Calendar No. 319

118TH CONGRESS
2D SESSION

S. 3393

To reauthorize the SUPPORT for Patients and Communities Act, and for other purposes.

IN THE SENATE OF THE UNITED STATES

DECEMBER 4, 2023

Mr. SANDERS (for himself and Mr. CASSIDY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

FEBRUARY 1, 2024

Reported by Mr. SANDERS, with an amendment

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

A BILL

To reauthorize the SUPPORT for Patients and Communities Act, and for other purposes.

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “SUPPORT for Patients and Communities Reauthorization Act”.

1

2

3

4

5

6
(b) Table of Contents.—The table of contents for this Act is as follows:

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sec. 1</td>
<td>Short title, table of contents.</td>
</tr>
<tr>
<td>Title I—Prevention</td>
<td></td>
</tr>
<tr>
<td>Sec. 101</td>
<td>First responder training program.</td>
</tr>
<tr>
<td>Sec. 102</td>
<td>Surveillance and education regarding infections associated with illicit drug use and other risk factors.</td>
</tr>
<tr>
<td>Sec. 103</td>
<td>Preventing overdoses of controlled substances.</td>
</tr>
<tr>
<td>Sec. 104</td>
<td>Pilot program for public health laboratories to detect fentanyl and other synthetic opioids.</td>
</tr>
<tr>
<td>Sec. 105</td>
<td>Prenatal and postnatal health.</td>
</tr>
<tr>
<td>Sec. 106</td>
<td>Donald J. Cohen National Child Traumatic Stress Initiative.</td>
</tr>
<tr>
<td>Sec. 107</td>
<td>Surveillance and data collection for child, youth, and adult trauma.</td>
</tr>
<tr>
<td>Sec. 108</td>
<td>Preventing adverse childhood experiences.</td>
</tr>
<tr>
<td>Sec. 109</td>
<td>Clarification of use of funds for products used to prevent overdose death.</td>
</tr>
<tr>
<td>Sec. 110</td>
<td>Support for individuals and families impacted by fetal alcohol spectrum disorder.</td>
</tr>
<tr>
<td>Sec. 111</td>
<td>Promoting State choice in PDMP systems.</td>
</tr>
<tr>
<td>Title II—Treatment</td>
<td></td>
</tr>
<tr>
<td>Sec. 201</td>
<td>Residential treatment program for pregnant and postpartum women.</td>
</tr>
<tr>
<td>Sec. 202</td>
<td>Loan repayment program for substance use disorder treatment workforce.</td>
</tr>
<tr>
<td>Sec. 203</td>
<td>Regional centers of excellence in substance use disorder education.</td>
</tr>
<tr>
<td>Sec. 204</td>
<td>Mental and behavioral health education and training program.</td>
</tr>
<tr>
<td>Sec. 205</td>
<td>Grants to enhance access to substance use disorder treatment.</td>
</tr>
<tr>
<td>Sec. 206</td>
<td>Grants to improve trauma support services and mental health care for children and youth in educational settings.</td>
</tr>
<tr>
<td>Sec. 207</td>
<td>Development and dissemination of model training programs for substance use disorder patient records.</td>
</tr>
<tr>
<td>Sec. 208</td>
<td>Task force on best practices for trauma-informed identification, referral, and support.</td>
</tr>
<tr>
<td>Sec. 209</td>
<td>Program to support coordination and continuation of care for drug overdose patients.</td>
</tr>
<tr>
<td>Sec. 210</td>
<td>Regulations relating to special registration for telemedicine.</td>
</tr>
<tr>
<td>Sec. 211</td>
<td>Mental health parity.</td>
</tr>
<tr>
<td>Sec. 212</td>
<td>State guidance related to individuals with serious mental illness and children with serious emotional disturbance.</td>
</tr>
<tr>
<td>Sec. 213</td>
<td>Improving access to addiction medicine providers.</td>
</tr>
<tr>
<td>Title III—Recovery</td>
<td></td>
</tr>
<tr>
<td>Sec. 301</td>
<td>Youth prevention and recovery.</td>
</tr>
<tr>
<td>Sec. 302</td>
<td>Comprehensive opioid recovery centers.</td>
</tr>
<tr>
<td>Sec. 303</td>
<td>Building communities of recovery.</td>
</tr>
<tr>
<td>Sec. 304</td>
<td>Peer support technical assistance center.</td>
</tr>
<tr>
<td>Sec. 305</td>
<td>CAREER Act.</td>
</tr>
<tr>
<td>Sec. 306</td>
<td>Office of recovery.</td>
</tr>
<tr>
<td>Title IV—Technical Amendments</td>
<td></td>
</tr>
</tbody>
</table>

S 3393 RS
Sec. 401. Delivery of a controlled substance by a pharmacy to an administering practitioner.
Sec. 402. Technical correction on controlled substances dispensing.
Sec. 403. Required training for prescribers of controlled substances.

TITLE I—PREVENTION

SEC. 101. FIRST RESPONDER TRAINING PROGRAM.

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

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

(2) in subsections (a), (c), and (d)—

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

(B) by striking “opioid” each place it appears;

(3) in subsection (f)—

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

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

(C) in paragraph (2)—

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

(ii) by striking “opioid overdose” and inserting “overdose”; and
(D) in paragraph (3), by striking “opioid and heroin”; and
(4) in subsection (h), by striking “$36,000,000 for each of fiscal years 2019 through 2023” and inserting “$56,000,000 for each of fiscal years 2024 through 2028”.

SEC. 102. SURVEILLANCE AND EDUCATION REGARDING INFECTIONS ASSOCIATED WITH ILLICIT DRUG USE AND OTHER RISK FACTORS.
Section 317N(d) of the Public Health Service Act (42 U.S.C. 247b–15(d)) is amended by striking “2019 through 2023” and inserting “2024 through 2028”.

SEC. 103. PREVENTING OVERDOSES OF CONTROLLED SUBSTANCES.
Section 392A of the Public Health Service Act (42 U.S.C. 280b–1) is amended—
(1) in subsection (a)—
(A) in paragraph (2)—
(i) in subparagraph (C), by inserting “and associated risks” before the period at the end; and
(ii) in subparagraph (D), by striking “opioids” and inserting “substances causing overdose”;
(B) in paragraph (3)(A)—
(i) by inserting "identify substances causing overdose and" after "rapidly"; and

(ii) by striking "abuse, and overdoses" and inserting "overdoses, and associated risk factors";

(2) in subsection (b)(2)—

(A) in subparagraph (B), by inserting "and associated risk factors," after "such overdoses";

(B) in subparagraph (C), by striking "coding" and inserting "monitoring and identifying";

(C) in subparagraph (E)—

(i) by inserting a comma after "public health laboratories"; and

(ii) by inserting "and other emerging substances related" after "anallogues"; and

(D) in subparagraph (F,) by inserting "and associated risk factors" after "overdoses";

and

(3) in subsection (e) by striking "$496,000,000 for each of fiscal years 2019 through 2023" and inserting "$505,579,000 for each of fiscal years 2024 through 2028".
SEC. 104. PILOT PROGRAM FOR PUBLIC HEALTH LABORATORIES TO DETECT FENTANYL AND OTHER SYNTHETIC OPIOIDS.

Section 7011 of the SUPPORT for Patients and Communities Act (42 U.S.C. 247d–10 note) is amended by striking subsection (d).

SEC. 105. PRENATAL AND POSTNATAL HEALTH.

Section 317L(d) of the Public Health Service Act (42 U.S.C. 2476b–13(d)) is amended by striking “2019 through 2023” and inserting “2024 through 2028”.

SEC. 106. DONALD J. COHEN NATIONAL CHILD TRAUMATIC STRESS INITIATIVE.

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

(1) in the section heading, by striking “VIOLENCE RELATED STRESS” and inserting “TRAUMATIC EVENTS”;

(2) in subsection (a)—

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

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

(3) in subsection (b), by inserting “and dissemination” after “the development”; and

(4) in subsection (d)—
(A) by striking "The NCTSI" and inserting the following:

"(1) Coordinating Center.—The NCTSI;"

and

(B) by adding at the end the following:

"(2) NCTSI grantees.—In carrying out subsection (a)(2), NCTSI grantees shall develop trainings and other resources, as applicable and appropriate, to support implementation of the evidence-based practices developed and disseminated under such subsection;"

(5) in subsection (e)—

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

(B) in subparagraph (A), as so redesignated, by inserting "and implementation" after "the dissemination;"

(C) by striking "The NCTSI" and inserting the following:

"(1) Coordinating Center.—"; and

(D) by adding at the end the following:

"(2) NCTSI grantees.—NCTSI grantees shall, as appropriate, collaborate with other such grantees, the NCTSI coordinating center, and the
Secretary in carrying out subsections (a)(2) and (d)(2)."

(6) by amending subsection (h) to read as follows:

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

"(1) a plan for the rigorous evaluation of the activities funded under the grant, contract or agreement, including both process and outcomes evaluation, and the submission of an evaluation at the end of the project period; and

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

(7) in subsection (j), by striking "$63,887,000 for each of fiscal years 2019 through 2023" and inserting "$93,887,000 for each of fiscal years 2024 and 2025, $104,000,000 for fiscal year 2026,"
SEC. 107. SURVEILLANCE AND DATA COLLECTION FOR
CHILD, YOUTH, AND ADULT TRAUMA.

Section 7131(c) of the SUPPORT for Patients and
Communities Act (42 U.S.C. 242t(c)) is amended by strik-
ing "2019 through 2023" and inserting "2024 through
2028".

SEC. 108. PREVENTING ADVERSE CHILDHOOD EXPERI-
ENCES.

(a) GRANT PROGRAM.—

(1) IN GENERAL.—The Secretary of Health and
Human Services (referred to in this section as the
"Secretary"), acting through the Director of the
Centers for Disease Control and Prevention, may
award grants or cooperative agreements to States,
territories, Indian Tribes and Tribal organizations
(as such terms are defined in section 4 of the Indian
Self-Determination and Education Assistance Act
(25 U.S.C. 5304)), and local governmental entities
for purposes of carrying out public health activities
to improve health outcomes by preventing or reduc-
ing adverse childhood experiences.

(2) USE OF FUNDS.—Recipients of an award
under this subsection may use such award to—
(A) identify, implement, and evaluate evidence-based public health activities to prevent or reduce adverse childhood experiences and improve health outcomes;

(B) improve data collection and analysis regarding the prevention and reduction of adverse childhood experiences, including any such data described in section 7131 of the SUPPORT for Patients and Communities Act (42 U.S.C. 242t), to identify—

(i) any geographic areas or populations within the jurisdiction of the recipient of an award that have disproportionately high rates of adverse childhood experiences;

(ii) any types of adverse childhood experiences of high prevalence within such jurisdiction; and

(iii) any short-term health outcomes and long-term health outcomes associated with adverse childhood experiences, including mental health and substance use disorders; and

(C) leverage such data and analysis to inform the identification, implementation, and
evaluation of evidence-based public health activities under subparagraph (A).

(3) PARTNERSHIPS.—Recipients of an award under this subsection may identify opportunities to establish, or strengthen existing, partnerships with other relevant public and private entities within such jurisdiction for purposes of carrying out such award.

(4) TECHNICAL ASSISTANCE.—The Secretary may provide training and technical assistance to recipients of awards under this subsection.

(5) EVALUATION.—Not later than 2 years after the date of enactment of this Act, and annually thereafter, the Secretary shall report to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives on the specific activities supported through awards under this subsection, including the effectiveness of such activities in preventing or reducing adverse childhood experiences.

(b) RESEARCH.—The Secretary may, as appropriate, conduct research to evaluate public health activities to address adverse childhood experiences.
(e) Authorization of Appropriations. — To carry out this section, there is authorized to be appropriated $7,000,000 for each of fiscal years 2024 through 2028.

SEC. 109. CLARIFICATION OF USE OF FUNDS FOR PRODUCTS USED TO PREVENT OVERDOSE DEATHS.

The activities carried out pursuant to section 1003(b)(4)(A) of the 21st Century Cures Act (42 U.S.C. 290ee–3a(b)(4)(A)) may include facilitating access to products used to prevent overdose deaths by detecting the presence of one or more substances, to the extent the purchase and possession of such products is consistent with Federal and State law.

SEC. 110. SUPPORT FOR INDIVIDUALS AND FAMILIES IMPACTED BY FETAL ALCOHOL SPECTRUM DISORDER.

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

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

(2) in section 399H (42 U.S.C. 280f)—

(A) in the section heading, by striking "ESTABLISHMENT OF FETAL ALCOHOL SYNDROME PREVENTION" and inserting
“FETAL ALCOHOL SPECTRUM DISORDERS

PREVENTION, INTERVENTION, ”;

(B) by striking “Fetal Alcohol Syndrome
and Fetal Alcohol Effect” each place it appears
and inserting “FASD”;

(C) in subsection (a)—

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

(ii) in the matter preceding paragraph

(1)—

(I) by inserting “or continue ac-
tivities to support” after “shall estab-
lish”;

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

(III) by striking “prevention,
intervention” and inserting “aware-
ness, prevention, identification, inter-
vention,”; and

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

(iii) in paragraph (1)—
(I) in subparagraph (A)—

(aa) by striking “medical schools” and inserting “health professions schools”; and

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

and

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

(iv) in paragraph (2)—

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

(II) in subparagraph (B)—

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

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

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

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

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

“(A) utilizing and adapting existing Federal, State, or Tribal programs to include FASD identification and FASD-informed sup-
\(\text{(B)}\) developing and expanding screening
and diagnostic capacity for FASD;

\(\text{(C)}\) developing, implementing, and evalu-
ating targeted FASD-informed intervention
programs for FASD;

\(\text{(D)}\) increasing awareness of FASD;

\(\text{(E)}\) providing training with respect to
FASD for professionals across relevant sectors;
and

\(\text{(F)}\) disseminating information about
FASD and support services to affected individ-
uals and their families.

(D) in subsection (b)—

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

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

\(\text{(1) IN GENERAL.—The Secretary”;} \text{ and}

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

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

\(\text{(A) be a State, Indian Tribe or Tribal or-
organization, local government, scientific or aca-}
demic institution, or nonprofit organization; and

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

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

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

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

(F) by adding at the end the following:

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

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

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

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

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

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

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

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

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

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

"(6) Providing technical assistance to recipients of grants, cooperative agreements, or contracts under section 399H, as appropriate.
"(7) Carrying out other functions, as appropriate.

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

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

"(1) Prevention activities.

"(2) Screening and identification.

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

"(4) Intervention services.

"SEC. 399J. AUTHORIZATION OF APPROPRIATIONS.

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

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

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

SEC. 111. PROMOTING STATE CHOICE IN PDMP SYSTEMS.

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

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

TITLE II—TREATMENT

SEC. 201. RESIDENTIAL TREATMENT PROGRAM FOR PREGNANT AND POSTPARTUM WOMEN.

Section 508 of the Public Health Service Act (42 U.S.C. 290bb–l) is amended—
(1) in subsection (d)(11)(C), by striking “providing health services” and inserting “providing health care services”;

(2) in subsection (g)—

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

(B) by adding at the end the following:

“Such plan may include a description of how such applicant will target outreach to women disproportionately impacted by maternal substance use disorder.”; and

(3) in subsection (s), by striking “$29,931,000 for each of fiscal years 2019 through 2023” and inserting “$38,931,000 for each of fiscal years 2024 through 2028”.

