian Tribe List Act of 1994) to de-*  
16 *velop or direct the State-sponsored statewide or*  
17 *Tribal youth suicide early intervention and pre-*  
18 *vention strategy; or”;*

19 *(5) in subsection (c)—*

20 *(A) in paragraph (1), by inserting “pedi-*  
21 *atric health programs,” after “foster care sys-*  
22 *tems,”;*

23 *(B) in paragraph (7), by inserting “pedi-*  
24 *atric health programs,” after “foster care sys-*  
25 *tems,”;*

1           (C) in paragraph (9), by inserting “pedi-  
2           atric health programs,” after “educational insti-  
3           tutions,”;

4           (D) in paragraph (13), by striking “and”  
5           at the end;

6           (E) in paragraph (14), by striking the pe-  
7           riod at the end and inserting “; and”; and

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

9           “(15) provide to parents, legal guardians, and  
10          family members of youth, supplies to securely store  
11          means commonly used in suicide, if applicable, with-  
12          in the household.”;

13          (6) in subsection (d)—

14               (A) in the heading, by striking “DIRECT  
15               SERVICES” and inserting “SUICIDE PREVENTION  
16               ACTIVITIES”; and

17               (B) by striking “direct services, of which  
18               not less than 5 percent shall be used for activities  
19               authorized under subsection (a)(3)” and insert-  
20               ing “suicide prevention activities”;

21          (7) in subsection (e)(3)(A), by inserting “and  
22          Department of Education” after “Department of  
23          Health and Human Services”;

24          (8) in subsection (g)—



1           (A) in paragraph (1), by striking “18” and  
2           inserting “24”; and

3           (B) in paragraph (2), by striking “2 years  
4           after the date of enactment of *Helping Families  
5           in Mental Health Crisis Reform Act of 2016*”  
6           and inserting “3 years after December 31,  
7           2022”;

8           (9) in subsection (l)(4), by striking “between 10  
9           and 24 years of age” and inserting “up to 24 years  
10          of age”; and

11          (10) in subsection (m), by striking “\$30,000,000  
12          for each of fiscal years 2018 through 2022” and in-  
13          serting “\$40,000,000 for each of fiscal years 2023  
14          through 2027”.

15 **SEC. 423. MENTAL HEALTH AND SUBSTANCE USE DISORDER**  
16                   **SERVICES FOR STUDENTS IN HIGHER EDU-**  
17                   **CATION.**

18          Section 520E–2 of the Public Health Service Act (42  
19 *U.S.C. 290bb–36b*) is amended—

20           (1) in the heading, by striking “**ON CAMPUS**”  
21           and inserting “**FOR STUDENTS IN HIGHER EDU-**  
22           **CATION**”; and

23           (2) in subsection (i), by striking “2018 through  
24           2022” and inserting “2023 through 2027”.

1 **SEC. 424. MENTAL AND BEHAVIORAL HEALTH OUTREACH**  
2 **AND EDUCATION AT INSTITUTIONS OF HIGH-**  
3 **ER EDUCATION.**

4 *Section 549 of the Public Health Service Act (42*  
5 *U.S.C. 290ee-4) is amended—*

6 *(1) in the heading, by striking “ON COLLEGE*  
7 **CAMPUSES”** and inserting **“AT INSTITUTIONS OF**  
8 **HIGHER EDUCATION”**;

9 *(2) in subsection (c)(2), by inserting “, including*  
10 *minority-serving institutions as described in section*  
11 *371(a) of the Higher Education Act of 1965 (20*  
12 *U.S.C. 1067q) and community colleges”* after *“higher*  
13 *education”*; and

14 *(3) in subsection (f), by striking “2018 through*  
15 *2022”* and inserting *“2023 through 2027”*.



Union Calendar No. 276

117<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

**H. R. 7666**

[Report No. 117-364, Part I]

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## **A BILL**

To amend the Public Health Service Act to reauthorize certain programs relating to mental health and substance use disorders, and for other purposes.

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JUNE 13, 2022

Reported from the Committee on Energy and Commerce  
with an amendment

JUNE 13, 2022

Committee on the Judiciary discharged; committed to the  
Committee of the Whole House on the State of the  
Union and ordered to be printed