

119TH CONGRESS
2D SESSION

H. R. 9759

To provide funding for programs and activities under the SUPPORT for Patients and Communities Act.

IN THE HOUSE OF REPRESENTATIVES

JULY 16, 2026

Mr. PAPPAS (for himself and Ms. GOODLANDER) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, the Judiciary, Oversight and Government Reform, Education and Workforce, and Financial Services, 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

A BILL

To provide funding for programs and activities under the SUPPORT for Patients and Communities Act.

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 “Turn the Tide Act”.

1 **SEC. 2. CONTROLLED SUBSTANCE PROVISIONS OF THE**
2 **SUPPORT FOR PATIENTS AND COMMUNITIES**
3 **ACT.**

4 (a) GRANTS TO ENHANCE ACCESS TO SUBSTANCE
5 USE DISORDER TREATMENT.—Section 3203 of the SUP-
6 PORT for Patients and Communities Act (Public Law
7 115–271) is amended—

8 (1) by striking “The Secretary” and inserting
9 the following:

10 “(a) IN GENERAL.—The Secretary”; and

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

12 “(b) APPROPRIATIONS.—For grants under subsection
13 (a), there is authorized to be appropriated, and there is
14 appropriated, out of any monies in the Treasury not other-
15 wise appropriated, \$4,000,000 for each of fiscal years
16 2027 through 2030.”.

17 (b) ACCESS TO INCREASED DRUG DISPOSAL.—Sec-
18 tion 3260 of the SUPPORT for Patients and Commu-
19 nities Act (Public Law 115–271) is amended to read as
20 follows:

21 **“SEC. 3260. APPROPRIATIONS.**

22 “To carry out this chapter, there is authorized to be
23 appropriated, and there is appropriated, out of any monies
24 in the Treasury not otherwise appropriated, \$10,000,000
25 for each of fiscal years 2027 through 2030.”.

1 **SEC. 3. PUBLIC HEALTH PROVISIONS OF THE SUPPORT**
2 **FOR PATIENTS AND COMMUNITIES ACT.**

3 (a) **FIRST RESPONDER TRAINING.**—Section 546(h)
4 of the Public Health Service Act (42 U.S.C. 290ee–1(h))
5 is amended to read as follows:

6 “(h) **APPROPRIATIONS.**—To carry out this section,
7 there is authorized to be appropriated, and there is appro-
8 priated, out of any monies in the Treasury not otherwise
9 appropriated, \$77,000,000 for each of fiscal years 2027
10 through 2030.”.

11 (b) **PUBLIC HEALTH LABORATORIES PILOT PRO-**
12 **GRAM.**—Section 7011(d) of the **SUPPORT** for Patients
13 and Communities Act (Public Law 115–271) is amended
14 to read as follows:

15 “(d) **APPROPRIATIONS.**—To carry out this section,
16 there is authorized to be appropriated, and there is appro-
17 priated, out of any monies in the Treasury not otherwise
18 appropriated, \$15,000,000 for each of fiscal years 2027
19 through 2030.”.

20 (c) **MODEL TRAINING PROGRAMS FOR SUBSTANCE**
21 **USE DISORDER PATIENT RECORDS.**—Section 7053 of the
22 **SUPPORT** for Patients and Communities Act (Public
23 Law 115–271) is amended by adding at the end the fol-
24 lowing:

25 “(e) **APPROPRIATIONS.**—To carry out this section,
26 there is authorized to be appropriated, and there is appro-

1 priated, out of any monies in the Treasury not otherwise
 2 appropriated—

3 “(1) \$4,000,000 for fiscal year 2027;

4 “(2) \$2,000,000 for fiscal year 2028; and

5 “(3) \$1,000,000 for each of fiscal years 2029
 6 and 2030.”.

7 (d) RESIDENTIAL TREATMENT PROGRAMS FOR
 8 PREGNANT AND POSTPARTUM WOMEN.—Section 508(s)
 9 of the Public Health Service Act (42 U.S.C. 290bb–1(s))
 10 is amended by striking the first sentence and inserting the
 11 following: “To carry out this section, there is authorized
 12 to be appropriated, and there is appropriated, out of any
 13 monies in the Treasury not otherwise appropriated,
 14 \$50,000,000 for each of fiscal years 2027 through 2030.”.

15 (e) MENTAL AND BEHAVIORAL HEALTH EDUCATION
 16 AND TRAINING GRANTS.—Section 756(f) of the Public
 17 Health Service Act (42 U.S.C. 294e–1(f)) is amended to
 18 read as follows:

19 “(f) APPROPRIATIONS.—To carry out this section,
 20 there is authorized to be appropriated, and there is appro-
 21 priated, out of any monies in the Treasury not otherwise
 22 appropriated, \$75,000,000 for each of fiscal years 2027
 23 through 2030.”.

24 (f) COORDINATION AND CONTINUATION OF CARE
 25 FOR DRUG OVERDOSE PATIENTS.—Section 7081(f) of the

1 SUPPORT for Patients and Communities Act (42 U.S.C.
2 290dd–4) is amended to read as follows:

3 “(f) APPROPRIATIONS.—To carry out this section,
4 there is authorized to be appropriated, and there is appro-
5 priated, out of any monies in the Treasury not otherwise
6 appropriated, \$10,000,000 for each of fiscal years 2027
7 through 2030.”.

8 (g) EMERGENCY DEPARTMENT ALTERNATIVES TO
9 OPIOIDS DEMONSTRATION PROGRAM.—Section 7091(g)
10 of the SUPPORT for Patients and Communities Act
11 (Public Law 115–271) is amended to read as follows:

12 “(g) APPROPRIATIONS.—To carry out this section,
13 there is authorized to be appropriated, and there is appro-
14 priated, out of any monies in the Treasury not otherwise
15 appropriated, \$10,000,000 for each of fiscal years 2027
16 through 2030.”.

17 (h) REGIONAL CENTERS OF EXCELLENCE IN SUB-
18 STANCE USE DISORDER EDUCATION.—Section 551(f) of
19 the Public Health Service Act (42 U.S.C. 290ee–6(f)) is
20 amended to read as follows:

21 “(f) APPROPRIATIONS.—To carry out this section,
22 there is authorized to be appropriated, and there is appro-
23 priated, out of any monies in the Treasury not otherwise
24 appropriated, \$4,000,000 for each of fiscal years 2027
25 through 2030.”.

1 (i) YOUTH PREVENTION AND RECOVERY.—Section
2 7102(c)(9) of the SUPPORT for Patients and Commu-
3 nities Act (Public Law 115–271) is amended to read as
4 follows:

5 “(9) APPROPRIATIONS.—To carry out this sub-
6 section, there is authorized to be appropriated, and
7 there is appropriated, out of any monies in the
8 Treasury not otherwise appropriated, \$20,000,000
9 for each of fiscal years 2027 through 2030.”.

10 (j) COMPREHENSIVE OPIOID RECOVERY CENTERS.—
11 Section 552(j) of the Public Health Service Act (42 U.S.C.
12 290ee–7(j)) is amended to read as follows:

13 “(j) APPROPRIATIONS.—To carry out this section,
14 there is authorized to be appropriated, and there is appro-
15 priated, out of any monies in the Treasury not otherwise
16 appropriated, \$10,000,000 for each of fiscal years 2027
17 through 2030.”.

