

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.

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## 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.

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.**

4 This Act may be cited as the “Support for Patients  
5 and Communities Reauthorization Act”.

6 **SEC. 2. TABLE OF CONTENTS.**

7 The table of contents for this Act is as follows:

Sec. 1. Short title.

Sec. 2. Table of contents.

#### TITLE I—PUBLIC HEALTH

- Sec. 101. Monitoring and education regarding infections associated with illicit drug use and other risk factors.
- Sec. 102. Preventing overdoses of controlled substances.
- Sec. 103. Residential treatment programs for pregnant and postpartum women.
- Sec. 104. First responder training.
- Sec. 105. Building communities of recovery.
- Sec. 106. National Peer-Run Training and Technical Assistance Center for Addiction Recovery Support.
- Sec. 107. Comprehensive opioid recovery centers.
- Sec. 108. Grants to address the problems of persons who experience violence related stress.
- Sec. 109. Mental and behavioral health education and training grants.
- Sec. 110. Loan repayment program for the substance use disorder treatment workforce.
- Sec. 111. Pilot program for public health laboratories to detect fentanyl and other synthetic opioids.
- Sec. 112. Monitoring and reporting of child, youth, and adult trauma.
- Sec. 113. Task force to develop best practices for trauma-informed identification, referral, and support.
- Sec. 114. Treatment, recovery, and workforce support grants.
- Sec. 115. Grant program for State and Tribal response to opioid use disorders.
- Sec. 116. References to opioid overdose reversal agents in HHS grant programs.
- Sec. 117. Addressing other concurrent substance use disorders through grant program for State and Tribal response to opioid use disorders.
- Sec. 118. Providing for a study on the effects of remote monitoring on individuals who are prescribed opioids.

#### TITLE II—CONTROLLED SUBSTANCES

- Sec. 201. Delivery of certain substances by a pharmacy to an administering practitioner.
- Sec. 202. Reviewing the scheduling of approved products containing a combination of buprenorphine and naloxone.
- Sec. 203. Combating illicit xylazine.
- Sec. 204. Technical corrections.

#### TITLE III—MEDICAID

- Sec. 301. Extending requirement for State Medicaid plans to provide coverage for medication-assisted treatment.
- Sec. 302. Expanding required reports on T-MSIS substance use disorder data to include mental health condition data.
- Sec. 303. Monitoring prescribing of antipsychotic medications.

1           **TITLE I—PUBLIC HEALTH**

2   **SEC. 101. MONITORING AND EDUCATION REGARDING IN-**  
3                   **FECTIONS ASSOCIATED WITH ILLICIT DRUG**  
4                   **USE AND OTHER RISK FACTORS.**

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

7           (1) in the section heading, by striking “**SUR-**  
8           **VEILLANCE AND**” and inserting “**MONITORING**  
9           **AND**”; and

10           (2) in subsection (d), by striking “fiscal years  
11           2019 through 2023” and inserting “fiscal years  
12           2024 through 2028”.

13   **SEC. 102. PREVENTING OVERDOSES OF CONTROLLED SUB-**  
14                   **STANCES.**

15           (a) **EVIDENCE-BASED PREVENTION GRANTS.**—Sec-  
16           tion 392A(a)(2)(D) of the Public Health Service Act (42  
17 U.S.C. 280b–1(a)(2)(D)) is amended by inserting after  
18 “new and emerging public health crises” the following: “,  
19           such as the fentanyl crisis,”.

20           (b) **AUTHORIZATION OF APPROPRIATIONS.**—Section  
21           392A(e) of the Public Health Service Act (42 U.S.C.  
22           280b–1(e)) is amended by striking “\$496,000,000 for  
23           each of fiscal years 2019 through 2023” and inserting  
24           “\$505,579,000 for each of fiscal years 2024 through  
25           2028”.

1 **SEC. 103. RESIDENTIAL TREATMENT PROGRAMS FOR**  
2 **PREGNANT AND POSTPARTUM WOMEN.**

3 Section 508(s) of the Public Health Service Act (42  
4 U.S.C. 290bb–1(s)) is amended by striking “\$29,931,000  
5 for each of fiscal years 2019 through 2023” and inserting  
6 “\$38,931,000 for each of fiscal years 2024 through  
7 2028”.

