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TITLE IV—OFFSETS

- Sec. 401. Promoting value in Medicaid managed care.
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1 TITLE I—PUBLIC HEALTH

2 SEC. 101. PRENATAL AND POSTNATAL HEALTH.

3 Section 317L(d) of the Public Health Service Act (42
4 U.S.C. 247b–13(d)) is amended by striking “such sums
5 as may be necessary for each of fiscal years 2019 through
6 2023” and inserting “\$4,250,000 for each of fiscal years
7 2024 through 2028”.

1 **SEC. 102. MONITORING AND EDUCATION REGARDING IN-**
2 **FECTIONS ASSOCIATED WITH ILLICIT DRUG**
3 **USE AND OTHER RISK FACTORS.**

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

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

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

12 **SEC. 103. PREVENTING OVERDOSES OF CONTROLLED SUB-**
13 **STANCES.**

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

19 (b) **USE OF GRANTS BY STATES, LOCALITIES, AND**
20 **INDIAN TRIBES TO CONDUCT WASTEWATER SURVEIL-**
21 **LANCE.**—Section 392A(a)(3)(A) of the Public Health
22 Service Act (42 U.S.C. 280b–1(a)(3)(A)) is amended by
23 inserting “, including through the use of wastewater sur-
24 veillance to identify trends associated with controlled sub-
25 stance use if it is determined by appropriate evidence that
26 wastewater surveillance is an effective way to survey con-

1 trolled substance use within a community” before the
2 semicolon.

3 (c) AUTHORIZATION OF APPROPRIATIONS.—Section
4 392A(e) of the Public Health Service Act (42 U.S.C.
5 280b–1(e)) is amended by striking “\$496,000,000 for
6 each of fiscal years 2019 through 2023” and inserting
7 “\$505,579,000 for each of fiscal years 2024 through
8 2028”.

9 **SEC. 104. RESIDENTIAL TREATMENT PROGRAMS FOR**
10 **PREGNANT AND POSTPARTUM WOMEN.**

11 Section 508(s) of the Public Health Service Act (42
12 U.S.C. 290bb–1(s)) is amended by striking “\$29,931,000
13 for each of fiscal years 2019 through 2023” and inserting
14 “\$38,931,000 for each of fiscal years 2024 through
15 2028”.

16 **SEC. 105. YOUTH PREVENTION AND RECOVERY.**

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

21 **SEC. 106. FIRST RESPONDER TRAINING.**

22 Section 546(h) of the Public Health Service Act (42
23 U.S.C. 290ee–1(h)) is amending by striking “\$36,000,000
24 for each of fiscal years 2019 through 2023” and inserting

1 “\$56,000,000 for each of fiscal years 2024 through
2 2028”.

3 **SEC. 107. BUILDING COMMUNITIES OF RECOVERY.**

4 Section 547(f) of the Public Health Service Act (42
5 U.S.C. 290ee–2(f)) is amended by striking “\$5,000,000
6 for each of fiscal years 2019 through 2023” and inserting
7 “\$16,000,000 for each of fiscal years 2024 through
8 2028”.

9 **SEC. 108. NATIONAL PEER-RUN TRAINING AND TECHNICAL**
10 **ASSISTANCE CENTER FOR ADDICTION RE-**
11 **COVERY SUPPORT.**

12 Section 547A(e) of the Public Health Service Act (42
13 U.S.C. 290ee–2a(e)) is amended by striking “\$1,000,000
14 for each of fiscal years 2019 through 2023” and inserting
15 “\$2,000,000 for each of fiscal years 2024 through 2028”.

16 **SEC. 109. COMPREHENSIVE OPIOID RECOVERY CENTERS.**

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

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

25 “(3) DOCUMENTATION.—

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

6 “(B) PARTNER AGENCY DEFINED.—In this
7 paragraph, the term ‘partner agency’ means a
8 non-governmental organization or other public
9 or private entity—

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

13 “(ii) with which the applicant coordi-
14 nates to provide the full continuum of
15 treatment services (as specified in sub-
16 section (g)(1)(B)) that the applicant is un-
17 able to offer on site.”.