18 (k) CDC SURVEILLANCE AND DATA COLLECTION.—
19 Section 7131(e) of the SUPPORT for Patients and Com-
20 munities Act (42 U.S.C. 242t(e)) is amended to read as
21 follows:

22 “(e) APPROPRIATIONS.—To carry out this section,
23 there is authorized to be appropriated, and there is appro-
24 priated, out of any monies in the Treasury not otherwise

1 appropriated, \$2,000,000 for each of fiscal years 2027
2 through 2030.”.

3 (l) NATIONAL CHILD TRAUMATIC STRESS INITIA-
4 TIVE.—Section 582(j) of the Public Health Service Act
5 (42 U.S.C. 290hh–1(j)) is amended to read as follows:

6 “(j) APPROPRIATIONS.—To carry out this section,
7 there is authorized to be appropriated, and there is appro-
8 priated, out of any monies in the Treasury not otherwise
9 appropriated, \$112,000,000 for each of fiscal years 2027
10 through 2030.”.

11 (m) TRAUMA SUPPORT SERVICES AND MENTAL
12 HEALTH CARE.—Section 7134(l) of the SUPPORT for
13 Patients and Communities Act (42 U.S.C. 280h–7(l)) is
14 amended to read as follows:

15 “(l) APPROPRIATIONS.—To carry out this section,
16 there is authorized to be appropriated, and there is appro-
17 priated, out of any monies in the Treasury not otherwise
18 appropriated, \$50,000,000 for each of fiscal years 2027
19 through 2030.”.

20 (n) SURVEILLANCE AND EDUCATION REGARDING IN-
21 FECTIONS ASSOCIATED WITH ILLICIT DRUG USE AND
22 OTHER RISK FACTORS.—Section 317N(d) of the Public
23 Health Service Act (42 U.S.C. 247b–15(d)) is amended
24 to read as follows:

1 “(d) APPROPRIATIONS.—To carry out this section,
2 there is authorized to be appropriated, and there is appro-
3 priated, out of any monies in the Treasury not otherwise
4 appropriated, \$40,000,000 for each of fiscal years 2027
5 through 2030.”.

6 (o) BUILDING COMMUNITIES OF RECOVERY.—Sec-
7 tion 547(f) of the Public Health Service Act (42 U.S.C.
8 290ee–2(f)) is amended to read as follows:

9 “(f) APPROPRIATIONS.—To carry out this section,
10 there is authorized to be appropriated, and there is appro-
11 priated, out of any monies in the Treasury not otherwise
12 appropriated, \$28,000,000 for each of fiscal years 2027
13 through 2030.”.

14 (p) PEER SUPPORT TECHNICAL ASSISTANCE CEN-
15 TER.—Section 547A(f) of the Public Health Service Act
16 (42 U.S.C. 290ee–2a(f)) is amended to read as follows:

17 “(f) APPROPRIATIONS.—To carry out this section,
18 there is authorized to be appropriated, and there is appro-
19 priated, out of any monies in the Treasury not otherwise
20 appropriated, \$4,000,000 for each of fiscal years 2027
21 through 2030.”.

22 (q) PREVENTING OVERDOSES OF CONTROLLED SUB-
23 STANCES.—Section 392A(e) of the Public Health Service
24 Act (42 U.S.C. 280b–1(e)) is amended to read as follows:

1 “(e) APPROPRIATIONS.—To carry out this section,
 2 there is authorized to be appropriated, and there is appro-
 3 priated, out of any monies in the Treasury not otherwise
 4 appropriated, \$516,000,000 for each of fiscal years 2027
 5 through 2030.”.

6 (r) CAREER ACT.—Section 7183(k) of the SUP-
 7 PORT for Patients and Communities Act (42 U.S.C.
 8 290ee–8(k)) is amended to read as follows:

9 “(k) APPROPRIATIONS.—To carry out this section,
 10 there is authorized to be appropriated, and there is appro-
 11 priated, out of any monies in the Treasury not otherwise
 12 appropriated, \$19,000,000 for each of fiscal years 2027
 13 through 2030.”.

14 **SEC. 4. HOUSING AND DEPARTMENT OF JUSTICE PROVI-**
 15 **SIONS OF THE SUPPORT FOR PATIENTS AND**
 16 **COMMUNITIES ACT.**

17 (a) REAUTHORIZATION AND IMPROVEMENT OF RE-
 18 COVERY HOUSING PROGRAM.—Section 8071 of the SUP-
 19 PORT for Patients and Communities Act (42 U.S.C. 5301
 20 note; Public Law 115–271) is amended—

21 (1) in subsection (a), by striking “such sums as
 22 may be necessary for each of fiscal years 2019
 23 through 2030” and inserting “\$60,000,000 for each
 24 of fiscal years 2027 through 2032”;

25 (2) in subsection (b)—

1 (A) in paragraph (1), by striking “date of
2 enactment of the SUPPORT for Patients and
3 Communities Reauthorization Act of 2025” and
4 inserting “date of enactment of the Turn the
5 Tide Act”; and

6 (B) by striking paragraph (2) and insert-
7 ing the following:

8 “(2) PRIORITY.—

9 “(A) IN GENERAL.—The funding formula
10 required under paragraph (1) shall ensure that
11 priority for amounts appropriated or otherwise
12 made available under this section is given to
13 States with the greatest need, as such need is
14 determined by the Secretary based on the fol-
15 lowing factors, and weighting such factors as
16 described in subparagraph (B):

17 “(i) The highest average rates of un-
18 employment based on data provided by the
19 Bureau of Labor Statistics for calendar
20 years 2023 through 2027.

21 “(ii) The lowest average labor force
22 participation rates based on data provided
23 by the Bureau of Labor Statistics for cal-
24 endar years 2023 through 2027.

1 “(iii) The highest average age-ad-
2 justed rates of drug overdose deaths based
3 on data from the Centers for Disease Con-
4 trol and Prevention for the 3 most recent
5 calendar years.

6 “(B) WEIGHTING.—The factors described
7 in subparagraph (A) shall be weighted as fol-
8 lows:

9 “(i) The rate described in subpara-
10 graph (A)(i) shall be weighted at 15 per-
11 cent.

12 “(ii) The rate described in subpara-
13 graph (A)(ii) shall be weighted at 15 per-
14 cent.

15 “(iii) The rate described in subpara-
16 graph (A)(iii) shall be weighted at 70 per-
17 cent.”; and

18 (3) in subsection (c)(1), by striking “at least 30
19 percent of such funds within one year” and inserting
20 “at least 50 percent of such funds within 2 years”.

21 (b) BUILDING CAPACITY FOR FAMILY-FOCUSED RES-
22 IDENTIAL TREATMENT.—Section 8083(c) of the SUP-
23 PORT for Patients and Communities Act (Public Law
24 115–271) is amended to read as follows:

10 “(27) To carry out part LL, there is authorized to
11 be appropriated, and there is appropriated, out of any
12 monies in the Treasury not otherwise appropriated,
13 \$500,000,000 for each of fiscal years 2027 through
14 2030.”.

19 “SEC. 714. AUTHORIZATION OF APPROPRIATIONS; APPRO-
20 PRIATIONS.

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1 years 2027 through 2030, to remain available until ex-
 2 pended.”.

