I

118TH CONGRESS
1ST SESSION

H. R. 4531

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

IN THE HOUSE OF REPRESENTATIVES

JULY 11, 2023

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

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A BILL

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

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Support for Patients and Communities Reauthorization Act''.

SEC. 2. TABLE OF CONTENTS.

The table of contents for this Act is as follows:

TITLE I—PUBLIC HEALTH

SEC. 101. MONITORING AND EDUCATION REGARDING INFECTIONS ASSOCIATED WITH ILLICIT DRUG USE AND OTHER RISK FACTORS.

Section 317N of the Public Health Service Act (42 U.S.C. 247b–15) is amended—

(1) in the section heading, by striking ''**SURVEILLANCE AND**'' and inserting ''**MONITORING AND**''; and

(2) in subsection (d), by striking ''fiscal years 2019 through 2023'' and inserting ''fiscal years 2024 through 2028''.

SEC. 102. PREVENTING OVERDOSES OF CONTROLLED SUBSTANCES.

(a) EVIDENCE-BASED PREVENTION GRANTS.—Section 392A(a)(2)(D) of the Public Health Service Act (42 U.S.C. 280b–1(a)(2)(D)) is amended by inserting after ''new and emerging public health crises'' the following: '', such as the fentanyl crisis,''.

(b) AUTHORIZATION OF APPROPRIATIONS.—Section 392A(e) of the Public Health Service Act (42 U.S.C. 280b–1(e)) is amended by striking ''$496,000,000 for each of fiscal years 2019 through 2023'' and inserting ''$505,579,000 for each of fiscal years 2024 through 2028''.

SEC. 103. RESIDENTIAL TREATMENT PROGRAMS FOR PREGNANT AND POSTPARTUM WOMEN.

Section 508(s) of the Public Health Service Act (42 U.S.C. 290bb–1(s)) is amended by striking ''$29,931,000 for each of fiscal years 2019 through 2023'' and inserting ''$38,931,000 for each of fiscal years 2024 through 2028''.

SEC. 104. FIRST RESPONDER TRAINING.

Section 546(h) of the Public Health Service Act (42 U.S.C. 290ee–1(h)) is amending by striking ''$36,000,000 for each of fiscal years 2019 through 2023'' and inserting ''$56,000,000 for each of fiscal years 2024 through 2028''.

SEC. 105. BUILDING COMMUNITIES OF RECOVERY.

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

SEC. 106. NATIONAL PEER-RUN TRAINING AND TECHNICAL ASSISTANCE CENTER FOR ADDICTION RECOVERY SUPPORT.

Section 547A(e) of the Public Health Service Act (42 U.S.C. 290ee–2a(e)) is amended by striking ''$1,000,000 for each of fiscal years 2019 through 2023'' and inserting ''$2,000,000 for each of fiscal years 2024 through 2028''.

SEC. 107. COMPREHENSIVE OPIOID RECOVERY CENTERS.

(a) REAUTHORIZATION.—Section 552(j) of the Public Health Service Act (42 U.S.C. 290ee–7(j)) is amended by striking ''2019 through 2023'' and inserting ''2024 through 2028''.

(b) DOCUMENTATION FOR EVIDENCE OF CAPACITY TO CARRY OUT REQUIRED ACTIVITIES.—Section 552(d) of the Public Health Service Act (42 U.S.C. 290ee–7(d)) is amended by adding at the end the following:

''(3) DOCUMENTATION.—

''(A) IN GENERAL.—Evidence required to be provided under paragraph (1) may be provided through a letter of intent from partner agencies or other relevant documentation (as defined by the Secretary).

''(B) PARTNER AGENCY DEFINED.—In this paragraph, the term 'partner agency' means a non-governmental organization or other public or private entity—

''(i) the primary purpose of which is the delivery of mental health or substance use disorder treatment services; and

''(ii) with which the applicant coordinates to provide the full continuum of treatment services (as specified in sub-

section (g)(1)(B)) that the applicant is unable to offer on site.''.

(c) CENTER ACTIVITIES CARRIED OUT THROUGH THIRD PARTIES.—Section 552(g) of the Public Health Service Act (42 U.S.C. 290ee–7(g)) is amended in the matter preceding paragraph (1) by striking ''Each Center shall'' and all that follows through ''subsection (f):'' and inserting the following: ''Each Center shall, at a minimum, carry out the activities specified in this subsection directly, through referral, or through contractual arrangements. If a Center elects to carry out such activities through contractual arrangements, the Secretary may issue guidance on best practices to ensure that the Center is capable of carrying out such activities, including carrying out such activities through technology-enabled collaborative learning and capacity building models described in subsection (f) and coordinating the full continuum of treatment services specified in subparagraph (B). Such activities include the following:''.

