

MAY 27, 2025

RULES COMMITTEE PRINT 119–4
TEXT OF H.R. 2483, SUPPORT FOR PATIENTS
AND COMMUNITIES REAUTHORIZATION ACT
OF 2025

**[Showing the text of H.R. 2483, as ordered reported by the
Committee on Energy and Commerce]**

1 SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

2 (a) SHORT TITLE.—This Act may be cited as the
3 “SUPPORT for Patients and Communities Reauthoriza-
4 tion Act of 2025”.

5 (b) TABLE OF CONTENTS.—The table of contents for
6 this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—PREVENTION

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. Support for individuals and families impacted by fetal alcohol spec-
trum disorder.

Sec. 105. Promoting state choice in PDMP systems.

Sec. 106. First responder training program.

Sec. 107. Donald J. Cohen National Child Traumatic Stress Initiative.

Sec. 108. Protecting suicide prevention lifeline from cybersecurity incidents.

Sec. 109. Monitoring and reporting of child, youth, and adult trauma.

Sec. 110. Bruce’s law.

Sec. 111. Guidance on at-home drug disposal systems.

Sec. 112. Assessment of opioid drugs and actions.

Sec. 113. Grant program for State and Tribal response to opioid use disorders.

TITLE II—TREATMENT

Sec. 201. Residential treatment program for pregnant and postpartum women.

Sec. 202. Improving access to addiction medicine providers.

- Sec. 203. Mental and behavioral health education and training grants.
- Sec. 204. Loan repayment program for substance use disorder treatment workforce.
- Sec. 205. Development and dissemination of model training programs for substance use disorder patient records.
- Sec. 206. Task force on best practices for trauma-informed identification, referral, and support.
- Sec. 207. Grants to enhance access to substance use disorder treatment.
- Sec. 208. State guidance related to individuals with serious mental illness and children with serious emotional disturbance.
- Sec. 209. Reviewing the scheduling of approved products containing a combination of buprenorphine and naloxone.

TITLE III—RECOVERY

- Sec. 301. Building communities of recovery.
- Sec. 302. Peer support technical assistance center.
- Sec. 303. Comprehensive opioid recovery centers.
- Sec. 304. Youth prevention and recovery.
- Sec. 305. CAREER Act.
- Sec. 306. Addressing economic and workforce impacts of the opioid crisis.

TITLE IV—MISCELLANEOUS MATTERS

- Sec. 401. Delivery of a controlled substance by a pharmacy to a prescribing practitioner.
- Sec. 402. Required training for prescribers of controlled substances.

1 **TITLE I—PREVENTION**

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 the fiscal years 2019
6 through 2023” and inserting “\$4,250,000 for each of fis-
7 cal years 2026 through 2030”.

8 **SEC. 102. MONITORING AND EDUCATION REGARDING IN-** 9 **FECTIONS ASSOCIATED WITH ILLICIT DRUG** 10 **USE AND OTHER RISK FACTORS.**

11 Section 317N(d) of the Public Health Service Act (42
12 U.S.C. 247b–15(d)) is amended by striking “fiscal years

1 2019 through 2023” and inserting “fiscal years 2026
2 through 2030”.

3 **SEC. 103. PREVENTING OVERDOSES OF CONTROLLED SUB-**
4 **STANCES.**

5 (a) IN GENERAL.—Section 392A of the Public
6 Health Service Act (42 U.S.C. 280b–1) is amended—

7 (1) in subsection (a)(2)—

8 (A) in subparagraph (C), by inserting “and
9 associated risks” before the period at the end;
10 and

11 (B) in subparagraph (D), by striking
12 “opioids” and inserting “substances causing
13 overdose”; and

14 (2) in subsection (b)(2)—

15 (A) in subparagraph (B), by inserting “,
16 and associated risk factors,” after “such
17 overdoses”;

18 (B) in subparagraph (C), by striking “cod-
19 ing” and inserting “monitoring and identi-
20 fying”;

21 (C) in subparagraph (E)—

22 (i) by inserting a comma after “public
23 health laboratories”; and

24 (ii) by inserting “and other emerging
25 substances related” after “analogues”; and

1 (D) in subparagraph (F), by inserting
2 “and associated risk factors” after “overdoses”.

3 (b) ADDITIONAL GRANTS.—Section 392A(a)(3) of
4 the Public Health Service Act (42 U.S.C. 280b–1(a)(3))
5 is amended—

6 (1) in the matter preceding subparagraph (A),
7 by striking “and Indian Tribes—” and inserting
8 “and Indian Tribes for the following purposes:”;

9 (2) by amending subparagraph (A) to read as
10 follows:

11 “(A) To carry out innovative projects for
12 grantees to detect, identify, and rapidly respond
13 to controlled substance misuse, abuse, and
14 overdoses, and associated risk factors, including
15 changes in patterns of such controlled sub-
16 stance use. Such projects may include the use
17 of innovative, evidence-based strategies for de-
18 tecting such patterns, such as wastewater sur-
19 veillance, if proven to support actionable pre-
20 vention strategies, in a manner consistent with
21 applicable Federal and State privacy laws.”;
22 and

23 (3) in subparagraph (B), by striking “for any”
24 and inserting “For any”.

1 (c) AUTHORIZATION OF APPROPRIATIONS.—Section
2 392A(e) of the Public Health Service Act (42 U.S.C.
3 280b–1(e)) is amended by striking “\$496,000,000 for
4 each of fiscal years 2019 through 2023” and inserting
5 “\$505,579,000 for each of fiscal years 2026 through
6 2030”.

7 **SEC. 104. SUPPORT FOR INDIVIDUALS AND FAMILIES IM-**
8 **PACTED BY FETAL ALCOHOL SPECTRUM DIS-**
9 **ORDER.**

10 (a) IN GENERAL.—Part O of title III of the Public
11 Health Service Act (42 U.S.C. 280f et seq.) is amended
12 to read as follows:

13 **“PART O—FETAL ALCOHOL SPECTRUM DIS-**
14 **ORDER PREVENTION AND SERVICES PRO-**
15 **GRAM**

16 **“SEC. 399H. FETAL ALCOHOL SPECTRUM DISORDERS PRE-**
17 **VENTION, INTERVENTION, AND SERVICES DE-**
18 **LIVERY PROGRAM.**

19 “(a) IN GENERAL.—The Secretary shall establish or
20 continue activities to support a comprehensive fetal alcohol
21 spectrum disorders (referred to in this section as ‘FASD’)
22 education, prevention, identification, intervention, and
23 services delivery program, which may include—

1 “(1) an education and public awareness pro-
2 gram to support, conduct, and evaluate the effective-
3 ness of—

4 “(A) educational programs targeting
5 health professions schools, social and other sup-
6 portive services, educators and counselors and
7 other service providers in all phases of child-
8 hood development, and other relevant service
9 providers, concerning the prevention, identifica-
10 tion, and provision of services for infants, chil-
11 dren, adolescents, and adults with FASD;