3 (e) DRUG-FREE COMMUNITIES PROGRAM.—Section
 4 1024 of the Anti-Drug Abuse Act of 1988 (21 U.S.C.
 5 1524) is amended—

6 (1) in the heading, by inserting “**;** **APPRO-**
 7 **PRIATIONS**” after “**AUTHORIZATION OF APPRO-**
 8 **PRIATIONS**”; and

9 (2) by striking subsection (a) and inserting the
 10 following:

11 “(a) IN GENERAL.—To carry out this chapter, there
 12 is authorized to be appropriated to the Office of National
 13 Drug Control Policy, and there is appropriated, out of any
 14 monies in the Treasury not otherwise appropriated,
 15 \$175,000,000 for each of fiscal years 2027 through
 16 2030.”.

17 (f) HIGH-INTENSITY DRUG TRAFFICKING AREA PRO-
 18 GRAM.—Section 707(p) of the Office of National Drug
 19 Control Policy Reauthorization Act of 1998 (21 U.S.C.
 20 1706(p)) is amended—

21 (1) by redesignating paragraphs (1) through
 22 (6) as subparagraphs (A) through (F), respectively,
 23 and adjusting the margins accordingly;

24 (2) by striking “There is authorized” and in-
 25 serting the following:

1 “(1) IN GENERAL.—There is authorized”;

2 (3) in paragraph (1), as so designated—

3 (A) in subparagraph (E), as so redesign-
4 nated, by striking “each of”; and

5 (B) in subparagraph (F), as so redesign-
6 nated, by striking “2018 through 2023” and in-
7 serting “2027 through 2030”; and

8 (4) by adding at the end the following:

9 “(2) APPROPRIATIONS.—To carry out this sec-
10 tion, there is authorized to be appropriated to the
11 Office of National Drug Control Policy, and there is
12 appropriated, out of any monies in the Treasury not
13 otherwise appropriated, \$350,000,000 for each of
14 fiscal years 2027 through 2030.”.

15 (g) DRUG COURT PROGRAM.—Section
16 1001(a)(25)(A) of title I of the Omnibus Crime Control
17 and Safe Streets Act of 1968 (34 U.S.C.
18 10261(a)(25)(A)) is amended to read as follows:

19 “(25)(A) Except as provided in subparagraph (C), to
20 carry out part EE, there is authorized to be appropriated,
21 and there is appropriated, out of any monies in the Treas-
22 ury not otherwise appropriated, \$125,000,000 for each of
23 fiscal years 2027 through 2030.”.

24 (h) DRUG COURT TRAINING AND TECHNICAL AS-
25 SISTANCE.—Section 705(e)(2) of Office of National Drug

1 Control Policy Reauthorization Act of 1998 (21 U.S.C.
2 1704(e)(2)) is amended to read as follows:

3 “(2) AUTHORIZATION OF APPROPRIATIONS; AP-
4 PROPRIATIONS.—To carry out this subsection, there
5 is authorized to be appropriated, and there is appro-
6 priated, out of any monies in the Treasury not oth-
7 erwise appropriated, \$5,000,000 for each of fiscal
8 years 2027 through 2030.”.

9 (i) ADMINISTRATION OF THE OFFICE OF NATIONAL
10 DRUG CONTROL POLICY.—Section 704(i)(2) of the Office
11 of National Drug Control Policy Reauthorization Act of
12 1998 (21 U.S.C. 1703(i)(2)) is amended to read as fol-
13 lows:

14 “(2) AUTHORIZATION OF APPROPRIATIONS; AP-
15 PROPRIATIONS.—To carry out this subsection, there
16 is authorized to be appropriated, and there is appro-
17 priated, out of any monies in the Treasury not oth-
18 erwise appropriated, \$1,750,000 for each of fiscal
19 years 2027 through 2030.”.

20 (j) EMERGING THREATS COMMITTEE, PLAN, AND
21 MEDIA CAMPAIGN.—Section 709(g) of the Office of Na-
22 tional Drug Control Policy Reauthorization Act of 1998
23 (21 U.S.C. 1708(g)) is amended to read as follows:

24 “(g) AUTHORIZATION OF APPROPRIATIONS; APPRO-
25 PRIATIONS.—To carry out this section, there is authorized

1 to be appropriated to the Office, and there is appropriated,
 2 out of any monies in the Treasury not otherwise appro-
 3 priated, \$35,000,000 for each of fiscal years 2027 through
 4 2030.”.

5 **SEC. 5. BOLSTERING COMMITMENTS TO STATE GRANTS**
 6 **FOR SUBSTANCE USE DISORDER TREATMENT**
 7 **AND PREVENTION.**

8 (a) STATE OPIOID RESPONSE GRANTS.—

9 (1) IN GENERAL.—To carry out activities under
 10 section 1003 of the 21st Century Cures Act (42
 11 U.S.C. 290ee–3 note) relating to opioids by the
 12 State agency responsible for administering the sub-
 13 stance abuse prevention and treatment block grant
 14 under subpart II of part B of title XIX of the Public
 15 Health Service Act (42 U.S.C. 300x–21 et seq.),
 16 there is authorized to be appropriated, and there is
 17 appropriated, \$5,500,000,000 for each of fiscal
 18 years 2027 through 2031.

19 (2) FLEXIBILITY IN USE OF FUNDS.—Section
 20 1003(b) of the 21st Century Cures Act (42 U.S.C.
 21 290ee–3a(b)) is amended by adding at the end the
 22 following:

23 “(5) FLEXIBILITY.—States and Indian Tribes
 24 may use amounts provided under grants under this
 25 subsection to support substance use disorder treat-

1 ment care and related services regardless of whether
2 the patient involved has a primary diagnosis of
3 opioid use disorder, so long as the individual has a
4 substance use disorder diagnosis.

5 “(6) RULE OF CONSTRUCTION.—Nothing in
6 this subsection shall be construed to prohibit States
7 from using grant funds under this subsection to allo-
8 cate amounts to local governments to establish sub-
9 grantee awards in such localities.”.

10 (3) SUBSTANCE ABUSE PREVENTION AND
11 TREATMENT BLOCK GRANTS.—Section 1935(a) of
12 the Public Health Service Act (42 U.S.C. 300x–
13 35(a)) is amended to read as follows:

14 “(a) APPROPRIATIONS.—To carry out this subpart,
15 subpart III, and section 505(d), there is authorized to be
16 appropriated, and there is appropriated, out of any monies
17 in the Treasury not otherwise appropriated,
18 \$3,000,000,000 for each of fiscal years 2027 through
19 2031, and \$2,500,000,000 for each of fiscal years 2032
20 through 2036.”.

21 (b) REQUIREMENTS.—For the purposes of carrying
22 out activities with amounts appropriated under this sec-
23 tion (and the amendment made by this section), the Sec-
24 retary of Health and Human Services shall ensure that
25 the following requirements are complied with:

1 (1) Of the amount appropriated for each fiscal
2 year under subsection (a) (and the amendment made
3 by such subsection), \$50,000,000 shall be made
4 available to Indian Tribes or Tribal organizations.

5 (2) Of such remaining amounts for each such
6 fiscal year, 15 percent shall be made available to the
7 States with the highest mortality rate related to
8 opioid use disorders. For purposes of allocating such
9 funds, the Secretary shall develop a formula that
10 avoids a significant cliff between States with similar
11 mortality rates to prevent unusually large changes in
12 certain States when compared to prior year alloca-
13 tions, including consideration of new formula meth-
14 odologies to avoid such funding cliffs.

15 (3) Of the amount made available for each fis-
16 cal year under subsection (a)(1) for State Opioid
17 Response Grants, not more than 2 percent of such
18 amount shall be available for Federal administrative
19 expenses, training, technical assistance, and evalua-
20 tion.