18 (c) CENTER ACTIVITIES CARRIED OUT THROUGH
19 THIRD PARTIES.—Section 552(g) of the Public Health
20 Service Act (42 U.S.C. 290ee–7(g)) is amended in the
21 matter preceding paragraph (1) by striking “Each Center
22 shall” and all that follows through “subsection (f):” and
23 inserting the following: “Each Center shall, at a minimum,
24 carry out the activities specified in this subsection directly,
25 through referral, or through contractual arrangements. If

1 a Center elects to carry out such activities through con-
2 tractual arrangements, the Secretary may issue guidance
3 on best practices to ensure that the Center is capable of
4 carrying out such activities, including carrying out such
5 activities through technology-enabled collaborative learn-
6 ing and capacity building models described in subsection
7 (f) and coordinating the full continuum of treatment serv-
8 ices specified in subparagraph (B). Such activities include
9 the following:”.

10 **SEC. 110. GRANTS TO ADDRESS THE PROBLEMS OF PER-**
11 **SONS WHO EXPERIENCE VIOLENCE RELATED**
12 **STRESS.**

13 Section 582(j) of the Public Health Service Act (42
14 U.S.C. 290hh–1(j)) is amended by striking “\$63,887,000
15 for each of fiscal years 2019 through 2023” and inserting
16 “\$93,887,000 for each of fiscal years 2024 through
17 2028”.

18 **SEC. 111. MENTAL AND BEHAVIORAL HEALTH EDUCATION**
19 **AND TRAINING GRANTS.**

20 Section 756(f) of the Public Health Service Act (42
21 U.S.C. 294e–1(f)) is amended by striking “fiscal years
22 2023 through 2027” and inserting “fiscal years 2024
23 through 2028”.

1 **SEC. 112. LOAN REPAYMENT PROGRAM FOR THE SUB-**
2 **STANCE USE DISORDER TREATMENT WORK-**
3 **FORCE.**

4 Section 781(j) of the Public Health Service Act (42
5 U.S.C. 295h(j)) is amended by striking “\$25,000,000 for
6 each of fiscal years 2019 through 2023” and inserting
7 “\$40,000,000 for each of fiscal years 2024 through
8 2028”.

9 **SEC. 113. PILOT PROGRAM FOR PUBLIC HEALTH LABORA-**
10 **TORIES TO DETECT FENTANYL AND OTHER**
11 **SYNTHETIC OPIOIDS.**

12 (a) **DETECTION ACTIVITIES.**—Section 7011(b) of the
13 **SUPPORT for Patients and Communities Act** (42 U.S.C.
14 247d–10 note) is amended—

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

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

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

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

24 (b) **AUTHORIZATION OF APPROPRIATIONS.**—Section
25 7011(d) of the **SUPPORT for Patients and Communities**
26 **Act** (42 U.S.C. 247d–10(d)) is amended by striking “fiscal

1 years 2019 through 2023” and inserting “fiscal years
2 2024 through 2028”.

3 **SEC. 114. MONITORING AND REPORTING OF CHILD, YOUTH,**
4 **AND ADULT TRAUMA.**

5 Section 7131(e) of the SUPPORT for Patients and
6 Communities Act (42 U.S.C. 242t(e)) is amended by strik-
7 ing “\$2,000,000 for each of fiscal years 2019 through
8 2023” and inserting “\$9,000,000 for each of fiscal years
9 2024 through 2028”.

10 **SEC. 115. TASK FORCE TO DEVELOP BEST PRACTICES FOR**
11 **TRAUMA-INFORMED IDENTIFICATION, RE-**
12 **FERRAL, AND SUPPORT.**

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

15 (1) in subsection (g)—

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

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

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

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

23 (2) by amending subsection (i) to read as fol-
24 lows:

1 “(g) SUNSET.—The task force shall sunset on Sep-
2 tember 30, 2026.”.