SEC. 108. GRANTS TO ADDRESS THE PROBLEMS OF PERSONS WHO EXPERIENCE VIOLENCE RELATED STRESS.

Section 582(j) of the Public Health Service Act (42 U.S.C. 290hh–1(j)) is amended by striking ''$63,887,000 for each of fiscal years 2019 through 2023'' and inserting

''$93,887,000 for each of fiscal years 2024 through 2028''.

SEC. 109. MENTAL AND BEHAVIORAL HEALTH EDUCATION AND TRAINING GRANTS.

Section 756(f) of the Public Health Service Act (42 U.S.C. 294e–1(f)) is amended by striking ''fiscal years 2023 through 2027'' and inserting ''fiscal years 2024 through 2028''.

SEC. 110. LOAN REPAYMENT PROGRAM FOR THE SUBSTANCE USE DISORDER TREATMENT WORKFORCE.

Section 781(j) of the Public Health Service Act (42 U.S.C. 295h(j)) is amended by striking ''$25,000,000 for each of fiscal years 2019 through 2023'' and inserting ''$40,000,000 for each of fiscal years 2024 through 2028''.

SEC. 111. PILOT PROGRAM FOR PUBLIC HEALTH LABORATORIES TO DETECT FENTANYL AND OTHER SYNTHETIC OPIOIDS.

Section 7011(d) of the SUPPORT for Patients and Communities Act (42 U.S.C. 247d–10(d)) is amended by striking ''fiscal years 2019 through 2023'' and inserting ''fiscal years 2024 through 2028''.

SEC. 112. MONITORING AND REPORTING OF CHILD, YOUTH, AND ADULT TRAUMA.

Section 7131(e) of the SUPPORT for Patients and Communities Act (42 U.S.C. 242t(e)) is amended by striking ''$2,000,000 for each of fiscal years 2019 through 2023'' and inserting ''$9,000,000 for each of fiscal years 2024 through 2028''.

SEC. 113. TASK FORCE TO DEVELOP BEST PRACTICES FOR TRAUMA-INFORMED IDENTIFICATION, REFERRAL, AND SUPPORT.

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

(1) in subsection (g)—

(A) in paragraph (1), by striking ''and'' at the end;

(B) in paragraph (2), by striking the period at the end and inserting ''; and''; and

(C) by adding at the end the following:

''(3) additional reports and updates to existing reports, as necessary.''; and

(2) by striking subsection (i).

SEC. 114. TREATMENT, RECOVERY, AND WORKFORCE SUPPORT GRANTS.

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

(1) in subsection (b), by inserting ''each'' before ''for a period'';

(2) by amending subsection (c)(2) to read as follows:

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

''(A) The amount by which the average rate of drug overdose deaths in the State, adjusted for age, for the period of 5 calendar years for which there is available data, including if necessary provisional data, immediately preceding the grant cycle (which shall be the period of calendar years 2018 through 2022 for the first grant cycle following the enactment of the Support for Patients and Communities Reauthorization Act) is above the average national overdose mortality rate, as determined by the Director of the Centers for Disease Control and Prevention, for the same period.

''(B) The amount by which the average rate of unemployment for the State, based on data provided by the Bureau of Labor Statistics, for the period of 5 calendar years for which there is available data, including if necessary provisional data, immediately preceding

the grant cycle (which shall be the period of calendar years 2018 through 2022 for the first grant cycle following the enactment of the Support for Patients and Communities Reauthorization Act) is above the national average for the same period.