8 **SEC. 104. FIRST RESPONDER TRAINING.**

9 Section 546(h) of the Public Health Service Act (42  
10 U.S.C. 290ee–1(h)) is amending by striking “\$36,000,000  
11 for each of fiscal years 2019 through 2023” and inserting  
12 “\$56,000,000 for each of fiscal years 2024 through  
13 2028”.

14 **SEC. 105. BUILDING COMMUNITIES OF RECOVERY.**

15 Section 547(f) of the Public Health Service Act (42  
16 U.S.C. 290ee–2(f)) is amended by striking “\$5,000,000  
17 for each of fiscal years 2019 through 2023” and inserting  
18 “\$16,000,000 for each of fiscal years 2024 through  
19 2028”.

20 **SEC. 106. NATIONAL PEER-RUN TRAINING AND TECHNICAL**  
21 **ASSISTANCE CENTER FOR ADDICTION RE-**  
22 **COVERY SUPPORT.**

23 Section 547A(e) of the Public Health Service Act (42  
24 U.S.C. 290ee–2a(e)) is amended by striking “\$1,000,000  
25 for each of fiscal years 2019 through 2023” and inserting  
26 “\$2,000,000 for each of fiscal years 2024 through 2028”.

1 **SEC. 107. COMPREHENSIVE OPIOID RECOVERY CENTERS.**

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

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

10 “(3) DOCUMENTATION.—

11 “(A) IN GENERAL.—Evidence required to  
12 be provided under paragraph (1) may be pro-  
13 vided through a letter of intent from partner  
14 agencies or other relevant documentation (as  
15 defined by the Secretary).

16 “(B) PARTNER AGENCY DEFINED.—In this  
17 paragraph, the term ‘partner agency’ means a  
18 non-governmental organization or other public  
19 or private entity—

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

23 “(ii) with which the applicant coordi-  
24 nates to provide the full continuum of  
25 treatment services (as specified in sub-

1 section (g)(1)(B)) that the applicant is un-  
2 able to offer on site.”.

3 (c) CENTER ACTIVITIES CARRIED OUT THROUGH  
4 THIRD PARTIES.—Section 552(g) of the Public Health  
5 Service Act (42 U.S.C. 290ee–7(g)) is amended in the  
6 matter preceding paragraph (1) by striking “Each Center  
7 shall” and all that follows through “subsection (f):” and  
8 inserting the following: “Each Center shall, at a minimum,  
9 carry out the activities specified in this subsection directly,  
10 through referral, or through contractual arrangements. If  
11 a Center elects to carry out such activities through con-  
12 tractual arrangements, the Secretary may issue guidance  
13 on best practices to ensure that the Center is capable of  
14 carrying out such activities, including carrying out such  
15 activities through technology-enabled collaborative learn-  
16 ing and capacity building models described in subsection  
17 (f) and coordinating the full continuum of treatment serv-  
18 ices specified in subparagraph (B). Such activities include  
19 the following:”.

20 **SEC. 108. GRANTS TO ADDRESS THE PROBLEMS OF PER-**  
21 **SONS WHO EXPERIENCE VIOLENCE RELATED**  
22 **STRESS.**

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

1 “\$93,887,000 for each of fiscal years 2024 through  
2 2028”.

3 **SEC. 109. MENTAL AND BEHAVIORAL HEALTH EDUCATION**  
4 **AND TRAINING GRANTS.**

5 Section 756(f) of the Public Health Service Act (42  
6 U.S.C. 294e–1(f)) is amended by striking “fiscal years  
7 2023 through 2027” and inserting “fiscal years 2024  
8 through 2028”.

9 **SEC. 110. LOAN REPAYMENT PROGRAM FOR THE SUB-**  
10 **STANCE USE DISORDER TREATMENT WORK-**  
11 **FORCE.**

12 Section 781(j) of the Public Health Service Act (42  
13 U.S.C. 295h(j)) is amended by striking “\$25,000,000 for  
14 each of fiscal years 2019 through 2023” and inserting  
15 “\$40,000,000 for each of fiscal years 2024 through  
16 2028”.

