

AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H.R. _____
OFFERED BY M____. _____

Strike all after the enacting clause and insert the
following:

1 SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

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

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

Sec. 1. Short title; table of contents.

TITLE I—PREVENTION

- Sec. 101. Prenatal and postnatal health.
- Sec. 102. Monitoring and education regarding infections associated with illicit
drug use and other risk factors.
- Sec. 103. Preventing overdoses of controlled substances.
- Sec. 104. Support for individuals and families impacted by fetal alcohol spec-
trum 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”.

1 **SEC. 103. PREVENTING OVERDOSES OF CONTROLLED SUB-**
2 **STANCES.**

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

5 (1) in subsection (a)(2)—

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

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

12 (2) in subsection (b)(2)—

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

16 (B) in subparagraph (C), by striking “cod-
17 ing” and inserting “monitoring and identi-
18 fying”;

19 (C) in subparagraph (E)—

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

22 (ii) by inserting “and other emerging
23 substances related” after “analogues”; and

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

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

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

7 (2) by amending subparagraph (A) to read as
8 follows:

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

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

23 (c) AUTHORIZATION OF APPROPRIATIONS.—Section
24 392A(e) of the Public Health Service Act (42 U.S.C.
25 280b–1(e)) is amended by striking “\$496,000,000 for

1 each of fiscal years 2019 through 2023” and inserting
2 “\$505,579,000 for each of fiscal years 2026 through
3 2030”.

4 **SEC. 104. SUPPORT FOR INDIVIDUALS AND FAMILIES IM-**
5 **PACTED BY FETAL ALCOHOL SPECTRUM DIS-**
6 **ORDER.**

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

10 **“PART O—FETAL ALCOHOL SPECTRUM DIS-**
11 **ORDER PREVENTION AND SERVICES PRO-**
12 **GRAM**

13 **“SEC. 399H. FETAL ALCOHOL SPECTRUM DISORDERS PRE-**
14 **VENTION, INTERVENTION, AND SERVICES DE-**
15 **LIVERY PROGRAM.**

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

21 “(1) an education and public awareness pro-
22 gram to support, conduct, and evaluate the effective-
23 ness of—

24 “(A) educational programs targeting
25 health professions schools, social and other sup-

1 portive services, educators and counselors and
2 other service providers in all phases of child-
3 hood development, and other relevant service
4 providers, concerning the prevention, identifica-
5 tion, and provision of services for infants, chil-
6 dren, adolescents, and adults with FASD;

7 “(B) strategies to educate school-age chil-
8 dren, including pregnant and high-risk youth,
9 concerning FASD;

10 “(C) public and community awareness pro-
11 grams concerning FASD; and

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

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

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

23 “(B) develop effective culturally and lin-
24 guistically appropriate evidence-based or evi-
25 dence-informed interventions and appropriate

1 supports for preventing prenatal alcohol expo-
2 sure, which may co-occur with exposure to other
3 substances;

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

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

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

13 “(C) developing, implementing, and evalu-
14 ating targeted FASD-informed intervention
15 programs for FASD;

16 “(D) providing training with respect to
17 FASD for professionals across relevant sectors;
18 and

19 “(E) disseminating information about
20 FASD and support services to affected individ-
21 uals and their families; and

22 “(4) an applied research program concerning
23 intervention and prevention to support and conduct
24 service demonstration projects, clinical studies and
25 other research models providing advocacy, edu-

1 cational and vocational training, counseling, medical
2 and mental health, and other supportive services, as
3 well as models that integrate and coordinate such
4 services, that are aimed at the unique challenges fac-
5 ing individuals with fetal alcohol spectrum disorder
6 or fetal alcohol effect and their families.

7 “(b) GRANTS AND TECHNICAL ASSISTANCE.—

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

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

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

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

1 “(3) ADDITIONAL APPLICATION CONTENTS.—

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

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

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

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

1 **“SEC. 399I. STRENGTHENING CAPACITY AND EDUCATION**
2 **FOR FETAL ALCOHOL SPECTRUM DIS-**
3 **ORDERS.**

4 “(a) IN GENERAL.—The Secretary shall award
5 grants, contracts, or cooperative agreements, as the Sec-
6 retary determines appropriate, to public or nonprofit pri-
7 vate entities with demonstrated expertise in the field of
8 fetal alcohol spectrum disorders (referred to in this section
9 as ‘FASD’). Such awards shall be for the purposes of
10 building local, Tribal, State, and nationwide capacities to
11 prevent the occurrence of FASD by carrying out the pro-
12 grams described in subsection (b).