12 “(B) strategies to educate school-age chil-
13 dren, including pregnant and high-risk youth,
14 concerning FASD;

15 “(C) public and community awareness pro-
16 grams concerning FASD; and

17 “(D) strategies to coordinate information
18 and services across affected community agen-
19 cies, including agencies providing social services
20 such as foster care, adoption, and social work,
21 agencies providing health services, and agencies
22 involved in education, vocational training, and
23 civil and criminal justice;

24 “(2) supporting and conducting research on
25 FASD, as appropriate, including to—

1 “(A) develop appropriate medical diag-
2 nostic methods for identifying FASD; and

3 “(B) develop effective culturally and lin-
4 guistically appropriate evidence-based or evi-
5 dence-informed interventions and appropriate
6 supports for preventing prenatal alcohol expo-
7 sure, which may co-occur with exposure to other
8 substances;

9 “(3) building State and Tribal capacity for the
10 identification, treatment, and support of individuals
11 with FASD and their families, which may include—

12 “(A) utilizing and adapting existing Fed-
13 eral, State, or Tribal programs to include
14 FASD identification and FASD-informed sup-
15 port;

16 “(B) developing and expanding screening
17 and diagnostic capacity for FASD;

18 “(C) developing, implementing, and evalu-
19 ating targeted FASD-informed intervention
20 programs for FASD;

21 “(D) providing training with respect to
22 FASD for professionals across relevant sectors;
23 and

1 “(E) disseminating information about
2 FASD and support services to affected individ-
3 uals and their families; and

4 “(4) an applied research program concerning
5 intervention and prevention to support and conduct
6 service demonstration projects, clinical studies and
7 other research models providing advocacy, edu-
8 cational and vocational training, counseling, medical
9 and mental health, and other supportive services, as
10 well as models that integrate and coordinate such
11 services, that are aimed at the unique challenges fac-
12 ing individuals with fetal alcohol spectrum disorder
13 or fetal alcohol effect and their families.

14 “(b) GRANTS AND TECHNICAL ASSISTANCE.—

15 “(1) IN GENERAL.—The Secretary may award
16 grants, cooperative agreements and contracts and
17 provide technical assistance to eligible entities to
18 carry out subsection (a).

19 “(2) ELIGIBLE ENTITIES.—To be eligible to re-
20 ceive a grant, or enter into a cooperative agreement
21 or contract, under this section, an entity shall—

22 “(A) be a State, Indian Tribe or Tribal or-
23 ganization, local government, scientific or aca-
24 demic institution, or nonprofit organization;
25 and

1 “(B) prepare and submit to the Secretary
2 an application at such time, in such manner,
3 and containing such information as the Sec-
4 retary may require, including a description of
5 the activities that the entity intends to carry
6 out using amounts received under this section.

7 “(3) ADDITIONAL APPLICATION CONTENTS.—
8 The Secretary may require that an eligible entity in-
9 clude in the application submitted under paragraph
10 (2)(B)—

11 “(A) a designation of an individual to
12 serve as a FASD State or Tribal coordinator of
13 activities such eligible entity proposes to carry
14 out through a grant, cooperative agreement, or
15 contract under this section; and

16 “(B) a description of an advisory com-
17 mittee the entity will establish to provide guid-
18 ance for the entity on developing and imple-
19 menting a statewide or Tribal strategic plan to
20 prevent FASD and provide for the identifica-
21 tion, treatment, and support of individuals with
22 FASD and their families.

23 “(c) DEFINITION OF FASD-INFORMED.—For pur-
24 poses of this section, the term ‘FASD-informed’, with re-
25 spect to support or an intervention program, means that

1 such support or intervention program uses culturally and
2 linguistically informed evidence-based or practice-based
3 interventions and appropriate resources to support an im-
4 proved quality of life for an individual with FASD and
5 the family of such individual.

6 **“SEC. 399I. STRENGTHENING CAPACITY AND EDUCATION**
7 **FOR FETAL ALCOHOL SPECTRUM DIS-**
8 **ORDERS.**

9 “(a) IN GENERAL.—The Secretary shall award
10 grants, contracts, or cooperative agreements, as the Sec-
11 retary determines appropriate, to public or nonprofit pri-
12 vate entities with demonstrated expertise in the field of
13 fetal alcohol spectrum disorders (referred to in this section
14 as ‘FASD’). Such awards shall be for the purposes of
15 building local, Tribal, State, and nationwide capacities to
16 prevent the occurrence of FASD by carrying out the pro-
17 grams described in subsection (b).

18 “(b) PROGRAMS.—An entity receiving an award
19 under subsection (a) may use such award for the following
20 purposes:

21 “(1) Developing and supporting public edu-
22 cation and outreach activities to raise public aware-
23 ness of the risks associated with alcohol consumption
24 during pregnancy.

1 “(2) Acting as a clearinghouse for evidence-
2 based resources on FASD prevention, identification,
3 and culturally and linguistically appropriate best
4 practices to help inform systems of care for individ-
5 uals with FASD across their lifespan.

6 “(3) Increasing awareness and understanding
7 of efficacious, evidence-based screening tools and
8 culturally and linguistically appropriate evidence-
9 based intervention services and best practices, which
10 may include improving the capacity for State, Trib-
11 al, and local affiliates.

12 “(4) Providing technical assistance to recipients
13 of grants, cooperative agreements, or contracts
14 under section 399H, as appropriate.

15 “(c) APPLICATION.—To be eligible for a grant, con-
16 tract, or cooperative agreement under this section, an enti-
17 ty shall submit to the Secretary an application at such
18 time, in such manner, and containing such information as
19 the Secretary may require.

20 “(d) SUBCONTRACTING.—A public or private non-
21 profit entity may carry out the following activities required
22 under this section through contracts or cooperative agree-
23 ments with other public and private nonprofit entities with
24 demonstrated expertise in FASD:

25 “(1) Resource development and dissemination.

1 “(2) Intervention services.

2 “(3) Training and technical assistance.

3 **“SEC. 399J. AUTHORIZATION OF APPROPRIATIONS.**

4 “There are authorized to be appropriated to carry out
5 this part \$12,500,000 for each of fiscal years 2026
6 through 2030.”.

7 (b) REPORT.—Not later than 4 years after the date
8 of enactment of this Act, and every year thereafter, the
9 Secretary of Health and Human Services shall prepare
10 and submit to the Committee on Health, Education,
11 Labor, and Pensions of the Senate and the Committee on
12 Energy and Commerce of the House of Representatives
13 a report containing—

14 (1) a review of the activities carried out pursu-
15 ant to sections 399H and 399I of the Public Health
16 Service Act, as amended, to advance public edu-
17 cation and awareness of fetal alcohol spectrum dis-
18 orders (referred to in this section as “FASD”);

19 (2) a description of—

20 (A) the activities carried out pursuant to
21 such sections 399H and 399I to identify, pre-
22 vent, and treat FASD; and

23 (B) methods used to evaluate the outcomes
24 of such activities; and

1 (3) an assessment of activities carried out pur-
2 suant to such sections 399H and 399I to support in-
3 dividuals with FASD.