17 **SEC. 111. PILOT PROGRAM FOR PUBLIC HEALTH LABORA-**  
18 **TORIES TO DETECT FENTANYL AND OTHER**  
19 **SYNTHETIC OPIOIDS.**

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

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

3 Section 7131(e) of the SUPPORT for Patients and  
4 Communities Act (42 U.S.C. 242t(e)) is amended by strik-  
5 ing “\$2,000,000 for each of fiscal years 2019 through  
6 2023” and inserting “\$9,000,000 for each of fiscal years  
7 2024 through 2028”.

8 **SEC. 113. TASK FORCE TO DEVELOP BEST PRACTICES FOR**  
9 **TRAUMA-INFORMED IDENTIFICATION, RE-**  
10 **FERRAL, AND SUPPORT.**

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

13 (1) in subsection (g)—

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

16 (B) in paragraph (2), by striking the pe-  
17 riod at the end and inserting “; and”; and

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

19 “(3) additional reports and updates to existing  
20 reports, as necessary.”; and

21 (2) by striking subsection (i).

22 **SEC. 114. TREATMENT, RECOVERY, AND WORKFORCE SUP-**  
23 **PORT GRANTS.**

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



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

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

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

7 “(A) The amount by which the average  
8 rate of drug overdose deaths in the State, ad-  
9 justed for age, for the period of 5 calendar  
10 years for which there is available data, includ-  
11 ing if necessary provisional data, immediately  
12 preceding the grant cycle (which shall be the  
13 period of calendar years 2018 through 2022 for  
14 the first grant cycle following the enactment of  
15 the Support for Patients and Communities Re-  
16 authorization Act) is above the average national  
17 overdose mortality rate, as determined by the  
18 Director of the Centers for Disease Control and  
19 Prevention, for the same period.

20 “(B) The amount by which the average  
21 rate of unemployment for the State, based on  
22 data provided by the Bureau of Labor Statis-  
23 tics, for the period of 5 calendar years for  
24 which there is available data, including if nec-  
25 essary provisional data, immediately preceding

1 the grant cycle (which shall be the period of cal-  
2 endar years 2018 through 2022 for the first  
3 grant cycle following the enactment of the Sup-  
4 port for Patients and Communities Reauthor-  
5 ization Act) is above the national average for  
6 the same period.

7 “(C) The amount by which the average  
8 rate of labor force participation in the State,  
9 based on data provided by the Bureau of Labor  
10 Statistics, for the period of 5 calendar years for  
11 which there is available data, including if nec-  
12 essary provisional data, immediately preceding  
13 the grant cycle (which shall be the period of cal-  
14 endar years 2018 through 2022 for the first  
15 grant cycle following the enactment of the Sup-  
16 port for Patients and Communities Reauthor-  
17 ization Act) is below the national average for  
18 the same period.”;

19 (3) in subsection (g)—

20 (A) in paragraphs (1) and (3), by redesign-  
21 ating subparagraphs (A) and (B) as clauses  
22 (i) and (ii), respectively, and adjusting the mar-  
23 gins accordingly;

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

1           respectively, and adjusting the margins accord-  
2           ingly;

3           (C) by striking “An entity” and inserting  
4           the following:

5           “(1) IN GENERAL.—An entity”; and

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

7           “(2) TRANSPORTATION SERVICES.—An entity  
8           receiving a grant under this section may use the  
9           funds for providing transportation for individuals to  
10          participate in an activity supported by a grant under  
11          this section, which transportation shall be to or from  
12          a place of work or a place where the individual is re-  
13          ceiving vocational education or job training services  
14          or receiving services directly linked to treatment of  
15          or recovery from a substance use disorder.”;

16          (4) in subsection (j)—

17                (A) in paragraph (1), by inserting “for  
18                each grant cycle” after “grant period”; and

19                (B) in paragraph (2)—

20                   (i) in the matter preceding subpara-  
21                   graph (A)—

22                           (I) by striking “the preliminary  
23                           report” and inserting “each prelimi-  
24                           nary report”; and

1 (II) by inserting “for the grant  
2 cycle” after “final report”; and  
3 (ii) in subparagraph (A), by striking  
4 “(g)(3)” and inserting “(g)(1)(C)”; and  
5 (5) in subsection (k), by striking “\$5,000,000  
6 for each of fiscal years 2019 through 2023” and in-  
7 serting “\$12,000,000 for each of fiscal years 2024  
8 through 2028”.