21 (4) Of the amounts not reserved under para-
22 graphs (1) through (3), the Secretary shall make al-
23 locations to States, territories, and the District of
24 Columbia according to a formula using national sur-
25 vey results that the Secretary determines are the

1 most objective and reliable measure of drug use and
2 drug-related deaths.

3 (5) The formula methodology under paragraph
4 (4) shall be submitted to the Committees on Appro-
5 priations of the House of Representatives and the
6 Committee on Appropriations of the Senate not less
7 than 15 days prior to publishing a Funding Oppor-
8 tunity Announcement.

9 (6) The prevention and treatment activities
10 funded through grants under this section may in-
11 clude education, treatment (including the provision
12 of medication), behavioral health services for individ-
13 uals in treatment programs, referral to treatment
14 services, recovery support, and medical screening as-
15 sociated with such treatment.

16 (7) Each State, including the District of Co-
17 lumbia, shall receive not less than \$4,000,000 under
18 grants under this section.

19 (8) In addition to amounts appropriated under
20 this section (and the amendment made by this sec-
21 tion), the following amounts shall be available under
22 section 241 of the Public Health Service Act (42
23 U.S.C. 238j):

24 (A) In addition to amounts appropriated
25 under section 1935(a) of the Public Health

1 Service Act (42 U.S.C. 300x–35(a)), an addi-
 2 tional \$79,200,000 to carry out the provisions
 3 referred to in such section 1935(a) (relating to
 4 technical assistance, national data, data collec-
 5 tion and evaluation activities) and the total
 6 available under this Act for activities under sec-
 7 tion 1935(b) of such Act shall not exceed 5 per-
 8 cent of the amounts appropriated for subpart II
 9 of part B of title XIX of such Act.

10 (B) \$2,000,000 to evaluate substance
 11 abuse treatment programs.

12 (9) None of the funds provided for under sec-
 13 tion 1921 of the Public Health Service Act (42
 14 U.S.C. 300x–21) or for State Opioid Response
 15 Grants under section 1003 of the 21st Century
 16 Cures Act (42 U.S.C. 290ee–3a) shall be subject to
 17 section 241 of the Public Health Service Act (42
 18 U.S.C. 238j).

19 **SEC. 6. ELIMINATING INSURANCE BARRIERS TO MEDICA-**
 20 **TION-ASSISTED TREATMENT.**

21 (a) PROHIBITION.—Section 1903(i) of the Social Se-
 22 curity Act (42 U.S.C. 1396b(i)) is amended—

23 (1) in paragraph (26), by striking “; or” and
 24 inserting a semicolon;

1 (2) in paragraph (27), by striking the period at
 2 the end and inserting “; or”; and

3 (3) by inserting after paragraph (27) the fol-
 4 lowing new paragraph:

5 “(28) with respect to any amount expended for
 6 medical assistance for medication-assisted treatment
 7 (as defined in section 1905(ee)) if the State imposes
 8 any utilization control policies or procedures (as de-
 9 fined by the Secretary), including any prior author-
 10 ization requirements, with respect to the provision of
 11 such assistance.”.

12 (b) CONFORMING AMENDMENT.—Section
 13 1905(a)(29) of the Social Security Act (42 U.S.C.
 14 1396d(a)(29)) is amended by inserting “and section
 15 1903(i)(28)” after “subsection (ee)”.

16 (c) EFFECTIVE DATE.—The amendments made by
 17 this subsection take effect on October 1, 2026.

18 **SEC. 7. LIMITATIONS ON COST-SHARING FOR OPIOID OVER-**
 19 **DOSE REVERSAL MEDICATIONS.**

20 (a) LIMITATIONS ON COST-SHARING.—

21 (1) PUBLIC HEALTH SERVICE ACT.—Part D of
 22 title XXVII of the Public Health Service Act (42
 23 U.S.C. 300gg–111 et seq.) is amended by adding at
 24 the end the following:

1 **“SEC. 2799A-12. LIMITATIONS ON COST-SHARING FOR**
2 **OPIOID OVERDOSE REVERSAL AGENTS.**

3 “(a) IN GENERAL.—A group health plan or a health
4 insurance issuer offering group or individual health insur-
5 ance coverage shall provide coverage for, and shall not im-
6 pose any cost-sharing requirement under the plan or cov-
7 erage with respect to at least one formulation of an opioid
8 overdose reversal agent.

9 “(b) UTILIZATION CONTROL POLICIES; MEDICAL
10 MANAGEMENT.—A group health plan or health insurance
11 issuer offering group or individual health insurance cov-
12 erage shall not impose any utilization control policies or
13 procedures (as defined by the Secretary), including prior
14 authorization requirements, with respect to opioid over-
15 dose reversal agents covered under the plan or coverage.
16 Such a plan or issuer may apply medical management
17 practices in providing the benefits described in subsection
18 (a).

19 “(c) DEFINITION.—In this section, the term ‘opioid
20 overdose reversal agent’ means a drug or biological prod-
21 uct approved by the Food and Drug Administration for
22 one of the following uses (or a similar use):

23 “(1) Complete or partial reversal of opioid de-
24 pression, including respiratory depression, induced
25 by opioids.

1 “(2) Emergency treatment of a known or sus-
 2 pected opioid overdose, as manifested by respiratory
 3 or central nervous system depression.”.

4 (2) EMPLOYEE RETIREMENT INCOME SECURITY
 5 ACT OF 1974.—

6 (A) IN GENERAL.—Subpart B of part 7 of
 7 subtitle B of title I of the Employee Retirement
 8 Income Security Act of 1974 (29 U.S.C. 1185
 9 et seq.) is amend by adding at the end the fol-
 10 lowing:

11 **“SEC. 727. LIMITATIONS ON COST-SHARING FOR OPIOID**
 12 **OVERDOSE REVERSAL AGENTS.**

13 “(a) IN GENERAL.—A group health plan or a health
 14 insurance issuer offering group health insurance coverage
 15 shall provide coverage for, and shall not impose any cost-
 16 sharing requirement under the plan or coverage with re-
 17 spect to at least one formulation of an opioid overdose re-
 18 versal agent.

19 “(b) UTILIZATION CONTROL POLICIES; MEDICAL
 20 MANAGEMENT.—A group health plan or health insurance
 21 issuer offering group health insurance coverage shall not
 22 impose any utilization control policies or procedures (as
 23 defined by the Secretary), including prior authorization re-
 24 quirements, with respect to opioid overdose reversal agents
 25 covered under the plan or coverage. Such a plan or issuer

1 may apply medical management practices in providing the
2 benefits described in subsection (a).

3 “(c) DEFINITION.—In this section, the term ‘opioid
4 overdose reversal agent’ means a drug or biological prod-
5 uct approved by the Food and Drug Administration for
6 one of the following uses (or a similar use):

7 “(1) Complete or partial reversal of opioid de-
8 pression, including respiratory depression, induced
9 by opioids.

10 “(2) Emergency treatment of a known or sus-
11 pected opioid overdose, as manifested by respiratory
12 or central nervous system depression.”.

13 (B) CLERICAL AMENDMENT.—The table of
14 contents in section 1 of the Employee Retire-
15 ment Income Security Act of 1974 (29 U.S.C.
16 1001 et seq.) is amended by inserting after the
17 item relating to section 726 the following new
18 item:

“Sec. 727. Limitations on cost-sharing for opioid overdose reversal agents.”.