4 **SEC. 105. PROMOTING STATE CHOICE IN PDMP SYSTEMS.**

5 Section 399O(h) of the Public Health Service Act (42
6 U.S.C. 280g–3(h)) is amended by adding at the end the
7 following:

8 “(5) PROMOTING STATE CHOICE.—Nothing in
9 this section shall be construed to authorize the Sec-
10 retary to require States to use a specific vendor or
11 a specific interoperability connection other than to
12 align with nationally recognized, consensus-based
13 open standards, such as in accordance with sections
14 3001 and 3004.”.

15 **SEC. 106. FIRST RESPONDER TRAINING PROGRAM.**

16 Section 546 of the Public Health Service Act (42
17 U.S.C. 290ee–1) is amended—

18 (1) in subsection (a), by striking “tribes and
19 tribal” and inserting “Tribes and Tribal”;

20 (2) in subsections (a), (c), and (d)—

21 (A) by striking “approved or cleared” each
22 place it appears and inserting “approved,
23 cleared, or otherwise legally marketed”; and

24 (B) by striking “opioid” each place it ap-
25 pears;

1 (3) in subsection (f)—

2 (A) by striking “approved or cleared” each
3 place it appears and inserting “approved,
4 cleared, or otherwise legally marketed”;

5 (B) in paragraph (1), by striking “opioid”;

6 (C) in paragraph (2)—

7 (i) by striking “opioid and heroin”
8 and inserting “opioid, heroin, and other
9 drug”; and

10 (ii) by striking “opioid overdose” and
11 inserting “overdose”; and

12 (D) in paragraph (3), by striking “opioid
13 and heroin”; and

14 (4) in subsection (h), by striking “\$36,000,000
15 for each of fiscal years 2019 through 2023” and in-
16 serting “\$57,000,000 for each of fiscal years 2026
17 through 2030”.

18 **SEC. 107. DONALD J. COHEN NATIONAL CHILD TRAUMATIC**
19 **STRESS INITIATIVE.**

20 (a) **TECHNICAL AMENDMENT.**—The second part G of
21 title V of the Public Health Service Act (42 U.S.C. 290kk
22 et seq.), as added by section 144 of the Community Re-
23 newal Tax Relief Act of 2000 (Public Law 106–554), is
24 amended—

25 (1) by redesignating such part as part J; and

1 (2) by redesignating sections 581 through 584
2 as sections 596 through 596C, respectively.

3 (b) IN GENERAL.—Section 582 of the Public Health
4 Service Act (42 U.S.C. 290hh–1) is amended—

5 (1) in the section heading, by striking “**VIO-**
6 **LENCE RELATED STRESS**” and inserting “**TRAU-**
7 **MATIC EVENTS**”;

8 (2) in subsection (a)—

9 (A) in the matter preceding paragraph (1),
10 by striking “tribes and tribal” and inserting
11 “Tribes and Tribal”; and

12 (B) in paragraph (2), by inserting “and
13 dissemination” after “the development”;

14 (3) in subsection (b), by inserting “and dissemi-
15 nation” after “the development”;

16 (4) in subsection (d)—

17 (A) by striking “The NCTSI” and insert-
18 ing the following:

19 “(1) COORDINATING CENTER.—The NCTSI”;
20 and

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

22 “(2) NCTSI GRANTEES.—In carrying out sub-
23 section (a)(2), NCTSI grantees shall develop
24 trainings and other resources, as applicable and ap-
25 propriate, to support implementation of the evi-

1 dence-based practices developed and disseminated
2 under such subsection.”;

3 (5) in subsection (e)—

4 (A) by redesignating paragraphs (1) and
5 (2) as subparagraphs (A) and (B), respectively,
6 and adjusting the margins accordingly;

7 (B) in subparagraph (A), as so redesign-
8 ated, by inserting “and implementation” after
9 “the dissemination”;

10 (C) by striking “The NCTSI” and insert-
11 ing the following:

12 “(1) COORDINATING CENTER.—The NCTSI”;

13 and

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

15 “(2) NCTSI GRANTEES.—NCTSI grantees
16 shall, as appropriate, collaborate with other such
17 grantees, the NCTSI coordinating center, and the
18 Secretary in carrying out subsections (a)(2) and
19 (d)(2).”;

20 (6) by amending subsection (h) to read as fol-
21 lows:

22 “(h) APPLICATION AND EVALUATION.—To be eligible
23 to receive a grant, contract, or cooperative agreement
24 under subsection (a), a public or nonprofit private entity
25 or an Indian Tribe or Tribal organization shall submit to

1 the Secretary an application at such time, in such manner,
2 and containing such information and assurances as the
3 Secretary may require, including—

4 “(1) a plan for the evaluation of the activities
5 funded under the grant, contract, or agreement, in-
6 cluding both process and outcomes evaluation, and
7 the submission of an evaluation at the end of the
8 project period; and

9 “(2) a description of how such entity, Indian
10 Tribe, or Tribal organization will support efforts led
11 by the Secretary or the NCTSI coordinating center,
12 as applicable, to evaluate activities carried out under
13 this section.”; and

14 (7) by amending subsection (j) to read as fol-
15 lows:

16 “(j) AUTHORIZATION OF APPROPRIATIONS.—There
17 is authorized to be appropriated to carry out this section—

18 “(1) \$98,887,000 for fiscal year 2026;

19 “(2) \$98,887,000 for fiscal year 2027;

20 “(3) \$98,887,000 for fiscal year 2028;

21 “(4) \$100,000,000 for fiscal year 2029; and

22 “(5) \$100,000,000 for fiscal year 2030.”.

1 **SEC. 108. PROTECTING SUICIDE PREVENTION LIFELINE**
2 **FROM CYBERSECURITY INCIDENTS.**

3 (a) NATIONAL SUICIDE PREVENTION LIFELINE PRO-
4 GRAM.—Section 520E–3(b) of the Public Health Service
5 Act (42 U.S.C. 290bb–36c(b)) is amended—

6 (1) in paragraph (4), by striking “and” at the
7 end;

8 (2) in paragraph (5), by striking the period at
9 the end and inserting “; and”; and

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

11 “(6) taking such steps as may be necessary to
12 ensure the suicide prevention hotline is protected
13 from cybersecurity incidents and eliminates known
14 cybersecurity vulnerabilities.”.

15 (b) REPORTING.—Section 520E–3 of the Public
16 Health Service Act (42 U.S.C. 290bb–36c) is amended—

17 (1) by redesignating subsection (f) as sub-
18 section (g); and

19 (2) by inserting after subsection (e) the fol-
20 lowing:

21 “(f) CYBERSECURITY REPORTING.—

22 “(1) NOTIFICATION.—

23 “(A) IN GENERAL.—The program’s net-
24 work administrator receiving Federal funding
25 pursuant to subsection (a) shall report to the
26 Assistant Secretary, in a manner that protects

1 personal privacy, consistent with applicable
2 Federal and State privacy laws—

3 “(i) any identified cybersecurity
4 vulnerabilities to the program within a rea-
5 sonable amount of time after identification
6 of such a vulnerability; and

7 “(ii) any identified cybersecurity inci-
8 dents to the program within a reasonable
9 amount of time after identification of such
10 incident.