9 **SEC. 115. GRANT PROGRAM FOR STATE AND TRIBAL RE-**  
10 **SPONSE TO OPIOID USE DISORDERS.**

11 Section 1003(b)(4)(A) of the 21st Century Cures Act  
12 (42 U.S.C. 290ee–3a(b)(4)(A)) is amended after “which  
13 may include drugs or devices approved, cleared, or other-  
14 wise legally marketed under the Federal Food, Drug, and  
15 Cosmetic Act” by inserting “or fentanyl or xylazine test  
16 strips”.

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

19 (a) IN GENERAL.—The Secretary of Health and  
20 Human Services shall ensure that, whenever the Depart-  
21 ment of Health and Human Services issues a regulation,  
22 guidance, or other document for any grant program ad-  
23 dressing opioid misuse and use disorders, any reference  
24 to an opioid overdose reversal agent (such as a reference  
25 to naloxone) is inclusive of any opioid overdose reversal

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

3 (b) EXISTING REFERENCES.—

4 (1) UPDATE.—Not later than the end of cal-  
5 endar year 2023, the Secretary of Health and  
6 Human Services shall update all references described  
7 in paragraph (2) to be inclusive of any opioid over-  
8 dose reversal agent that has been approved or other-  
9 wise authorized for use by the Food and Drug Ad-  
10 ministration.

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

16 (A) was issued before the date of enact-  
17 ment of this Act; and

18 (B) is for—

19 (i) the grant program for State and  
20 Tribal response to opioid use disorders  
21 under section 1003 of the 21st Century  
22 Cures Act (42 U.S.C. 290ee–3 note; com-  
23 monly referred to as “State Opioid Re-  
24 sponse Grants” and “Tribal Opioid Re-  
25 sponse Grants”); or

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

6 **SEC. 117. ADDRESSING OTHER CONCURRENT SUBSTANCE**  
7 **USE DISORDERS THROUGH GRANT PROGRAM**  
8 **FOR STATE AND TRIBAL RESPONSE TO**  
9 **OPIOID USE DISORDERS.**

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

13 “(5) **OTHER CONCURRENT SUBSTANCE USE**  
14 **DISORDERS.**—The Secretary may authorize the re-  
15 cipient of a grant under this subsection, in addition  
16 to using the grant for activities described in para-  
17 graph (4) with respect to opioid misuse and use dis-  
18 orders and stimulant misuse and use disorders, to  
19 use the grant to for similar activities with respect to  
20 other concurrent substance use disorders.”.

21 (b) **ANNUAL REPORT TO CONGRESS.**—Section  
22 1003(f) of the 21st Century Cures Act (42 U.S.C. 290ee–  
23 3 note) is amended—

24 (1) in paragraph (2), strike “and” at the end;

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

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

4           “(4) the amount of funds each State that re-  
5           ceiving a grant under subsection (b) received for the  
6           12-month grant cycle covered by the report;

7           “(5) the amount of grant funds each such State  
8           spent for such grant cycle, disaggregated by the uses  
9           for which such funds were spent, including each al-  
10          lowable use under paragraphs (4) and (5) of sub-  
11          section (b);

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

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

17          “(8) challenges for such States to spend all of  
18          the funds allocated and the reason for such chal-  
19          lenges, including to what extent reporting require-  
20          ments or other requirements placed an increased  
21          burden on the ability of such States to spend all of  
22          the funds.”.

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

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

3 (2) by inserting before paragraph (3), as redesi-  
4 gnated, the following:

5 “(2) OTHER CONCURRENT SUBSTANCE USE  
6 DISORDERS.—The term ‘other substance use dis-  
7 orders’ includes alcohol use disorders co-occurring  
8 with opioid misuse and use disorders and alcohol use  
9 disorders co-occurring with stimulant misuse and  
10 use disorders, including polydrug use and alcohol use  
11 disorder.”.

