AMENDMENT IN THE NATURE OF A SUBSTITUTE

to H.R. 4531

OFFERED BY M .

Strike all after the enacting clause and insert the following:

1 SECTION 1. SHORT TITLE.

2 This Act may be cited as the “Support for Patients

3 and Communities Reauthorization Act”.

4 SEC. 2. TABLE OF CONTENTS.

5 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. 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. Residential treatment programs for pregnant and postpartum women.
Sec. 105. Youth prevention and recovery.
Sec. 106. First responder training.
Sec. 107. Building communities of recovery.
Sec. 108. National Peer-Run Training and Technical Assistance Center for Add-
diction Recovery Support.
Sec. 109. Comprehensive opioid recovery centers.
Sec. 110. Grants to address the problems of persons who experience violence re-
lated stress.
Sec. 111. Mental and behavioral health education and training grants.
Sec. 112. Loan repayment program for the substance use disorder treatment

workforce.
Sec. 113. Pilot program for public health laboratories to detect fentanyl and

other synthetic opioids.
Sec. 114. Monitoring and reporting of child, youth, and adult trauma.
Sec. 115. Task force to develop best practices for trauma-informed identifica-
tion, referral, and support.
Sec. 116. Treatment, recovery, and workforce support grants.
Sec. 117. Grant program for State and Tribal response to opioid use disorders.
Sec. 118. References to opioid overdose reversal agents in HHS grant programs.
Sec. 119. Addressing other concurrent substance use disorders through grant program for State and Tribal response to opioid use disorders.
Sec. 120. 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.
Sec. 304. Lifting the IMD exclusion for substance use disorder.
Sec. 305. Prohibition on termination of enrollment due to incarceration.
Sec. 306. Removal of limitations on Federal financial participation for inmates who are pregnant women pending disposition of charges.
Sec. 307. Permitting access to medical assistance under the Medicaid program for children in qualified residential treatment programs.

TITLE IV—OFFSETS

Sec. 401. Promoting value in Medicaid managed care.
Sec. 402. Medicaid improvement fund.

1 TITLE I—PUBLIC HEALTH

2 SEC. 101. PRENATAL AND POSTNATAL HEALTH.

Section 317L(d) of the Public Health Service Act (42 U.S.C. 247b–13(d)) is amended by striking “such sums as may be necessary for each of fiscal years 2019 through 2023” and inserting “$4,250,000 for each of fiscal years 2024 through 2028”.

July 18, 2023 (9:55 a.m.)
SEC. 102. 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. 103. 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) Use of Grants by States, Localities, and Indian Tribes to Conduct Wastewater Surveillance.—Section 392A(a)(3)(A) of the Public Health Service Act (42 U.S.C. 280b–1(a)(3)(A)) is amended by inserting “, including through the use of wastewater surveillance to identify trends associated with controlled substance use if it is determined by appropriate evidence that wastewater surveillance is an effective way to survey con-
trolled substance use within a community” before the
semicolon.

(c) 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. 104. 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. 105. YOUTH PREVENTION AND RECOVERY.

Section 7102(c)(9) of the SUPPORT for Patients
and Communities Act (42 U.S.C. 290bb–7a(c)(9)) is
amended by striking “fiscal years 2019 through 2023”
and inserting “fiscal years 2024 through 2028”.

SEC. 106. 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. 107. 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. 108. 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. 109. 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 subsection (g)(1)(B)) that the applicant is unable to offer on site.”.

(e) 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 con-
tractual 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 learn-
ing and capacity building models described in subsection
(f) and coordinating the full continuum of treatment serv-
dices specified in subparagraph (B). Such activities include
the following:”.

SEC. 110. GRANTS TO ADDRESS THE PROBLEMS OF PER-
SONS 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. 111. 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. 112. 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. 113. PILOT PROGRAM FOR PUBLIC HEALTH LABORATORIES TO DETECT FENTANYL AND OTHER SYNTHETIC OPIOIDS.

(a) Detection Activities.—Section 7011(b) of the SUPPORT for Patients and Communities Act (42 U.S.C. 247d–10 note) is amended—

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

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

(3) by adding at the end the following:

“(4) public, private, and academic entities with expertise in detection and testing activities, such as wastewater surveillance, with respect to synthetic opioids, including fentanyl and its analogues.”.

(b) Authorization of Appropriations.—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. 114. 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. 115. 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 amending subsection (i) to read as follows:
“(g) SUNSET.—The task force shall sunset on September 30, 2026.”.

SEC. 116. 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 Re-authorization 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 not more than 5 percent of 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 (i)(2), by inserting “, which shall include the employment and earnings outcomes as described in subclauses (I) and (III) of section

(5) 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)”;

(6) 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”.