''(C) The amount by which the average rate of labor force participation in the State, based on data provided by the Bureau of Labor Statistics, for the period of 5 calendar years for which there is available data, including if necessary provisional data, immediately preceding the grant cycle (which shall be the period of calendar years 2018 through 2022 for the first grant cycle following the enactment of the Support for Patients and Communities Reauthorization Act) is below the national average for the same period.'';

(3) in subsection (g)—

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

(B) by redesignating paragraphs (1) through (3) as subparagraphs (A) through (C),

respectively, and adjusting the margins accordingly;

(C) by striking ''An entity'' and inserting the following:

''(1) IN GENERAL.—An entity''; and

(D) by adding at the end the following:

''(2) TRANSPORTATION SERVICES.—An entity receiving a grant under this section may use the funds for providing transportation for individuals to participate in an activity supported by a grant under this section, which transportation shall be to or from a place of work or a place where the individual is receiving vocational education or job training services or receiving services directly linked to treatment of or recovery from a substance use disorder.'';

(4) in subsection (j)—

(A) in paragraph (1), by inserting ''for each grant cycle'' after ''grant period''; and

(B) in paragraph (2)—

(i) in the matter preceding subparagraph (A)—

(I) by striking ''the preliminary report'' and inserting ''each preliminary report''; and

(II) by inserting ''for the grant cycle'' after ''final report''; and

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

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

SEC. 115. GRANT PROGRAM FOR STATE AND TRIBAL RESPONSE TO OPIOID USE DISORDERS.

Section 1003(b)(4)(A) of the 21st Century Cures Act (42 U.S.C. 290ee–3a(b)(4)(A)) is amended after ''which may include drugs or devices approved, cleared, or otherwise legally marketed under the Federal Food, Drug, and Cosmetic Act'' by inserting ''or fentanyl or xylazine test strips''.

SEC. 116. REFERENCES TO OPIOID OVERDOSE REVERSAL AGENTS IN HHS GRANT PROGRAMS.

(a) IN GENERAL.—The Secretary of Health and Human Services shall ensure that, whenever the Department of Health and Human Services issues a regulation, guidance, or other document for any grant program addressing opioid misuse and use disorders, any reference to an opioid overdose reversal agent (such as a reference to naloxone) is inclusive of any opioid overdose reversal

agent that has been approved or otherwise authorized for use by the Food and Drug Administration.

(b) EXISTING REFERENCES.—

(1) UPDATE.—Not later than the end of calendar year 2023, the Secretary of Health and Human Services shall update all references described in paragraph (2) to be inclusive of any opioid overdose reversal agent that has been approved or otherwise authorized for use by the Food and Drug Administration.

(2) REFERENCES.—A reference described in this paragraph is any reference to an opioid overdose reversal agent (such as naloxone) in any regulation, guidance, or other document of the Department of Health and Human Services that—

(A) was issued before the date of enactment of this Act; and

(B) is for—

(i) the grant program for State and Tribal response to opioid use disorders under section 1003 of the 21st Century Cures Act (42 U.S.C. 290ee–3 note; commonly referred to as ''State Opioid Response Grants'' and ''Tribal Opioid Response Grants''); or

(ii) the grant program for priority substance use disorder prevention needs of regional and national significance under section 516 of the Public Health Service Act (42 U.S.C. 290bb–22).

SEC. 117. ADDRESSING OTHER CONCURRENT SUBSTANCE USE DISORDERS THROUGH GRANT PROGRAM FOR STATE AND TRIBAL RESPONSE TO OPIOID USE DISORDERS.

(a) ADDITIONAL USE OF FUNDS.—Section 1003(b) of the 21st Century Cures Act (42 U.S.C. 290ee–3 note) is amended by adding at the end the following:

''(5) OTHER CONCURRENT SUBSTANCE USE DISORDERS.—The Secretary may authorize the recipient of a grant under this subsection, in addition to using the grant for activities described in paragraph (4) with respect to opioid misuse and use disorders and stimulant misuse and use disorders, to use the grant to for similar activities with respect to other concurrent substance use disorders.''.

(b) ANNUAL REPORT TO CONGRESS.—Section 1003(f) of the 21st Century Cures Act (42 U.S.C. 290ee–3 note) is amended—

(1) in paragraph (2), strike ''and'' at the end;

(2) in paragraph (3), strike the period at the end and insert a semicolon; and

(3) by adding at the end the following:

''(4) the amount of funds each State that receiving a grant under subsection (b) received for the 12-month grant cycle covered by the report;

''(5) the amount of grant funds each such State spent for such grant cycle, disaggregated by the uses for which such funds were spent, including each allowable use under paragraphs (4) and (5) of subsection (b);

''(6) how many such States for such grant cycle did not spend the all of the grant funds before such grant cycle expired;

''(7) how many such States for such grant cycle requested waivers to extend the grant cycle; and

''(8) challenges for such States to spend all of the funds allocated and the reason for such challenges, including to what extent reporting requirements or other requirements placed an increased burden on the ability of such States to spend all of the funds.''.