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

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

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



1 cation, Labor, and Pensions and the Committee on Fi-  
2 nance of the Senate a report on the use of remote moni-  
3 toring with respect to individuals who are prescribed  
4 opioids.

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

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

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

16 (3) recommendations to improve availability, ac-  
17 cess, and coverage for remote monitoring for individ-  
18 uals who are prescribed opioids, including through  
19 changes to Federal health care programs (as defined  
20 in section 1128B of the Social Security Act (42  
21 U.S.C. 1320a–7b)) and, if determined appropriate  
22 by the Comptroller General, an identification of co-  
23 horts of individuals who stand to benefit the most  
24 from remote monitoring when prescribed opioids.

1                   **TITLE II—CONTROLLED**  
2                   **SUBSTANCES**

3   **SEC. 201. DELIVERY OF CERTAIN SUBSTANCES BY A PHAR-**  
4                   **MACY TO AN ADMINISTERING PRACTI-**  
5                   **TIONER.**

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

9                   “(2) the controlled substance is a drug in  
10           schedule III, IV, or V that is, pursuant to the ap-  
11           proval or licensure of such drug under the Federal  
12           Food, Drug, and Cosmetic Act or section 351 of the  
13           Public Health Service Act, to be administered by, or  
14           under the supervision of, the practitioner;”.

15   **SEC. 202. REVIEWING THE SCHEDULING OF APPROVED**  
16                   **PRODUCTS CONTAINING A COMBINATION OF**  
17                   **BUPRENORPHINE AND NALOXONE.**

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

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

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

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

6 (b) ATTORNEY GENERAL.—The Attorney General  
7 shall review any request made by the Secretary of Health  
8 and Human Services under subsection (a)(2) and deter-  
9 mine whether to initiate proceedings to revise the sched-  
10 ules in accordance with the criteria set forth in sections  
11 201 and 202 of the Controlled Substances Act (21 U.S.C.  
12 811; 812).

13 **SEC. 203. COMBATING ILLICIT XYLAZINE.**

14 (a) DEFINITIONS.—

15 (1) IN GENERAL.—In this section, the term  
16 “xylazine” has the meaning given the term in para-  
17 graph (60) of section 102 of the Controlled Sub-  
18 stances Act, as added by paragraph (2).

19 (2) CONTROLLED SUBSTANCES ACT.—Section  
20 102 of the Controlled Substances Act (21 U.S.C.  
21 802) is amended—

22 (A) by redesignating the second paragraph  
23 (57) (relating to serious drug felony) and para-  
24 graph (58) as paragraphs (58) and (59), re-  
25 spectively;

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

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

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

7 “(60)(A) The term ‘xylazine’ means the substance  
8 xylazine as well as its salts, isomers, and salts of isomers  
9 whenever the existence of such salts, isomers, and salts  
10 of isomers is possible.

11 “(B) Except as provided in subparagraph (E), such  
12 term does not include a substance described in subpara-  
13 graph (A) to the extent—

14 “(i) such substance is used or intended for use  
15 in animals other than humans and is an animal drug  
16 that has been approved by the Secretary of Health  
17 and Human Services under section 512 of the Fed-  
18 eral Food, Drug, and Cosmetic Act, conditionally ap-  
19 proved under section 571 of such Act, index listed  
20 under section 573 of such Act, or subject to an ex-  
21 emption for investigational use under section 512(j)  
22 of such Act, and such use or intended use conforms  
23 to the approved application or index listing, includ-  
24 ing the manufacturing, importation, holding, or dis-  
25 tribution for such use;

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

5           “(iii) such substance is manufactured, im-  
6           ported, held, distributed, or used—

7                   “(I) as an active pharmaceutical ingredient  
8                   for manufacturing an animal drug approved  
9                   under section 512 of the Federal Food, Drug,  
10                  and Cosmetic Act, conditionally approved under  
11                  section 571 of such Act, index listed under sec-  
12                  tion 573 of the such Act, or subject to an ex-  
13                  emption for investigational use under section  
14                  512(j) of such Act; or