11 “(B) LOCAL AND REGIONAL CRISIS CEN-
12 TERS.—Local and regional crisis centers par-
13 ticipating in the program shall report to the
14 program’s network administrator identified
15 under subparagraph (A), in a manner that pro-
16 tects personal privacy, consistent with applica-
17 ble Federal and State privacy laws—

18 “(i) any identified cybersecurity
19 vulnerabilities to the program within a rea-
20 sonable amount of time after identification
21 of such vulnerability; and

22 “(ii) any identified cybersecurity inci-
23 dents to the program within a reasonable
24 amount of time after identification of such
25 incident.

1 “(2) NOTIFICATION.—If the program’s network
2 administrator receiving funding pursuant to sub-
3 section (a) discovers, or is informed by a local or re-
4 gional crisis center pursuant to paragraph (1)(B) of,
5 a cybersecurity vulnerability or incident, within a
6 reasonable amount of time after such discovery or
7 receipt of information, such entity shall report the
8 vulnerability or incident to the Assistant Secretary.

9 “(3) CLARIFICATION.—

10 “(A) OVERSIGHT.—

11 “(i) LOCAL AND REGIONAL CRISIS
12 CENTERS.—Except as provided in clause
13 (ii), local and regional crisis centers par-
14 ticipating in the program shall oversee all
15 technology each center employs in the pro-
16 vision of services as a participant in the
17 program.

18 “(ii) NETWORK ADMINISTRATOR.—
19 The program’s network administrator re-
20 ceiving Federal funding pursuant to sub-
21 section (a) shall oversee the technology
22 each crisis center employs in the provision
23 of services as a participant in the program
24 if such oversight responsibilities are estab-

1 lished in the applicable network participa-
2 tion agreement.

3 “(B) SUPPLEMENT, NOT SUPPLANT.—The
4 cybersecurity incident reporting requirements
5 under this subsection shall supplement, and not
6 supplant, cybersecurity incident reporting re-
7 quirements under other provisions of applicable
8 Federal law that are in effect on the date of the
9 enactment of the SUPPORT for Patients and
10 Communities Reauthorization Act of 2025.”.

11 (c) STUDY.—Not later than 180 days after the date
12 of the enactment of this Act, the Comptroller General of
13 the United States shall—

14 (1) conduct and complete a study that evaluates
15 cybersecurity risks and vulnerabilities associated
16 with the 9–8–8 National Suicide Prevention Lifeline;
17 and

18 (2) submit a report on the findings of such
19 study to the Committee on Health, Education,
20 Labor, and Pensions of the Senate and the Com-
21 mittee on Energy and Commerce of the House of
22 Representatives.

1 **SEC. 109. MONITORING AND REPORTING OF CHILD, YOUTH,**
2 **AND ADULT TRAUMA.**

3 Section 7131(e) of the SUPPORT for Patients and
4 Communities Act (42 U.S.C. 242t(e)) is amended by strik-
5 ing “\$2,000,000 for each of fiscal years 2019 through
6 2023” and inserting “\$9,000,000 for each of fiscal years
7 2026 through 2030”.

8 **SEC. 110. BRUCE’S LAW.**

9 (a) YOUTH PREVENTION AND RECOVERY.—Section
10 7102(c) of the SUPPORT for Patients and Communities
11 Act (42 U.S.C. 290bb–7a(c)) is amended—

12 (1) in paragraph (3)(A)(i), by inserting “,
13 which may include strategies to increase education
14 and awareness of the potency and dangers of syn-
15 thetic opioids (including drugs contaminated with
16 fentanyl) and, as appropriate, other emerging drug
17 use or misuse issues” before the semicolon; and

18 (2) in paragraph (4)(A), by inserting “and
19 strategies to increase education and awareness of
20 the potency and dangers of synthetic opioids (includ-
21 ing drugs contaminated with fentanyl) and, as ap-
22 propriate, emerging drug use or misuse issues” be-
23 fore the semicolon.

24 (b) INTERDEPARTMENTAL SUBSTANCE USE DIS-
25 ORDERS COORDINATING COMMITTEE.—Section 7022 of

1 the SUPPORT for Patients and Communities Act (42
2 U.S.C. 290aa note) is amended—

3 (1) by striking subsection (g) and inserting the
4 following:

5 “(g) WORKING GROUPS.—

6 “(1) IN GENERAL.—The Committee may estab-
7 lish working groups for purposes of carrying out the
8 duties described in subsection (e). Any such working
9 group shall be composed of members of the Com-
10 mittee (or the designees of such members) and may
11 hold such meetings as are necessary to carry out the
12 duties delegated to the working group.

13 “(2) ADDITIONAL FEDERAL INTERAGENCY
14 WORK GROUP ON FENTANYL CONTAMINATION OF IL-
15 LEGAL DRUGS.—

16 “(A) ESTABLISHMENT.—The Secretary,
17 acting through the Committee, shall establish a
18 Federal Interagency Work Group on Fentanyl
19 Contamination of Illegal Drugs (referred to in
20 this paragraph as the ‘Work Group’) consisting
21 of representatives from relevant Federal depart-
22 ments and agencies on the Committee.

23 “(B) CONSULTATION.—The Work Group
24 shall consult with relevant stakeholders and
25 subject matter experts, including—

1 “(i) State, Tribal, and local subject
2 matter experts in reducing, preventing, and
3 responding to drug overdose caused by
4 fentanyl contamination of illicit drugs; and

5 “(ii) family members of both adults
6 and youth who have overdosed by fentanyl
7 contaminated illicit drugs.

8 “(C) DUTIES.—The Work Group shall—

9 “(i) examine Federal efforts to reduce
10 and prevent drug overdose by fentanyl-con-
11 taminated illicit drugs;

12 “(ii) identify strategies to improve
13 State, Tribal, and local responses to over-
14 dose by fentanyl-contaminated illicit drugs;

15 “(iii) coordinate with the Secretary, as
16 appropriate, in carrying out activities to
17 raise public awareness of synthetic opioids
18 and other emerging drug use and misuse
19 issues;

20 “(iv) make recommendations to Con-
21 gress for improving Federal programs, in-
22 cluding with respect to the coordination of
23 efforts across such programs; and

1 “(v) make recommendations for edu-
2 cating youth on the potency and dangers of
3 drugs contaminated by fentanyl.