3 **SEC. 116. TREATMENT, RECOVERY, AND WORKFORCE SUP-**
4 **PORT GRANTS.**

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

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

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

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

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

1 “(B) The amount by which the average
2 rate of unemployment for the State, based on
3 data provided by the Bureau of Labor Statis-
4 tics, for the period of 5 calendar years for
5 which there is available data, including if nec-
6 essary provisional data, immediately preceding
7 the grant cycle (which shall be the period of cal-
8 endar years 2018 through 2022 for the first
9 grant cycle following the enactment of the Sup-
10 port for Patients and Communities Reauthor-
11 ization Act) is above the national average for
12 the same period.

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

25 (3) in subsection (g)—

1 (A) in paragraphs (1) and (3), by redesignig-
2 nating subparagraphs (A) and (B) as clauses
3 (i) and (ii), respectively, and adjusting the mar-
4 gins accordingly;

5 (B) by redesignating paragraphs (1)
6 through (3) as subparagraphs (A) through (C),
7 respectively, and adjusting the margins accord-
8 ingly;

9 (C) by striking “An entity” and inserting
10 the following:

11 “(1) IN GENERAL.—An entity”; and

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

13 “(2) TRANSPORTATION SERVICES.—An entity
14 receiving a grant under this section may use not
15 more than 5 percent of the funds for providing
16 transportation for individuals to participate in an ac-
17 tivity supported by a grant under this section, which
18 transportation shall be to or from a place of work
19 or a place where the individual is receiving voca-
20 tional education or job training services or receiving
21 services directly linked to treatment of or recovery
22 from a substance use disorder.”;

23 (4) in subsection (i)(2), by inserting “, which
24 shall include the employment and earnings outcomes
25 as described in subclauses (I) and (III) of section

1 116(b)(2)(A)(i) of the Workforce Innovation and
2 Opportunity Act (29 U.S.C. 3141(b)(2)(A)(i))” after
3 “subsection (g)”;

4 (5) in subsection (j)—

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

7 (B) in paragraph (2)—

8 (i) in the matter preceding subpara-
9 graph (A)—

10 (I) by striking “the preliminary
11 report” and inserting “each prelimi-
12 nary report”; and

13 (II) by inserting “for the grant
14 cycle” after “final report”; and

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

17 (6) in subsection (k), by striking “\$5,000,000
18 for each of fiscal years 2019 through 2023” and in-
19 serting “\$12,000,000 for each of fiscal years 2024
20 through 2028”.

21 **SEC. 117. GRANT PROGRAM FOR STATE AND TRIBAL RE-**
22 **SPONSE TO OPIOID USE DISORDERS.**

23 Section 1003(b)(4)(A) of the 21st Century Cures Act
24 (42 U.S.C. 290ee–3a(b)(4)(A)) is amended after “which
25 may include drugs or devices approved, cleared, or other-

1 wise legally marketed under the Federal Food, Drug, and
2 Cosmetic Act” by inserting “or fentanyl or xylazine test
3 strips”.

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

6 (a) IN GENERAL.—The Secretary of Health and
7 Human Services shall ensure that, as appropriate, when-
8 ever the Department of Health and Human Services
9 issues a regulation or guidance for any grant program ad-
10 dressing opioid misuse and use disorders, any reference
11 to an opioid overdose reversal drug (such as a reference
12 to naloxone) is inclusive of any opioid overdose reversal
13 drug that has been approved under section 505 of the Fed-
14 eral Food, Drug, and Cosmetic Act (21 U.S.C. 355) for
15 emergency treatment of a known or suspected opioid over-
16 dose.

17 (b) EXISTING REFERENCES.—

18 (1) UPDATE.—Not later than one year after the
19 date of enactment of this Act, the Secretary of
20 Health and Human Services shall update all ref-
21 erences described in paragraph (2) to be inclusive of
22 any opioid overdose reversal drug that has been ap-
23 proved or otherwise authorized for use by the Food
24 and Drug Administration.