19 (3) INTERNAL REVENUE CODE OF 1986.—

20 (A) IN GENERAL.—Subchapter B of chap-
21 ter 100 of the Internal Revenue Code of 1986
22 is amended by adding at the end the following:

1 **“SEC. 9827. LIMITATIONS ON COST-SHARING FOR OPIOID**
2 **OVERDOSE REVERSAL AGENTS.**

3 “(a) IN GENERAL.—A group health plan shall pro-
4 vide coverage for, and shall not impose any cost-sharing
5 requirement under the plan with respect to at least one
6 formulation of an opioid overdose reversal agent.

7 “(b) UTILIZATION CONTROL POLICIES; MEDICAL
8 MANAGEMENT.—A group health plan shall not impose any
9 utilization control policies or procedures (as defined by the
10 Secretary), including prior authorization requirements,
11 with respect to opioid overdose reversal agents covered
12 under the plan. Such a plan may apply medical manage-
13 ment practices in providing the benefits described in sub-
14 section (a).

15 “(c) DEFINITION.—In this section, the term ‘opioid
16 overdose reversal agent’ means a drug or biological prod-
17 uct approved by the Food and Drug Administration for
18 one of the following uses (or a similar use):

19 “(1) Complete or partial reversal of opioid de-
20 pression, including respiratory depression, induced
21 by opioids.

22 “(2) Emergency treatment of a known or sus-
23 pected opioid overdose, as manifested by respiratory
24 or central nervous system depression.”.

25 (B) CLERICAL AMENDMENT.—The table of
26 sections for subchapter B of chapter 100 of the

1 Internal Revenue Code of 1986 is amended by
2 adding at the end the following new item:

“Sec. 9827. Limitations on cost-sharing for opioid overdose reversal agents.”.

3 (4) EFFECTIVE DATE.—The amendments made
4 by this subsection shall apply to plan years begin-
5 ning on or after January 1, 2027.

6 (b) SAFE HARBOR FOR ABSENCE OF DEDUCTIBLE
7 FOR OPIOID OVERDOSE REVERSAL AGENTS.—

8 (1) IN GENERAL.—Paragraph (2) of section
9 223(c) of the Internal Revenue Code of 1986 is
10 amended by adding at the end the following new
11 subparagraph:

12 “(I) SAFE HARBOR FOR ABSENCE OF DE-
13 DUCTIBLE FOR OPIOID OVERDOSE REVERSAL
14 AGENTS.—A plan shall not fail to be treated as
15 a high deductible health plan by reason of fail-
16 ing to have a deductible for opioid overdose re-
17 versal agents (as defined in section 9827(c)).”.

18 (2) EFFECTIVE DATE.—The amendment made
19 by this section shall apply to plan years beginning
20 on or after January 1, 2027.

21 (c) LIMITATIONS ON COST-SHARING UNDER MEDI-
22 CARE PART D.—

23 (1) IN GENERAL.—Section 1860D–2 of the So-
24 cial Security Act (42 U.S.C. 1395w–102) is amend-
25 ed—

1 (A) in subsection (b)—

2 (i) in paragraph (1)(A), in the matter
3 preceding clause (i), by striking “and (9)”
4 and inserting “, (9), and (10)”;

5 (ii) in paragraph (2)(A), in the matter
6 preceding clause (i), by striking “and (9)”
7 and inserting “, (9), and (10)”;

8 (iii) by adding at the end the fol-
9 lowing new paragraph:

10 “(10) LIMITATIONS ON COST-SHARING FOR
11 OPIOID OVERDOSE REVERSAL AGENTS.—

12 “(A) IN GENERAL.—For plan year 2027
13 and each subsequent plan year, each prescrip-
14 tion drug plan and MA–PD plan shall not im-
15 pose any cost-sharing requirement under the
16 plan with respect to at least one brand or ge-
17 neric version of an opioid overdose reversal
18 agent (as defined in section 2799A–11 of the
19 Public Health Service Act). The requirement
20 under the preceding sentence shall also apply to
21 cost-sharing applicable to subsidy eligible indi-
22 viduals under section 1814D–14.

23 “(B) COST-SHARING.—For purposes of
24 subparagraph (A), the elimination of cost-shar-
25 ing shall include the following:

1 “(i) NO APPLICATION OF DEDUCT-
 2 IBLE.—The waiver of the deductible under
 3 paragraph (1).

4 “(ii) NO APPLICATION OF COINSUR-
 5 ANCE.—The waiver of coinsurance under
 6 paragraph (2).”; and

7 (B) in subsection (c), by adding at the end
 8 the following new paragraph:

9 “(7) TREATMENT OF COST-SHARING FOR
 10 OPIOID OVERDOSE REVERSAL AGENTS.—The cov-
 11 erage is provided in accordance with subsection
 12 (b)(10).”.

13 (2) CONFORMING AMENDMENTS TO COST-SHAR-
 14 ING FOR LOW-INCOME INDIVIDUALS.—Section
 15 1860D–14(a)(1) of the Social Security Act (42
 16 U.S.C. 1395w–114(a)(1)) is amended, in the matter
 17 preceding subparagraph (A), by striking “In the
 18 case” and inserting “Subject to section 1860D–
 19 2(b)(10), in the case”.

20 **SEC. 8. TARGETING HEALTH WORKFORCE LOAN REPAY-**
 21 **MENT ASSISTANCE TO HARDEST-HIT STATES.**

22 (a) LOAN REPAYMENT PROGRAM FOR SUBSTANCE
 23 USE DISORDER TREATMENT WORKFORCE.—Section 781
 24 of the Public Health Service Act (42 U.S.C. 295h) is
 25 amended—

1 (1) in subsection (b), by adding at the end the
2 following:

3 “(3) TAX LIABILITY.—The amount of a pay-
4 ment made under this section on behalf of an indi-
5 vidual shall not be considered income for any pur-
6 pose under the Internal Revenue Code of 1986.”;
7 and

8 (2) in subsection (j), by striking “\$40,000,000
9 for each of fiscal years 2026 through 2030” and in-
10 sserting “\$65,000,000 for each of fiscal years 2027
11 through 2031”.

12 (b) TRAINING DEMONSTRATION PROGRAM.—Section
13 760(g) of the Public Health Service Act (42 U.S.C.
14 294k(g)) is amended to read as follows:

15 “(g) APPROPRIATIONS.—

16 “(1) IN GENERAL.—To carry out this section
17 (other than paragraph (2)), there is authorized to be
18 appropriated, and there is appropriated, out of any
19 monies in the Treasury not otherwise appropriated,
20 \$10,000,000 for each of fiscal years 2027 through
21 2030.

22 “(2) STATES WITH HIGHEST DRUG OVERDOSE
23 DEATH RATES.—

24 “(A) IN GENERAL.—To carry out the pro-
25 gram under this section with respect to grant-

ees located in States described in subparagraph (B), there is authorized to be appropriated, and there is appropriated, out of any monies in the Treasury not otherwise appropriated, \$20,000,000 for each of fiscal years 2027 through 2030.

“(B) STATES DESCRIBED.—A State described in this subparagraph is a State that is among the top 10 States in terms of highest per capita drug poisoning deaths in each of calendar years 2023, 2024, and 2025, based on the most recent data available from the Centers for Disease Control and Prevention.