4 “(D) ANNUAL REPORT TO SECRETARY.—
5 The Work Group shall annually prepare and
6 submit to the Secretary, the Committee on
7 Health, Education, Labor, and Pensions of the
8 Senate, and the Committee on Energy and
9 Commerce and the Committee on Education
10 and Workforce of the House of Representatives,
11 a report on the activities carried out by the
12 Work Group under subparagraph (C), including
13 recommendations to reduce and prevent drug
14 overdose by fentanyl contamination of illegal
15 drugs, in all populations, and specifically among
16 youth at risk for substance misuse.”; and
17 (2) by striking subsection (i) and inserting the
18 following:

19 “(i) SUNSET.—The Committee shall terminate on
20 September 30, 2030.”.

21 **SEC. 111. GUIDANCE ON AT-HOME DRUG DISPOSAL SYS-**
22 **TEMS.**

23 (a) IN GENERAL.—Not later than one year after the
24 date of enactment of this Act, the Secretary of Health and
25 Human Services, in consultation with the Administrator

1 of the Drug Enforcement Administration, shall publish
2 guidance to facilitate the use of at-home safe disposal sys-
3 tems for applicable drugs.

4 (b) CONTENTS.—The guidance under subsection (a)
5 shall include—

6 (1) recommended standards for effective at-
7 home drug disposal systems to meet applicable re-
8 quirements enforced by the Food and Drug Adminis-
9 tration;

10 (2) recommended information to include as in-
11 structions for use to disseminate with at-home drug
12 disposal systems;

13 (3) best practices and educational tools to sup-
14 port the use of an at-home drug disposal system, as
15 appropriate; and

16 (4) recommended use of licensed health pro-
17 viders for the dissemination of education, instruc-
18 tion, and at-home drug disposal systems, as appro-
19 priate.

20 **SEC. 112. ASSESSMENT OF OPIOID DRUGS AND ACTIONS.**

21 (a) IN GENERAL.—Not later than one year after the
22 date of enactment of this Act, the Secretary of Health and
23 Human Services (referred to in this section as the “Sec-
24 retary”) shall publish on the website of the Food and
25 Drug Administration (referred to in this section as the

1 “FDA”) a report that outlines a plan for assessing opioid
2 analgesic drugs that are approved under section 505 of
3 the Federal Food, Drug, and Cosmetic Act (21 U.S.C.
4 355) that addresses the public health effects of such opioid
5 analgesic drugs as part of the benefit-risk assessment and
6 the activities of the FDA that relate to facilitating the de-
7 velopment of nonaddictive medical products intended to
8 treat pain or addiction. Such report shall include—

9 (1) an update on the actions taken by the FDA
10 to consider the effectiveness, safety, benefit-risk pro-
11 file, and use of approved opioid analgesic drugs;

12 (2) a timeline for an assessment of the potential
13 need, as appropriate, for labeling changes, revised or
14 additional postmarketing requirements, enforcement
15 actions, or withdrawals for opioid analgesic drugs;

16 (3) an overview of the steps that the FDA has
17 taken to support the development and approval of
18 nonaddictive medical products intended to treat pain
19 or addiction, and actions planned to further support
20 the development and approval of such products; and

21 (4) an overview of the consideration by the
22 FDA of clinical trial methodologies for analgesic
23 drugs, including the enriched enrollment randomized
24 withdrawal methodology, and the benefits and draw-
25 backs associated with different trial methodologies

1 for such drugs, incorporating any public input re-
2 ceived under subsection (b).

3 (b) PUBLIC INPUT.—In carrying out subsection (a),
4 the Secretary shall provide an opportunity for public input
5 concerning the regulation by the FDA of opioid analgesic
6 drugs, including scientific evidence that relates to condi-
7 tions of use, safety, or benefit-risk assessment (including
8 consideration of the public health effects) of such opioid
9 analgesic drugs.

10 **SEC. 113. GRANT PROGRAM FOR STATE AND TRIBAL RE-**
11 **SPONSE TO OPIOID USE DISORDERS.**

12 The activities carried out pursuant to section
13 1003(b)(4)(A) of the 21st Century Cures Act (42 U.S.C.
14 290ee–3a(b)(4)(A)) may include facilitating access to
15 products used to prevent overdose deaths by detecting the
16 presence of one or more substances, such as fentanyl and
17 xylazine test strips, to the extent the purchase and posses-
18 sion of such products is consistent with Federal and State
19 law.

20 **TITLE II—TREATMENT**

21 **SEC. 201. RESIDENTIAL TREATMENT PROGRAM FOR PREG-**
22 **NANT AND POSTPARTUM WOMEN.**

23 Section 508 of the Public Health Service Act (42
24 U.S.C. 290bb–1) is amended—

1 (1) in subsection (d)(11)(C), by striking “pro-
2 viding health services” and inserting “providing
3 health care services”;

4 (2) in subsection (g)—

5 (A) by inserting “a plan describing” after
6 “will provide”; and

7 (B) by adding at the end the following:
8 “Such plan may include a description of how
9 such applicant will target outreach to women
10 disproportionately impacted by maternal sub-
11 stance use disorder.”; and

12 (3) in subsection (s), by striking “\$29,931,000
13 for each of fiscal years 2019 through 2023” and in-
14 serting “\$38,931,000 for each of fiscal years 2026
15 through 2030”.

16 **SEC. 202. IMPROVING ACCESS TO ADDICTION MEDICINE**
17 **PROVIDERS.**

18 Section 597 of the Public Health Service Act (42
19 U.S.C. 290ll) is amended—

20 (1) in subsection (a)(1), by inserting “diag-
21 nosis,” after “related to”; and

22 (2) in subsection (b), by inserting “addiction
23 medicine,” after “psychiatry,”.

1 **SEC. 203. MENTAL AND BEHAVIORAL HEALTH EDUCATION**
2 **AND TRAINING GRANTS.**

3 Section 756(f) of the Public Health Service Act (42
4 U.S.C. 294e–1(f)) is amended by striking “fiscal years
5 2023 through 2027” and inserting “fiscal years 2026
6 through 2030”.

7 **SEC. 204. LOAN REPAYMENT PROGRAM FOR SUBSTANCE**
8 **USE DISORDER TREATMENT WORKFORCE.**

9 Section 781(j) of the Public Health Service Act (42
10 U.S.C. 295h(j)) is amended by striking “\$25,000,000 for
11 each of fiscal years 2019 through 2023” and inserting
12 “\$40,000,000 for each of fiscal years 2026 through
13 2030”.

14 **SEC. 205. DEVELOPMENT AND DISSEMINATION OF MODEL**
15 **TRAINING PROGRAMS FOR SUBSTANCE USE**
16 **DISORDER PATIENT RECORDS.**

17 Section 7053 of the SUPPORT for Patients and
18 Communities Act (42 U.S.C. 290dd–2 note) is amended
19 by striking subsection (e).