15                   “(II) as a bulk chemical for pharma-  
16                   ceutical compounding of a new animal drug (as  
17                   defined in section 201 of the Federal Food,  
18                   Drug, and Cosmetic Act) by or under the direct  
19                   supervision of a licensed pharmacist or by or on  
20                   the lawful written or oral order of a licensed  
21                   veterinarian within the context of a veteri-  
22                   narian-client-patient relationship, as defined by  
23                   the Secretary of Health and Human Services;

1           “(iv) such substance is held or used as a com-  
2           pounded new animal drug described in clause  
3           (iii)(II);

4           “(v) such substance is otherwise used or in-  
5           tended for use in animals other than humans, and  
6           such use is approved or otherwise authorized under  
7           the Federal Food, Drug, and Cosmetic Act provided  
8           any such use conforms to such approval or author-  
9           ization;

10           “(vi) such substance is subject to an exemption  
11           for investigational use under section 505(i) or  
12           520(g) of the Federal Food, Drug, and Cosmetic  
13           Act;

14           “(vii) such substance is imported, held, distrib-  
15           uted, or used for the development, manufacturing, or  
16           performance of tests for detection of xylazine (in-  
17           cluding xylazine used as a control or calibration  
18           standard) by persons who are professionally, regu-  
19           larly, and lawfully engaged in such activities; or

20           “(viii) such substance is held, distributed, or  
21           used in a commercially manufactured test for the de-  
22           tection of xylazine, provided such test does not con-  
23           tain xylazine in a form that can be extracted.

24           “(C) Notwithstanding subparagraph (B), the Attor-  
25           ney General may place any substance listed in such sub-

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

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

8 “(E) If any person prescribes, dispenses, distributes,  
9 manufactures, or imports xylazine for human use, such  
10 person shall be considered to have prescribed, dispensed,  
11 distributed, manufactured, or imported xylazine not sub-  
12 ject to an exclusion under subparagraph (B).”.

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

17 “(f) Xylazine.”.

18 (c) REPORT TO CONGRESS ON XYLAZINE.—

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

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

3 (A) where the drug is being diverted;

4 (B) where the drug is originating;

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

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

10 (E) recommendations for Congress with re-  
11 spect to whether xylazine should be transferred  
12 to another schedule under section 202 of the  
13 Controlled Substances Act (21 U.S.C. 812).

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



1       stances Act (21 U.S.C. 812) or removed from sched-  
2       ule III of such part.

3       **SEC. 204. TECHNICAL CORRECTIONS.**

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

6               (1) section 1252(a) of division FF of Public  
7       Law 117–328 is amended, in the matter being in-  
8       serted into section 302(e) of the Controlled Sub-  
9       stances Act, by striking “303(g)” and inserting  
10       “303(h)”;

11              (2) section 1262 of division FF of Public Law  
12       117–328 is amended—

13                   (A) in subsection (a)—

14                           (i) in the matter preceding paragraph  
15                           (1), by striking “303(g)” and inserting  
16                           “303(h)”;

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

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

24                   (B) in subsection (b)—

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

4 (ii) in the matter being inserted by  
5 paragraph (1), by striking “303(g)” and  
6 inserting “303(h)”;

7 (iii) in the matter being stricken by  
8 paragraph (2)(A), by striking “303(g)(2)”  
9 and inserting “303(h)(2)”;

10 (iv) in the matter being stricken by  
11 paragraph (3), by striking “303(g)(2)(B)”  
12 and inserting “303(h)(2)(B)”;

13 (v) in the matter being stricken by  
14 paragraph (5), by striking “303(g)” and  
15 inserting “303(h)”;

16 (vi) in the matter being stricken by  
17 paragraph (6), by striking “303(g)” and  
18 inserting “303(h)”;

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

21 (A) by striking “303(g)(2)” and inserting  
22 “303(h)(2)”;

23 (B) by striking “(21 U.S.C. 823(g)(2))”  
24 and inserting “(21 U.S.C. 823(h)(2))”.

**TITLE III—MEDICAID****SEC. 301. EXTENDING REQUIREMENT FOR STATE MEDICAID  
PLANS TO PROVIDE COVERAGE FOR MEDICA-  
TION-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”.