(c) OTHER CONCURRENT SUBSTANCE USE DISORDERS DEFINED.—Section 1003(h) of the 21st Century Cures Act (42 U.S.C. 290ee–3 note) is amended—

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

(2) by inserting before paragraph (3), as redesignated, the following:

''(2) OTHER CONCURRENT SUBSTANCE USE DISORDERS.—The term 'other substance use disorders' includes alcohol use disorders co-occurring with opioid misuse and use disorders and alcohol use disorders co-occurring with stimulant misuse and use disorders, including polydrug use and alcohol use disorder.''.

(d) RULE OF CONSTRUCTION.—Nothing in this Act or the amendments made by this Act shall be construed to change the allocation of funds among grantees pursuant to the minimum allocations and formula methodology under section 1003 of the 21st Century Cures Act (42 U.S.C. 290ee–3 note).

SEC. 118. PROVIDING FOR A STUDY ON THE EFFECTS OF REMOTE MONITORING ON INDIVIDUALS WHO ARE PRESCRIBED OPIOIDS.

(a) IN GENERAL.—Not later than 18 months after the date of enactment of this Act, the Comptroller General of the United States shall conduct a study and submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Edu-

cation, Labor, and Pensions and the Committee on Finance of the Senate a report on the use of remote monitoring with respect to individuals who are prescribed opioids.

(b) REPORT.—The report described in subsection (a) shall include—

(1) an assessment of scientific evidence related to the efficacy, individual outcomes, and potential cost savings associated with remote monitoring for individuals who are prescribed opioids compared to such individuals who are not so monitored;

(2) an assessment of the current prevalence of remote monitoring for individuals who are prescribed opioids, including the use of such monitoring for such individuals in other countries; and

(3) recommendations to improve availability, access, and coverage for remote monitoring for individuals who are prescribed opioids, including through changes to Federal health care programs (as defined in section 1128B of the Social Security Act (42 U.S.C. 1320a–7b)) and, if determined appropriate by the Comptroller General, an identification of cohorts of individuals who stand to benefit the most from remote monitoring when prescribed opioids.

TITLE II—CONTROLLED SUBSTANCES

SEC. 201. DELIVERY OF CERTAIN SUBSTANCES BY A PHARMACY TO AN ADMINISTERING PRACTITIONER.

Paragraph (2) of section 309A(a) of the Controlled Substances Act (21 U.S.C. 829a(a)) is amended to read as follows:

''(2) the controlled substance is a drug in schedule III, IV, or V that is, pursuant to the approval or licensure of such drug under the Federal Food, Drug, and Cosmetic Act or section 351 of the Public Health Service Act, to be administered by, or under the supervision of, the practitioner;''.

SEC. 202. REVIEWING THE SCHEDULING OF APPROVED PRODUCTS CONTAINING A COMBINATION OF BUPRENORPHINE AND NALOXONE.

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

(1) review the relevant data pertaining to the scheduling of products containing a combination of buprenorphine and naloxone that have been ap-

proved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355); and

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

(b) ATTORNEY GENERAL.—The Attorney General shall review any request made by the Secretary of Health and Human Services under subsection (a)(2) and determine whether to initiate proceedings to revise the schedules in accordance with the criteria set forth in sections 201 and 202 of the Controlled Substances Act (21 U.S.C. 811; 812).

SEC. 203. COMBATING ILLICIT XYLAZINE.

(a) DEFINITIONS.—

(1) IN GENERAL.—In this section, the term ''xylazine'' has the meaning given the term in paragraph (60) of section 102 of the Controlled Substances Act, as added by paragraph (2).

(2) CONTROLLED SUBSTANCES ACT.—Section 102 of the Controlled Substances Act (21 U.S.C. 802) is amended—

(A) by redesignating the second paragraph (57) (relating to serious drug felony) and paragraph (58) as paragraphs (58) and (59), respectively;

(B) by moving the margin of paragraph (57) 2 ems to the left;

(C) by moving the margins of paragraphs (58) and (59), as redesignated, 2 ems to the left; and

(D) by adding at the end the following:

''(60)(A) The term 'xylazine' means the substance xylazine as well as its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible.