20 **SEC. 206. TASK FORCE ON BEST PRACTICES FOR TRAUMA-**
21 **INFORMED IDENTIFICATION, REFERRAL, AND**
22 **SUPPORT.**

23 Section 7132 of the SUPPORT for Patients and
24 Communities Act (Public Law 115–271; 132 Stat. 4046)
25 is amended—

26 (1) in subsection (b)(1)—

1 (A) by redesignating subparagraph (CC) as
2 subparagraph (DD); and

3 (B) by inserting after subparagraph (BB)
4 the following:

5 “(CC) The Administration for Community
6 Living.”;

7 (2) in subsection (d)(1), in the matter pre-
8 ceding subparagraph (A), by inserting “, develop-
9 mental disability service providers” before “, individ-
10 uals who are”; and

11 (3) in subsection (i), by striking “2023” and in-
12 serting “2030”.

13 **SEC. 207. GRANTS TO ENHANCE ACCESS TO SUBSTANCE**
14 **USE DISORDER TREATMENT.**

15 Section 3203 of the SUPPORT for Patients and
16 Communities Act (21 U.S.C. 823 note) is amended—

17 (1) by striking subsection (b); and

18 (2) by striking “(a) IN GENERAL.—The Sec-
19 retary” and inserting the following: “The Sec-
20 retary”.

1 **SEC. 208. STATE GUIDANCE RELATED TO INDIVIDUALS**
2 **WITH SERIOUS MENTAL ILLNESS AND CHIL-**
3 **DREN WITH SERIOUS EMOTIONAL DISTURB-**
4 **ANCE.**

5 (a) REVIEW OF USE OF CERTAIN FUNDING.—Not
6 later than 1 year after the date of enactment of this Act,
7 the Secretary of Health and Human Services (referred to
8 in this section as the “Secretary”), acting through the As-
9 sistant Secretary for Mental Health and Substance Use,
10 shall conduct a review of State use of funds made available
11 under the Community Mental Health Services Block
12 Grant program under subpart I of part B of title XIX
13 of the Public Health Service Act (42 U.S.C. 300x et seq.)
14 (referred to in this section as the “block grant program”)
15 for first episode psychosis activities. Such review shall con-
16 sider the following:

17 (1) How States use funds for evidence-based
18 treatments and services according to the standard of
19 care for individuals with early serious mental illness
20 and children with a serious emotional disturbance.

21 (2) The percentages of the State funding under
22 the block grant program expended on early serious
23 mental illness and first episode psychosis, and the
24 number of individuals served under such funds.

25 (b) REPORT AND GUIDANCE.—

1 (1) REPORT.—Not later than 180 days after
2 the completion of the review under subsection (a),
3 the Secretary shall submit to the Committee on
4 Health, Education, Labor, and Pensions and the
5 Committee on Appropriations of the Senate and the
6 Committee on Energy and Commerce and the Com-
7 mittee on Appropriations of the House of Represent-
8 atives a report describing—

9 (A) the findings of the review under sub-
10 section (a); and

11 (B) any recommendations for changes to
12 the block grant program that would facilitate
13 improved outcomes for individuals with serious
14 mental illness and children with serious emo-
15 tional disturbance.

16 (2) GUIDANCE.—Not later than 1 year after
17 the date on which the report is submitted under
18 paragraph (1), the Secretary shall update the guid-
19 ance provided to States under the block grant pro-
20 gram on coordinated specialty care and other evi-
21 dence-based mental health care services for individ-
22 uals with serious mental illness and children with a
23 serious emotional disturbance, based on the findings
24 and recommendations of such report.

1 **SEC. 209. REVIEWING THE SCHEDULING OF APPROVED**
2 **PRODUCTS CONTAINING A COMBINATION OF**
3 **BUPRENORPHINE AND NALOXONE.**

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

8 (1) review the relevant data pertaining to the
9 scheduling of products containing a combination of
10 buprenorphine and naloxone that have been ap-
11 proved under section 505 of the Federal Food,
12 Drug, and Cosmetic Act (21 U.S.C. 355); and

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

16 (b) ATTORNEY GENERAL.—The Attorney General
17 shall review any request made by the Secretary of Health
18 and Human Services under subsection (a)(2) and deter-
19 mine whether to initiate proceedings to revise the sched-
20 ules in accordance with the criteria set forth in sections
21 201 and 202 of the Controlled Substances Act (21 U.S.C.
22 811, 812).

23 **TITLE III—RECOVERY**

24 **SEC. 301. BUILDING COMMUNITIES OF RECOVERY.**

25 Section 547(f) of the Public Health Service Act (42
26 U.S.C. 290ee–2(f)) is amended by striking “\$5,000,000

1 for each of fiscal years 2019 through 2023” and inserting
2 “\$17,000,000 for each of fiscal years 2026 through
3 2030”.

4 **SEC. 302. PEER SUPPORT TECHNICAL ASSISTANCE CEN-**
5 **TER.**

6 Section 547A of the Public Health Service Act (42
7 U.S.C. 290ee–2a) is amended—

8 (1) in subsection (b)(4), by striking “building;
9 and” and inserting the following: “building, such
10 as—

11 “(A) professional development of peer sup-
12 port specialists; and

13 “(B) making recovery support services
14 available in nonclinical settings; and”;

15 (2) by redesignating subsections (d) and (e) as
16 subsections (e) and (f), respectively;

17 (3) by inserting after subsection (c) the fol-
18 lowing:

19 “(d) REGIONAL CENTERS.—

20 “(1) IN GENERAL.—The Secretary may estab-
21 lish one regional technical assistance center (referred
22 to in this subsection as the ‘Regional Center’), with
23 existing resources, to assist the Center in carrying
24 out activities described in subsection (b) within the

1 geographic region of such Regional Center in a man-
2 ner that is tailored to the needs of such region.

3 “(2) EVALUATION.—Not later than 4 years
4 after the date of enactment of the SUPPORT for
5 Patients and Communities Reauthorization Act of
6 2025, the Secretary shall evaluate the activities of
7 the Regional Center and submit to the Committee
8 on Health, Education, Labor, and Pensions of the
9 Senate and the Committee on Energy and Com-
10 merce of the House of Representatives a report on
11 the findings of such evaluation, including—

12 “(A) a description of the distinct roles and
13 responsibilities of the Regional Center and the
14 Center;

15 “(B) available information relating to the
16 outcomes of the Regional Center under this
17 subsection, such as any impact on the oper-
18 ations and efficiency of the Center relating to
19 requests for technical assistance and support
20 within the region of such Regional Center;

21 “(C) a description of any gaps or areas of
22 duplication relating to the activities of the Re-
23 gional Center and the Center within such re-
24 gion; and

1 “(D) recommendations relating to the
2 modification, expansion, or termination of the
3 Regional Center under this subsection.

4 “(3) TERMINATION.—This subsection shall ter-
5minate on September 30, 2030.”; and

6 (4) in subsection (f), as so redesignated, by
7 striking “\$1,000,000 for each of fiscal years 2019
8 through 2023” and inserting “\$2,000,000 for each
9 of fiscal years 2026 through 2030”.