1 (2) REFERENCES.—A reference described in
2 this paragraph is any reference to an opioid overdose
3 reversal drug (such as naloxone) in any regulation or
4 guidance of the Department of Health and Human
5 Services that—

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

8 (B) is included in—

9 (i) the grant program for State and
10 Tribal response to opioid use disorders
11 under section 1003 of the 21st Century
12 Cures Act (42 U.S.C. 290ee–3 note) (com-
13 monly referred to as “State Opioid Re-
14 sponse Grants” and “Tribal Opioid Re-
15 sponse Grants”); or

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

1 **SEC. 119. ADDRESSING OTHER CONCURRENT SUBSTANCE**
2 **USE DISORDERS THROUGH GRANT PROGRAM**
3 **FOR STATE AND TRIBAL RESPONSE TO**
4 **OPIOID USE DISORDERS.**

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

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

16 (b) **ANNUAL REPORT TO CONGRESS.**—Section
17 1003(f) of the 21st Century Cures Act (42 U.S.C. 290ee–
18 3 note) is amended—

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

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

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

23 “(4) the amount of funds each State that re-
24 ceived a grant under subsection (b) received for the
25 12-month grant cycle covered by the report;

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

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

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

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

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

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

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

1 “(2) OTHER CONCURRENT SUBSTANCE USE
2 DISORDERS.—The term ‘other concurrent substance
3 use disorders’ means—

4 “(A) alcohol use disorders co-occurring
5 with opioid misuse and use disorders as a pri-
6 mary disorder; or

7 “(B) alcohol use disorders co-occurring
8 with stimulant misuse and use disorders as a
9 primary disorder.”.

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

16 **SEC. 120. PROVIDING FOR A STUDY ON THE EFFECTS OF**
17 **REMOTE MONITORING ON INDIVIDUALS WHO**
18 **ARE PRESCRIBED OPIOIDS.**

19 (a) IN GENERAL.—Not later than 18 months after
20 the date of enactment of this Act, the Comptroller General
21 of the United States shall conduct a study and submit to
22 the Committee on Energy and Commerce of the House
23 of Representatives and the Committee on Health, Edu-
24 cation, Labor, and Pensions and the Committee on Fi-
25 nance of the Senate a report on the use of remote moni-

1 toring with respect to individuals who are prescribed
2 opioids.

3 (b) REPORT.—The report described in subsection (a)
4 shall include to the extent information is available and re-
5 liable—

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

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

15 (3) information, including recommendations as
16 appropriate, to improve availability, access, and cov-
17 erage for remote monitoring for individuals who are
18 prescribed opioids, including through changes to
19 Federal health care programs (as defined in section
20 1128B of the Social Security Act (42 U.S.C. 1320a-
21 7b)).

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 prescribing practi-
15 tioner;”.

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

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

23 (1) review the relevant data pertaining to the
24 scheduling of products containing a combination of
25 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 an animal drug that has
15 been approved by the Secretary of Health and
16 Human Services under section 512 of the Federal
17 Food, Drug, and Cosmetic Act and such substance’s
18 use or intended use conforms to the approved appli-
19 cation, including the manufacturing, importation,
20 holding, or distribution for such use; or

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

1 “(C) If any person prescribes, dispenses, distributes,
2 manufactures, or imports xylazine for human use, such
3 person shall be considered to have prescribed, dispensed,
4 distributed, manufactured, or imported xylazine not sub-
5 ject to an exclusion under subparagraph (B).”.

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

10 “(f) Xylazine.”.