''(B) Except as provided in subparagraph (E), such term does not include a substance described in subparagraph (A) to the extent—

''(i) such substance is used or intended for use in animals other than humans and is an animal drug that has been approved by the Secretary of Health and Human Services under section 512 of the Federal Food, Drug, and Cosmetic Act, conditionally approved under section 571 of such Act, index listed under section 573 of such Act, or subject to an exemption for investigational use under section 512(j) of such Act, and such use or intended use conforms to the approved application or index listing, including the manufacturing, importation, holding, or distribution for such use;

"(ii) such substance is used or intended for use in animals other than humans as permitted under section 512(a)(4) of the Federal Food, Drug, and Cosmetic Act;

"(iii) such substance is manufactured, imported, held, distributed, or used—

"(I) as an active pharmaceutical ingredient for manufacturing an animal drug approved under section 512 of the Federal Food, Drug, and Cosmetic Act, conditionally approved under section 571 of such Act, index listed under section 573 of the such Act, or subject to an exemption for investigational use under section 512(j) of such Act; or

"(II) as a bulk chemical for pharmaceutical compounding of a new animal drug (as defined in section 201 of the Federal Food, Drug, and Cosmetic Act) by or under the direct supervision of a licensed pharmacist or by or on the lawful written or oral order of a licensed veterinarian within the context of a veterinarian-client-patient relationship, as defined by the Secretary of Health and Human Services;

''(iv) such substance is held or used as a compounded new animal drug described in clause (iii)(II);

''(v) such substance is otherwise used or intended for use in animals other than humans, and such use is approved or otherwise authorized under the Federal Food, Drug, and Cosmetic Act provided any such use conforms to such approval or authorization;

''(vi) such substance is subject to an exemption for investigational use under section 505(i) or 520(g) of the Federal Food, Drug, and Cosmetic Act;

''(vii) such substance is imported, held, distributed, or used for the development, manufacturing, or performance of tests for detection of xylazine (including xylazine used as a control or calibration standard) by persons who are professionally, regularly, and lawfully engaged in such activities; or

''(viii) such substance is held, distributed, or used in a commercially manufactured test for the detection of xylazine, provided such test does not contain xylazine in a form that can be extracted.

''(C) Notwithstanding subparagraph (B), the Attorney General may place any substance listed in such sub-

paragraph on a schedule under section 202 in accordance with subsections (a) through (c) of section 201.

''(D) Nothing in this paragraph shall be construed as a basis for inferring that a compounded animal drug is not a new animal drug subject to the requirements of section 512(a) of the Federal Food, Drug, and Cosmetic Act.

''(E) If any person prescribes, dispenses, distributes, manufactures, or imports xylazine for human use, such person shall be considered to have prescribed, dispensed, distributed, manufactured, or imported xylazine not subject to an exclusion under subparagraph (B).''.

(b) PLACEMENT OF XYLAZINE ON SCHEDULE III.—Schedule III in section 202(c) of the Controlled Substances Act (21 U.S.C. 812(c)) is amended by adding at the end the following:

''(f) Xylazine.''.

(c) REPORT TO CONGRESS ON XYLAZINE.—

(1) INITIAL REPORT.—Not later than 1 year after the date of enactment of this Act, the Attorney General, acting through the Administrator of the Drug Enforcement Administration and in coordination with the Commissioner of Food and Drugs, shall submit to Congress a report on the prevalence

of illicit use of xylazine in the United States and the impacts of such use, including—

(A) where the drug is being diverted;

(B) where the drug is originating;

(C) whether any analogues to such drug present a substantial risk of abuse;

(D) whether and to what extent the illicit supply of xylazine derives from the licit supply chain; and

(E) recommendations for Congress with respect to whether xylazine should be transferred to another schedule under section 202 of the Controlled Substances Act (21 U.S.C. 812).

(2) ADDITIONAL REPORT.—Not later than 4 years after the date of enactment of this Act, the Attorney General, acting through the Administrator of the Drug Enforcement Administration and in coordination with the Commissioner of Food and Drugs, shall submit to Congress a report updating Congress on the prevalence of xylazine trafficking, misuse, and proliferation in the United States, including recommendations for Congress with respect to whether xylazine should be transferred to another schedule under section 202 of the Controlled Sub-

stances Act (21 U.S.C. 812) or removed from schedule III of such part.

SEC. 204. TECHNICAL CORRECTIONS.