“(C) APPLICATION OF SECTION.—Except as provided in this paragraph, the requirements of this section otherwise applicable to grantees under this section shall apply to grantees receiving assistance under this paragraph.”.

**SEC. 9. MEDICAID PAYMENTS FOR BEHAVIORAL HEALTH
AND MENTAL HEALTH PROVIDERS.**

(a) IN GENERAL.—

(1) FEE-FOR-SERVICE.—Section 1902 of the Social Security Act (42 U.S.C. 1396a) is amended—

(A) in subsection (a)(13)—

1 (i) by striking “and” at the end of
2 subparagraph (B);

3 (ii) by adding “and” at the end of
4 subparagraph (C); and

5 (iii) by adding at the end the fol-
6 lowing new subparagraph:

7 “(D) payment for mental health and be-
8 havioral health services (as defined in sub-
9 section (zz)(1)) furnished on or after October 1,
10 2026, and before October 1, 2030, by a physi-
11 cian or applicable professional (as defined in
12 subsection (zz)(2)) at a rate that is not less
13 than 100 percent of the payment rate that ap-
14 plies to such services and physician or applica-
15 ble professional under part B of title XVIII (or,
16 if greater, the payment rate that would be ap-
17 plicable under such part if the conversion factor
18 under section 1848(d) for the year involved
19 were the conversion factor under such section
20 for 2026, and, if such services are not covered
21 under such part, the reasonable and customary
22 rate the Secretary determines would apply to
23 such services and physician or applicable profes-
24 sional);”; and

1 (B) by adding at the end the following new
 2 subsection:

3 “(zz) MENTAL HEALTH AND BEHAVIORAL HEALTH
 4 SERVICES.—For purposes of subsection (a)(13)(D):

5 “(1) MENTAL HEALTH AND BEHAVIORAL
 6 HEALTH SERVICES.—

7 “(A) IN GENERAL.—The term ‘mental
 8 health and behavioral health services’ means the
 9 following services, when provided to a patient
 10 with a diagnosis of substance use disorder (as
 11 defined in subparagraph (B)) as a part of the
 12 management or treatment of the patient’s sub-
 13 stance use disorder (as determined in accord-
 14 ance with regulations promulgated by the Sec-
 15 retary under subparagraph (C)):

16 “(i) Evaluation and management serv-
 17 ices that are procedure codes (for services
 18 covered under title XVIII) for services in
 19 the category designated Evaluation and
 20 Management in the Healthcare Common
 21 Procedure Coding System (established by
 22 the Secretary under section 1848(c)(5) as
 23 of December 31, 2020, and as subse-
 24 quently modified).

1 “(ii) Counseling services, as defined
2 by the Secretary.

3 “(iii) Payment codes established by
4 the Secretary for opioid use disorder treat-
5 ment services under section 1866F.

6 “(iv) Any other services the Secretary
7 determines are necessary for the manage-
8 ment or treatment of a patient with a di-
9 agnosis of substance use disorder.

10 “(B) PATIENT WITH A DIAGNOSIS OF SUB-
11 STANCE USE DISORDER.—For purposes of sub-
12 paragraph (A), the term ‘patient with a diag-
13 nosis of substance use disorder’ means an indi-
14 vidual who has been diagnosed with 1 or more
15 diagnosis codes within the code set entitled the
16 ‘Mental health and behavioral disorders due to
17 psychoactive substance use’ under the 10th re-
18 vision of the International Statistical Classifica-
19 tion of Diseases and Related Health Problems.

20 “(C) REGULATIONS.—Not later than 90
21 days after the enactment of this subsection, the
22 Secretary shall promulgate regulations regard-
23 ing when services are sufficiently related to part
24 of the management or treatment of a patient’s
25 substance use disorder.

1 “(2) APPLICABLE PROFESSIONAL.—The term
2 ‘applicable professional’ means—

3 “(A) a clinical psychologist (as defined for
4 purposes of section 1861(ii));

5 “(B) a clinical social worker (as defined in
6 section 1861(hh)(1));

7 “(C) a medical professional approved to
8 furnish medication-assisted treatment under
9 section 303(g)(2) of the Controlled Substances
10 Act; or

11 “(D) a medical professional that is author-
12 ized under the State plan or under a waiver of
13 such plan to furnish mental and behavioral
14 health services (as defined in paragraph (1)).”.

15 (2) MANAGED CARE.—Section 1932(f) of such
16 Act (42 U.S.C. 1396u–2(f)) is amended—

17 (A) in the subsection heading, by inserting
18 “AND MENTAL HEALTH AND BEHAVIORAL
19 HEALTH SERVICES” after “CARE SERVICES”;
20 and

21 (B) by inserting before the period at the
22 end the following: “, and, in the case of mental
23 health and behavioral health services described
24 in section 1902(a)(13)(D), consistent with the
25 minimum payment rates specified in such sec-

1 tion (regardless of the manner in which such
2 payments are made, including in the form of
3 capitation or partial capitation)”).

4 (b) INCREASED FMAP FOR ADDITIONAL COSTS.—
5 Section 1905 of the Social Security Act (42 U.S.C. 1396d)
6 is amended—

7 (1) in subsection (b), by striking “and (ii)” and
8 inserting “(ii), and (ll)”; and

9 (2) by adding at the end the following new sub-
10 section:

11 “(ll) INCREASED FMAP FOR ADDITIONAL EXPENDI-
12 TURES FOR MENTAL HEALTH AND BEHAVIORAL HEALTH
13 SERVICES.—

14 “(1) IN GENERAL.—Notwithstanding subsection
15 (b), with respect to the portion of the amounts ex-
16 pended for medical assistance for services described
17 in section 1902(a)(13)(D) furnished on or after Oc-
18 tober 1, 2026, and before October 1, 2030, that is
19 attributable to the amount by which the minimum
20 payment rate required under such section (or, by ap-
21 plication, section 1932(f)) exceeds the payment rate
22 applicable to such services under the State plan or
23 a waiver of such plan as of July 1, 2026, the Fed-
24 eral medical assistance percentage for a State shall
25 be equal to 100 percent. The preceding sentence

1 shall not be construed as prohibiting the payment of
 2 Federal financial participation based on the Federal
 3 medical assistance percentage for the portion of the
 4 amounts expended for medical assistance for such
 5 services that is attributable to the amount (if any)
 6 by which the payment rate applicable to such serv-
 7 ices under the State plan or waiver exceeds such
 8 minimum payment rate.

9 “(2) DISREGARD OF ENHANCED PAYMENTS FOR
 10 PURPOSES OF TERRITORIAL LIMITS.—The amount of
 11 any payment made for expenditures on medical as-
 12 sistance that is attributable to the application of the
 13 Federal medical assistance percentage described in
 14 paragraph (1) shall not be taken into account for
 15 purposes of applying payment limits under sub-
 16 sections (f) and (g) of section 1108.”.