SEC. 292. LOAN REPAYMENT PROGRAM FOR SUBSTANCE USE DISORDER TREATMENT WORKFORCE.

Section 781(j) of the Public Health Service Act (42 U.S.C. 295h(j)) is amended by striking “$25,000,000 for each of fiscal years 2019 through 2023” and inserting “$50,000,000 for each of fiscal years 2024 through 2028.”
SEC. 203. REGIONAL CENTERS OF EXCELLENCE IN SUBSTANCE USE DISORDER EDUCATION.

Section 551 of the Public Health Service Act (42 U.S.C. 290ee–6) is amended by striking subsection (f).

SEC. 204. MENTAL AND BEHAVIORAL HEALTH EDUCATION AND TRAINING PROGRAM.

Section 756(f) of the Public Health Service Act (42 U.S.C. 294e–1(f)) is amended to read as follows:

''(f) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated the following:

''(1) $50,000,000 for fiscal year 2024, to be allocated as follows:

''(A) For grants described in subsection (a)(1), $15,000,000.

''(B) For grants described in subsection (a)(2), $15,000,000.

''(C) For grants described in subsection (a)(3), $10,000,000.

''(D) For grants described in subsection (a)(4), $10,000,000.

''(2) $55,000,000 for fiscal year 2025, to be allocated as follows:

''(A) For grants described in subsection (a)(1), $16,500,000.
(B) For grants described in subsection (a)(2), $16,500,000.

(C) For grants described in subsection (a)(3), $11,000,000.

(D) For grants described in subsection (a)(4), $11,000,000.

(3) $60,000,000 for fiscal year 2026, to be allocated as follows:

(A) For grants described in subsection (a)(1), $18,000,000.

(B) For grants described in subsection (a)(2), $18,000,000.

(C) For grants described in subsection (a)(3), $12,000,000.

(D) For grants described in subsection (a)(4), $12,000,000.

(4) $65,000,000 for fiscal year 2027, to be allocated as follows:

(A) For grants described in subsection (a)(1), $19,500,000.

(B) For grants described in subsection (a)(2), $19,500,000.

(C) For grants described in subsection (a)(3), $13,000,000.
“(D) For grants described in subsection (a)(4), $13,000,000.

“(5) $75,000,000 for fiscal year 2028, to be allocated as follows:

“(A) For grants described in subsection (a)(1), $22,500,000.

“(B) For grants described in subsection (a)(2), $22,500,000.

“(C) For grants described in subsection (a)(3), $15,000,000.

“(D) For grants described in subsection (a)(4), $15,000,000.”.

SEC. 205. GRANTS TO ENHANCE ACCESS TO SUBSTANCE USE DISORDER TREATMENT.

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

(1) by striking subsection (b); and

(2) by striking “IN GENERAL—The Secretary” and inserting the following:

“The Secretary”.

"S 3393 RS"
SEC. 206. GRANTS TO IMPROVE TRAUMA SUPPORT SERVICES AND MENTAL HEALTH CARE FOR CHILDREN AND YOUTH IN EDUCATIONAL SETTINGS.

Section 7134 of the SUPPORT for Patients and Communities Act (42 U.S.C. 280h–7) is amended—

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

(2) in subsection (e)—

(A) in paragraph (1), by inserting “early intervention,” after “screening,”;

(B) in paragraph (3)—

(i) in the matter preceding subparagraph (A), by inserting “other staff,” after “support personnel,”; and

(ii) in subparagraph (A), by striking “social and emotional learning” and inserting “developmentally appropriate practices”;

(C) in paragraph (5), by inserting “reduce stigma associated with mental health care and” after “efforts to”;

(3) in subsection (d)—

(A) in paragraph (4)—

(i) in subparagraph (A), by striking “and” and inserting a semicolon,
(ii) in subparagraph (B)—

(I) by striking "tribal organizations as appropriate, other school personnel" and inserting "Tribal organizations as appropriate, other staff";

and

(II) by striking the period and inserting "; and"; and

(iii) by adding at the end the following:

"(C) parents and guardians will be informed of what trauma support services and mental health care are available to their students and what services and care their students receive, in accordance with the parental consent requirements under subsection (h)(2)."; and

(B) by adding at the end the following:

"(7) A plan for sustaining the program following the end of the award period.";

(4) in subsection (f)(1), by inserting "; which shall include a description of how the school obtains consent from the student's parent or guardian for the provision of trauma support services and mental health care" after "this section";
(5) in subsection (g), by striking "tribal" and inserting "Tribal'';

(6) in subsection (h)—

(A) in the subsection heading, by inserting "APPLICATION OF CERTAIN PROVISIONS" after "CONSTRUCTION'';

(B) by striking "tribal'' each place it appears and inserting "Tribal'';

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

(D) by striking "Nothing in this section'' and inserting the following:

"(1) IN GENERAL.—Nothing in this section'';

and

(E) by adding at the end the following:

"(2) APPLICATION OF PROVISIONS.—

"(A) RULES.—Section 4001 of the Elementary and Secondary Education Act of 1965 (not including the exception under subsection (a)(2)(B)(i) of such section) shall apply to an entity receiving a grant, contract, or cooperative agreement under this section in the same manner as such section 4001 applies to an entity receiving funding under title IV of such Act."
“(B) Privacy protections.—Any education record of a student collected or maintained under subsection (c)(4) shall have the protections required for education records under section 444 of the General Education Provisions Act.”

(7) in subsection (k)—

(A) by redesignating paragraphs (5) through (11) as paragraphs (6) through (12), respectively; and

(B) by inserting after paragraph (4) the following:

“(5) Other staff.—The term ‘other staff’ has the meaning given such term in section 8101 of the Elementary and Secondary Education Act of 1965.”

and

(8) in subsection (l), by striking “2019 through 2023” and inserting “2024 through 2028”.

SEC. 207. DEVELOPMENT AND DISSEMINATION OF MODEL TRAINING PROGRAMS FOR SUBSTANCE USE DISORDER PATIENT RECORDS.

Section 7053 of the SUPPORT for Patients and Communities Act (42 U.S.C. 290dd–2 note) is amended by striking subsection (c):
SEC. 208. TASK FORCE ON BEST PRACTICES FOR TRAUMA-INFORMED IDENTIFICATION, REFERRAL, AND SUPPORT.

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

(1) in subsection (b)(1)—

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

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

“(CC) The Administration for Community Living;”;

(2) in subsection (d)(1), in the matter preceding subparagraph (A), by inserting “developmental disability service providers” before “individuals who are”; and

(3) in subsection (i), by striking “2023” and inserting “2028”.

SEC. 209. PROGRAM TO SUPPORT COORDINATION AND CONTINUATION OF CARE FOR DRUG OVERDOSE PATIENTS.

Section 7081 of the SUPPORT for Patients and Communities Act (42 U.S.C. 290dd–4) is amended by striking subsection (f).
SEC. 210. REGULATIONS RELATING TO SPECIAL REGISTRATION FOR TELEMEDICINE.

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

SEC. 211. MENTAL HEALTH PARITY.

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

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

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

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

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

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

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

(b) DEFINITIONS.—In this section, the terms “group
health plan” and “health insurance issuer” have the
meanings given such terms in section 733 of the Employee
1191b).

SEC. 212. STATE GUIDANCE RELATED TO INDIVIDUALS
WITH SERIOUS MENTAL ILLNESS AND CHIL-
DREN WITH SERIOUS EMOTIONAL DISTURB-
ANCE.

(a) REVIEW OF USE OF CERTAIN FUNDING.—Not
later than 1 year after the date of enactment of this Act,
the Secretary of Health and Human Services, acting
through the Assistant Secretary for Mental Health and
Substance Use, shall conduct a review of the use by States
of funds made available under the Community Mental
Health Services Block Grant program under subpart I of part B of title XIX of the Public Health Service Act (42 U.S.C. 300x et seq.) for First Episode Psychosis activities.

Such review shall consider the following:

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

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

(3) The percentage of the State funding under the block grant program that is applied toward early serious mental illness and funding in excess of, or under, 10 percent of the amount of the grant, broken down by State.

(4) The percentage of funds expended by States through such block grant program specifically on First Episode Psychosis, to the extent such information is available.
(5) How many individuals are served by the expenditures described in paragraph (3) and (4), on a per-capita basis.

(6) How the funds are used to reach underserved populations, including rural populations and racial and ethnic minority populations.

(b) REPORT AND GUIDANCE.—

(1) REPORT.—Not later than 6 months after the completion of the review under subsection (a), the Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, shall submit to the Committee on Appropriations, the Committee on Health, Education, Labor, and Pensions, and the Committee on Finance of the Senate and to the Committee on Appropriations and the Committee on Energy and Commerce of the House of Representatives a report on the findings made as a result of the review conducted under subsection (a). Such report shall include any recommendations with respect to any changes to the Community Mental Health Services Block Grant program under subpart I of part B of title XIX of the Public Health Service Act (42 U.S.C. 300x et seq.), including the set aside required for First Episode Psychosis, that would facili-
tate improved outcomes for the targeted population involved.

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

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

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

(1) shall provide updated guidance to States concerning the manner in which Federal funding provided to States through programs administered by such agencies, including the Community Mental Health Services Block Grant program under subpart I of part B of title XIX of the Public Health Service Act (42 U.S.C. 300x et seq.), may be coordinated to provide evidence-based health care services such as coordinated specialty care to individuals with serious mental illness and serious emotional disturbance, and interventions for individuals with early serious mental illness, including First Episode Psychosis; and

(2) may streamline relevant State reporting requirements if such streamlining would result in making it easier for States to coordinate funding under the programs described in paragraph (1) to improve treatments for individuals with serious mental illness and serious emotional disturbance.

SEC. 213. IMPROVING ACCESS TO ADDICTION MEDICINE PROVIDERS.

Section 597 of the Public Health Service Act (42 U.S.C. 290ll) is amended—
in subsection (a)(1), by inserting “diagnosis,” after “related to”; and

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

**TITLE III—RECOVERY**

**SEC. 301. YOUTH PREVENTION AND RECOVERY.**

Section 7102(e) of the SUPPORT for Patients and Communities Act (42 U.S.C. 290bb–7a(e)) is amended—

(1) in paragraph (2)—

(A) in subparagraph (A)—

(i) in clause (i)—

(I) by inserting “or a consortia of local educational agencies,” after “a local educational agency”; and

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

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

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

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

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

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

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

(2) in paragraph (3)(A), in the matter preceding clause (i)—

(A) by striking “and abuse’’; and

(B) by inserting “at increased risk for substance misuse” after “specific populations’’;

(3) in paragraph (4)—

(A) in the matter preceding subparagraph (A), by striking “Indian tribes’’ and inserting “Indian Tribes’’;

(B) in subparagraph (A), by striking “and abuse’’; and

(C) in subparagraph (B), by striking “peer mentoring’’ and inserting “peer-to-peer support’’;
(4) in paragraph (5), by striking "tribal" and inserting "Tribal";

(5) in paragraph (6)(A)—

(A) in clause (iv), by striking "; and" and inserting a semicolon; and

(B) by adding at the end the following:

"(vi) a plan to sustain the activities carried out under the grant program, after the grant program has ended; and";

(6) in paragraph (8), by striking "2022" and inserting "2027"; and

(7) by amending paragraph (9) to read as follows:

"(9) Authorization of Appropriations.—To carry out this subsection, there are authorized to be appropriated $10,000,000 for fiscal year 2024, $12,000,000 for fiscal year 2025, $14,000,000 for fiscal year 2026, $16,000,000 for fiscal year 2027, and $18,000,000 for fiscal year 2028.".

SEC. 302. COMPREHENSIVE OPIOID RECOVERY CENTERS.

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

(1) in subsection (d)(2)—

(A) in the matter preceding subparagraph (A), by striking "and in such manner" and in-
serting "", in such manner, and containing such
information and assurances"; and

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

(2) in subsection (h)—

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

(B) by striking "With respect to" and in-
serting the following:

""(1) IN GENERAL.—With respect to"; and

(C) by adding at the end the following:

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

(3) in subsection (j), by striking “2019 through
2023” and inserting “2024 through 2028”.

SEC. 303. BUILDING COMMUNITIES OF RECOVERY.

Section 547(f) of the Public Health Service Act (42
U.S.C. 290ee–2(f)) is amended by striking “$5,000,000
for each of fiscal years 2019 through 2023” and inserting
“$16,000,000 for each of fiscal years 2024 through
2028”.

SEC. 304. PEER SUPPORT TECHNICAL ASSISTANCE CEN-
TER.

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

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

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

“(B) making recovery support services
available in nonclinical settings; and’’;

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

(3) by inserting after subsection (e) the fol-
lowing:
(d) Pilot Program.—

(1) In general.—The Secretary shall carry out a pilot program to establish one regional technical assistance center (referred to in this subsection as the 'Regional Center') to assist the Center in carrying out activities described in subsection (b) within the geographic region of such Regional Center in a manner that is tailored to the needs of such region.

(2) Evaluation.—Not later than 4 years after the date of enactment of the SUPPORT for Patients and Communities Reauthorization Act, the Secretary shall evaluate the activities of the Regional Center and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the findings of such evaluation, including—

(A) a description of the distinct roles and responsibilities of the Regional Center and the Center;

(B) available information relating to the outcomes of the pilot program under this subsection, such as any impact the Regional Center had on the operations and efficiency of the Center relating to requests for technical assistance...
and support within the region of such Regional Center;

"(C) a description of any gaps or areas of duplication relating to the activities of the Regional Center and the Center within such region; and

"(D) recommendations relating to the modification, expansion, or termination of the pilot program under this subsection.

"(3) TERMINATION.—This subsection shall terminate on September 30, 2028."); and

(4) in subsection (f), as so redesignated, by striking "$1,000,000 for each of fiscal years 2019 through 2023" and inserting "$2,000,000 for each of fiscal years 2024 through 2028".

SEC. 305. CAREER ACT.

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

(1) in the section heading, by inserting "; TREATMENT, RECOVERY, AND WORKFORCE SUPPORT GRANTS" after "CAREER ACT";

(2) in subsection (b), by inserting "each" before "for a period";

(3) in subsection (e)—
(A) in paragraph (1), by striking “the rates described in paragraph (2)” and inserting “the average rates for calendar years 2018 through 2022 described in paragraph (2)” ; and

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

“(2) RATES.—The rates described in this paragraph are the following:

“(A) The highest age-adjusted average rates of drug overdose deaths for calendar years 2018 through 2022 based on data from the Centers for Disease Control and Prevention, including, if necessary, provisional data for calendar year 2022.

“(B) The highest average rates of unemployment for calendar years 2018 through 2022 based on data provided by the Bureau of Labor Statistics.