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

16 “(1) Developing and supporting public edu-
17 cation and outreach activities to raise public aware-
18 ness of the risks associated with alcohol consumption
19 during pregnancy.

20 “(2) Acting as a clearinghouse for evidence-
21 based resources on FASD prevention, identification,
22 and culturally and linguistically appropriate best
23 practices to help inform systems of care for individ-
24 uals with FASD across their lifespan.

25 “(3) Increasing awareness and understanding
26 of efficacious, evidence-based screening tools and

1 culturally and linguistically appropriate evidence-
2 based intervention services and best practices, which
3 may include improving the capacity for State, Trib-
4 al, and local affiliates.

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

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

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

18 “(1) Resource development and dissemination.

19 “(2) Intervention services.

20 “(3) Training and technical assistance.

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

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

1 (b) REPORT.—Not later than 4 years after the date
2 of enactment of this Act, and every year thereafter, the
3 Secretary of Health and Human Services shall prepare
4 and submit to the Committee on Health, Education,
5 Labor, and Pensions of the Senate and the Committee on
6 Energy and Commerce of the House of Representatives
7 a report containing—

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

13 (2) a description of—

14 (A) the activities carried out pursuant to
15 such sections 399H and 399I to identify, pre-
16 vent, and treat FASD; and

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

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

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

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

1 “(5) PROMOTING STATE CHOICE.—Nothing in
2 this section shall be construed to authorize the Sec-
3 retary to require States to use a specific vendor or
4 a specific interoperability connection other than to
5 align with nationally recognized, consensus-based
6 open standards, such as in accordance with sections
7 3001 and 3004.”.

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

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

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

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

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

17 (B) by striking “opioid” each place it ap-
18 pears;

19 (3) in subsection (f)—

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

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

24 (C) in paragraph (2)—

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

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

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

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

12 **SEC. 107. DONALD J. COHEN NATIONAL CHILD TRAUMATIC**
13 **STRESS INITIATIVE.**

14 (a) TECHNICAL AMENDMENT.—The second part G of
15 title V of the Public Health Service Act (42 U.S.C. 290kk
16 et seq.), as added by section 144 of the Community Re-
17 newal Tax Relief Act (Public Law 106–554), is amend-
18 ed—

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

20 (2) by redesignating sections 581 through 584
21 as sections 596 through 596C, respectively.

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

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

4 (2) in subsection (a)—

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

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

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

12 (4) in subsection (d)—

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

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

16 and

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

18 “(2) NCTSI GRANTEEES.—In carrying out sub-
19 section (a)(2), NCTSI grantees shall develop
20 trainings and other resources, as applicable and ap-
21 propriate, to support implementation of the evi-
22 dence-based practices developed and disseminated
23 under such subsection.”;

24 (5) in subsection (e)—

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

4 (B) in subparagraph (A), as so redesign-
5 nated, by inserting “and implementation” after
6 “the dissemination”;

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

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

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

12 “(2) NCTSI GRANTEES.—NCTSI grantees
13 shall, as appropriate, collaborate with other such
14 grantees, the NCTSI coordinating center, and the
15 Secretary in carrying out subsections (a)(2) and
16 (d)(2).”;

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

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

1 “(1) a plan for the evaluation of the activities
2 funded under the grant, contract, or agreement, in-
3 cluding both process and outcomes evaluation, and
4 the submission of an evaluation at the end of the
5 project period; and

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

11 (7) by amending subsection (j) to read as fol-
12 lows:

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

15 “(1) \$98,887,000 for fiscal year 2026;

16 “(2) \$98,887,000 for fiscal year 2027;

17 “(3) \$98,887,000 for fiscal year 2028;

18 “(4) \$100,000,000 for fiscal year 2029; and

19 “(5) \$100,000,000 for fiscal year 2030.”.