10 **SEC. 303. COMPREHENSIVE OPIOID RECOVERY CENTERS.**

11 Section 552 of the Public Health Service Act (42
12 U.S.C. 290ee–7) is amended—

13 (1) in subsection (d)(2)—

14 (A) in the matter preceding subparagraph
15 (A), by striking “and in such manner” and in-
16serting “, in such manner, and containing such
17information and assurances, including relevant
18documentation,”; and

19 (B) in subparagraph (A), by striking “is
20capable of coordinating with other entities to
21carry out” and inserting “has the demonstrated
22capability to carry out, through referral or con-
23tractual arrangements”;

24 (2) in subsection (h)—

1 (A) by redesignating paragraphs (1)
2 through (4) as subparagraphs (A) through (D),
3 respectively, and adjusting the margins accord-
4 ingly;

5 (B) by striking “With respect to” and in-
6 serting the following:

7 “(1) IN GENERAL.—With respect to”; and

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

9 “(2) ADDITIONAL REPORTING FOR CERTAIN EL-
10 IGIBLE ENTITIES.—An entity carrying out activities
11 described in subsection (g) through referral or con-
12 tractual arrangements shall include in the submis-
13 sions required under paragraph (1) information re-
14 lated to the status of such referrals or contractual
15 arrangements, including an assessment of whether
16 such referrals or contractual arrangements are sup-
17 porting the ability of such entity to carry out such
18 activities.”; and

19 (3) in subsection (j), by striking “2019 through
20 2023” and inserting “2026 through 2030”.

21 **SEC. 304. YOUTH PREVENTION AND RECOVERY.**

22 Section 7102(c) of the SUPPORT for Patients and
23 Communities Act (42 U.S.C. 290bb–7a(c)) (as amended
24 by section 110(a)) is amended—

25 (1) in paragraph (2)—

1 (A) in subparagraph (A)—

2 (i) in clause (i)—

3 (I) by inserting “, or a consor-
4 tium of local educational agencies,”
5 after “a local educational agency”;
6 and

7 (II) by striking “high schools”
8 and inserting “secondary schools”;
9 and

10 (ii) in clause (vi), by striking “tribe,
11 or tribal” and inserting “Tribe, or Tribal”;

12 (B) by amending subparagraph (E) to read
13 as follows:

14 “(E) INDIAN TRIBE; TRIBAL ORGANIZA-
15 TION.—The terms ‘Indian Tribe’ and ‘Tribal
16 organization’ have the meanings given such
17 terms in section 4 of the Indian Self-Deter-
18 mination and Education Assistance Act (25
19 U.S.C. 5304).”;

20 (C) by redesignating subparagraph (K) as
21 subparagraph (L); and

22 (D) by inserting after subparagraph (J)
23 the following:

24 “(K) SECONDARY SCHOOL.—The term
25 ‘secondary school’ has the meaning given such

1 term in section 8101 of the Elementary and
2 Secondary Education Act of 1965 (20 U.S.C.
3 7801).”;

4 (2) in paragraph (3)(A), in the matter pre-
5 ceding clause (i)—

6 (A) by striking “and abuse”; and

7 (B) by inserting “at increased risk for sub-
8 stance misuse” after “specific populations”;

9 (3) in paragraph (4)—

10 (A) in the matter preceding subparagraph
11 (A), by striking “Indian tribes” and inserting
12 “Indian Tribes”;

13 (B) in subparagraph (A), by striking “and
14 abuse”; and

15 (C) in subparagraph (B), by striking “peer
16 mentoring” and inserting “peer-to-peer sup-
17 port”;

18 (4) in paragraph (5), by striking “tribal” and
19 inserting “Tribal”;

20 (5) in paragraph (6)(A)—

21 (A) in clause (iv), by striking “; and” and
22 inserting a semicolon; and

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

1 “(vi) a plan to sustain the activities
2 carried out under the grant program, after
3 the grant program has ended; and”;

4 (6) in paragraph (8), by striking “2022” and
5 inserting “2028”; and

6 (7) by amending paragraph (9) to read as fol-
7 lows:

8 “(9) AUTHORIZATION OF APPROPRIATIONS.—

9 To carry out this subsection, there are authorized to
10 be appropriated—

11 “(A) \$10,000,000 for fiscal year 2026;

12 “(B) \$12,000,000 for fiscal year 2027;

13 “(C) \$13,000,000 for fiscal year 2028;

14 “(D) \$14,000,000 for fiscal year 2029;

15 and

16 “(E) \$15,000,000 for fiscal year 2030.”.

17 **SEC. 305. CAREER ACT.**

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

21 (1) in the section heading, by inserting “;
22 **TREATMENT, RECOVERY, AND WORKFORCE**
23 **SUPPORT GRANTS**” after “**CAREER ACT**”;

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

1 (3) in subsection (c)—

2 (A) in paragraph (1), by striking “the
3 rates described in paragraph (2)” and inserting
4 “the average rates for calendar years 2018
5 through 2022 described in paragraph (2)”; and

6 (B) by amending paragraph (2) to read as
7 follows:

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

10 “(A) The highest age-adjusted average
11 rates of drug overdose deaths for calendar years
12 2018 through 2022 based on data from the
13 Centers for Disease Control and Prevention, in-
14 cluding, if necessary, provisional data for cal-
15 endar year 2022.

16 “(B) The highest average rates of unem-
17 ployment for calendar years 2018 through 2022
18 based on data provided by the Bureau of Labor
19 Statistics.

20 “(C) The lowest average labor force par-
21 ticipation rates for calendar years 2018 through
22 2022 based on data provided by the Bureau of
23 Labor Statistics.”;

24 (4) in subsection (g)—

1 (A) in each of paragraphs (1) and (3), by
2 redesignating subparagraphs (A) and (B) as
3 clauses (i) and (ii), respectively, and adjusting
4 the margins 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) in the matter preceding subparagraph
10 (A) (as so redesignated), by striking “An enti-
11 ty” and inserting the following:

12 “(1) IN GENERAL.—An entity”; and

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

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

24 “(3) LIMITATION.—The Secretary may not re-
25 quire an entity to, or give priority to an entity that

1 plans to, use the funds of a grant under this section
2 for activities that are not specified in this sub-
3 section.”;

4 (5) in subsection (i)(2), by inserting “, which
5 shall include employment and earnings outcomes de-
6 scribed in subclauses (I) and (III) of section
7 116(b)(2)(A)(i) of the Workforce Innovation and
8 Opportunity Act (29 U.S.C. 3141(b)(2)(A)(i)) with
9 respect to the participation of such individuals with
10 a substance use disorder in programs and activities
11 funded by the grant under this section” after “sub-
12 section (g)”;

13 (6) in subsection (j)—

14 (A) in paragraph (1), by inserting “for
15 grants awarded prior to the date of enactment
16 of the SUPPORT for Patients and Commu-
17 nities Reauthorization Act of 2025” after
18 “grant period under this section”; and

19 (B) in paragraph (2)—

20 (i) in the matter preceding subpara-
21 graph (A), by striking “2 years after sub-
22 mitting the preliminary report required
23 under paragraph (1)” and inserting “Sep-
24 tember 30, 2030”; and

1 (ii) in subparagraph (A), by striking
2 “(g)(3)” and inserting “(g)(1)(C)”; and
3 (7) in subsection (k), by striking “\$5,000,000
4 for each of fiscal years 2019 through 2023” and in-
5 serting “\$12,000,000 for each of fiscal years 2026
6 through 2030”.