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

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

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

(A) in subsection (a)—

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

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

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

(B) in subsection (b)—

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

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

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

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

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

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

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

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

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

TITLE III—MEDICAID

SEC. 301. EXTENDING REQUIREMENT FOR STATE MEDICAID PLANS TO PROVIDE COVERAGE FOR MEDICATION-ASSISTED TREATMENT.

(a) IN GENERAL.—Section 1905 of the Social Security Act (42 U.S.C. 1396d) is amended—

(1) in subsection (a)(29), by striking ''for the period beginning October 1, 2020, and ending September 30, 2025,'' and inserting ''beginning on October 1, 2020,''; and

(2) in subsection (ee)(2), by striking ''for the period specified in such paragraph, if before the beginning of such period the State certifies to the satisfaction of the Secretary'' and inserting ''if such State certifies, not less than every 5 years and to the satisfaction of the Secretary,''.

(b) CONFORMING AMENDMENT.—Section 1006(b)(4)(A) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (42 U.S.C. 1396a note) is amended by striking '', and before October 1, 2025''.

SEC. 302. EXPANDING REQUIRED REPORTS ON T–MSIS SUBSTANCE USE DISORDER DATA TO INCLUDE MENTAL HEALTH CONDITION DATA.

(a) IN GENERAL.—Section 1015(a) of the SUPPORT for Patients and Communities Act (42 U.S.C. 1320d–2 note) is amended—

(1) in the heading, by striking ''SUBSTANCE USE DISORDER DATA BOOK'' and inserting ''BEHAVIORAL HEALTH DATA BOOK'';

(2) in paragraph (2)—

(A) in the matter preceding subparagraph (A), by inserting '', including as updated in accordance with paragraph (3),'' after ''paragraph (1)'';

(B) in subparagraph (A), by inserting '', mental health condition, or a mental health condition co-occurring with substance use disorder'' after ''substance use disorder'';

(C) in subparagraph (B), by inserting ''and mental health treatment services'' after ''substance use disorder treatment services'';

(D) in subparagraph (C)—

(i) by inserting '', mental health condition, or a mental health condition co-occurring with a substance use disorder diag-

nosis'' after ''substance use disorder diagnosis''; and

(ii) by inserting ''or mental health treatment services, respectively,'' after ''substance use disorder treatment services'';

(E) in subparagraph (D), by inserting '', mental health condition, or a mental health condition co-occurring with substance use disorder'' after ''substance use disorder diagnosis'';

(F) in subparagraph (E), by inserting ''or mental health treatment'' after ''substance use disorder treatment''; and

(G) in subparagraph (F), by inserting '', individuals with a mental health condition who receive mental health treatment services, and individuals with a co-occurring mental health condition and substance use disorder who receive substance use disorder treatment services and mental health treatment services,'' after ''substance use disorder treatment services''; and

(3) in paragraph (3), by striking ''through 2024''.

(b) APPLICATION.—The amendments made by subsection (a)(1) shall apply beginning with respect to the first update made pursuant to section 1015(a)(3) of the SUPPORT for Patients and Communities Act (42 U.S.C. 1320d–2 note) after the date that is 12 months after the date of enactment of this Act.

SEC. 303. MONITORING PRESCRIBING OF ANTIPSYCHOTIC MEDICATIONS.

Section 1902(oo) of the Social Security Act (42 U.S.C. 1396a(oo)) is amended—

(1) in paragraph (1)(B)—

(A) in the subparagraph heading, by striking ''BY CHILDREN''; and

(B) by inserting '', and beginning on the date that is 24 months after the date of enactment of the Support for Patients and Communities Reauthorization Act, individuals over the age of 18, individuals receiving home and community-based services (as defined in section 9817(a)(2)(B) of Public Law 117–2), and individuals residing in institutional care settings (including nursing facilities and intermediate care facilities for individuals with intellectual disabilities) enrolled,'' after ''children enrolled''; and

(2) in paragraph (3)—

(A) in subparagraph (A)(ii), by striking ''is a resident'' and inserting ''subject to subparagraph (C), is a resident''; and

(B) by adding at the end the following new subparagraph:

''(C) APPLICATION IN CASE OF PROGRAM TO MONITOR ANTIPSYCHOTIC MEDICATIONS.—Subparagraph (A)(ii) shall not apply to the drug review and utilization requirement described in paragraph (1)(B) with respect to an individual to whom such subparagraph applies by reason of the amendments made by section 303(1) of the Support for Patients and Communities Reauthorization Act.''.

○