SECT. 117. 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 other-
wise legally marketed under the Federal Food, Drug, and Cosmetic Act” by inserting “or fentanyl or xylazine test strips”.

SEC. 118. REFERENCES TO OPIOID OVERDOSE REVERSAL AGENTS IN HHS GRANT PROGRAMS.

(a) IN GENERAL.—The Secretary of Health and Human Services shall ensure that, as appropriate, whenever the Department of Health and Human Services issues a regulation or guidance for any grant program addressing opioid misuse and use disorders, any reference to an opioid overdose reversal drug (such as a reference to naloxone) is inclusive of any opioid overdose reversal drug that has been approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) for emergency treatment of a known or suspected opioid overdose.

(b) EXISTING REFERENCES.—

(1) UPDATE.—Not later than one year after the date of enactment of this Act, the Secretary of Health and Human Services shall update all references described in paragraph (2) to be inclusive of any opioid overdose reversal drug 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 drug (such as naloxone) in any regulation or guidance of the Department of Health and Human Services that—

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

(B) is included in—

(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. 119. 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 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 received 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 al-
lowable use under paragraphs (4) and (5) of sub-
section (b);

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

“(7) how many such States for such grant cycle
requested no-cost extensions to extend the grant
cycle; and

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

(c) OTHER CONCURRENT SUBSTANCE USE DIS-
ORDERS 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 redes-
ignated, the following:
“(2) OTHER CONCURRENT SUBSTANCE USE DISORDERS.—The term ‘other concurrent substance use disorders’ means—

“(A) alcohol use disorders co-occurring with opioid misuse and use disorders as a primary disorder; or

“(B) alcohol use disorders co-occurring with stimulant misuse and use disorders as a primary 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. 120. 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, Education, Labor, and Pensions and the Committee on Finance of the Senate a report on the use of remote moni-
1 tutoring with respect to individuals who are prescribed
2 opioids.
3
4 (b) REPORT.—The report described in subsection (a)
5 shall include to the extent information is available and re-
6 liable—
7
8 (1) an assessment of scientific evidence related
9 to the efficacy, individual outcomes, and potential
10 cost savings associated with remote monitoring for
11 individuals who are prescribed opioids compared to
12 such individuals who are not so monitored;
13
14 (2) an assessment of the current prevalence of
15 remote monitoring for individuals who are prescribed
16 opioids, including the use of such monitoring for
17 such individuals in other countries; and
18
19 (3) information, including recommendations as
20 appropriate, to improve availability, access, and cov-
21 erage for remote monitoring for individuals who are
22 prescribed opioids, including through changes to
23 Federal health care programs (as defined in section
24 1128B of the Social Security Act (42 U.S.C. 1320a–
25 7b)).
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 prescribing 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 “xyazine” 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 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 and such substance’s use or intended use conforms to the approved application, including the manufacturing, importation, holding, or distribution for such use; or

“(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.
“(C) 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 Substances 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 in-
serted 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 diagnosis” 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 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 Com-
munities Reauthorization Act.”.

SEC. 304. LIFTING THE IMD EXCLUSION FOR SUBSTANCE
USE DISORDER.

(a) MAKING PERMANENT STATE PLAN AMENDMENT
OPTION TO PROVIDE MEDICAL ASSISTANCE FOR CERT-
AIN INDIVIDUALS WHO ARE PATIENTS IN CERTAIN IN-
STITUTIONS FOR MENTAL DISEASES.—Section 1915(l)(1)
of the Social Security Act (42 U.S.C. 1396n(l)(1)) is
amended by striking “With respect to calendar quarters
beginning during the period beginning October 1, 2019,
and ending September 30, 2023,” and inserting “With re-
spect to calendar quarters beginning on or after October
1, 2019,”.

(b) MAINTENANCE OF EFFORT REVISION.—Section
1915(l)(3)(A) of the Social Security Act (42 U.S.C.
1396n(l)(3)(A)) is amended—
(1) in the matter preceding clause (i), by strik-
ing “other than under this title”; and
(2) in clause (i), by striking “or, if higher,” and
all that follows through “in accordance with this
subsection”.

c) ADDITIONAL REQUIREMENTS.—
(1) IN GENERAL.—

(A) GENERAL REQUIREMENTS.—Section 1915(l)(4) of the Social Security Act (42 U.S.C. 1396n(l)(4)) is amended—

(i) in subparagraph (A), by striking “through (D)” and inserting “through (F)”;

(ii) in subparagraph (D), in the matter preceding clause (i), by inserting “have in place evidence-based, substance use disorder-specific individual placement criteria and utilization management approach to ensure placement of such individual in an appropriate level of care and shall” after “State shall”; and

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

“(E) REVIEW PROCESS.—The State shall have in place a process to review the compliance of eligible institutions for mental diseases with evidence-based, substance use disorder-specific program standards of care for eligible individuals specified by the State.”.