7 (b) REAUTHORIZATION OF THE CAREER ACT; RE-
8 COVERY HOUSING PILOT PROGRAM.—

9 (1) IN GENERAL.—Section 8071 of the SUP-
10 PORT for Patients and Communities Act (42
11 U.S.C. 5301 note; Public Law 115–271) is amend-
12 ed—

13 (A) by striking the section heading and in-
14 serting “**CAREER ACT; RECOVERY HOUSING**
15 **PILOT PROGRAM**”;

16 (B) in subsection (a), by striking “through
17 2023” and inserting “through 2030”;

18 (C) in subsection (b)—

19 (i) in paragraph (1), by striking “not
20 later than 60 days after the date of enact-
21 ment of this Act” and inserting “not later
22 than 60 days after the date of enactment
23 of the SUPPORT for Patients and Com-
24 munities Reauthorization Act of 2025”;
25 and

1 (ii) in paragraph (2)(B)(i)—

2 (I) in subclause (I)—

3 (aa) by striking “for cal-
4 endar years 2013 through 2017”;
5 and

6 (bb) by inserting “for cal-
7 endar years 2018 through 2022”
8 after “rates of unemployment”;

9 (II) in subclause (II)—

10 (aa) by striking “for cal-
11 endar years 2013 through 2017”;
12 and

13 (bb) by inserting “for cal-
14 endar years 2018 through 2022”
15 after “participation rates”; and

16 (III) by striking subclause (III)
17 and inserting the following:

18 “(III) The highest age-adjusted
19 average rates of drug overdose deaths
20 for calendar years 2018 through 2022
21 based on data from the Centers for
22 Disease Control and Prevention, in-
23 cluding, if necessary, provisional data
24 for calendar year 2022.”; and

1 (D) in subsection (f), by striking “For the
2 2-year period following the date of enactment of
3 this Act, the” and inserting “The”.

4 (2) CONFORMING AMENDMENT.—Subtitle F of
5 title VIII of the SUPPORT for Patients and Com-
6 munities Act (Public Law 115–271; 132 Stat. 4095)
7 is amended by striking the subtitle heading and in-
8 serting the following: “**Subtitle F—CAREER**
9 **Act; Recovery Housing Pilot Program**” .

10 (c) CLERICAL AMENDMENTS.—The table of contents
11 in section 1(b) of the SUPPORT for Patients and Com-
12 munities Act (Public Law 115–271; 132 Stat. 3894) is
13 amended—

14 (1) by striking the item relating to section 7183
15 and inserting the following:

“Sec. 7183. CAREER Act; treatment, recovery, and workforce support
grants.”;

16 (2) by striking the item relating to subtitle F
17 of title VIII and inserting the following:

“Subtitle F—CAREER Act; Recovery Housing Pilot Program”; and

18 (3) by striking the item relating to section 8071
19 and inserting the following:

“Sec. 8071. CAREER Act; Recovery Housing Pilot Program.”.

1 **SEC. 306. ADDRESSING ECONOMIC AND WORKFORCE IM-**
2 **PACTS OF THE OPIOID CRISIS.**

3 Section 8041(g)(1) of the SUPPORT for Patients
4 and Communities Act (29 U.S.C. 3225a(g)(1)) is amended
5 by striking “2023” and inserting “2030”.

6 **TITLE IV—MISCELLANEOUS**
7 **MATTERS**

8 **SEC. 401. DELIVERY OF A CONTROLLED SUBSTANCE BY A**
9 **PHARMACY TO A PRESCRIBING PRACTI-**
10 **TIONER.**

11 Section 309A(a) of the Controlled Substances Act
12 (21 U.S.C. 829a(a)) is amended by striking paragraph (2)
13 and inserting the following:

14 “(2) the controlled substance is a drug in
15 schedule III, IV, or V to be administered—

16 “(A) by injection or implantation for the
17 purpose of maintenance or detoxification treat-
18 ment; or

19 “(B) subject to a risk evaluation and miti-
20 gation strategy pursuant to section 505–1 of
21 the Federal Food, Drug, and Cosmetic Act (21
22 U.S.C. 355–1) that includes elements to assure
23 safe use of the drug described in subsection
24 (f)(3)(E) of such section, including a require-
25 ment for post-administration monitoring by a
26 health care provider;”.

1 **SEC. 402. REQUIRED TRAINING FOR PRESCRIBERS OF CON-**
2 **TROLLED SUBSTANCES.**

3 (a) IN GENERAL.—Section 303 of the Controlled
4 Substances Act (21 U.S.C. 823) is amended—

5 (1) by redesignating the second subsection des-
6 ignated as subsection (l) as subsection (m); and

7 (2) in subsection (m)(1), as so redesignated—

8 (A) in subparagraph (A)—

9 (i) in clause (iv)—

10 (I) in subclause (I)—

11 (aa) by inserting “the Amer-
12 ican Academy of Family Physi-
13 cians, the American Podiatric
14 Medical Association, the Acad-
15 emy of General Dentistry, the
16 American Optometric Associa-
17 tion,” before “or any other orga-
18 nization”;

19 (bb) by striking “or the
20 Commission” and inserting “, the
21 Commission”; and

22 (cc) by inserting “, or the
23 Council on Podiatric Medical
24 Education” before the semicolon
25 at the end; and

1 (II) in subclause (III), by insert-
2 ing “or the American Academy of
3 Family Physicians” after “Associa-
4 tion”; and

5 (ii) in clause (v), in the matter pre-
6 ceding subclause (I)—

7 (I) by striking “osteopathic medi-
8 cine, dental surgery” and inserting
9 “osteopathic medicine, podiatric medi-
10 cine, dental surgery”; and

11 (II) by striking “or dental medi-
12 cine curriculum” and inserting “or
13 dental or podiatric medicine cur-
14 riculum”; and

15 (B) in subparagraph (B)—

16 (i) in clause (i)—

17 (I) by inserting “the American
18 Pharmacists Association, the Accredi-
19 tation Council on Pharmacy Edu-
20 cation, the American Psychiatric
21 Nurses Association, the American
22 Academy of Nursing, the American
23 Academy of Family Physicians,” be-
24 fore “or any other organization”; and

1 (II) by inserting “, the American
2 Academy of Family Physicians,” be-
3 fore “or the Accreditation Council”;
4 and
5 (ii) in clause (ii)—

6 (I) by striking “or accredited
7 school” and inserting “, an accredited
8 school”; and

9 (II) by inserting “, or an accred-
10 ited school of pharmacy” before “in
11 the United States”.

12 (b) EFFECTIVE DATE.—The amendment made by
13 subsection (a) shall take effect as if enacted on December
14 29, 2022.