“(C) The lowest average labor force participation rates for calendar years 2018 through 2022 based on data provided by the Bureau of Labor Statistics.”;

(4) in subsection (g)—

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

(B) by redesignating paragraphs (1) through (3) as subparagraphs (A) through (C),
respectively, and adjusting the margins accordingly;

(C) in the matter preceding subparagraph
(A) (as so redesignated), by striking "An enti-
try'' and inserting the following:

``(1) IN GENERAL.—An entity''; and

(D) by adding at the end the following:

``(2) TRANSPORTATION SERVICES.—An entity
receiving a grant under this section may use not
more than 5 percent of the funds for providing
transportation for individuals to participate in an ac-
tivity supported by a grant under this section, which
transportation shall be to or from a place of work
or a place where the individual is receiving career
and technical education or job training services or
receiving services directly linked to treatment of or
recovery from a substance use disorder.

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

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

(6) in subsection (j)—

(A) in paragraph (1), by inserting “for grants awarded prior to the date of enactment of the SUPPORT for Patients and Communities Reauthorization Act” after “grant period under this section”; and

(B) in paragraph (2)—

(i) in the matter preceding subparagraph (A), by striking “2 years after submitting the preliminary report required under paragraph (1)” and inserting “September 30, 2028”; and

(ii) in subparagraph (A), by striking “(g)(3)” and inserting “(g)(1)(C)”;}
(7) in subsection (k), by striking "$5,000,000 for each of fiscal years 2019 through 2023" and inserting "$12,000,000 for each of fiscal years 2024 through 2028".

(b) Clerical Amendment.—The table of contents in section 1(b) of the SUPPORT for Patients and Communities Act (Public Law 115–271; 132 Stat. 3894) is amended by striking the item relating to section 7183 and inserting the following:

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

SEC. 306. OFFICE OF RECOVERY.

Part A of title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is amended by inserting after section 501C (42 U.S.C. 290aa–0b) the following:

SEC. 501D. OFFICE OF RECOVERY.

(a) In General.—There is established, within the Substance Abuse and Mental Health Services Administration, an Office of Recovery (referred to in this section as the ‘Office’).

(b) Responsibilities.—The Office shall, taking into account the perspectives of individuals with demonstrated experience in mental health or substance use disorder recovery—

(1) identify new and emerging challenges related to the provision of recovery support services;
support technical assistance, data analysis, and evaluation functions in order to assist States, local governmental entities, Indian Tribes, and Tribal organizations in implementing and strengthening recovery support services, consistent with the needs of such States, local governmental entities, Indian Tribes, and Tribal organizations; and

ensure coordination of efforts to identify, disseminate, and evaluate best practices related to—

(A) improving the capacity of, and access to, recovery support services; and

(B) supporting the training, education, professional development, and retention of peer support specialists.

REPORT.—Not later than 4 years after the date of enactment of the SUPPORT for Patients and Communities Reauthorization Act, the Assistant Secretary for Mental Health and Substance Use shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the activities conducted by the Office, including—

(1) a description of the specific roles and responsibilities of the Office;
“(2) a description of the relationship between
the Office and other relevant components or pro-
grams of the Substance Abuse and Mental Health
Services Administration;

“(3) the identification of any gaps in the activi-
ties of the Substance Abuse and Mental Health
Services Administration or challenges in coordina-
tion between the Office and such relevant compo-
nents or programs of such agency; and

“(4) recommendations related to the continued
operations of the Office:

“(d) SUNSET.—This section shall cease to have force
or effect on September 30, 2028.”.

TITLE IV—TECHNICAL
AMENDMENTS

SEC. 401. DELIVERY OF A CONTROLLED SUBSTANCE BY A
PHARMACY TO AN ADMINISTERING PRACTI-
TIONER.

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

“(2) the controlled substance is a drug in
schedule III, IV, or V to be administered—
“(A) by injection or implantation for the purpose of maintenance or detoxification treatment; or

“(B) intranasally, subject to risk evaluation and mitigation strategy pursuant to section 505–1 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355–1), with post-administration monitoring by a health care professional;”.

SEC. 402. TECHNICAL CORRECTION ON CONTROLLED SUBSTANCES DISPENSING.

Effective as if included in the enactment of Public Law 117–328—

(1) section 1252(a) of division FF of Public Law 117–328 (136 Stat. 5681) is amended, in the matter being inserted into section 302(c) of the Controlled Substances Act, by striking “303(g)” and inserting “303(h)”;

(2) section 1262 of division FF of Public Law 117–328 (136 Stat. 5681) is amended—

(A) in subsection (a)—

(i) in the matter preceding paragraph (1), by striking “303(g)” and inserting “303(h)”,
(ii) in the matter being stricken by subsection (a)(2), by striking ``(g)(1)'' and inserting ``(h)(1)''; and

(iii) in the matter being inserted by subsection (a)(2), by striking ``(g) Practitioners'' and inserting ``(h) Practitioners'';

and

(B) in subsection (b)—

(i) in the matter being stricken by paragraph (1), by striking ``303(g)(1)'' and inserting ``303(h)(1)'';

(ii) in the matter being inserted by paragraph (1), by striking ``303(g)'' and inserting ``303(h)'';

(iii) in the matter being stricken by paragraph (2)(A), by striking ``303(g)(2)'' and inserting ``303(h)(2)'';

(iv) in the matter being stricken by paragraph (3), by striking ``303(g)(2)(B)'' and inserting ``303(h)(2)(B)'';

(v) in the matter being stricken by paragraph (5), by striking ``303(g)'' and inserting ``303(h)'', and
(vi) in the matter being stricken by paragraph (6), by striking "303(g)" and inserting "303(h)"; and

(3) section 1263(b) of division FF of Public Law 117–328 (136 Stat. 5685) is amended—

(A) by striking "303(g)(2)" and inserting "303(h)(2)"; and

(B) by striking "(21 U.S.C. 823(g)(2))" and inserting "(21 U.S.C. 823(h)(2))".

SEC. 403. REQUIRED TRAINING FOR PRESCRIBERS OF CONTROLLED SUBSTANCES.

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

(1) by redesignating the second subsection designated as subsection (l) as subsection (m); and

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

(A) in subparagraph (A)—

(i) In clause (iv)—

(1) In subclause (I)—

(aa) by inserting "the American Academy of Family Physicians, the American Podiatric Medical Association, the Academy of General Dentistry," before "or any other organization";
(bb) by striking "or the Commission" and inserting "the Commission"; and

(ee) by inserting "or the Council on Podiatric Medical Education" before the semicolon at the end; and

(II) in subclause (III), by inserting "or the American Academy of Family Physicians" after "Association"; and

(ii) in clause (v), in the matter preceding subclause (I)—

(I) by striking "osteopathic medicine, dental surgery" and inserting "osteopathic medicine, podiatric medicine, dental surgery"; and

(II) by striking "or dental medicine curriculum" and inserting "or dental or podiatric medicine curriculum"; and

(B) in subparagraph (B)—

(i) in clause (i), by inserting "the American Pharmacists Association, the Accreditation Council on Pharmacy Edu-
(a) Short Title.—This Act may be cited as the “SUPPORT for Patients and Communities Reauthorization Act”.

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

Sec. 1. Short title; table of contents.

TITLE I—PREVENTION

Sec. 101. First responder training program.
Sec. 102. Surveillance and education regarding infections associated with illicit drug use and other risk factors.
Sec. 103. Preventing overdoses of controlled substances.
Sec. 104. Pilot program for public health laboratories to detect fentanyl and other synthetic opioids.
Sec. 105. Prenatal and postnatal health.
Sec. 107. Surveillance and data collection for child, youth, and adult trauma.
Sec. 108. Preventing adverse childhood experiences.
Sec. 109. Clarification of use of funds for products used to prevent overdose deaths.
Sec. 110. Support for individuals and families impacted by fetal alcohol spectrum disorder.
Sec. 111. Promoting State choice in PDMP systems.
Sec. 112. Protecting Suicide Prevention Lifeline from cybersecurity incidents.
Sec. 113. Bruce’s Law.
Sec. 114. Guidance on at-home drug disposal systems.
Sec. 115. Review of opioid drugs and actions.
Sec. 116. Consideration of enriched enrollment randomized withdrawal methodology.
Sec. 117. Approval of new opioid analytic drugs.
Sec. 118. Guidance on developing non-addictive medical products to treat pain or addiction.
Sec. 119. National Chronic Pain Information System.
Sec. 120. Requirements for electronic-prescribing for controlled substances under group health plans and group and individual health insurance coverage.

TITLE II—TREATMENT

Sec. 201. Residential treatment program for pregnant and postpartum women.
Sec. 203. Regional centers of excellence in substance use disorder education.
Sec. 204. Mental and behavioral health education and training program.
Sec. 205. Grants to enhance access to substance use disorder treatment.
Sec. 206. Grants to improve trauma support services and mental health care for children and youth in educational settings.
Sec. 207. Development and dissemination of model training programs for substance use disorder patient records.
Sec. 208. Task force on best practices for trauma-informed identification, referral, and support.
Sec. 209. Program to support coordination and continuation of care for drug overdose patients.
Sec. 210. Regulations relating to special registration for telemedicine.
Sec. 211. Mental health parity.
Sec. 212. State guidance related to individuals with serious mental illness and children with serious emotional disturbance.
Sec. 213. Improving access to addiction medicine providers.
Sec. 214. Roundtable on using health information technology to improve mental health and substance use care outcomes.
Sec. 215. Peer-to-peer mental health support.
Sec. 216. Kid PROOF pilot program.

TITLE III—RECOVERY

Sec. 301. Youth prevention and recovery.
Sec. 302. Comprehensive opioid recovery centers.
Sec. 303. Building communities of recovery.
Sec. 304. Peer support technical assistance center.
Sec. 305. CAREER Act.
Sec. 306. Research and recommendations on criminal background check process for peer support specialists.
Sec. 307. Office of Recovery.
Sec. 308. Review of Grants.gov.

TITLE IV—TECHNICAL AMENDMENTS

Sec. 401. Delivery of a controlled substance by a pharmacy to an administering practitioner.
Sec. 402. Technical correction on controlled substances dispensing.
Sec. 403. Required training for prescribers of controlled substances.

TITLE I—PREVENTION

SEC. 101. FIRST RESPONDER TRAINING PROGRAM.

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

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

(2) in subsections (a), (c), and (d)—

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

(B) by striking “opioid” each place it appears;

(3) in subsection (f)—

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

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

(C) in paragraph (2)—
(i) by striking “opioid and heroin” and inserting “opioid, heroin, and other drug”; and

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

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

(4) in subsection (h), by striking “$36,000,000 for each of fiscal years 2019 through 2023” and inserting “$56,000,000 for each of fiscal years 2024 through 2028”.

SEC. 102. SURVEILLANCE AND EDUCATION REGARDING INFECTIONS ASSOCIATED WITH ILLICIT DRUG USE AND OTHER RISK FACTORS.

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

SEC. 103. PREVENTING OVERDOSES OF CONTROLLED SUBSTANCES.

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

(1) in subsection (a)—

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

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

(B) in paragraph (3)(A)—

(i) by inserting “identify substances causing overdose and” after “rapidly”; and

(ii) by striking “abuse, and overdoses” and inserting “overdoses, and associated risk factors”; 

(2) in subsection (b)(2)—

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

(B) in subparagraph (C), by striking “coding” and inserting “monitoring and identifying”; 

(C) in subparagraph (E)—

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

(ii) by inserting “and other emerging substances related” after “analouges”; and
(D) in subparagraph (F,) by inserting “and associated risk factors” after “overdoses”; and

(3) in subsection (e), by striking “$496,000,000 for each of fiscal years 2019 through 2023” and inserting “$505,579,000 for each of fiscal years 2024 through 2028”.

SEC. 104. PILOT PROGRAM FOR PUBLIC HEALTH LABORATORIES TO DETECT FENTANYL AND OTHER SYNTHETIC OPIOIDS.

Section 7011 of the SUPPORT for Patients and Communities Act (42 U.S.C. 247d–10) is amended by striking subsection (d).

SEC. 105. PRENATAL AND POSTNATAL HEALTH.

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

SEC. 106. DONALD J. COHEN NATIONAL CHILD TRAUMATIC STRESS INITIATIVE.

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

(1) in the section heading, by striking “VIOLENCE RELATED STRESS” and inserting “TRAUMATIC EVENTS”; and

(2) in subsection (a)—
(A) in the matter preceding paragraph (1),
by striking “tribes and tribal” and inserting
“Tribes and Tribal”; and

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

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

(4) in subsection (d)—

(A) by striking “The NCTSI” and inserting
the following:

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

(B) by adding at the end the following:

“(2) NCTSI GRANTEES.—In carrying out sub-
section (a)(2), NCTSI grantees shall develop trainings
and other resources, as applicable and appropriate, to
support implementation of the evidence-based prac-
tices developed and disseminated under such sub-
section.”;

(5) in subsection (e)—

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

(B) in subparagraph (A), as so redesig-
nated, by inserting “and implementation” after
“the dissemination”;
(C) by striking “The NCTSI” and inserting
the following:
“(1) COORDINATING CENTER.—”; and

(D) by adding at the end the following:
“(2) NCTSI GRANTEES.—NCTSI grantees shall,
as appropriate, collaborate with other such grantees,
the NCTSI coordinating center, and the Secretary in
carrying out subsections (a)(2) and (d)(2).”;

(6) by amending subsection (h) to read as fol-
lows:
“(h) APPLICATION AND EVALUATION.—To be eligible
to receive a grant, contract, or cooperative agreement under
subsection (a), a public or nonprofit private entity or an
Indian Tribe or Tribal organization shall submit to the
Secretary an application at such time, in such manner, and
containing such information and assurances as the Sec-
retary may require, including—
“(1) a plan for the rigorous evaluation of the ac-
tivities funded under the grant, contract, or agree-
ment, including both process and outcomes evalua-
tion, and the submission of an evaluation at the end
of the project period; and
“(2) a description of how such entity, Indian
Tribe, or Tribal organization will support efforts led
by the Secretary or the NCTSI coordinating center, as
applicable, to evaluate activities carried out under this section.”; and

(7) in subsection (j), by striking “, $63,887,000 for each of fiscal years 2019 through 2023” and inserting “$93,887,000 for each of fiscal years 2024 and 2025, $104,000,000 for fiscal year 2026, $110,000,000 for fiscal year 2027, and $112,661,000 for fiscal year 2028”.

SEC. 107. SURVEILLANCE AND DATA COLLECTION FOR

CHILD, YOUTH, AND ADULT TRAUMA.

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

SEC. 108. PREVENTING ADVERSE CHILDHOOD EXPERIENCES.

(a) GRANT PROGRAM.—

(1) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the “Secretary”), acting through the Director of the Centers for Disease Control and Prevention, may award grants or cooperative agreements to States, territories, Indian Tribes and Tribal organizations (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C.
5304)), and local governmental entities for purposes of carrying out public health activities to improve health outcomes by preventing or reducing adverse childhood experiences.

(2) USE OF FUNDS.—Recipients of an award under this subsection may use such award to—

(A) identify, implement, and evaluate evidence-based public health activities to prevent or reduce adverse childhood experiences and improve health outcomes;

(B) improve data collection and analysis regarding the prevention and reduction of adverse childhood experiences, including any such data described in section 7131 of the SUPPORT for Patients and Communities Act (42 U.S.C. 242t), to identify—

(i) any geographic areas or populations within the jurisdiction of the recipient of an award that have disproportionately high rates of adverse childhood experiences;

(ii) any types of adverse childhood experiences of high prevalence within such jurisdiction; and
(iii) any short-term health outcomes and long-term health outcomes associated with adverse childhood experiences, including mental health and substance use disorders; and

(C) leverage such data and analysis to inform the identification, implementation, and evaluation of evidence-based public health activities under subparagraph (A).