20 **SEC. 108. PROTECTING SUICIDE PREVENTION LIFELINE**
21 **FROM CYBERSECURITY INCIDENTS.**

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

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

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

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

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

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

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

14 (2) by inserting after subsection (e) the fol-
15 lowing:

16 “(f) CYBERSECURITY REPORTING.—

17 “(1) NOTIFICATION.—

18 “(A) IN GENERAL.—The program’s net-
19 work administrator receiving Federal funding
20 pursuant to subsection (a) shall report to the
21 Assistant Secretary, in a manner that protects
22 personal privacy, consistent with applicable
23 Federal and State privacy laws—

24 “(i) any identified cybersecurity
25 vulnerabilities to the program within a rea-

1 sonable amount of time after identification
2 of such a vulnerability; and

3 “(ii) any identified cybersecurity inci-
4 dents to the program within a reasonable
5 amount of time after identification of such
6 incident.

7 “(B) LOCAL AND REGIONAL CRISIS CEN-
8 TERS.—Local and regional crisis centers par-
9 ticipating in the program shall report to the
10 program’s network administrator identified
11 under subparagraph (A), in a manner that pro-
12 tects personal privacy, consistent with applica-
13 ble Federal and State privacy laws—

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

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

22 “(2) NOTIFICATION.—If the program’s network
23 administrator receiving funding pursuant to sub-
24 section (a) discovers, or is informed by a local or re-
25 gional crisis center pursuant to paragraph (1)(B) of,

1 a cybersecurity vulnerability or incident, within a
2 reasonable amount of time after such discovery or
3 receipt of information, such entity shall report the
4 vulnerability or incident to the Assistant Secretary.

5 “(3) CLARIFICATION.—

6 “(A) OVERSIGHT.—

7 “(i) LOCAL AND REGIONAL CRISIS
8 CENTERS.—Except as provided in clause
9 (ii), local and regional crisis centers par-
10 ticipating in the program shall oversee all
11 technology each center employs in the pro-
12 vision of services as a participant in the
13 program.

14 “(ii) NETWORK ADMINISTRATOR.—
15 The program’s network administrator re-
16 ceiving Federal funding pursuant to sub-
17 section (a) shall oversee the technology
18 each crisis center employs in the provision
19 of services as a participant in the program
20 if such oversight responsibilities are estab-
21 lished in the applicable network participa-
22 tion agreement.

23 “(B) SUPPLEMENT, NOT SUPPLANT.—The
24 cybersecurity incident reporting requirements
25 under this subsection shall supplement, and not

1 supplant, cybersecurity incident reporting re-
2 quirements under other provisions of applicable
3 Federal law that are in effect on the date of the
4 enactment of the SUPPORT for Patients and
5 Communities Reauthorization Act of 2025.”.

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

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

13 (2) submit a report on the findings of such
14 study to the Committee on Health, Education,
15 Labor, and Pensions of the Senate and the Com-
16 mittee on Energy and Commerce of the House of
17 Representatives.

18 **SEC. 109. MONITORING AND REPORTING OF CHILD, YOUTH,**
19 **AND ADULT TRAUMA.**

20 Section 7131(e) of the SUPPORT for Patients and
21 Communities Act (42 U.S.C. 242t(e)) is amended by strik-
22 ing “\$2,000,000 for each of fiscal years 2019 through
23 2023” and inserting “\$9,000,000 for each of fiscal years
24 2026 through 2030”.

1 **SEC. 110. BRUCE’S LAW.**

2 (a) YOUTH PREVENTION AND RECOVERY.—Section
3 7102(c) of the SUPPORT for Patients and Communities
4 Act (42 U.S.C. 290bb–7a(c)) is amended—

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

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

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

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

23 “(g) WORKING GROUPS.—

24 “(1) IN GENERAL.—The Committee may estab-
25 lish working groups for purposes of carrying out the
26 duties described in subsection (e). Any such working

1 group shall be composed of members of the Com-
2 mittee (or the designees of such members) and may
3 hold such meetings as are necessary to carry out the
4 duties delegated to the working group.