17 **SEC. 10. CMI DEMONSTRATION TO TEST THE PROVISION OF**
 18 **RECOVERY HOUSING FOR INDIVIDUALS WITH**
 19 **OPIOID USE DISORDER UNDER MEDICAID.**

20 Section 1115A of the Social Security Act (42 U.S.C.
 21 1315a) is amended—

22 (1) in subsection (b)(2)(A), by adding at the
 23 end the following new sentence: “The models se-
 24 lected under this subparagraph shall include the
 25 demonstration described in subsection (h) (which

1 shall be implemented not later than 18 months after
2 the date of enactment of such subsection).”; and

3 (2) by adding at the end the following new sub-
4 section:

5 “(h) DEMONSTRATION TO TEST THE PROVISION OF
6 RECOVERY HOUSING FOR INDIVIDUALS WITH OPIOID
7 USE DISORDER UNDER MEDICAID.—

8 “(1) IN GENERAL.—The CMI, in consultation
9 with the Secretary of Housing and Urban Develop-
10 ment and other agencies, as the Secretary deter-
11 mines appropriate, shall conduct a demonstration
12 project (referred to in this subsection as the ‘dem-
13 onstration’) to test whether providing Medicaid man-
14 aged care entities with an elevated global capitated
15 budget for eligible Medicaid beneficiaries, paired
16 with flexibilities to allow States to provide medical
17 assistance for recovery housing for such bene-
18 ficiaries, would result in reduced emergency depart-
19 ment visits, hospitalizations, and program expendi-
20 tures under per beneficiary, or improve quality of
21 care for the such beneficiaries without increasing ex-
22 penditures under the Medicaid program under title
23 XIX.

24 “(2) DEMONSTRATION REQUIREMENTS.—

1 “(A) IN GENERAL.—Under the demonstra-
2 tion, each eligible State that is selected by the
3 CMI to participate in the demonstration shall
4 enter into an agreement with a Medicaid man-
5 aged care entity under which the entity agrees
6 to provide services (including recovery housing)
7 to eligible Medicaid beneficiaries under a pay-
8 ment model that meets the requirements of sub-
9 paragraph (B).

10 “(B) CAPITATED PAYMENTS.—

11 “(i) IN GENERAL.—The CMI shall es-
12 tablish a capitated payments system for
13 Medicaid managed care entities under the
14 demonstration that is based on the dem-
15 onstration budget determined under clause
16 (ii).

17 “(ii) DEMONSTRATION BUDGET.—

18 “(I) IN GENERAL.—For purposes
19 of clause (i), the demonstration budg-
20 et of a Medicaid managed care entity
21 for each year of a demonstration pe-
22 riod shall be determined by the CMI
23 based on the number of eligible Med-
24 icaid beneficiaries enrolled with the
25 entity and the average annual spend-

1 ing under title XIX in the State in-
2 volved on individuals who are enrolled
3 in the State plan under such title (or
4 a waiver of such plan) and who—

5 “(aa) have a diagnosis of
6 opioid use disorder;

7 “(bb) are in the top quartile
8 of per beneficiary spending for
9 such plan or waiver for the most
10 recent year; and

11 “(cc) have attained age 21
12 but have not attained age 65.

13 “(II) RISK ADJUSTMENT.—The
14 CMI may adjust the demonstration
15 budget determined for a Medicaid
16 managed care entity and a year under
17 this clause using a risk adjustment
18 model selected by the CMI to account
19 for differences in age and clinical con-
20 ditions of the eligible Medicaid bene-
21 ficiaries enrolled with the entity com-
22 pared to the overall population upon
23 which the demonstration budget is
24 based.

1 “(C) SELECTION OF ELIGIBLE STATES.—

2 Not later than 1 year after the date of enact-
3 ment of this subsection, the CMI shall select
4 not less than 2 eligible States to participate in
5 the demonstration.

6 “(3) ADDITIONAL WAIVER AUTHORITY.—In ad-
7 dition to the authority described in subsection
8 (d)(1), the Secretary may waive such requirements
9 of title XIX as necessary to carry out the dem-
10 onstration.

11 “(4) DEFINITIONS.—In this subsection:

12 “(A) ELIGIBLE MEDICAID BENEFICIARY.—

13 The term ‘eligible Medicaid beneficiary’ means
14 an individual who—

15 “(i) is eligible for medical assistance
16 under a State plan under title XIX or a
17 waiver of such a plan;

18 “(ii) has a diagnosis of opioid use dis-
19 order;

20 “(iii) does not have a permanent resi-
21 dence (as certified by the individual);

22 “(iv) is currently receiving medication-
23 assisted treatment or completed a course
24 of medication-assisted treatment during
25 the 3-month period preceding the individ-

1 ual’s participation in the demonstration;
2 and

3 “(v) has attained age 21 but has not
4 attained age 65.

5 “(B) ELIGIBLE STATE.—

6 “(i) IN GENERAL.—The term ‘eligible
7 State’ means a State that—

8 “(I) makes medical assistance
9 available to all individuals described in
10 section 1902(a)(10)(A)(i)(VIII); and

11 “(II) agrees to participate in the
12 demonstration.

13 “(ii) SELECTION OF ELIGIBLE
14 STATES.—In selecting eligible States to
15 participate in the demonstration, the CMI
16 shall give priority to States that are—

17 “(I) among the top 10 States in
18 terms of highest per capita drug poi-
19 soning deaths in each of calendar
20 years 2023, 2024, and 2025, based on
21 the most recent data available from
22 the Centers for Disease Control and
23 Prevention; and

24 “(II) among the 10 States with
25 the lowest physician reimbursement

1 rates for services furnished under title
 2 XIX (as determined by the Secretary)
 3 in each of calendar years 2023, 2024,
 4 and 2025.

5 “(C) MANAGED CARE ENTITY.—The term
 6 ‘managed care entity’ means a medicaid man-
 7 aged care organization described in section
 8 1932(a)(1)(B)(i).

9 “(D) RECOVERY HOUSING.—The term ‘re-
 10 covery housing’ means a shared living environ-
 11 ment free from alcohol and illicit drug use and
 12 centered on peer support and connection to
 13 services that promote sustained recovery from
 14 substance use disorders.

15 “(E) STATE.—The term ‘State’ includes
 16 the 50 States and the District of Columbia.”.

17 **SEC. 11. EXTENSION OF MEDICAID DELIVERY SYSTEM RE-**
 18 **FORM AND INCENTIVE PAYMENT WAIVERS.**

19 (a) EXTENSION OF WAIVERS.—In the case of a Med-
 20 icaid section 1115 waiver described in subsection (b), not
 21 later than 60 days after the date of enactment of this Act,
 22 the Secretary of Health and Human Services shall—

23 (1) extend the termination date for the waiver
 24 to December 31, 2028 (or such earlier date as the
 25 State conducting the waiver may elect);

1 (2) apply the same annual dollar allotment for
2 the period for which the waiver is extended under
3 paragraph (1) as the annual dollar allotment that
4 applied to the waiver period in effect on the date of
5 enactment of this Act; and

6 (3) allow any State with such a waiver to use
7 funds provided during the period for which the waiv-
8 er is extended under paragraph (1) to support the
9 training of direct service workers that provide home
10 and community-based services.

11 (b) MEDICAID SECTION 1115 WAIVER DESCRIBED.—
12 The Medicaid section 1115 waiver described in this sub-
13 section is a waiver approved under section 1115 of the
14 Social Security Act (42 U.S.C. 1315) relating to delivery
15 system reform incentive payments that—

16 (1) as of the date of enactment of this Act, is
17 to terminate on or before December 31, 2026;

18 (2) was in effect as of January 1, 2022; and

19 (3) was approved for any State that is among
20 the top 10 States in terms of highest per capita
21 drug poisoning deaths in each of calendar years
22 2023, 2024, and 2025, based on the most recent
23 data available from the Centers for Disease Control
24 and Prevention.