(3) PARTNERSHIPS.—Recipients of an award under this subsection may identify opportunities to establish, or strengthen existing, partnerships with other relevant public and private entities within such jurisdiction for purposes of carrying out such award.

(4) TECHNICAL ASSISTANCE.—The Secretary may provide training and technical assistance to recipients of awards under this subsection.

(5) EVALUATION.—Not later than 2 years after the date of enactment of this Act, and annually thereafter, the Secretary shall report to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives on the specific activities supported through awards under this subsection, in-
including the effectiveness of such activities in preventing or reducing adverse childhood experiences.

(b) Research.—The Secretary may, as appropriate, conduct research to evaluate public health activities to address adverse childhood experiences.

(c) Authorization of Appropriations.—To carry out this section, there is authorized to be appropriated $7,000,000 for each of fiscal years 2024 through 2028.

SEC. 109. CLARIFICATION OF USE OF FUNDS FOR PRODUCTS USED TO PREVENT OVERDOSE DEATHS.

The activities carried out pursuant to section 1003(b)(4)(A) of the 21st Century Cures Act (42 U.S.C. 290ee–3a(b)(4)(A)) may include facilitating access to products used to prevent overdose deaths by detecting the presence of one or more substances, to the extent the purchase and possession of such products is consistent with Federal and State law.

SEC. 110. SUPPORT FOR INDIVIDUALS AND FAMILIES IMPACTED BY FETAL ALCOHOL SPECTRUM DISORDER.

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

(1) by amending the part heading to read as follows: “FETAL ALCOHOL SPECTRUM DISORDERS PREVENTION AND SERVICES PROGRAM”;
(2) in section 399H (42 U.S.C. 280f)—

(A) in the section heading, by striking “ESTABLISHMENT OF FETAL ALCOHOL SYNDROME PREVENTION” and inserting “FETAL ALCOHOL SPECTRUM DISORDERS PREVENTION, INTERVENTION,”;

(B) by striking “Fetal Alcohol Syndrome and Fetal Alcohol Effect” each place it appears and inserting “FASD”;

(C) in subsection (a)—

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

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

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

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

(III) by striking “prevention, intervention” and inserting “aware-
ness, prevention, identification, intervention,”; and

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

(iii) in paragraph (1)—

(I) in subparagraph (A)—

(aa) by striking “medical schools” and inserting “health professions schools”; and

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

and

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

(I) in the matter preceding subparagraph (A), by striking “a prevention and diagnosis program to support clinical studies, demonstrations and other research as appropriate” and inserting “supporting and conducting research on FASD, as appropriate, including”; (II) in subparagraph (B)—
(aa) by striking “prevention services and interventions for pregnant, alcohol-dependent women” and inserting “culturally and linguistically appropriate evidence-based or evidence-informed interventions and appropriate societal supports for preventing prenatal alcohol exposure, which may co-occur with exposure to other substances”; and

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

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

“(3) integrating into surveillance a case definition for FASD and, in collaboration with other Federal and outside partners, support organizations of appropriate medical and mental health professionals in their development and refinement of evidence-based clinical diagnostic guidelines and criteria for all FASD; and

“(4) building State and Tribal capacity for the identification, treatment, and support of individuals with FASD and their families, which may include—
“(A) utilizing and adapting existing Federal, State, or Tribal programs to include FASD identification and FASD-informed support;

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

“(C) developing, implementing, and evaluating targeted FASD-informed intervention programs for FASD;

“(D) increasing awareness of FASD;

“(E) providing training with respect to FASD for professionals across relevant sectors; and

“(F) disseminating information about FASD and support services to affected individuals and their families.”;

(D) in subsection (b)—

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

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

“(1) IN GENERAL.—The Secretary”; and

(iii) by adding at the end the following:
“(2) ELIGIBLE ENTITIES.—To be eligible to receive a grant, or enter into a cooperative agreement or contract, under this section, an entity shall—

“(A) be a State, Indian Tribe or Tribal organization, local government, scientific or academic institution, or nonprofit organization; and

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

“(3) ADDITIONAL APPLICATION CONTENTS.—The Secretary may require that an eligible entity include in the application submitted under paragraph (2)(B)—

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

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

(E) by striking subsections (c) and (d); and

(F) by adding at the end the following:

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

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

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

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

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

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

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

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

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

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

“(6) Providing technical assistance to recipients of grants, cooperative agreements, or contracts under section 399H, as appropriate.
“(7) Carrying out other functions, as appropriate.

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

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

“(1) Prevention activities.

“(2) Screening and identification.

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

“(4) Intervention and treatment services.

“SEC. 399J. AUTHORIZATION OF APPROPRIATIONS.

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

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

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

SEC. 111. PROMOTING STATE CHOICE IN PDMP SYSTEMS.

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

“(5) PROMOTING STATE CHOICE.—Nothing in this section shall be construed to authorize the Secretary to require States to use a specific vendor or a specific interoperability connection other than to align with nationally recognized, consensus-based open standards, such as in accordance with the application programming interface (API) requirements pursuant to sections 3001 and 3004.”.
SEC. 112. PROTECTING SUICIDE PREVENTION LIFELINE FROM CYBERSECURITY INCIDENTS.

(a) National Suicide Prevention Lifeline Program.—Section 520E–3(b) of the Public Health Service Act (42 U.S.C. 290bb–36c(b)) is amended—

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

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

(3) by adding at the end the following:

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

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

(1) by redesignating subsection (f) as subsection (g); and

(2) by inserting after subsection (e) the following:

“(f) Cybersecurity Reporting.—

“(1) Notification.—

“(A) In general.—The program’s network administrator receiving Federal funding pursuant to subsection (a) shall report to the Assistant Secretary, in a manner that protects personal
privacy, consistent with applicable Federal and State privacy laws—

“(i) any identified cybersecurity vulnerabilities to the program within a reasonable amount of time after identification of such a vulnerability; and

“(ii) any identified cybersecurity incidents to the program within a reasonable amount of time after identification of such incident.

“(B) LOCAL AND REGIONAL CRISIS CENTERS.—Local and regional crisis centers participating in the program shall report to the program’s network administrator identified under subparagraph (A), in a manner that protects personal privacy, consistent with applicable Federal and State privacy laws—

“(i) any identified cybersecurity vulnerabilities to the program within a reasonable amount of time after identification of such vulnerability; and

“(ii) any identified cybersecurity incidents to the program within a reasonable amount of time after identification of such incident.
“(2) NOTIFICATION.—If the program’s network administrator receiving funding pursuant to subsection (a) discovers, or is informed by a local or regional crisis center pursuant to paragraph (1)(B) of, a cybersecurity vulnerability or incident, within a reasonable amount of time after such discovery or receipt of information, such entity shall report the vulnerability or incident to the Assistant Secretary.

“(3) CLARIFICATION.—

“(A) OVERSIGHT.—

“(i) LOCAL AND REGIONAL CRISIS CENTERS.—Except as provided in clause (ii), local and regional crisis centers participating in the program shall oversee all technology each center employs in the provision of services as a participant in the program.

“(ii) NETWORK ADMINISTRATOR.—The program’s network administrator receiving Federal funding pursuant to subsection (a) shall oversee the technology each crisis center employs in the provision of services as a participant in the program if such oversight responsibilities are established in the applicable network participation agreement.
“(B) SUPPLEMENT, NOT SUPPLANT.—The cybersecurity incident reporting requirements under this subsection shall supplement, and not supplant, cybersecurity incident reporting requirements under other provisions of applicable Federal law that are in effect on the date of the enactment of the SUPPORT for Patients and Communities Reauthorization Act.”.

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

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

(2) submit a report of the findings of such study to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives.

SEC. 113. BRUCE’S LAW.

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

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

(2) in paragraph (4)(A), by inserting “and strategies to increase education and awareness of the potency and dangers of synthetic opioids (including drugs contaminated with fentanyl) and, as appropriate, emerging drug use or misuse issues” before the semicolon.

(b) INTERDEPARTMENTAL SUBSTANCE USE DISORDERS COORDINATING COMMITTEE.—Section 7022 of the SUPPORT for Patients and Communities Act (42 U.S.C. 290aa note) is amended—

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

“(g) WORKING GROUPS.—

“(1) IN GENERAL.—The Committee may establish working groups for purposes of carrying out the duties described in subsection (e). Any such working group shall be composed of members of the Committee (or the designees of such members) and may hold such meetings as are necessary to enable the working group to carry out the duties delegated to the working group.
“(2) ADDITIONAL FEDERAL INTERAGENCY WORK
GROUP ON FENTANYL CONTAMINATION OF ILLEGAL
DRUGS.—

“(A) ESTABLISHMENT.—The Secretary, act-
ing through the Committee, shall establish a Fed-
eral Interagency Work Group on Fentanyl Con-
tamination of Illegal Drugs (referred to in this
paragraph as the ‘Work Group’), consisting of
representatives from relevant Federal depart-
ments and agencies on the Committee.

“(B) CONSULTATION.—The Work Group
shall consult with relevant stakeholders and sub-
ject matter experts, including—

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

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

“(C) DUTIES.—The Work Group shall—

“(i) examine Federal efforts to reduce
and prevent drug overdose by fentanyl-con-
taminated illicit drugs;
“(ii) identify strategies to improve State, Tribal, and local responses to overdose by fentanyl-contaminated illicit drugs;

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

“(iv) make recommendations to Congress for improving Federal programs, including with respect to the coordination of efforts across such programs; and

“(v) make recommendations for educating youth on the potency and dangers of drugs contaminated by fentanyl.

“(D) ANNUAL REPORT TO SECRETARY.—The Work Group shall annually prepare and submit to the Secretary, the Committee on Health, Education, Labor, and Pensions of the Senate, and the Committee on Education and the Workforce of the House of Representatives, a report on the activities carried out by the Work Group under subparagraph (C), including recommendations to reduce and prevent drug overdose by fentanyl contamination of illegal drugs, in all popu-
lations, and specifically among youth at risk for
substance misuse.”; and

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

“(i) SUNSET.—The Committee shall terminate on Sep-
tember 30, 2028.”.

SEC. 114. GUIDANCE ON AT-HOME DRUG DISPOSAL SYS-
TEMS.

(a) In General.—Not later than one year after the
date of enactment of this Act, the Secretary of Health and
Human Services (referred to in this section as the “Sec-
retary”), in consultation with the Administrator of the
Drug Enforcement Administration, shall publish guidance
to facilitate the use of at-home safe disposal systems for ap-
licable drugs, including for such at-home safe disposal sys-
tems that the Secretary may require as a part of a risk
evaluation and mitigation strategy under section 505–1 of
1).

(b) Contents.—The guidance under subsection (a)
shall include—

(1) recommended standards for effective at-home
drug disposal systems to meet applicable statutory or
regulatory requirements enforced by the Food and
Drug Administration and, as appropriate, the Drug Enforcement Administration;

(2) recommended information to include as instructions for use to disseminate with at-home drug disposal systems;

(3) best practices and educational tools to support the use of an at-home drug disposal system; and

(4) recommended use of licensed health providers for the dissemination of education, instruction, and at-home drug disposal systems.

SEC. 115. REVIEW OF OPIOID DRUGS AND ACTIONS.

Not later than one year after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this section as the “Secretary”) shall publish on the website of the Food and Drug Administration (referred to in this section as the “FDA”) a report that outlines a plan for completing a review of opioid analgesic drugs that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) that considers the public health effects of such opioid drugs as part of the benefit-risk assessment, and that addresses the activities of the FDA that relate to increasing the development of non-addictive medical products intended to treat pain or addiction. Such report shall include—
(1) an opportunity for public input concerning the regulation by the FDA of opioid analgesic drugs, including scientific evidence that relates to conditions of use, safety, or benefit-risk assessment (including consideration of the public health effects) of such opioid drugs;

(2) an update on the actions taken by the FDA to review the effectiveness, safety, benefit-risk profile (which may include public health effects), and use of approved opioid analgesic drugs;

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

(4) an overview of the steps that the FDA has taken to support the development and approval of non-addictive medical products intended to treat pain or addiction, and actions planned to further support the development and approval of such products; and

(5) an overview of the consideration by the FDA of clinical trial methodologies for analgesic drugs, including the enriched enrollment randomized withdrawal methodology, and the benefits and drawbacks associated with different trial methodologies for such
drugs, incorporating any public input received under paragraph (1).

SEC. 116. CONSIDERATION OF ENRICHED ENROLLMENT RANDOMIZED WITHDRAWAL METHODOLOGY.

(a) In General.—Not later than 2 years after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this section as the “Secretary”), acting through the Commissioner of Food and Drugs, shall convene a meeting of the Anesthetic and Analgesic Drug Products Advisory Committee and the Drug Safety and Risk Management Advisory Committee of the Food and Drug Administration to review the use of the enriched enrollment randomized withdrawal methodology in clinical trials of opioid analgesic drugs and consider and make recommendations regarding the use of alternative clinical study methodologies. In conducting such review, the Secretary shall consider the report issued by the National Academy of Sciences under subsection (c).

(b) Presentations.—If the Secretary allows for formal presentations in support of the use of the enriched enrollment randomized withdrawal methodology at the meeting described in subsection (a), the Secretary shall also allow for equal time at such meeting for presentations that are critical of such methodology.
(c) NAS STUDY AND REPORT.—The Secretary shall seek to enter into a contract with the National Academy of Sciences under which the National Academy—

(1) conducts a study on the effectiveness of enriched enrollment randomized withdrawal methodology in demonstrating the efficacy of opioid analgesic drugs in treating chronic pain; and

(2) not later than 1 year after the date of enactment of this Act, submits a report on such study to the Secretary.

(d) REVIEW OF OPIOID ANALGESIC DRUGS.—In connection with the meeting described in subsection (a), the Anesthetic and Analgesic Drug Products Advisory Committee and the Drug Safety and Risk Management Advisory Committee of the Food and Drug Administration shall review the approved labeling and action package for approval (as described in subsection (l)(2) of section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355)), on all opioid analgesic drugs approved using enriched enrollment randomized withdrawal methodology under such section 505 as of the date of such meeting. The findings from such review shall be made publicly available on a website operated by the Secretary, acting through the Commissioner of Food and Drugs.
(e) DEFINITION OF OPIOID ANALGESIC DRUG.—In this section, the term “opioid analgesic drug” means a drug that has a labeled indication approved by the Food and Drug Administration to produce analgesia by acting upon the body’s opioid receptors.

SEC. 117. APPROVAL OF NEW OPIOID ANALGESIC DRUGS.