5 “(2) ADDITIONAL FEDERAL INTERAGENCY
6 WORK GROUP ON FENTANYL CONTAMINATION OF IL-
7 LEGAL DRUGS.—

8 “(A) ESTABLISHMENT.—The Secretary,
9 acting through the Committee, shall establish a
10 Federal Interagency Work Group on Fentanyl
11 Contamination of Illegal Drugs (referred to in
12 this paragraph as the ‘Work Group’) consisting
13 of representatives from relevant Federal depart-
14 ments and agencies on the Committee.

15 “(B) CONSULTATION.—The Work Group
16 shall consult with relevant stakeholders and
17 subject matter experts, including—

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

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

25 “(C) DUTIES.—The Work Group shall—

1 “(i) examine Federal efforts to reduce
2 and prevent drug overdose by fentanyl-con-
3 taminated illicit drugs;

4 “(ii) identify strategies to improve
5 State, Tribal, and local responses to over-
6 dose by fentanyl-contaminated illicit drugs;

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

12 “(iv) make recommendations to Con-
13 gress for improving Federal programs, in-
14 cluding with respect to the coordination of
15 efforts across such programs; and

16 “(v) make recommendations for edu-
17 cating youth on the potency and dangers of
18 drugs contaminated by fentanyl.

19 “(D) ANNUAL REPORT TO SECRETARY.—
20 The Work Group shall annually prepare and
21 submit to the Secretary, the Committee on
22 Health, Education, Labor, and Pensions of the
23 Senate, and the Committee on Energy and
24 Commerce and the Committee on Education
25 and Workforce of the House of Representatives,

1 a report on the activities carried out by the
2 Work Group under subparagraph (C), including
3 recommendations to reduce and prevent drug
4 overdose by fentanyl contamination of illegal
5 drugs, in all populations, and specifically among
6 youth at risk for substance misuse.”; and

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

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

11 **SEC. 111. GUIDANCE ON AT-HOME DRUG DISPOSAL SYS-**
12 **TEMS.**

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

19 (b) CONTENTS.—The guidance under subsection (a)
20 shall include—

21 (1) recommended standards for effective at-
22 home drug disposal systems to meet applicable re-
23 quirements enforced by the Food and Drug Adminis-
24 tration;

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

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

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

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

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

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

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

8 (3) an overview of the steps that the FDA has
9 taken to support the development and approval of
10 nonaddictive medical products intended to treat pain
11 or addiction, and actions planned to further support
12 the development and approval of such products; and

13 (4) an overview of the consideration by the
14 FDA of clinical trial methodologies for analgesic
15 drugs, including the enriched enrollment randomized
16 withdrawal methodology, and the benefits and draw-
17 backs associated with different trial methodologies
18 for such drugs, incorporating any public input re-
19 ceived under subsection (b).

20 (b) PUBLIC INPUT.—In carrying out subsection (a),
21 the Secretary shall provide an opportunity for public input
22 concerning the regulation by the FDA of opioid analgesic
23 drugs, including scientific evidence that relates to condi-
24 tions of use, safety, or benefit-risk assessment (including

1 consideration of the public health effects) of such opioid
2 analgesic drugs.

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

5 The activities carried out pursuant to section
6 1003(b)(4)(A) of the 21st Century Cures Act (42 U.S.C.
7 290ee–3a(b)(4)(A)) may include facilitating access to
8 products used to prevent overdose deaths by detecting the
9 presence of one or more substances, such as fentanyl and
10 xylazine test strips, to the extent the purchase and posses-
11 sion of such products is consistent with Federal and State
12 law.

13 **TITLE II—TREATMENT**

14 **SEC. 201. RESIDENTIAL TREATMENT PROGRAM FOR PREG-**
15 **NANT AND POSTPARTUM WOMEN.**

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

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

21 (2) in subsection (g)—

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

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

25 “Such plan may include a description of how

1 such applicant will target outreach to women
2 disproportionately impacted by maternal sub-
3 stance use disorder.”; and

4 (3) in subsection (s), by striking “\$29,931,000
5 for each of fiscal years 2019 through 2023” and in-
6 serting “\$38,931,000 for each of fiscal years 2026
7 through 2030”.