1 **SEC. 12. EXPANDING DRUG-FREE COMMUNITIES SUPPORT**
2 **GRANTS.**

3 Section 1032 of the Anti-Drug Abuse Act of 1988
4 (21 U.S.C. 1532) is amended—

5 (1) in subsection (b)—

6 (A) in paragraph (3)—

7 (i) in subparagraph (A), by striking
8 “subparagraph (F)” and inserting “sub-
9 paragraph (H)”;

10 (ii) by redesignating subparagraphs
11 (D), (E), and (F) as subparagraphs (F),
12 (G), and (H), respectively;

13 (iii) by inserting after subparagraph
14 (C) the following:

15 “(D) SUBSEQUENT ADDITIONAL
16 GRANTS.—Subject to subparagraph (H), the
17 Administrator may award a subsequent addi-
18 tional grant to a grant recipient under subpara-
19 graph (A), for each fiscal year during the 4-fis-
20 cal-year period following the fiscal year for
21 which the initial additional grant under sub-
22 paragraph (A) is awarded, in an amount not to
23 exceed the amount of non-Federal funds, in-
24 cluding in-kind contributions, raised by the
25 grant recipient for the fiscal year for which the
26 subsequent additional grant is awarded.

1 “(E) RENEWAL GRANTS.—Subject to sub-
2 paragraph (H), the Administrator may award a
3 renewal grant to a grant recipient under sub-
4 paragraph (D), for the first fiscal year following
5 the 4-fiscal-year period for which the subse-
6 quent additional grant under subparagraph (D)
7 is awarded, in an amount not to exceed the
8 amount of non-Federal funds, including in-kind
9 contributions, raised by the grant recipient for
10 the fiscal year for which the renewal grant is
11 awarded.”; and

12 (iv) in subparagraph (F), as so redes-
13 ignated—

14 (I) in the subparagraph heading,
15 by striking “RENEWAL” and inserting
16 “SUBSEQUENT RENEWAL”; and

17 (II) in the matter preceding
18 clause (i)—

19 (aa) by striking “clause
20 (iv)” and inserting “subpara-
21 graph (H)”;

22 (bb) by striking “renewal
23 grant to a grant recipient under
24 this subparagraph” and inserting
25 “subsequent renewal grant to a

1 grant recipient under subpara-
2 graph (E)”; and

3 (cc) by striking “initial addi-
4 tional grant” and inserting “re-
5 newal grant under subparagraph
6 (E)”; and

7 (B) in paragraph (4), by striking “(3)(E)”
8 and inserting “(3)(G)”;
9 (2) in subsection (d)—

10 (A) by striking “In awarding” and insert-
11 ing the following:

12 “(1) PRIORITY FOR ECONOMICALLY DISADVAN-
13 TAGED AREAS.—In awarding”; and

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

15 “(2) PRIORITY FOR STATES DEMONSTRATING
16 HIGH MORTALITY RATES RELATING TO OPIOID USE
17 DISORDER.—

18 “(A) GRANTS TO MORE THAN 1 ELIGIBLE
19 COALITION REPRESENTING A COMMUNITY.—In
20 awarding grants under subsection (b)(1)(B)(ii),
21 the Administrator shall give priority to eligible
22 coalitions that serve 1 or more communities in
23 a State that has a high mortality rate relating
24 to opioid use disorder.

1 “(B) SUBSEQUENT ADDITIONAL
 2 GRANTS.—In awarding subsequent additional
 3 grants under subsection (b)(3)(D), the Admin-
 4 istrator shall give priority to an eligible coal-
 5 ition that serves 1 or more communities in a
 6 State that has a high mortality rate relating to
 7 opioid use disorder.”; and
 8 (3) by adding at the end the following:

9 “(e) LIMITATION ON SUBSEQUENT RENEWAL
 10 GRANTS.—A recipient of a subsequent renewal grant
 11 awarded under subsection (b)(3)(F) may not be awarded
 12 any further grant under this section.”.

13 **SEC. 13. SUPPORT FOR LAW ENFORCEMENT MENTAL**
 14 **HEALTH AND WELLNESS.**

15 There is authorized to be appropriated, and there is
 16 appropriated, out of any monies in the Treasury not other-
 17 wise appropriated, \$15,000,000 for each of fiscal years
 18 2027 through 2030 for grants under section 1701(b)(25)
 19 of title I of the Omnibus Crime Control and Safe Streets
 20 Act of 1968 (34 U.S.C. 10381(b)(25)) to establish peer
 21 mentoring mental health and wellness pilot programs
 22 within State, Tribal, and local law enforcement agencies.

1 **SEC. 14. ADVERSE CHILDHOOD EXPERIENCES RESPONSE**

2 **TEAM GRANT PROGRAM.**

3 (a) IN GENERAL.—Title I of the Omnibus Crime
4 Control and Safe Streets Act of 1968 (34 U.S.C. 10101
5 et seq.) is amended by adding at the end the following:

6 **“PART PP—ADVERSE CHILDHOOD EXPERIENCES**
7 **RESPONSE TEAM GRANT PROGRAM**

8 **“SEC. 3061. GRANTS FOR ADVERSE CHILDHOOD EXPERI-**
9 **ENCES RESPONSE TEAMS.**

10 “(a) GRANTS AUTHORIZED.—From amounts made
11 available to carry out this section, the Attorney General,
12 in coordination with the Secretary of Health and Human
13 Services, shall make grants to States, units of local gov-
14 ernment, Indian Tribes, and neighborhood or community-
15 based organizations to address adverse childhood experi-
16 ences associated with exposure to trauma.

17 “(b) USE OF FUNDS.—Amounts received under a
18 grant under this section may be used to establish an ad-
19 verse childhood experiences response team, including by—

20 “(1) establishing protocols to follow when en-
21 counteracting a child or youth exposed to trauma to fa-
22 cilitate access to services;

23 “(2) developing referral partnership agreements
24 with behavioral health providers, substance treat-
25 ment facilities, and recovery services for family
26 members of children exposed to trauma;

1 “(3) integrating law enforcement, mental
2 health, and crisis services to respond to situations
3 where children have been exposed to trauma;

4 “(4) implementing comprehensive programs and
5 practices to support children exposed to trauma;

6 “(5) identifying barriers for children to access
7 trauma-informed care in their communities;

8 “(6) providing training in trauma-informed care
9 to emergency response providers, victim service pro-
10 viders, child protective service professionals, edu-
11 cational institutions, and other community partners;

12 “(7) supporting cross-system planning and col-
13 laboration among officers and employees who work
14 in law enforcement, court systems, child welfare
15 services, correctional reentry programs, emergency
16 medical services, health care services, public health,
17 and substance abuse treatment and recovery sup-
18 port; and

19 “(8) providing technical assistance to commu-
20 nities, organizations, and public agencies on how to
21 prevent and mitigate the impact of exposure to trau-
22 ma and violence.

23 “(c) APPLICATION.—A State, unit of local govern-
24 ment, Indian Tribe, or neighborhood or community-based
25 organization desiring a grant under this section shall sub-

1 mit to the Attorney General an application in such form,
2 and containing such information, as the Attorney General
3 may reasonably require.”.

4 (b) AUTHORIZATION OF APPROPRIATIONS.—Section
5 1001(a) of title I of the Omnibus Crime Control and Safe
6 Streets Act of 1968 (34 U.S.C. 10261(a)) is amended by
7 adding at the end the following:

8 “(29) There are authorized to be appropriated to
9 carry out part PP \$10,000,000 for each of fiscal years
10 2027 through 2030.”.

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