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

“(6) Notwithstanding any other provision of this section, in making a determination to approve or deny an application submitted under subsection (b) for an opioid analgesic drug, the Secretary may consider whether such drug provides a substantial improvement, in terms of greater safety or greater effectiveness, or major contribution to patient care, compared to an approved opioid analgesic drug. For purposes of this paragraph, the term ‘opioid analgesic drug’ means a drug that is approved under this section to produce analgesia by acting upon the body’s opioid receptors.”.
SEC. 118. GUIDANCE ON DEVELOPING NON-ADDICTIVE MEDICAL PRODUCTS TO TREAT PAIN OR ADDICTION.

Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services shall issue draft guidance under section 3001(b) of the SUPPORT for Patients and Communities Act (21 U.S.C. 355 note) to address non-addictive analgesics for chronic pain, including the information required to be included in guidance documents under paragraphs (1) through (4) of such section 3001(b).

SEC. 119. NATIONAL CHRONIC PAIN INFORMATION SYSTEM.

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

“SEC. 399V–8. CHRONIC PAIN RESEARCH.

“(a) IN GENERAL.—The Secretary, in consultation with the Director of the Centers for Disease Control and Prevention, the Director of the National Institutes of Health, and other agencies as the Secretary determines appropriate, shall—

“(1) utilize available Federal research data to clarify the incidence and prevalence of chronic pain from any source, including injuries, operations, and diseases and conditions;
“(2) identify gaps in the available research data
and collect deidentified population research data
using medical claims and survey data to fill gaps in
available research data, such as—

“(A) incidence and prevalence of specific
pain conditions;

“(B) demographics and other information,
such as age, race, ethnicity, gender, and geo-
graphic location;

“(C) the incidence and prevalence of known
chronic pain conditions, as well as diseases and
conditions that include or lead to pain;

“(D) risk factors that may be associated
with chronic pain conditions, such as genetic
and environmental risk factors and other infor-
mation, as appropriate;

“(E) diagnosis and progression markers;

“(F) both direct and indirect costs of illness;

“(G) the epidemiology of the conditions;

“(H) the detection, management, and treat-
ment of the conditions;

“(I) the epidemiology, detection, manage-
ment, and treatment of frequent secondary or co-
occurring conditions, such as depression, anx-
xiety, and substance use disorders;
“(J) the utilization of medical and social services by patients with chronic pain conditions, including the direct health care costs of pain treatment, both traditional and alternative, and the indirect costs (such as missed work, public and private disability, and reduction in productivity); and

“(K) the effectiveness of evidence-based treatment approaches on chronic pain conditions;

“(3) develop, in collaboration with individuals and organizations with appropriate chronic pain expertise, including patients or patient advocates, epidemiologists, representatives of national voluntary health associations, health information technology experts, clinicians, and research scientists, standard definitions and approaches for population research on chronic pain to efficiently promote greater comparability of data; and

“(4) disseminate, pursuant to the public webpage under subsection (b), and, as appropriate, to the public and to other Federal departments and agencies, any findings, developed population research standards, and available Federal data sources related to chronic pain.
“(b) DISSEMINATION.—The Secretary, acting through
the Director of the Centers for Disease Control and Preven-
tion, shall establish a public webpage, to be known as the
Chronic Pain Information Hub, that—

“(1) aggregates and summarizes available Fed-
eral data sources, indicators, and peer-reviewed re-
search related to chronic pain;

“(2) includes an up-to-date summary of com-
plete, ongoing, and planned data collection and anal-
ysis related to chronic pain that is conducted and
supported by the Centers for Disease Control and Pre-
vention; and

“(3) translates research findings into clinical
tools and resources, recommendations for closing re-
search gaps, and recommendations for population re-
search standards for researchers, with recommenda-
tions updated annually to incorporate research find-
ings from the prior year.

“(c) CONFLICTS OF INTEREST.—If an individual or
organization that collaborates with the Secretary in car-
rying out subsection (a) receives a payment or other trans-
fer of value of a type described in section
1128G(a)(1)(A)(vi) of the Social Security Act from a man-
ufacturer of a drug (including a biological product) or de-
vice that would be required to be disclosed pursuant to sec-
tion 1128G(a)(1) of the Social Security Act, if the individual or organization were a covered recipient or if such disclosure were required upon request of or by designation on behalf of a covered recipient pursuant to such section, the individual or organization shall disclose to the Secretary information regarding such payment or other transfer of value. The Secretary shall make such disclosures publicly available.

“(d) REPORT.—Not later than 2 years after the date of the enactment of the SUPPORT for Patients and Communities Reauthorization Act, the Secretary shall submit a report to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives concerning the implementation of this section. Such report shall include information on—

“(1) the development and maintenance of the Chronic Pain Information Hub;

“(2) the information made available through the Chronic Pain Information Hub;

“(3) the data gaps identified, and planned efforts to address such gaps;

“(4) the process established for soliciting feedback from collaborators; and

“(5) feedback received from collaborators.
“(e) DEFINITION.—In this section, the term ‘chronic pain’ means persistent or recurrent pain lasting longer than 3 months.

“(f) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated such sums as may be necessary for each of fiscal years 2024 through 2028.”.

SEC. 120. REQUIREMENTS FOR ELECTRONIC-PRESCRIBING FOR CONTROLLED SUBSTANCES UNDER GROUP HEALTH PLANS AND GROUP AND INDIVIDUAL HEALTH INSURANCE COVERAGE.

(a) PUBLIC HEALTH SERVICE ACT AMENDMENT.—Section 2799A–7 of the Public Health Service Act (42 U.S.C. 300gg–117) is amended by adding at the end the following new subsection:

“(d) REQUIREMENTS FOR ELECTRONIC-PRESCRIBING FOR CONTROLLED SUBSTANCES.—

“(1) IN GENERAL.—Except as provided pursuant to paragraph (2), for plan years beginning on or after January 1, 2026, a group health plan and a health insurance issuer offering group or individual health insurance coverage, with respect to a participating provider, as defined in section 2799–1(a)(3), shall have in place policies, subject to paragraphs (4) and (5), that require any prescription for a schedule II,
III, IV, or V controlled substance (as defined by section 202 of the Controlled Substances Act) covered by the plan or coverage that is transmitted by such a participating provider for such a participant, beneficiary, or enrollee be electronically transmitted consistent with standards established under paragraph (3) of section 1860D–4(e) of the Social Security Act, under an electronic prescription drug program that meets requirements that are substantially similar (as jointly determined by the Secretary, the Secretary of Labor, and the Secretary of the Treasury) to the requirements of paragraph (2) of such section 1860D–4(e).

“(2) Exception for certain circumstances.—The Secretary, the Secretary of Labor, and the Secretary of the Treasury shall jointly, through rulemaking, specify circumstances and processes by which the requirement under paragraph (1) may be waived, with respect to a schedule II, III, IV, or V controlled substance that is a prescription drug covered by a group health plan or group or individual health insurance coverage offered by a health insurance issuer, including in the case of—
“(A) a prescription issued when the participating provider and dispensing pharmacy are the same entity;

“(B) a prescription issued that cannot be transmitted electronically under the most recently implemented version of the National Council for Prescription Drug Programs SCRIPT Standard;

“(C) a prescription issued by a participating provider who received a waiver (which may include a waiver obtained pursuant to section 1860D–4(e)(7)(B)(iii) of the Social Security Act) or a renewal thereof for a period of time as determined by the Secretary, the Secretary of Labor, and the Secretary of the Treasury, not to exceed one year, from the requirement to use electronic prescribing due to demonstrated economic hardship, technological limitations that are not reasonably within the control of the participating provider, or other exceptional circumstance demonstrated by the participating provider;

“(D) a prescription issued by a participating provider under circumstances in which, notwithstanding the participating provider’s
ability to submit a prescription electronically as required by this subsection, such participating provider reasonably determines that it would be impractical for the individual involved to obtain substances prescribed by electronic prescription in a timely manner, and such delay would adversely impact the individual involved’s medical condition involved;

“(E) a prescription issued by a participating provider prescribing a drug under a research protocol;

“(F) a prescription issued by a participating provider for a drug for which the Food and Drug Administration requires a prescription to contain elements that are not able to be included in electronic prescribing, such as a drug with risk evaluation and mitigation strategies that include elements to assure safe use;

“(G) a prescription issued for an individual who receives hospice care or for a resident of a nursing facility (as defined in section 1919(a) of the Social Security Act);

“(H) a prescription issued under circumstances in which electronic prescribing is not available due to temporary technological or elec-
trical failure, as specified jointly by the Secretary, the Secretary of Labor, and the Secretary of the Treasury through rulemaking; and

“(I) a prescription issued by a participating provider allowing for the dispensing of a non-patient specific prescription pursuant to a standing order, approved protocol for drug therapy, collaborative drug management, or comprehensive medication management, in response to a public health emergency or other circumstances under which the participating provider may issue a non-patient specific prescription.

“(3) RULES OF CONSTRUCTION.—

“(A) VERIFICATION.—Nothing in this subsection shall be construed as requiring a dispenser to verify that a participating provider, with respect to a prescription for a schedule II, III, IV, or V controlled substance that is a prescription drug covered by a group health plan or group or individual health insurance coverage offered by a health insurance issuer, has a waiver (or is otherwise exempt) under paragraph (2) from the requirement under paragraph (1).
“(B) Authority to dispense.—Nothing in this subsection shall be construed as affecting the authority of a group health plan or group or individual health insurance coverage offered by a health insurance issuer to cover, or the authority of a dispenser to continue to dispense, a prescription drug if the prescription for such drug is an otherwise valid written, oral, or fax prescription that is consistent with applicable law.

“(C) Patient choice.—Nothing in this subsection shall be construed as affecting the ability of an individual who is a participant, beneficiary, or enrollee of a group health plan or group or individual health insurance coverage offered by a health insurance issuer and who is prescribed a schedule II, III, IV, or V controlled substance that is a prescription drug covered by the plan or coverage to designate a particular dispenser to dispense a prescribed controlled substance to the extent consistent with the requirements under this subsection.

“(4) Regulations on policy requirements.—The Secretary, the Secretary of Labor, and the Secretary of the Treasury shall promulgate regulations specifying requirements for the policies estab-
lished by group health plans and health insurance
issuers under paragraph (1). Such regulations shall
include requirements for—

“(A) a uniform process by which plans and
issuers are required to set the e-prescribing re-
quirements;

“(B) a process by which plans and issuers
are required to grant waivers and exceptions to
participating providers pursuant to paragraph
(2); and

“(C) a mechanism for plans and issuers to
recognize waivers issued to participating pro-
viders under part D of title XVIII of the Social
Security Act, pursuant to paragraph (2)(C).

“(5) PROHIBITIONS.—The policies established
pursuant to paragraph (1) by a group health plan or
health insurance issuer offering group or individual
health insurance coverage may not—

“(A) require dispensers of a schedule II, III,
IV, or V controlled substance to confirm that the
prescription for the controlled substance was elec-
tronically issued by a participating provider in
accordance with such policies, as described in
paragraph (1);
“(B) require dispensers of such controlled substances to submit information or data beyond what is otherwise required to process a prescription drug claim in order to confirm a participating provider's compliance with such policies;

“(C) reject, deny, or recoup reimbursement for a prescription drug claim based on the format in which the prescription was issued; or

“(D) require a participating provider to use a specific vendor for electronic prescribing or a specific electronic prescribing product or system.

“(6) ATTESTATION OF COMPLIANCE.—Beginning on January 1, 2026, each group health plan and health insurance issuer offering group or individual health insurance coverage shall annually submit to the Secretary, the Secretary of Labor, and the Secretary of the Treasury an attestation of compliance with the requirements of this subsection.

“(7) CONSULTATION REQUIREMENT FOR RULE-MAKING.—In promulgating regulations to carry out this subsection, the Secretary, the Secretary of the Labor, and the Secretary of the Treasury shall jointly consult with dispensers of controlled substances, State insurance regulators, and health care practitioners.”.
(b) Employee Retirement Income Security Act
of 1974 Amendment.—Section 722 of the Employee Re-
is amended by adding at the end the following new sub-
section:

“(d) Requirements for Electronic-prescribing
for Controlled Substances.—

“(1) In General.—Except as provided pursuant
to paragraph (2), for plan years beginning on or after
January 1, 2026, a group health plan and a health
insurance issuer offering group health insurance cov-
ervation, with respect to a participating provider, as de-

defined in section 716(a)(3), shall have in place poli-
cies, subject to paragraphs (4) and (5), that require
any prescription for a schedule II, III, IV, or V con-
trolled substance (as defined by section 202 of the
Controlled Substances Act) covered by the plan or cov-

erage that is transmitted by such a participating pro-
vider for such a participant or beneficiary be elec-
tronically transmitted consistent with standards es-

established under paragraph (3) of section 1860D–4(e)
of the Social Security Act, under an electronic pre-
scription drug program that meets requirements that
are substantially similar (as jointly determined by
the Secretary, the Secretary of Health and Human
Services, and the Secretary of the Treasury) to the requirements of paragraph (2) of such section 1860D–4(e).

“(2) EXCEPTION FOR CERTAIN CIRCUMSTANCES.—The Secretary, the Secretary of Health and Human Services, and the Secretary of the Treasury shall jointly, through rulemaking, specify circumstances and processes by which the requirement under paragraph (1) may be waived, with respect to a schedule II, III, IV, or V controlled substance that is a prescription drug covered by a group health plan or group health insurance coverage offered by a health insurance issuer, including in the case of—

“(A) a prescription issued when the participating provider and dispensing pharmacy are the same entity;

“(B) a prescription issued that cannot be transmitted electronically under the most recently implemented version of the National Council for Prescription Drug Programs SCRIPT Standard;

“(C) a prescription issued by a participating provider who received a waiver (which may include a waiver obtained pursuant to section 1860D–4(e)(7)(B)(iii) of the Social Security
Act) or a renewal thereof for a period of time as
determined by the Secretary, the Secretary of
Health and Human Services, and the Secretary
of the Treasury, not to exceed one year, from the
requirement to use electronic prescribing due to
demonstrated economic hardship, technological
limitations that are not reasonably within the
control of the participating provider, or other ex-
ceptional circumstance demonstrated by the par-
ticipating provider;

“(D) a prescription issued by a partici-
pating provider under circumstances in which,
notwithstanding the participating provider’s
ability to submit a prescription electronically as
required by this subsection, such participating
provider reasonably determines that it would be
impractical for the individual involved to obtain
substances prescribed by electronic prescription
in a timely manner, and such delay would ad-
versely impact the individual’s medical condi-
tion involved;

“(E) a prescription issued by a partici-
pating provider prescribing a drug under a re-
search protocol;
“(F) a prescription issued by a participating provider for a drug for which the Food and Drug Administration requires a prescription to contain elements that are not able to be included in electronic prescribing, such as a drug with risk evaluation and mitigation strategies that include elements to assure safe use;

“(G) a prescription issued for an individual who receives hospice care or for a resident of a nursing facility (as defined in section 1919(a) of the Social Security Act);

“(H) a prescription issued under circumstances in which electronic prescribing is not available due to temporary technological or electrical failure, as specified jointly by the Secretary, the Secretary of Health and Human Services, and the Secretary of the Treasury through rulemaking; and

“(I) a prescription issued by a participating provider allowing for the dispensing of a non-patient specific prescription pursuant to a standing order, approved protocol for drug therapy, collaborative drug management, or comprehensive medication management, in response to a public health emergency or other cir-
cumstances under which the participating provider may issue a non-patient specific prescription.