11 (c) REPORT TO CONGRESS ON XYLAZINE.—

12 (1) INITIAL REPORT.—Not later than 1 year
13 after the date of enactment of this Act, the Attorney
14 General, acting through the Administrator of the
15 Drug Enforcement Administration and in coordina-
16 tion with the Commissioner of Food and Drugs,
17 shall submit to Congress a report on the prevalence
18 of illicit use of xylazine in the United States and the
19 impacts of such use, including—

20 (A) where the drug is being diverted;

21 (B) where the drug is originating;

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

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

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

8 (2) **ADDITIONAL REPORT.**—Not later than 4
9 years after the date of enactment of this Act, the
10 Attorney General, acting through the Administrator
11 of the Drug Enforcement Administration and in co-
12 ordination with the Commissioner of Food and
13 Drugs, shall submit to Congress a report updating
14 Congress on the prevalence of xylazine trafficking,
15 misuse, and proliferation in the United States, in-
16 cluding recommendations for Congress with respect
17 to whether xylazine should be transferred to another
18 schedule under section 202 of the Controlled Sub-
19 stances Act (21 U.S.C. 812) or removed from sched-
20 ule III of such part.

21 **SEC. 204. TECHNICAL CORRECTIONS.**

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

24 (1) section 1252(a) of division FF of Public
25 Law 117–328 is amended, in the matter being in-

1 serted into section 302(e) of the Controlled Sub-
2 stances Act, by striking “303(g)” and inserting
3 “303(h)”;

4 (2) section 1262 of division FF of Public Law
5 117–328 is amended—

6 (A) in subsection (a)—

7 (i) in the matter preceding paragraph
8 (1), by striking “303(g)” and inserting
9 “303(h)”;

10 (ii) in the matter being stricken by
11 subsection (a)(2), by striking “(g)(1)” and
12 inserting “(h)(1)”; and

13 (iii) in the matter being inserted by
14 subsection (a)(2), by striking “(g) Practi-
15 tioners” and inserting “(h) Practitioners”;
16 and

17 (B) in subsection (b)—

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

21 (ii) in the matter being inserted by
22 paragraph (1), by striking “303(g)” and
23 inserting “303(h)”;

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

4 (iv) in the matter being stricken by
5 paragraph (3), by striking “303(g)(2)(B)”
6 and inserting “303(h)(2)(B)”;

7 (v) in the matter being stricken by
8 paragraph (5), by striking “303(g)” and
9 inserting “303(h)”;

10 (vi) in the matter being stricken by
11 paragraph (6), by striking “303(g)” and
12 inserting “303(h)”;

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

15 (A) by striking “303(g)(2)” and inserting
16 “303(h)(2)”;

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

19 **TITLE III—MEDICAID**

20 **SEC. 301. EXTENDING REQUIREMENT FOR STATE MEDICAID**

21 **PLANS TO PROVIDE COVERAGE FOR MEDICA-** 22 **TION-ASSISTED TREATMENT.**

23 (a) IN GENERAL.—Section 1905 of the Social Secu-
24 rity Act (42 U.S.C. 1396d) is amended—

1 (1) in subsection (a)(29), by striking “for the
2 period beginning October 1, 2020, and ending Sep-
3 tember 30, 2025,” and inserting “beginning on Oc-
4 tober 1, 2020,”; and

5 (2) in subsection (ee)(2), by striking “for the
6 period specified in such paragraph, if before the be-
7 ginning of such period the State certifies to the sat-
8 isfaction of the Secretary” and inserting “if such
9 State certifies, not less than every 5 years and to the
10 satisfaction of the Secretary,”.

11 (b) CONFORMING AMENDMENT.—Section
12 1006(b)(4)(A) of the Substance Use-Disorder Prevention
13 that Promotes Opioid Recovery and Treatment for Pa-
14 tients and Communities Act (42 U.S.C. 1396a note) is
15 amended by striking “, and before October 1, 2025”.

