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(Original Signature of Member)

119TH CONGRESS  
1ST SESSION

# H. R. 2483

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

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## IN THE HOUSE OF REPRESENTATIVES

M. \_\_\_\_\_ introduced the following bill; which was referred to the Committee on \_\_\_\_\_

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# A BILL

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

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

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

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

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

Sec. 1. Short title; table of contents.

#### TITLE I—PREVENTION

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

#### TITLE II—TREATMENT

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

#### TITLE III—RECOVERY

- Sec. 301. Building communities of recovery.
- Sec. 302. Peer support technical assistance center.
- Sec. 303. Comprehensive opioid recovery centers.
- Sec. 304. Youth prevention and recovery.
- Sec. 305. CAREER Act.
- Sec. 306. Addressing economic and workforce impacts of the opioid crisis.

#### TITLE IV—MISCELLANEOUS MATTERS

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

1                   **TITLE I—PREVENTION**

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

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

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

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

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

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

19                   (1) in subsection (a)(2)—

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

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

1 (2) in subsection (b)(2)—

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

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

8 (C) in subparagraph (E)—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

24 “(b) GRANTS AND TECHNICAL ASSISTANCE.—



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

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

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

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

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

22           “(A) a designation of an individual to  
23 serve as a FASD State or Tribal coordinator of  
24 activities such eligible entity proposes to carry

1 out through a grant, cooperative agreement, or  
2 contract under this section; and

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

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

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

21 “(a) IN GENERAL.—The Secretary shall award  
22 grants, contracts, or cooperative agreements, as the Sec-  
23 retary determines appropriate, to public or nonprofit pri-  
24 vate entities with demonstrated expertise in the field of  
25 fetal alcohol spectrum disorders (referred to in this section

1 as ‘FASD’). Such awards shall be for the purposes of  
2 building local, Tribal, State, and nationwide capacities to  
3 prevent the occurrence of FASD by carrying out the pro-  
4 grams described in subsection (b).

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

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

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

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

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

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

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

11                   “(1) Resource development and dissemination.

12                   “(2) Intervention services.

13                   “(3) Training and technical assistance.

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

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

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

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

6 (2) a description of—

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

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

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

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

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

19 “(5) PROMOTING STATE CHOICE.—Nothing in  
20 this section shall be construed to authorize the Sec-  
21 retary to require States to use a specific vendor or  
22 a specific interoperability connection other than to  
23 align with nationally recognized, consensus-based  
24 open standards, such as in accordance with sections  
25 3001 and 3004.”.

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

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

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

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

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

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

12 (3) in subsection (f)—

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

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

17 (C) in paragraph (2)—

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

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

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

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



1 (4) in subsection (d)—

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

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

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

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

13 (5) in subsection (e)—

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5           “(f) CYBERSECURITY REPORTING.—

6           “(1) NOTIFICATION.—

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

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

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

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

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

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

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

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

19                   “(3) CLARIFICATION.—

20                   “(A) OVERSIGHT.—

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

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

3 “(ii) NETWORK ADMINISTRATOR.—

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

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

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

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

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

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

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

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

15 **SEC. 110. BRUCE’S LAW.**

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

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

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

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

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

13           “(g) WORKING GROUPS.—

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

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

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

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

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

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

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

16 “(C) DUTIES.—The Work Group shall—

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

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

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



1 and other emerging drug use and misuse  
2 issues;

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

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

10 “(D) ANNUAL REPORT TO SECRETARY.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## 3 **TITLE II—TREATMENT**

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

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

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

11 (2) in subsection (g)—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

13 (1) in subsection (b)(1)—

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

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

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

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

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

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

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

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

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

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

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

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



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

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

7 (b) REPORT AND GUIDANCE.—

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

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

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

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

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

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

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

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

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

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

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

## 4 **TITLE III—RECOVERY**

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

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

### 11 **SEC. 302. PEER SUPPORT TECHNICAL ASSISTANCE CEN-**

### 12 **TER.**

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

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

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

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

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

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

1 “(d) REGIONAL CENTERS.—

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

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

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

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

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

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

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

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

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

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

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

19 (1) in subsection (d)(2)—

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

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

6 (2) in subsection (h)—

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

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

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

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

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

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

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

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

7           (1) in paragraph (2)—

8                   (A) in subparagraph (A)—

9                           (i) in clause (i)—

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

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

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

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

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

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

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

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

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

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

14 (A) by striking “and abuse”; and

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

17 (3) in paragraph (4)—

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

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

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



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

3           (5) in paragraph (6)(A)—

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

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

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

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

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

14               “(9) AUTHORIZATION OF APPROPRIATIONS.—  
15               To carry out this subsection, there are authorized to  
16               be appropriated—

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

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

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

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

21               and

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

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

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

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

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

10 (3) in subsection (c)—

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

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

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

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

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

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

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

7 (4) in subsection (g)—

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

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

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

19 “(1) IN GENERAL.—An entity”; and

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

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

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

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

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

20 (6) in subsection (j)—

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

1 (B) in paragraph (2)—

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

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

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

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

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

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

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

24 (C) in subsection (b)—

- 1 (i) in paragraph (1), by striking “not  
2 later than 60 days after the date of enact-  
3 ment of this Act” and inserting “not later  
4 than 60 days after the date of enactment  
5 of the SUPPORT for Patients and Com-  
6 munities Reauthorization Act of 2025”;  
7 and
- 8 (ii) in paragraph (2)(B)(i)—
- 9 (I) in subclause (I)—
- 10 (aa) by striking “for cal-  
11 endar years 2013 through 2017”;  
12 and
- 13 (bb) by inserting “for cal-  
14 endar years 2018 through 2022”  
15 after “rates of unemployment”;
- 16 (II) in subclause (II)—
- 17 (aa) by striking “for cal-  
18 endar years 2013 through 2017”;  
19 and
- 20 (bb) by inserting “for cal-  
21 endar years 2018 through 2022”  
22 after “participation rates”; and
- 23 (III) by striking subclause (III)
- 24 and inserting the following:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

14                           (A) in subparagraph (A)—

15                                   (i) in clause (iv)—

16   (I) in subclause (I)—

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

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

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

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

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

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

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

22 (B) in subparagraph (B)—

23 (i) in clause (i)—

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

1                   tation Council on Pharmacy Edu-  
2                   cation, the American Psychiatric  
3                   Nurses Association, the American  
4                   Academy of Nursing, the American  
5                   Academy of Family Physicians,” be-  
6                   fore “or any other organization”; and  
7                   (II) by inserting “, the American  
8                   Academy of Family Physicians,” be-  
9                   fore “or the Accreditation Council”;  
10                  and  
11                  (ii) in clause (ii)—  
12                  (I) by striking “or accredited  
13                  school” and inserting “, an accredited  
14                  school”; and  
15                  (II) by inserting “, or an accred-  
16                  ited school of pharmacy” before “in  
17                  the United States”.

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