“(3) RULES OF CONSTRUCTION.—

“(A) VERIFICATION.—Nothing in this subsection shall be construed as requiring a dispenser to verify that a participating provider, with respect to a prescription for a schedule II, III, IV, or V controlled substance that is a prescription drug covered by a group health plan or group or individual health insurance coverage offered by a health insurance issuer, has a waiver (or is otherwise exempt) under paragraph (2) from the requirement under paragraph (1).

“(B) AUTHORITY TO DISPENSE.—Nothing in this subsection shall be construed as affecting the authority of a group health plan or group health insurance coverage offered by a health insurance issuer to cover, or the authority of a dispenser to continue to dispense, a prescription drug if the prescription for such drug is an otherwise valid written, oral, or fax prescription that is consistent with applicable law.

“(C) PATIENT CHOICE.—Nothing in this subsection shall be construed as affecting the
ability of an individual who is a participant or
beneficiary of a group health plan or group or
individual health insurance coverage offered by a
health insurance issuer and who is prescribed a
schedule II, III, IV, or V controlled substance
that is a prescription drug covered by the plan
or coverage to designate a particular dispenser to
dispense a prescribed controlled substance to the
extent consistent with the requirements under
this subsection.

“(4) Regulations on Policy Requirements.—The Secretary, the Secretary of Health and
Human Services, and the Secretary of the Treasury
shall promulgate regulations specifying requirements
for the policies established by group health plans and
health insurance issuers under paragraph (1). Such
regulations shall include requirements for—

“(A) a uniform process by which plans and
issuers are required to set the e-prescribing re-
quirements;

“(B) a process by which plans and issuers
are required to grant waivers and exceptions to
participating providers pursuant to paragraph
(2); and
“(C) a mechanism for plans and issuers to recognize waivers issued to participating providers under part D of title XVIII of the Social Security Act, pursuant to paragraph (2)(C).

“(5) PROHIBITIONS.—The policies established pursuant to paragraph (1) by a group health plan or health insurance issuer offering group health insurance coverage may not—

“(A) require dispensers of a schedule II, III, IV, or V controlled substance to confirm that the prescription for the controlled substance was electronically issued by a participating provider in accordance with such policies, as described in paragraph (1);

“(B) require dispensers of such controlled substances to submit information or data beyond what is otherwise required to process a prescription drug claim in order to confirm a participating provider’s compliance with such policies;

“(C) reject, deny, or recoup reimbursement for a prescription drug claim based on the format in which the prescription was issued; or

“(D) require a participating provider to use a specific vendor for electronic prescribing or a specific electronic prescribing product or system.
“(6) ATTESTATION OF COMPLIANCE.—Beginning on January 1, 2026, each group health plan and health insurance issuer offering group health insurance coverage shall annually submit to the Secretary, the Secretary of Health and Human Services, and the Secretary of the Treasury an attestation of compliance with the requirements of this subsection.

“(7) CONSULTATION REQUIREMENT FOR RULE-MAKING.—In promulgating regulations to carry out this subsection, the Secretary, the Secretary of Health and Human Services, and the Secretary of the Treasury shall jointly consult with dispensers of controlled substances, State insurance regulators, and health care practitioners.”.

(c) INTERNAL REVENUE CODE OF 1986 AMENDMENT.—Section 9822 of the Internal Revenue Code of 1986 is amended by adding at the end the following new subsection:

“(d) REQUIREMENTS FOR ELECTRONIC-PRESCRIBING FOR CONTROLLED SUBSTANCES.—

“(1) IN GENERAL.—Except as provided pursuant to paragraph (2), for plan years beginning on or after January 1, 2026, a group health plan, with respect to a participating provider, as defined in section 9816(a)(3), shall have in place policies, subject to
paragraphs (4) and (5), that require any prescription for a schedule II, III, IV, or V controlled substance (as defined by section 202 of the Controlled Substances Act) covered by the plan that is transmitted by such a participating provider for such a participant or beneficiary be electronically transmitted consistent with standards established under paragraph (3) of section 1860D–4(e) of the Social Security Act, under an electronic prescription drug program that meets requirements that are substantially similar (as jointly determined by the Secretary, the Secretary of Health and Human Services, and the Secretary of Labor) to the requirements of paragraph (2) of such section 1860D–4(e).

“(2) Exception for certain circumstances.—The Secretary, the Secretary of Health and Human Services, and the Secretary of Labor shall jointly, through rulemaking, specify circumstances and processes by which the requirement under paragraph (1) may be waived, with respect to a schedule II, III, IV, or V controlled substance that is a prescription drug covered by a group health, including in the case of—
“(A) a prescription issued when the participating provider and dispensing pharmacy are the same entity;

“(B) a prescription issued that cannot be transmitted electronically under the most recently implemented version of the National Council for Prescription Drug Programs SCRIPT Standard;

“(C) a prescription issued by a participating provider who received a waiver (which may include a waiver obtained pursuant to section 1860D–4(e)(7)(B)(iii) of the Social Security Act) or a renewal thereof for a period of time as determined by the Secretary, the Secretary of Health and Human Services, and the Secretary of Labor, not to exceed one year, from the requirement to use electronic prescribing due to demonstrated economic hardship, technological limitations that are not reasonably within the control of the participating provider, or other exceptional circumstance demonstrated by the participating provider;

“(D) a prescription issued by a participating provider under circumstances in which, notwithstanding the participating provider’s
ability to submit a prescription electronically as required by this subsection, such participating provider reasonably determines that it would be impractical for the individual involved to obtain substances prescribed by electronic prescription in a timely manner, and such delay would adversely impact the individual’s medical condition involved;

“(E) a prescription issued by a participating provider prescribing a drug under a research protocol;

“(F) a prescription issued by a participating provider for a drug for which the Food and Drug Administration requires a prescription to contain elements that are not able to be included in electronic prescribing, such as a drug with risk evaluation and mitigation strategies that include elements to assure safe use;

“(G) a prescription issued for an individual who receives hospice care or for a resident of a nursing facility (as defined in section 1919(a) of the Social Security Act);

“(H) a prescription issued under circumstances in which electronic prescribing is not available due to temporary technological or elec-
trical failure, as specified jointly by the Secretary, the Secretary of Health and Human Services, and the Secretary of Labor through rulemaking; and

“(I) a prescription issued by a participating provider allowing for the dispensing of a non-patient specific prescription pursuant to a standing order, approved protocol for drug therapy, collaborative drug management, or comprehensive medication management, in response to a public health emergency or other circumstances under which the participating provider may issue a non-patient specific prescription.

“(3) RULES OF CONSTRUCTION.—

“(A) VERIFICATION.—Nothing in this subsection shall be construed as requiring a dispenser to verify that a participating provider, with respect to a prescription for a schedule II, III, IV, or V controlled substance that is a prescription drug covered by a group health plan, has a waiver (or is otherwise exempt) under paragraph (2) from the requirement under paragraph (1).
“(B) Authority to Dispense.—Nothing in this subsection shall be construed as affecting the ability of a group health plan to cover, or the ability of a dispenser to continue to dispense, a prescription drug if the prescription for such drug is an otherwise valid written, oral, or fax prescription that is consistent with applicable laws and regulations.

“(C) Patient Choice.—Nothing in this subsection shall be construed as affecting the ability of an individual who is a participant or beneficiary of a group health plan and who is prescribed a schedule II, III, IV, or V controlled substance that is a prescription drug covered by the plan to designate a particular dispenser to dispense a prescribed controlled substance to the extent consistent with the requirements under this subsection.

“(4) Regulations on Policy Requirements.—The Secretary, the Secretary of Health and Human Services, and the Secretary of Labor shall promulgate regulations specifying requirements for the policies established by group health plans under paragraph (1). Such regulations shall include requirements for—
“(A) a uniform process by which plans are required to set the e-prescribing requirements;

“(B) a process by which plans are required to grant waivers and exceptions to participating providers pursuant to paragraph (2); and

“(C) a mechanism for plans to recognize waivers issued to participating providers under part D of title XVIII of the Public Health Service Act, pursuant to paragraph (2)(C).

“(5) PROHIBITIONS.—The policies established pursuant to paragraph (1) by a group health plan may not—

“(A) require dispensers of a schedule II, III, IV, or V controlled substance to confirm that the prescription for the controlled substance was electronically issued by a participating provider in accordance with such policies, as described in paragraph (1);

“(B) require dispensers of such controlled substances to submit information or data beyond what is otherwise required to process a prescription drug claim in order to confirm a participating provider’s compliance with such policies;
“(C) reject, deny, or recoup reimbursement for a prescription drug claim based on the format in which the prescription was issued; or

“(D) require a participating provider to use a specific vendor for electronic prescribing or a specific electronic prescribing product or system.

“(6) ATTESTATION OF COMPLIANCE.—Beginning on January 1, 2026, each group health plan shall annually submit to the Secretary, the Secretary of Health and Human Services, and the Secretary of Labor an attestation of compliance with the requirements of this subsection.

“(7) CONSULTATION REQUIREMENT FOR RULE-MAKING.—In promulgating regulations to carry out this subsection, the Secretary, the Secretary of Health and Human Services, and the Secretary of Labor shall jointly consult with dispensers of controlled substances, State insurance regulators, and health care practitioners.”.

(d) UPDATE OF BIOMETRIC COMPONENT OF MULTI-FACTOR AUTHENTICATION.—Not later than 1 year after the date of enactment of this Act, the Attorney General shall finalize a regulation updating the requirements for the biometric component of multifactor authentication with respect to electronic prescriptions of controlled substances, as
required under section 2003(c) of the SUPPORT for Patients and Community Act (Public Law 115–271).

**TITLE II—TREATMENT**

**SEC. 201. RESIDENTIAL TREATMENT PROGRAM FOR PREGRANATE AND POSTPARTUM WOMEN.**

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

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

(2) in subsection (g)—

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

(B) by adding at the end the following:

“Such plan may include a description of how such applicant will target outreach to women disproportionately impacted by maternal substance use disorder.”; and

(3) in subsection (s), by striking “$29,931,000 for each of fiscal years 2019 through 2023” and inserting “$38,931,000 for each of fiscal years 2024 through 2028”.

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SEC. 202. LOAN REPAYMENT PROGRAM FOR SUBSTANCE USE DISORDER TREATMENT WORKFORCE.

Section 781(j) of the Public Health Service Act (42 U.S.C. 295h(j)) is amended by striking “$25,000,000 for each of fiscal years 2019 through 2023” and inserting “$50,000,000 for each of fiscal years 2024 through 2028”.

SEC. 203. REGIONAL CENTERS OF EXCELLENCE IN SUBSTANCE USE DISORDER EDUCATION.

Section 551 of the Public Health Service Act (42 U.S.C. 290ee–6) is amended by striking subsection (f).

SEC. 204. MENTAL AND BEHAVIORAL HEALTH EDUCATION AND TRAINING PROGRAM.

Section 756(f) of the Public Health Service Act (42 U.S.C. 294e–1(f)) is amended to read as follows:

“(f) Authorization of Appropriations.—To carry out this section, there is authorized to be appropriated the following:

“(1) $50,000,000 for fiscal year 2024, to be allocated as follows:

“(A) For grants described in subsection (a)(1), $15,000,000.

“(B) For grants described in subsection (a)(2), $15,000,000.

“(C) For grants described in subsection (a)(3), $10,000,000.”
“(D) For grants described in subsection (a)(4), $10,000,000.
“(2) $55,000,000 for fiscal year 2025, to be allocated as follows:
“(A) For grants described in subsection (a)(1), $16,500,000.
“(B) For grants described in subsection (a)(2), $16,500,000.
“(C) For grants described in subsection (a)(3), $11,000,000.
“(D) For grants described in subsection (a)(4), $11,000,000.
“(3) $60,000,000 for fiscal year 2026, to be allocated as follows:
“(A) For grants described in subsection (a)(1), $18,000,000.
“(B) For grants described in subsection (a)(2), $18,000,000.
“(C) For grants described in subsection (a)(3), $12,000,000.
“(D) For grants described in subsection (a)(4), $12,000,000.
“(4) $65,000,000 for fiscal year 2027, to be allocated as follows:
“(A) For grants described in subsection (a)(1), $19,500,000.

“(B) For grants described in subsection (a)(2), $19,500,000.

“(C) For grants described in subsection (a)(3), $13,000,000.

“(D) For grants described in subsection (a)(4), $13,000,000.

“(5) $75,000,000 for fiscal year 2028, to be allocated as follows:

“(A) For grants described in subsection (a)(1), $22,500,000.

“(B) For grants described in subsection (a)(2), $22,500,000.

“(C) For grants described in subsection (a)(3), $15,000,000.

“(D) For grants described in subsection (a)(4), $15,000,000.”.

SEC. 205. GRANTS TO ENHANCE ACCESS TO SUBSTANCE USE DISORDER TREATMENT.

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

(1) by striking subsection (b); and

(2) by striking “IN GENERAL—The Secretary” and inserting the following:
“The Secretary”.

SEC. 206. GRANTS TO IMPROVE TRAUMA SUPPORT SERVICES AND MENTAL HEALTH CARE FOR CHILDREN AND YOUTH IN EDUCATIONAL SETTINGS.

Section 7134 of the SUPPORT for Patients and Communities Act (42 U.S.C. 280h–7) is amended—

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

(2) in subsection (c)—

(A) in paragraph (1), by inserting “early intervention,” after “screening,”;

(B) in paragraph (3)—

(i) in the matter preceding subparagraph (A), by inserting “other staff,” after “support personnel,”; and

(ii) in subparagraph (A), by striking “social and emotional learning” and inserting “developmentally appropriate practices”; and

(C) in paragraph (5), by inserting “reduce stigma associated with mental health care and” after “efforts to”;

(3) in subsection (d)—

(A) in paragraph (4)—
(i) in subparagraph (A), by striking “; and” and inserting a semicolon;

(ii) in subparagraph (B)—

(I) by striking “tribal organizations as appropriate, other school personnel” and inserting “Tribal organizations as appropriate, other staff”; and

(II) by striking the period and inserting “; and”; and

(iii) by adding at the end the following:

“(C) parents and guardians will be informed of what trauma support services and mental health care are available to their students and what services and care their students receive, in accordance with the parental consent requirements under subsection (h)(2).”; and

(B) by adding at the end the following:

“(7) A plan for sustaining the program following the end of the award period.”;

(4) in subsection (f)(1), by inserting “, which shall include a description of how the school obtains consent from the student’s parent or guardian for the
provision of trauma support services and mental health care” after “this section”;
(5) in subsection (g), by striking “tribal” and inserting “Tribal”;
(6) in subsection (h)—
(A) in the subsection heading, by inserting “APPLICATION OF CERTAIN PROVISIONS” after “CONSTRUCTION”;
(B) by striking “tribal” each place it appears and inserting “Tribal”;
(C) by redesignating paragraphs (1) and (2) as subparagraphs (A) and (B), respectively, and adjusting the margins accordingly;
(D) by striking “Nothing in this section” and inserting the following:
“(1) IN GENERAL.—Nothing in this section”;
(E) by adding at the end the following:
“(2) APPLICATION OF PROVISIONS.—
“(A) RULES.—Section 4001 of the Elementary and Secondary Education Act of 1965 (not including the exception under subsection (a)(2)(B)(i) of such section) shall apply to an entity receiving a grant, contract, or cooperative agreement under this section in the same manner
as such section 4001 applies to an entity receiving funding under title IV of such Act.