1 **SEC. 302. EXPANDING REQUIRED REPORTS ON T-MSIS SUB-**  
2 **STANCE USE DISORDER DATA TO INCLUDE**  
3 **MENTAL HEALTH CONDITION DATA.**

4 (a) IN GENERAL.—Section 1015(a) of the SUP-  
5 PORT for Patients and Communities Act (42 U.S.C.  
6 1320d–2 note) is amended—

7 (1) in the heading, by striking “SUBSTANCE  
8 USE DISORDER DATA BOOK” and inserting “BE-  
9 HAVIORAL HEALTH DATA BOOK”;

10 (2) in paragraph (2)—

11 (A) in the matter preceding subparagraph  
12 (A), by inserting “, including as updated in ac-  
13 cordance with paragraph (3),” after “paragraph  
14 (1)”;

15 (B) in subparagraph (A), by inserting “,  
16 mental health condition, or a mental health con-  
17 dition co-occurring with substance use disorder”  
18 after “substance use disorder”;

19 (C) in subparagraph (B), by inserting  
20 “and mental health treatment services” after  
21 “substance use disorder treatment services”;

22 (D) in subparagraph (C)—

23 (i) by inserting “, mental health con-  
24 dition, or a mental health condition co-oc-  
25 ccurring with a substance use disorder diag-

1           nosis” after “substance use disorder diag-  
2           nosis”; and

3           (ii) by inserting “or mental health  
4           treatment services, respectively,” after  
5           “substance use disorder treatment serv-  
6           ices”;

7           (E) in subparagraph (D), by inserting “,  
8           mental health condition, or a mental health con-  
9           dition co-occurring with substance use disorder”  
10          after “substance use disorder diagnosis”;

11          (F) in subparagraph (E), by inserting “or  
12          mental health treatment” after “substance use  
13          disorder treatment”; and

14          (G) in subparagraph (F), by inserting “,  
15          individuals with a mental health condition who  
16          receive mental health treatment services, and  
17          individuals with a co-occurring mental health  
18          condition and substance use disorder who re-  
19          ceive substance use disorder treatment services  
20          and mental health treatment services,” after  
21          “substance use disorder treatment services”;

22          and

23          (3) in paragraph (3), by striking “through  
24          2024”.

1 (b) APPLICATION.—The amendments made by sub-  
2 section (a)(1) shall apply beginning with respect to the  
3 first update made pursuant to section 1015(a)(3) of the  
4 SUPPORT for Patients and Communities Act (42 U.S.C.  
5 1320d–2 note) after the date that is 12 months after the  
6 date of enactment of this Act.

7 **SEC. 303. MONITORING PRESCRIBING OF ANTIPSYCHOTIC**  
8 **MEDICATIONS.**

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

11 (1) in paragraph (1)(B)—

12 (A) in the subparagraph heading, by strik-  
13 ing “BY CHILDREN”; and

14 (B) by inserting “, and beginning on the  
15 date that is 24 months after the date of enact-  
16 ment of the Support for Patients and Commu-  
17 nities Reauthorization Act, individuals over the  
18 age of 18, individuals receiving home and com-  
19 munity-based services (as defined in section  
20 9817(a)(2)(B) of Public Law 117–2), and indi-  
21 viduals residing in institutional care settings  
22 (including nursing facilities and intermediate  
23 care facilities for individuals with intellectual  
24 disabilities) enrolled,” after “children enrolled”;  
25 and

1 (2) in paragraph (3)—

2 (A) in subparagraph (A)(ii), by striking “is  
3 a resident” and inserting “subject to subpara-  
4 graph (C), is a resident”; and

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

7 “(C) APPLICATION IN CASE OF PROGRAM  
8 TO MONITOR ANTIPSYCHOTIC MEDICATIONS.—  
9 Subparagraph (A)(ii) shall not apply to the  
10 drug review and utilization requirement de-  
11 scribed in paragraph (1)(B) with respect to an  
12 individual to whom such subparagraph applies  
13 by reason of the amendments made by section  
14 303(1) of the Support for Patients and Com-  
15 munities Reauthorization Act.”.

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