8 **SEC. 202. IMPROVING ACCESS TO ADDICTION MEDICINE**
9 **PROVIDERS.**

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

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

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

16 **SEC. 203. MENTAL AND BEHAVIORAL HEALTH EDUCATION**
17 **AND TRAINING GRANTS.**

18 Section 756(f) of the Public Health Service Act (42
19 U.S.C. 294e–1(f)) is amended by striking “fiscal years
20 2023 through 2027” and inserting “fiscal years 2026
21 through 2030”.

22 **SEC. 204. LOAN REPAYMENT PROGRAM FOR SUBSTANCE**
23 **USE DISORDER TREATMENT WORKFORCE.**

24 Section 781(j) of the Public Health Service Act (42
25 U.S.C. 295h(j)) is amended by striking “\$25,000,000 for

1 each of fiscal years 2019 through 2023” and inserting
2 “\$40,000,000 for each of fiscal years 2026 through
3 2030”.

4 **SEC. 205. DEVELOPMENT AND DISSEMINATION OF MODEL**
5 **TRAINING PROGRAMS FOR SUBSTANCE USE**
6 **DISORDER PATIENT RECORDS.**

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

10 **SEC. 206. TASK FORCE ON BEST PRACTICES FOR TRAUMA-**
11 **INFORMED IDENTIFICATION, REFERRAL, AND**
12 **SUPPORT.**

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

16 (1) in subsection (b)(1)—

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

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

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

23 (2) in subsection (d)(1), in the matter pre-
24 ceding subparagraph (A), by inserting “, develop-

1 mental disability service providers” before “, individ-
2 uals who are”; and

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

5 **SEC. 207. GRANTS TO ENHANCE ACCESS TO SUBSTANCE**
6 **USE DISORDER TREATMENT.**

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

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

10 (2) by striking “(a) IN GENERAL.—The Sec-
11 retary” and inserting the following: “The Sec-
12 retary”.

13 **SEC. 208. STATE GUIDANCE RELATED TO INDIVIDUALS**
14 **WITH SERIOUS MENTAL ILLNESS AND CHIL-**
15 **DREN WITH SERIOUS EMOTIONAL DISTURB-**
16 **ANCE.**

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

1 (referred to in this section as the “block grant program”)
2 for first episode psychosis activities. Such review shall con-
3 sider the following:

4 (1) How States use funds for evidence-based
5 treatments and services according to the standard of
6 care for individuals with early serious mental illness
7 and children with a serious emotional disturbance.

8 (2) The percentages of the State funding under
9 the block grant program expended on early serious
10 mental illness and first episode psychosis, and the
11 number of individuals served under such funds.

12 (b) REPORT AND GUIDANCE.—

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

21 (A) the findings of the review under sub-
22 section (a); and

23 (B) any recommendations for changes to
24 the block grant program that would facilitate
25 improved outcomes for individuals with serious

1 mental illness and children with serious emo-
2 tional disturbance.

3 (2) GUIDANCE.—Not later than 1 year after
4 the date on which the report is submitted under
5 paragraph (1), the Secretary shall update the guid-
6 ance provided to States under the block grant pro-
7 gram on coordinated specialty care and other evi-
8 dence-based mental health care services for individ-
9 uals with serious mental illness and children with a
10 serious emotional disturbance, based on the findings
11 and recommendations of such report.

12 **SEC. 209. REVIEWING THE SCHEDULING OF APPROVED**
13 **PRODUCTS CONTAINING A COMBINATION OF**
14 **BUPRENORPHINE AND NALOXONE.**

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

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

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

4 (b) ATTORNEY GENERAL.—The Attorney General
5 shall review any request made by the Secretary of Health
6 and Human Services under subsection (a)(2) and deter-
7 mine whether to initiate proceedings to revise the sched-
8 ules in accordance with the criteria set forth in sections
9 201 and 202 of the Controlled Substances Act (21 U.S.C.
10 811, 812).

11 **TITLE III—RECOVERY**

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

13 Section 547(f) of the Public Health Service Act (42
14 U.S.C. 290ee–2(f)) is amended by striking “\$5,000,000
15 for each of fiscal years 2019 through 2023” and inserting
16 “\$17,000,000 for each of fiscal years 2026 through
17 2030”.