“(B) Privacy protections.—Any education record of a student collected or maintained under subsection (c)(4) shall have the protections required for education records under section 444 of the General Education Provisions Act.”.

(7) in subsection (k)—

(A) by redesignating paragraphs (5) through (11) as paragraphs (6) through (12), respectively; and

(B) by inserting after paragraph (4) the following:

“(5) Other Staff.—The term ‘other staff’ has the meaning given such term in section 8101 of the Elementary and Secondary Education Act of 1965.”;

and

(8) in subsection (l), by striking “2019 through 2023” and inserting “2024 through 2028”.
SEC. 207. DEVELOPMENT AND DISSEMINATION OF MODEL TRAINING PROGRAMS FOR SUBSTANCE USE DISORDER PATIENT RECORDS.

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

SEC. 208. TASK FORCE ON BEST PRACTICES FOR TRAUMA-INFORMED IDENTIFICATION, REFERRAL, AND SUPPORT.

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

(1) in subsection (b)(1)—

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

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

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

(2) in subsection (d)(1), in the matter preceding subparagraph (A), by inserting “, developmental disability service providers” before “, individuals who are”; and

(3) in subsection (i), by striking “2023” and inserting “2028”.

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SEC. 209. PROGRAM TO SUPPORT COORDINATION AND CONTINUATION OF CARE FOR DRUG OVERDOSE PATIENTS.

Section 7081 of the SUPPORT for Patients and Communities Act (42 U.S.C. 290dd-4) is amended by striking subsection (f).

SEC. 210. REGULATIONS RELATING TO SPECIAL REGISTRATION FOR TELEMEDICINE.

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

SEC. 211. MENTAL HEALTH PARITY.

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

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

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

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

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

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

(4) A review of the implementation, by the Department of Labor, Department of Health and Human Services, and Department of the Treasury, of mental health parity requirements under section 2726 of the Public Health Service Act (42 U.S.C. 300gg–26), section 712 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185a), and section 9812 of the Internal Revenue Code of 1986, including
all such requirements in effect through the enactment of the Mental Health Parity Act of 1996 (Public Law 104–204), the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (Public Law 110–460), the 21st Century Cures Act (Public Law 114–255), and the Consolidated Appropriations Act, 2023 (Public Law 117–328) (including any amendments made by such Acts), and including with respect to the timing of all actions, delays of any actions, reasons for any such delays, mandated requirements that were met only once but not each time such requirements were mandated.

(b) Definitions.—In this section, the terms “group health plan” and “health insurance issuer” have the meanings given such terms in section 733 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1191b).

SEC. 212. STATE GUIDANCE RELATED TO INDIVIDUALS WITH SERIOUS MENTAL ILLNESS AND CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE.

(a) Review of Use of Certain Funding.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, shall conduct a review of the use by States of funds made
available under the Community Mental Health Services Block Grant program under subpart I of part B of title XIX of the Public Health Service Act (42 U.S.C. 300x et seq.) for First Episode Psychosis activities. Such review shall consider the following:

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

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

(3) The percentage of the State funding under the block grant program that is applied toward early serious mental illness, and funding in excess of, or under, 10 percent of the amount of the grant, broken down by State.

(4) The percentage of funds expended by States through such block grant program specifically on First Episode Psychosis, to the extent such information is available.
(5) **How many individuals are served by the expenditures described in paragraphs (3) and (4), on a per-capita basis.**

(6) **How the funds are used to reach underserved populations, including rural populations and racial and ethnic minority populations.**

(b) **REPORT AND GUIDANCE.**—

(1) **REPORT.**—Not later than 6 months after the completion of the review under subsection (a), the Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, shall submit to the Committee on Appropriations, the Committee on Health, Education, Labor, and Pensions, and the Committee on Finance of the Senate and to the Committee on Appropriations and the Committee on Energy and Commerce of the House of Representatives a report on the findings made as a result of the review conducted under subsection (a). Such report shall include any recommendations with respect to any changes to the Community Mental Health Services Block Grant program under subpart I of part B of title XIX of the Public Health Service Act (42 U.S.C. 300x et seq.), including the set-aside required for First Episode
Psychosis, that would facilitate improved outcomes for
the targeted population involved.

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

(c) ADDITIONAL GUIDANCE.—The Director of the Na-
tional Institute of Mental Health shall coordinate with the
Assistant Secretary for Mental Health and Substance Use
in providing guidance to State grantees and provider sub-
grantees about research advances in the delivery of services
for First Episode Psychosis under the Community Mental
Health Services Block Grant program.

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

(1) shall provide updated guidance to States con-
cerning the manner in which Federal funding pro-
vided to States through programs administered by
such agencies, including the Community Mental
Health Services Block Grant program under subpart
I of part B of title XIX of the Public Health Service
Act (42 U.S.C. 300x et seq.), may be coordinated to
provide evidence-based health care services such as co-
ordinated specialty care to individuals with serious
mental illness and serious emotional disturbance, and
interventions for individuals with early serious men-
tal illness, including First Episode Psychosis; and

(2) may streamline relevant State reporting re-
quirements if such streamlining would result in mak-
ing it easier for States to coordinate funding under
the programs described in paragraph (1) to improve
treatments for individuals with serious mental illness
and serious emotional disturbance.

SEC. 213. IMPROVING ACCESS TO ADDICTION MEDICINE PROVIDERS.

Section 597 of the Public Health Service Act (42
U.S.C. 290ll) is amended—
(1) in subsection (a)(1), by inserting “diagnosis,” after “related to”; and

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

SEC. 214. ROUNDTABLE ON USING HEALTH INFORMATION TECHNOLOGY TO IMPROVE MENTAL HEALTH AND SUBSTANCE USE CARE OUTCOMES.

(a) ROUNDTABLE.—Not later than 180 days after the date of enactment of this Act, the Office of the National Coordinator for Health Information Technology shall convene a public roundtable to examine how the expanded use of electronic health records among mental health and substance use service providers can improve outcomes for patients in mental health and substance use settings and how best to increase electronic health record adoption among such providers.

(b) PARTICIPANTS.—The National Coordinator for Health Information Technology shall ensure that the participants in the roundtable under subsection (a) include private and public sector stakeholders, including patients, providers (including providers of inpatient services and providers of outpatient services), and representatives of payors, health information exchanges, professional associations, health information technology vendors, health infor-
information technology certification organizations, and State and Federal agencies.

(c) REPORT.—Not later than 180 days after the conclusion of the public stakeholder roundtable under subsection (a), the Office of the National Coordinator for Health Information Technology shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report outlining information gathered from the roundtable under subsection (a). Such report shall include an examination of—

(1) recommendations from the roundtable participants;

(2) unique considerations for using electronic health record systems in mental health and substance use treatment settings;

(3) unique considerations for developers of health information technology relating to certification of electronic health records for use in mental health and substance use treatment settings where the applicable health information technology is not currently subject to certification requirements;

(4) current usage of electronic health records by mental health and substance use disorder service pro-
vides, and the scope and magnitude of such providers that do not use electronic health record systems;

(5) examples of how electronic health record systems enable coordinated care and care management;

(6) how electronic health record systems further appropriate patient and provider access to secure, usable electronic information exchange;

(7) how electronic health record systems can be connected to or support existing systems, which may include the 988 crisis line, mobile crisis response systems, and co-responder programs, to facilitate connectivity, response, and integrated care;

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

(9) any limitations to greater adoption of electronic health record systems among mental health and substance use service providers;

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

(11) best practices implemented by States and by other entities to support adoption of use of electronic health records among mental health and substance use disorder service providers.
SEC. 215. PEER-TO-PEER MENTAL HEALTH SUPPORT.

(a) In General.—The Assistant Secretary for Mental Health and Substance Use (referred to in this section as the “Assistant Secretary”), in consultation with the Secretary of Education, may, as appropriate and within a relevant existing program, carry out a pilot program and make awards, on a competitive basis, to eligible entities to support evidence-based mental health peer support activities for students enrolled in secondary schools (as such term is defined in section 8101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801)).

(b) Eligibility.—To be eligible to receive an award under this section, an entity shall—

(1) be a State, political subdivision of a State, territory, or Indian Tribe or Tribal organization (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304)); and

(2) submit to the Assistant Secretary an application at such time, in such manner, and containing such information as the Assistant Secretary may require, including a description of how the entity will measure and evaluate progress of the program in improving student mental health outcomes.

(c) Use of Amounts.—
(1) IN GENERAL.—Subject to paragraph (2), an eligible entity may use amounts provided under this section to implement or operate evidence-based mental health peer support activities in 1 or more secondary schools (as such term is defined in section 8101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801)) within the jurisdiction of such eligible entity, which may include providing training, as appropriate, to students, adult supervisors, and other appropriate individuals to improve the early identification of, response to, and recovery supports for mental health and substance use challenges, reduce associated risks, and promote resiliency.

(2) PROGRAM OVERSIGHT.—An eligible entity shall ensure that mental health peer support activities under paragraph (1) are overseen by a school-based mental health professional.

(3) FERPA.—Any education records of the student collected or maintained under this section shall have the protections provided in section 444 of the General Education Provisions Act (20 U.S.C. 1232g).

(d) EVALUATION; REPORT.—

(1) EVALUATION.—The Assistant Secretary shall carry out an evaluation to measure the efficacy of the program under this section. The evaluation shall—
(A) measure participation rates in mental health peer support activities, including any associated trends;
(B) describe the specific trainings provided, or other activities carried out under the pilot program;
(C) assess whether such mental health peer support activities impacted mental health outcomes of participating students; and
(D) measure the effectiveness of the pilot program in connecting students to professional mental health services compared to other evidence-based strategies.

(2) REPORT.—The Assistant Secretary shall prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committees on Energy and Commerce and Education and the Workforce of the House of Representatives a report containing the results of the evaluation conducted under paragraph (1).

(e) TECHNICAL ASSISTANCE.—The Assistant Secretary, in coordination with the Secretary of Education, shall provide technical assistance to eligible entities applying for and receiving an award under this section, includ-
ing the identification and dissemination of best practices for mental health peer support programs for students.

(f) Rule of Construction.—Section 4001 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7101) shall apply to an entity receiving a grant, contract, or cooperative agreement under this section in the same manner as such section applies to an entity receiving funding under title IV of such Act, except that section 4001(a)(2)(B)(i) of such Act shall not apply.

(g) Sunset.—This section shall terminate on September 30, 2028.

SEC. 216. KID PROOF PILOT PROGRAM.

(a) In General.—The Assistant Secretary for Mental Health and Substance Use (referred to in this section as the “Assistant Secretary”), may, as appropriate and within a relevant existing program, carry out a pilot program and make awards, on a competitive basis, to eligible entities to prevent, or reduce the risk of, suicide and drug overdose by children, adolescents, and young adults, including by addressing the misuse of lethal means commonly used in overdose or suicide.

(b) Eligibility.—To be eligible to receive an award under this section, an entity shall—

(1) be a State, political subdivision of a State, territory, or Indian Tribe or Tribal organization (as
such terms are defined in section 4 of the Indian Self-
Determination and Education Assistance Act (25
U.S.C. 5304)); and

(2) submit to the Assistant Secretary an applica-
tion at such time, in such manner, and containing
such information as the Assistant Secretary may re-
quire, including a description of the geographic loca-
tion and settings in which such entity proposes to
carry out activities under such award and the dem-
onstrated need of such geographic location and set-
tings.

(c) USE OF FUNDS.—An eligible entity shall use
amounts provided under this section to implement evidence-
based practices to prevent, or reduce the risk of, overdose
and suicide among children, adolescents, and young adults,
including promoting education and awareness among par-
ents or legal guardians on relevant best practices and pro-
viding appropriate supplies to parents or legal guardians
to prevent, or reduce the risk of, the misuse of lethal means
commonly used in overdose or suicide.

(d) PARTNERSHIPS.—Recipients of funding under this
section may partner with health care facilities to carry out
activities under subsection (c).

(e) EVALUATION; REPORT.—
(1) **Evaluation.**—Not later than 2 years after the date on which awards under this section are first issued, the Assistant Secretary shall carry out an evaluation to measure the efficacy of the program under this section. The evaluation shall include—

   (A) a description of any specific education and awareness activities carried out through the pilot program under this section;

   (B) the number and types of supplies provided to parents or legal guardians to prevent, or reduce the risk of, the misuse of lethal means commonly used in overdose or suicide; and

   (C) an assessment of the efficacy of the pilot program in preventing, or reducing the risk of, overdose and suicide.

(2) **Report.**—The Assistant Secretary shall prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report containing the results of the evaluation conducted under paragraph (1).

(f) **Sunset.**—This section shall terminate on September 30, 2028.
TITLE III—RECOVERY

SEC. 301. YOUTH PREVENTION AND RECOVERY.

Section 7102(c) of the SUPPORT for Patients and Communities Act (42 U.S.C. 290bb–7a(c)) (as amended by section 113(a)) is amended—

(1) in paragraph (2)—

(A) in subparagraph (A)—

(i) in clause (i)—

(I) by inserting “, or a consortia of local educational agencies,” after “a local educational agency”; and

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

(ii) in clause (vi), by striking “tribe, or tribal” and inserting “Tribe, or Tribal”; (B) by amending subparagraph (E) to read as follows:

“(E) INDIAN TRIBE; TRIBAL ORGANIZATION.—The terms ‘Indian Tribe’ and ‘Tribal organization’ have the meanings given such terms in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304).”; (C) by redesignating subparagraph (K) as subparagraph (L); and
(D) by inserting after subparagraph (J) the following:

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

(2) in paragraph (3)(A), in the matter preceding clause (i)—

(A) by striking “and abuse”; and

(B) by inserting “at increased risk for substance misuse” after “specific populations”;

(3) in paragraph (4)—

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

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

(C) in subparagraph (B), by striking “peer mentoring” and inserting “peer-to-peer support”;

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

(5) in paragraph (6)(A)—

(A) in clause (iv), by striking “; and” and inserting a semicolon; and
(B) by adding at the end the following:

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

(6) in paragraph (8), by striking “2022” and inserting “2027”; and

(7) by amending paragraph (9) to read as follows:

“(9) Authorization of Appropriations.—To carry out this subsection, there are authorized to be appropriated $10,000,000 for fiscal year 2024, $12,000,000 for fiscal year 2025, $14,000,000 for fiscal year 2026, $16,000,000 for fiscal year 2027, and $18,000,000 for fiscal year 2028.”.

SEC. 302. COMPREHENSIVE OPIOID RECOVERY CENTERS.