16 **SEC. 302. EXPANDING REQUIRED REPORTS ON T-MSIS SUB-**
17 **STANCE USE DISORDER DATA TO INCLUDE**
18 **MENTAL HEALTH CONDITION DATA.**

19 (a) IN GENERAL.—Section 1015(a) of the SUP-
20 PORT for Patients and Communities Act (42 U.S.C.
21 1320d–2 note) is amended—

22 (1) in the heading, by striking “SUBSTANCE
23 USE DISORDER DATA BOOK” and inserting “BE-
24 HAVIORAL HEALTH DATA BOOK”;

25 (2) in paragraph (2)—

1 (A) in the matter preceding subparagraph
2 (A), by inserting “, including as updated in ac-
3 cordance with paragraph (3),” after “paragraph
4 (1)”;

5 (B) in subparagraph (A), by inserting “,
6 mental health condition, or a mental health con-
7 dition co-occurring with substance use disorder”
8 after “substance use disorder”;

9 (C) in subparagraph (B), by inserting
10 “and mental health treatment services” after
11 “substance use disorder treatment services”;

12 (D) in subparagraph (C)—

13 (i) by inserting “, mental health con-
14 dition, or a mental health condition co-oc-
15 ccurring with a substance use disorder diag-
16 nosis” after “substance use disorder diag-
17 nosis”; and

18 (ii) by inserting “or mental health
19 treatment services, respectively,” after
20 “substance use disorder treatment serv-
21 ices”;

22 (E) in subparagraph (D), by inserting “,
23 mental health condition, or a mental health con-
24 dition co-occurring with substance use disorder”
25 after “substance use disorder diagnosis”;

1 (F) in subparagraph (E), by inserting “or
2 mental health treatment” after “substance use
3 disorder treatment”; and

4 (G) in subparagraph (F), by inserting “,
5 individuals with a mental health condition who
6 receive mental health treatment services, and
7 individuals with a co-occurring mental health
8 condition and substance use disorder who re-
9 ceive substance use disorder treatment services
10 and mental health treatment services,” after
11 “substance use disorder treatment services”;
12 and

13 (3) in paragraph (3), by striking “through
14 2024”.

15 (b) APPLICATION.—The amendments made by sub-
16 section (a)(1) shall apply beginning with respect to the
17 first update made pursuant to section 1015(a)(3) of the
18 SUPPORT for Patients and Communities Act (42 U.S.C.
19 1320d–2 note) after the date that is 12 months after the
20 date of enactment of this Act.

21 **SEC. 303. MONITORING PRESCRIBING OF ANTIPSYCHOTIC**
22 **MEDICATIONS.**

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

25 (1) in paragraph (1)(B)—

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

3 (B) by inserting “, and beginning on the
4 date that is 24 months after the date of enact-
5 ment of Support for Patients and Communities
6 Reauthorization Act, individuals over the age of
7 18, individuals receiving home and community-
8 based services (as defined in section
9 9817(a)(2)(B) of Public Law 117–2), and indi-
10 viduals residing in institutional care settings
11 (including nursing facilities and intermediate
12 care facilities for individuals with intellectual
13 disabilities) enrolled,” after “children enrolled”;
14 and

15 (2) in paragraph (3)—

16 (A) in subparagraph (A)(ii), by striking “is
17 a resident” and inserting “subject to subpara-
18 graph (C), is a resident”; and

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

21 “(C) APPLICATION IN CASE OF PROGRAM
22 TO MONITOR ANTIPSYCHOTIC MEDICATIONS.—
23 Subparagraph (A)(ii) shall not apply to the
24 drug review and utilization requirement de-
25 scribed in paragraph (1)(B) with respect to an

1 individual to whom such subparagraph applies
2 by reason of the amendments made by section
3 303(1) of the Support for Patients and Com-
4 munities Reauthorization Act.”.

5 **SEC. 304. LIFTING THE IMD EXCLUSION FOR SUBSTANCE**
6 **USE DISORDER.**

7 (a) MAKING PERMANENT STATE PLAN AMENDMENT
8 OPTION TO PROVIDE MEDICAL ASSISTANCE FOR CER-
9 TAIN INDIVIDUALS WHO ARE PATIENTS IN CERTAIN IN-
10 STITUTIONS FOR MENTAL DISEASES.—Section 1915(l)(1)
11 of the Social Security Act (42 U.S.C. 1396n(l)(1)) is
12 amended by striking “With respect to calendar quarters
13 beginning during the period beginning October 1, 2019,
14 and ending September 30, 2023,” and inserting “With re-
15 spect to calendar quarters beginning on or after October
16 1, 2019,”.