18 **SEC. 302. PEER SUPPORT TECHNICAL ASSISTANCE CEN- 19 TER.**

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

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

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

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

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

7 (3) by inserting after subsection (c) the fol-
8 lowing:

9 “(d) REGIONAL CENTERS.—

10 “(1) IN GENERAL.—The Secretary may estab-
11 lish one regional technical assistance center (referred
12 to in this subsection as the ‘Regional Center’), with
13 existing resources, to assist the Center in carrying
14 out activities described in subsection (b) within the
15 geographic region of such Regional Center in a man-
16 ner that is tailored to the needs of such region.

17 “(2) EVALUATION.—Not later than 4 years
18 after the date of enactment of the SUPPORT for
19 Patients and Communities Reauthorization Act of
20 2025, the Secretary shall evaluate the activities of
21 the Regional Center and submit to the Committee
22 on Health, Education, Labor, and Pensions of the
23 Senate and the Committee on Energy and Com-
24 merce of the House of Representatives a report on
25 the findings of such evaluation, including—

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

4 “(B) available information relating to the
5 outcomes of the Regional Center under this
6 subsection, such as any impact on the oper-
7 ations and efficiency of the Center relating to
8 requests for technical assistance and support
9 within the region of such Regional Center;

10 “(C) a description of any gaps or areas of
11 duplication relating to the activities of the Re-
12 gional Center and the Center within such re-
13 gion; and

14 “(D) recommendations relating to the
15 modification, expansion, or termination of the
16 Regional Center under this subsection.

17 “(3) TERMINATION.—This subsection shall ter-
18minate on September 30, 2030.”; and

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

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

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

1 (1) in subsection (d)(2)—

2 (A) in the matter preceding subparagraph
3 (A), by striking “and in such manner” and in-
4 serting “, in such manner, and containing such
5 information and assurances, including relevant
6 documentation,”; and

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

12 (2) in subsection (h)—

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

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

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

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

21 “(2) ADDITIONAL REPORTING FOR CERTAIN EL-
22 IGIBLE ENTITIES.—An entity carrying out activities
23 described in subsection (g) through referral or con-
24 tractual arrangements shall include in the submis-
25 sions required under paragraph (1) information re-

1 lated to the status of such referrals or contractual
2 arrangements, including an assessment of whether
3 such referrals or contractual arrangements are sup-
4 porting the ability of such entity to carry out such
5 activities.”; and

6 (3) in subsection (j), by striking “2019 through
7 2023” and inserting “2026 through 2030”.

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

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

12 (1) in paragraph (2)—

13 (A) in subparagraph (A)—

14 (i) in clause (i)—

15 (I) by inserting “, or a consor-
16 tium of local educational agencies,”
17 after “a local educational agency”;
18 and

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

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

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

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

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

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

11 “(K) SECONDARY SCHOOL.—The term
12 ‘secondary school’ has the meaning given such
13 term in section 8101 of the Elementary and
14 Secondary Education Act of 1965 (20 U.S.C.
15 7801).”;

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

18 (A) by striking “and abuse”; and

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

21 (3) in paragraph (4)—

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

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

3 (C) in subparagraph (B), by striking “peer
4 mentoring” and inserting “peer-to-peer sup-
5 port”;

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

8 (5) in paragraph (6)(A)—

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

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

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

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

17 (7) by amending paragraph (9) to read as fol-
18 lows:

19 “(9) AUTHORIZATION OF APPROPRIATIONS.—
20 To carry out this subsection, there are authorized to
21 be appropriated—

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

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

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

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

2 and

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

4 **SEC. 305. CAREER ACT.**

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

8 (1) in the section heading, by inserting “;

9 **TREATMENT, RECOVERY, AND WORKFORCE**
10 **SUPPORT GRANTS”** after “**CAREER ACT**”;

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

13 (3) in subsection (c)—

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

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

20 “(2) **RATES.**—The rates described in this para-
21 graph are the following:

22 “(A) The highest age-adjusted average
23 rates of drug overdose deaths for calendar years
24 2018 through 2022 based on data from the
25 Centers for Disease Control and Prevention, in-

1 cluding, if necessary, provisional data for cal-
2 endar year 2022.

3 “(B) The highest average rates of unem-
4 ployment for calendar years 2018 through 2022
5 based on data provided by the Bureau of Labor
6 Statistics.