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

(1) in subsection (d)(2)—

(A) in the matter preceding subparagraph (A), by striking “and in such manner” and inserting “, in such manner, and containing such information and assurances”; and

(B) in subparagraph (A), by striking “is capable of coordinating with other entities to carry out” and inserting “has the demonstrated
capability to carry out, through referral or contractual arrangements’’;

(2) in subsection (h)—

(A) by redesignating paragraphs (1) through (4) as subparagraphs (A) through (D), respectively, and adjusting the margins accordingly;

(B) by striking “With respect to” and inserting the following:

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

(C) by adding at the end the following:

“(2) ADDITIONAL REPORTING FOR CERTAIN ELIGIBLE ENTITIES.—An entity carrying out activities described in subsection (g) through referral or contractual arrangements shall include in the submissions required under paragraph (1) information related to the status of such referrals or contractual arrangements, including an assessment of whether such referrals or contractual arrangements are supporting the ability of such entity to carry out such activities.”; and

(3) in subsection (j), by striking “2019 through 2023” and inserting “2024 through 2028”.

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SEC. 303. BUILDING COMMUNITIES OF RECOVERY.

Section 547(f) of the Public Health Service Act (42 U.S.C. 290ee–2(f)) is amended by striking “$5,000,000 for each of fiscal years 2019 through 2023” and inserting “$16,000,000 for each of fiscal years 2024 through 2028”.

SEC. 304. PEER SUPPORT TECHNICAL ASSISTANCE CENTER.

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

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

“(A) professional development of peer support specialists; and

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

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

(3) by inserting after subsection (c) the following:

“(d) PILOT PROGRAM.—

“(1) IN GENERAL.—The Secretary shall carry out a pilot program to establish one regional technical assistance center (referred to in this subsection as the ‘Regional Center’) to assist the Center in carrying out activities described in subsection (b) within the geo-
graphic region of such Regional Center in a manner that is tailored to the needs of such region.

“(2) Evaluation.—Not later than 4 years after the date of enactment of the SUPPORT for Patients and Communities Reauthorization Act, the Secretary shall evaluate the activities of the Regional Center and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the findings of such evaluation, including—

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

“(B) available information relating to the outcomes of the pilot program under this subsection, such as any impact the Regional Center had on the operations and efficiency of the Center relating to requests for technical assistance and support within the region of such Regional Center;

“(C) a description of any gaps or areas of duplication relating to the activities of the Regional Center and the Center within such region; and
“(D) recommendations relating to the modification, expansion, or termination of the pilot program under this subsection.

“(3) TERMINATION.—This subsection shall terminate on September 30, 2028.”; and

(4) in subsection (f), as so redesignated, by striking “$1,000,000 for each of fiscal years 2019 through 2023” and inserting “$2,000,000 for each of fiscal years 2024 through 2028”.

SEC. 305. CAREER ACT.

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

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

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

(3) in subsection (c)—

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

(B) by amending paragraph (2) to read as follows:
“(2) RATES.—The rates described in this paragraph are the following:

“(A) The highest age-adjusted average rates of drug overdose deaths for calendar years 2018 through 2022 based on data from the Centers for Disease Control and Prevention, including, if necessary, provisional data for calendar year 2022.

“(B) The highest average rates of unemployment for calendar years 2018 through 2022 based on data provided by the Bureau of Labor Statistics.

“(C) The lowest average labor force participation rates for calendar years 2018 through 2022 based on data provided by the Bureau of Labor Statistics.”;

(4) in subsection (g)—

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

(B) by redesignating paragraphs (1) through (3) as subparagraphs (A) through (C), respectively, and adjusting the margins accordingly;
(C) in the matter preceding subparagraph 
(A) (as so redesignated), by striking “An entity” 
and inserting the following:
“(1) IN GENERAL.—An entity”; and
(D) by adding at the end the following:
“(2) TRANSPORTATION SERVICES.—An entity re-
ceiving a grant under this section may use not more 
than 5 percent of the funds for providing transpor-
tation for individuals to participate in an activity 
supported by a grant under this section, which trans-
portation shall be to or from a place of work or a 
place where the individual is receiving career and 
technical education or job training services or receiv-
ing services directly linked to treatment of or recovery 
from a substance use disorder.
“(3) LIMITATION.—The Secretary may not re-
quire an entity to, or give priority to an entity that 
plans to, use the funds of a grant under this section 
for activities that are not specified in this sub-
section.”;
(5) in subsection (i)(2), by inserting “, which 
shall include employment and earnings outcomes de-
scribed in subclauses (I) and (III) of section 
116(b)(2)(A)(i) of the Workforce Innovation and Op-
portunity Act (29 U.S.C. 3141(b)(2)(A)(i)) with re-
spect to the participation of such individuals with a
substance use disorder in programs and activities
funded by the grant under this section” after “sub-
section (g)”;

(6) in subsection (j)—

(A) in paragraph (1), by inserting “for
grants awarded prior to the date of enactment of
the SUPPORT for Patients and Communities
Reauthorization Act” after “grant period under
this section”; and

(B) in paragraph (2)—

(i) in the matter preceding subpara-
graph (A), by striking “2 years after sub-
mitting the preliminary report required
under paragraph (1)” and inserting “Sep-
tember 30, 2028”; and

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

(7) in subsection (k), by striking “$5,000,000 for
each of fiscal years 2019 through 2023” and inserting
“$12,000,000 for each of fiscal years 2024 through
2028”.

(b) C LERICAL AMENDMENT.—The table of contents in
section 1(b) of the SUPPORT for Patients and Commu-
nities Act (Public Law 115–271; 132 Stat. 3894) is amend-
ed by striking the item relating to section 7183 and insert-
ing the following:

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

SEC. 306. RESEARCH AND RECOMMENDATIONS ON CRIMI-
NAL BACKGROUND CHECK PROCESS FOR
PEER SUPPORT SPECIALISTS.

(a) In General.—The Secretary of Health and
Human Services (referred to in this section as the “Sec-
retary”), in coordination with the Attorney General, shall
develop a report on research and recommendations with re-
spect to criminal background check processes for individuals
becoming peer support specialists.

(b) Contents.—The report under subsection (a) shall
include—

(1) a summary of evidence-based research on the
effectiveness of peer support specialists in improving
the mental health and the substance use disorder re-
cover of other individuals;

(2) a survey of each State’s laws (including reg-
ulations) that contain criminal background check re-
quirements for serving as a peer support specialist,
including—

(A) an analysis of criminal offenses that
are included in State laws (including regula-
tions) that prevent individuals from earning a
peer support specialist certification or from
practicing as a peer support specialist;

(B) an analysis of requirements (if any)
under the State plan under title XIX of the So-
cial Security Act (42 U.S.C. 1396 et seq.) or
under a waiver of such plan relating to back-
ground checks for providers participating under
such plan or waiver and the extent to which any
such requirements differ from similar require-
ments imposed under State law (including regu-
lations);

(C) an analysis of requirements (if any) of
any State receiving a grant under part B of title
XIX of the Public Health Service Act (42 U.S.C.
300x et seq.) relating to background checks for
providers participating in a program under, or
otherwise providing services supported by, such
grant;

(D) a review of State laws (including regu-
lations) that provide exemptions from prohibi-
tions regarding certification or practice of peer
support specialists; and

(E) an indication of each State that has
gone through the process of amending or other-
wise changing criminal background check laws
(including regulations) for the certification and
practice of peer support specialists; and

(3) recommendations to States on criminal back-
ground check processes that would reduce barriers to
taking certified as peer support specialists.

(c) AVAILABILITY.—Not later than 1 year after the
date of enactment of this Act, the Secretary shall—

(1) post the report required under subsection (a)
on the publicly accessible internet website of the Sub-
stance Abuse and Mental Health Services Administra-
tion; and

(2) distribute such report to—

(A) State agencies responsible for certifi-
cation of peer support specialists;

(B) the Centers for Medicare & Medicaid
Services;

(C) State agencies responsible for carrying
out a State plan under title XIX of the Social
Security Act or under a waiver of such plan;
and

(D) State agencies responsible for carrying
out a grant under part B of title XIX of the
Public Health Service Act (42 U.S.C. 300x et
seq.).

(d) DEFINITION OF PEER SUPPORT SPECIALIST.—
(1) IN GENERAL.—In this section, the term “peer support specialist” means an individual—

(A)(i) who has lived experience of recovery from a mental health condition or substance use disorder and who specializes in supporting individuals with mental health conditions or substance use disorders; or

(ii) who has lived experience as a parent or caregiver of an individual with a mental health condition or substance use disorder and who specializes in supporting families navigating mental health or substance use service systems; and

(B) who is certified as qualified to furnish peer support services, as described in paragraph (2), under a process that is determined by the State in which such individual furnishes such services or determined appropriate by the Secretary.

(2) PEER SUPPORT SERVICES.—The services described in this paragraph shall be consistent with the National Practice Guidelines for Peer Supporters issued by the National Association of Peer Supporters (or a successor publication) and inclusive of the Core Competencies for Peer Workers in Behavioral Health.
Services of the Substance Abuse and Mental Health Services Administration.

SEC. 307. OFFICE OF RECOVERY.

(a) IN GENERAL.—There is established, within the Substance Abuse and Mental Health Services Administration, an Office of Recovery (referred to in this section as the “Office”).

(b) RESPONSIBILITIES.—The Office shall, taking into account the perspectives of individuals with demonstrated experience in mental health or substance use disorder recovery—

(1) identify new and emerging challenges related to the provision of recovery support services;

(2) support technical assistance, data analysis, and evaluation functions in order to assist States, local governmental entities, Indian Tribes, and Tribal organizations in implementing and strengthening recovery support services, consistent with the needs of such States, local governmental entities, Indian Tribes, and Tribal organizations; and

(3) ensure coordination of efforts to identify, disseminate, and evaluate best practices related to—

(A) improving the capacity of, and access to, recovery support services; and
(B) supporting the training, education, professional development, and retention of peer support specialists.

(c) REPORT.—Not later than 4 years after the date of enactment of this Act, the Assistant Secretary for Mental Health and Substance Use shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the activities conducted by the Office, including—

(1) a description of the specific roles and responsibilities of the Office;

(2) a description of the relationship between the Office and other relevant components or programs of the Substance Abuse and Mental Health Services Administration;

(3) the identification of any gaps in the activities of the Substance Abuse and Mental Health Services Administration or challenges in coordination between the Office and such relevant components or programs of such agency; and

(4) recommendations related to the continued operations of the Office.
SEC. 308. REVIEW OF GRANTS.GOV.

(a) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this section as the “Secretary”) shall convene a public meeting for purposes of improving awareness of, and access to, information related to current and future Federal funding opportunities, including Federal funding opportunities related to mental health and substance use disorder programs.

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

(1) opportunities to improve the utility and functionality of relevant internet websites maintained by the Secretary, such as Grants.gov;

(2) other models for displaying and disseminating information related to Federal funding opportunities, such as interactive dashboards; and

(3) strategies to improve the ability of entities to apply for Federal funding opportunities, including entities that have not traditionally applied for programs administered by the Secretary.

(c) WEBSITE IMPROVEMENTS.—The Secretary shall implement improvements to Grants.gov based on stakeholder feedback received at the public meeting under subsection (a).
(d) **REPORT.**—Not later than 1 year after the date on which the public meeting under subsection (a) is convened, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Represent-atives a report summarizing the findings of such meeting, including how the Secretary has taken into account the feedback received through such meeting and implemented improvements to relevant internet websites maintained by the Secretary and strategies to improve awareness of Federal funding opportunities.

**TITLE IV—TECHNICAL AMENDMENTS**

**SEC. 401. DELIVERY OF A CONTROLLED SUBSTANCE BY A PHARMACY TO AN ADMINISTERING PRACTITIONER.**

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

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

“(A) by injection or implantation for the purpose of maintenance or detoxification treatment; or
“(B) intranasally, subject to risk evaluation
and mitigation strategy pursuant to section
505–1 of the Federal Food, Drug, and Cosmetic
Act (21 U.S.C. 355–1), with post-administration
monitoring by a health care professional;”.

SEC. 402. TECHNICAL CORRECTION ON CONTROLLED SUB-
STANCES DISPENSING.

Effective as if included in the enactment of Public Law
117–328—

(1) section 1252(a) of division FF of Public Law
117–328 (136 Stat. 5681) is amended, in the matter
being inserted into section 302(e) of the Controlled
Substances Act, by striking “303(g)” and inserting
“303(h)”;

(2) section 1262 of division FF of Public Law
117–328 (136 Stat. 5681) is amended—

(A) in subsection (a)—

(i) in the matter preceding paragraph
(1), by striking “303(g)” and inserting
“303(h)”;

(ii) in the matter being stricken by
subsection (a)(2), by striking“(g)(1)” and
inserting“(h)(1)”; and

(iii) in the matter being inserted by
subsection (a)(2), by striking“(g) Practi-
tioners” and inserting “(h) Practitioners”; and

(B) in subsection (b)—

(i) in the matter being stricken by paragraph (1), by striking “303(g)(1)” and inserting “303(h)(1)”;

(ii) in the matter being inserted by paragraph (1), by striking “303(g)” and inserting “303(h)”;

(iii) in the matter being stricken by paragraph (2)(A), by striking “303(g)(2)” and inserting “303(h)(2)”;

(iv) in the matter being stricken by paragraph (3), by striking “303(g)(2)(B)” and inserting “303(h)(2)(B)”;

(v) in the matter being stricken by paragraph (5), by striking “303(g)” and inserting “303(h)”; and

(vi) in the matter being stricken by paragraph (6), by striking “303(g)” and inserting “303(h)”; and

(3) section 1263(b) of division FF of Public Law 117–328 (136 Stat. 5685) is amended—

(A) by striking “303(g)(2)” and inserting “303(h)(2)”; and
(B) by striking “(21 U.S.C. 823(g)(2))” and
inserting “(21 U.S.C. 823(h)(2))”.

SEC. 403. REQUIRED TRAINING FOR PRESCRIBERS OF CON-
TROLLED SUBSTANCES.

(a) In General.—Section 303 of the Controlled Sub-
stances Act (21 U.S.C. 823) is amended—

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

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

(A) in subparagraph (A)—

(i) in clause (iv)—

(1) in subclause (I)—

(aa) by inserting “the Amer-
ican Academy of Family Physi-
cians, the American Podiatric
Medical Association, the Academy
of General Dentistry, the Amer-
ican Optometric Association,” be-
fore “or any other organization”;

(bb) by striking “or the Com-
mission” and inserting “the Com-
mision”; and

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

(II) in subclause (III), by inserting “or the American Academy of Family Physicians” after “Association”; and

(ii) in clause (v), in the matter preceding subclause (I)—

(I) by striking “osteopathic medicine, dental surgery” and inserting “osteopathic medicine, podiatric medicine, dental surgery”; and

(II) by striking “or dental medicine curriculum” and inserting “or dental or podiatric medicine curriculum”; and

(B) in subparagraph (B)—

(i) in clause (i)—

(I) by inserting “the American Pharmacists Association, the Accreditation Council on Pharmacy Education, the American Psychiatric Nurses Association, the American Academy of Nursing, the American
(II) by inserting “, the American Academy of Family Physicians,” before “or the Accreditation Council”; and

(ii) in clause (ii)—

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

(II) by inserting “, or an accredited school of pharmacy” before “in the United States”.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall take effect as if enacted on December 29, 2022.
S. 3393

A BILL

To reauthorize the SUPPORT for Patients and Communities Act, and for other purposes.

February 1, 2024

Reported with an amendment

Calendar No. 319