17 (b) MAINTENANCE OF EFFORT REVISION.—Section
18 1915(l)(3)(A) of the Social Security Act (42 U.S.C.
19 1396n(l)(3)(A)) is amended—

20 (1) in the matter preceding clause (i), by strik-
21 ing “other than under this title”; and

22 (2) in clause (i), by striking “or, if higher,” and
23 all that follows through “in accordance with this
24 subsection”.

25 (c) ADDITIONAL REQUIREMENTS.—

1 (1) IN GENERAL.—

2 (A) GENERAL REQUIREMENTS.—Section
3 1915(l)(4) of the Social Security Act (42
4 U.S.C. 1396n(l)(4)) is amended—

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

8 (ii) in subparagraph (D), in the mat-
9 ter preceding clause (i), by inserting “have
10 in place evidence-based, substance use dis-
11 order-specific individual placement criteria
12 and utilization management approach to
13 ensure placement of such individual in an
14 appropriate level of care and shall” after
15 “State shall”; and

16 (iii) by adding at the end the fol-
17 lowing new subparagraph:

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

24 (B) EFFECTIVE DATE.—The amendments
25 made by subparagraph (A) shall apply with re-

1 spect to medical assistance furnished in cal-
2 endar quarters beginning on or after October 1,
3 2025.

4 (2) ONE-TIME ASSESSMENT.—Section
5 1915(l)(4) of the Social Security Act (42 U.S.C.
6 1396n(1)(4)), as amended by paragraph (1), is fur-
7 ther amended by adding at the end the following
8 new subparagraph:

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

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

22 “(ii) the availability of medication-as-
23 sisted treatment and medically supervised
24 withdrawal management services for such
25 individuals.”.

1 (3) CLARIFICATION OF LEVELS OF CARE.—Sec-
2 tion 1915(l)(7)(A) of the Social Security Act (42
3 U.S.C. 1396n(l)(7)(A)) is amended by inserting “(or
4 any successor publication)” before the period.

5 **SEC. 305. PROHIBITION ON TERMINATION OF ENROLLMENT**
6 **DUE TO INCARCERATION.**

7 Section 1902(a) of the Social Security Act (42 U.S.C.
8 1396a(a)) is amended—

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

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

13 (3) by inserting after paragraph (87) the fol-
14 lowing new paragraph:

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

21 **SEC. 306. REMOVAL OF LIMITATIONS ON FEDERAL FINAN-**
22 **CIAL PARTICIPATION FOR INMATES WHO ARE**
23 **PREGNANT WOMEN PENDING DISPOSITION**
24 **OF CHARGES.**

25 (a) REMOVAL OF LIMITATION.—

1 individual who is under the age of 21 and who is a patient
2 in a qualified residential treatment program (as defined
3 in section 472(k)(4)), the exclusion from the definition of
4 ‘medical assistance’ set forth in the subdivision (B) fol-
5 lowing the last numbered paragraph of this subsection
6 shall not apply with respect to items and services fur-
7 nished to such an individual outside of such program.”.

8 (b) **EFFECTIVE DATE.**—The amendment made by
9 paragraph (1) shall apply with respect to medical assist-
10 ance furnished in calendar quarters beginning on or after
11 January 1, 2025.

12 **TITLE IV—OFFSETS**

13 **SEC. 401. PROMOTING VALUE IN MEDICAID MANAGED** 14 **CARE.**

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

18 **SEC. 402. MEDICAID IMPROVEMENT FUND.**

19 Section 1941(b)(3)(A) of the Social Security Act (42
20 U.S.C. 1396w–1(b)(3)(A)) is amended by striking
21 “\$7,000,000,000” and inserting “\$6,750,000,000”.