(B) EFFECTIVE DATE.—The amendments made by subparagraph (A) shall apply with re-
spect to medical assistance furnished in cal-
endar quarters beginning on or after October 1,
2025.

(2) One-time assessment.—Section
1915(l)(4) of the Social Security Act (42 U.S.C.
1396n(l)(4)), as amended by paragraph (1), is fur-
ther amended by adding at the end the following
new subparagraph:

“(F) Assessment.—The State shall, not
later than 12 months after the approval of a
State plan amendment described in this sub-
section (or, in the case such State has such an
amendment approved as of the date of the en-
actment of this subparagraph, not later than 12
months after such date), commence an assess-
ment of—

“(i) the availability of treatment for
individuals enrolled under a State plan
under this title (or waiver of such plan) in
each level of care described in subpara-
graph (C); and

“(ii) the availability of medication-as-
sisted treatment and medically supervised
withdrawal management services for such
individuals.”.
(3) Clarification of Levels of Care.—Section 1915(l)(7)(A) of the Social Security Act (42 U.S.C. 1396n(l)(7)(A)) is amended by inserting “(or any successor publication)” before the period.

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

SEC. 305. PROHIBITION ON TERMINATION OF ENROLLMENT DUE TO INCARCERATION.

(1) in paragraph (86), by striking “and” at the end;

(2) in paragraph (87), by striking the period and inserting “; and”; and

(3) by inserting after paragraph (87) the following new paragraph:

“(88) provide, beginning January 1, 2025, that no individual enrolled under such plan (or waiver of such plan) who becomes an inmate of a public institution (as defined in subsection (nn)(3)) is disenrolled from such plan (or waiver) based solely on such individual’s status as such an inmate.”.

SEC. 306. REMOVAL OF LIMITATIONS ON FEDERAL FINANCIAL PARTICIPATION FOR INMATES WHO ARE PREGNANT WOMEN PENDING DISPOSITION OF CHARGES.

(a) Removal of Limitation.—
(1) IN GENERAL.—The subdivision (A) of section 1905(a) of the Social Security Act (42 U.S.C. 1396d(a)) following paragraph (31) of such section, as amended by section 5122 of the Consolidated Appropriations Act, 2023 (Public Law 117–328), is further amended by inserting “or a pregnant woman” after “(as defined in section 1902(nn)(2))”.

(2) EFFECTIVE DATE.—The amendment made by paragraph (1) shall take effect on January 1, 2025.

(b) TECHNICAL CORRECTION.—Section 5122(a)(1) of the Consolidated Appropriations Act, 2023 (Public Law 117–328) is amended by striking “after” and all that follows through the period at the end and inserting “after ‘or in the case of an eligible juvenile described in section 1902(a)(84)(D) with respect to the screenings, diagnostic services, referrals, and targeted case management services required under such section’.’”.

SEC. 307. PERMITTING ACCESS TO MEDICAL ASSISTANCE UNDER THE MEDICAID PROGRAM FOR CHILDREN IN QUALIFIED RESIDENTIAL TREATMENT PROGRAMS.

(a) IN GENERAL.—Section 1905(a) of the Social Security Act (42 U.S.C. 1396d(a)) is amended by adding at the end the following new sentence: “In the case of an
individual who is under the age of 21 and who is a patient
in a qualified residential treatment program (as defined
in section 472(k)(4)), the exclusion from the definition of
‘medical assistance’ set forth in the subdivision (B) fol-
lowing the last numbered paragraph of this subsection
shall not apply with respect to items and services fur-
nished to such an individual outside of such program.”.

(b) Effective Date.—The amendment made by
paragraph (1) shall apply with respect to medical assist-
ance furnished in calendar quarters beginning on or after
January 1, 2025.

TITLE IV—OFFSETS

SEC. 401. PROMOTING VALUE IN MEDICAID MANAGED
CARE.

Section 1903(m)(9)(A) of the Social Security Act (42
U.S.C. 1396b(m)(9)(A)) is amended by striking “(and be-
fore fiscal year 2024)”.

SEC. 402. MEDICAID IMPROVEMENT FUND.

Section 1941(b)(3)(A) of the Social Security Act (42
U.S.C. 1396w–1(b)(3)(A)) is amended by striking
“$7,000,000,000” and inserting “$6,750,000,000”.

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