7 “(C) The lowest average labor force par-
8 ticipation rates for calendar years 2018 through
9 2022 based on data provided by the Bureau of
10 Labor Statistics.”;

11 (4) in subsection (g)—

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

16 (B) by redesignating paragraphs (1)
17 through (3) as subparagraphs (A) through (C),
18 respectively, and adjusting the margins accord-
19 ingly;

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

23 “(1) IN GENERAL.—An entity”; and

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

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

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

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

25 (6) in subsection (j)—

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

6 (B) in paragraph (2)—

7 (i) in the matter preceding subpara-
8 graph (A), by striking “2 years after sub-
9 mitting the preliminary report required
10 under paragraph (1)” and inserting “Sep-
11 tember 30, 2030”; and

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

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

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

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

1 (A) by striking the section heading and in-
2 serting “**CAREER ACT; RECOVERY HOUSING**
3 **PILOT PROGRAM**”;

4 (B) in subsection (a), by striking “through
5 2023” and inserting “through 2030”;

6 (C) in subsection (b)—

7 (i) in paragraph (1), by striking “not
8 later than 60 days after the date of enact-
9 ment of this Act” and inserting “not later
10 than 60 days after the date of enactment
11 of the SUPPORT for Patients and Com-
12 munities Reauthorization Act of 2025”;
13 and

14 (ii) in paragraph (2)(B)(i)—

15 (I) in subclause (I)—

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

19 (bb) by inserting “for cal-
20 endar years 2018 through 2022”
21 after “rates of unemployment”;

22 (II) in subclause (II)—

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

1 (bb) by inserting “for cal-
2 endar years 2018 through 2022”
3 after “participation rates”; and
4 (III) by striking subclause (III)
5 and inserting the following:

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

13 (D) in subsection (f), by striking “For the
14 2-year period following the date of enactment of
15 this Act, the” and inserting “The”.

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

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

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

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

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

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

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

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

7 **SEC. 306. ADDRESSING ECONOMIC AND WORKFORCE IM-**
8 **PACTS OF THE OPIOID CRISIS.**

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

12 **TITLE IV—MISCELLANEOUS**
13 **MATTERS**

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

17 Section 309A(a) of the Controlled Substances Act
18 (21 U.S.C. 829a(a)) is amended by striking paragraph (2)
19 and inserting the following:

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

1 “(A) by injection or implantation for the
2 purpose of maintenance or detoxification treat-
3 ment; or

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

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

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

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

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

19 (A) in subparagraph (A)—

20 (i) in clause (iv)—

21 (I) in subclause (I)—

22 (aa) by inserting “the Amer-
23 ican Academy of Family Physi-
24 cians, the American Podiatric
25 Medical Association, the Acad-

1 emy of General Dentistry, the
2 American Optometric Associa-
3 tion,” before “or any other orga-
4 nization”;

5 (bb) by striking “or the
6 Commission” and inserting “, the
7 Commission”; and

8 (cc) by inserting “, or the
9 Council on Podiatric Medical
10 Education” before the semicolon
11 at the end; and

12 (II) in subclause (III), by insert-
13 ing “or the American Academy of
14 Family Physicians” after “Associa-
15 tion”; and

16 (ii) in clause (v), in the matter pre-
17 ceding subclause (I)—

18 (I) by striking “osteopathic medi-
19 cine, dental surgery” and inserting
20 “osteopathic medicine, podiatric medi-
21 cine, dental surgery”; and

22 (II) by striking “or dental medi-
23 cine curriculum” and inserting “or
24 dental or podiatric medicine cur-
25 riculum”; and

1 (B) in subparagraph (B)—

2 (i) in clause (i)—

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

11 (II) by inserting “, the American
12 Academy of Family Physicians,” be-
13 fore “or the Accreditation Council”;
14 and

15 (ii) in clause (ii)—

16 (I) by striking “or accredited
17 school” and inserting “, an accredited
18 school”; and

19 (II) by inserting “, or an accred-
20 ited school of pharmacy” before “in
21 the United States”.

22 (b) EFFECTIVE DATE.—The amendment made by
23 subsection (a) shall take effect as if enacted on December
24 29, 2022.

