

Public Law 119–44
119th Congress

An Act

To reauthorize certain programs that provide for opioid use disorder prevention, treatment, and recovery, and for other purposes.

Dec. 1, 2025

[H.R. 2483]

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) **SHORT TITLE.**—This Act may be cited as the “SUPPORT for Patients and Communities Reauthorization Act of 2025”.

(b) **TABLE OF CONTENTS.**—The table of contents for 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 spectrum 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.
- Sec. 210. References to opioid overdose reversal agents in HHS grant programs.
- Sec. 211. Roundtable on using health information technology to improve mental health and substance use care outcomes.

TITLE III—RECOVERY

- Sec. 301. Building communities of recovery.
- Sec. 302. Peer support technical assistance center.
- Sec. 303. Comprehensive opioid recovery centers.

SUPPORT for
Patients and
Communities
Reauthorization
Act of 2025.
42 USC 201 note.

- Sec. 304. Youth prevention and recovery.
 Sec. 305. CAREER Act.
 Sec. 306. Addressing economic and workforce impacts of the opioid crisis.
 Sec. 307. Review of information related to funding opportunities under programs administered by SAMHSA.

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.

TITLE I—PREVENTION

Time periods.

SEC. 101. PRENATAL AND POSTNATAL HEALTH.

Section 317L(d) of the Public Health Service Act (42 U.S.C. 247b–13(d)) is amended by striking “such sums as may be necessary for each of the fiscal years 2019 through 2023” and inserting “\$4,250,000 for each of fiscal years 2026 through 2030”.

Time periods.

SEC. 102. MONITORING AND EDUCATION REGARDING INFECTIONS ASSOCIATED WITH ILLICIT DRUG USE AND OTHER RISK FACTORS.

Section 317N(d) of the Public Health Service Act (42 U.S.C. 247b–15(d)) is amended by striking “fiscal years 2019 through 2023” and inserting “fiscal years 2026 through 2030”.

SEC. 103. PREVENTING OVERDOSES OF CONTROLLED SUBSTANCES.

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

(1) in subsection (a)(2)—

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

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

(2) in subsection (b)(2)—

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

(B) in subparagraph (C), by striking “coding” and inserting “monitoring and identifying”;

(C) in subparagraph (E)—

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

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

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

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

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

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

“(A) To carry out innovative projects for grantees to detect, identify, and rapidly respond to controlled substance misuse, abuse, and overdoses, and associated risk factors, including changes in patterns of such controlled substance use. Such projects may include the use of innovative, evidence-based strategies for detecting such patterns, such as wastewater surveillance, if proven to support actionable

prevention strategies, in a manner consistent with applicable Federal and State privacy laws.”; and

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

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

Time periods.

SEC. 104. SUPPORT FOR INDIVIDUALS AND FAMILIES IMPACTED BY FETAL ALCOHOL SPECTRUM DISORDER.

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

“PART O—FETAL ALCOHOL SPECTRUM DISORDER PREVENTION AND SERVICES PROGRAM

“SEC. 399H. FETAL ALCOHOL SPECTRUM DISORDERS PREVENTION, INTERVENTION, AND SERVICES DELIVERY PROGRAM.

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

Evaluations.

“(1) an education and public awareness program to support, conduct, and evaluate the effectiveness of—

“(A) educational programs targeting health professions schools, social and other supportive services, educators and counselors and other service providers in all phases of childhood development, and other relevant service providers, concerning the prevention, identification, and provision of services for infants, children, adolescents, and adults with FASD;

“(B) strategies to educate school-age children, including pregnant and high-risk youth, concerning FASD;

“(C) public and community awareness programs concerning FASD; and

“(D) strategies to coordinate information and services across affected community agencies, including agencies providing social services such as foster care, adoption, and social work, agencies providing health services, and agencies involved in education, vocational training, and civil and criminal justice;

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

“(A) develop appropriate medical diagnostic methods for identifying FASD; and

“(B) develop effective culturally and linguistically appropriate evidence-based or evidence-informed interventions and appropriate supports for preventing prenatal alcohol exposure, which may co-occur with exposure to other substances;

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

“(A) utilizing and adapting existing Federal, State, or Tribal programs to include FASD identification and FASD-informed support;

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

“(C) developing, implementing, and evaluating targeted FASD-informed intervention programs for FASD;

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

“(E) disseminating information about FASD and support services to affected individuals and their families; and

“(4) an applied research program concerning intervention and prevention to support and conduct service demonstration projects, clinical studies and other research models providing advocacy, educational and vocational training, counseling, medical and mental health, and other supportive services, as well as models that integrate and coordinate such services, that are aimed at the unique challenges facing individuals with fetal alcohol spectrum disorder or fetal alcohol effect and their families.

Contracts.

“(b) GRANTS AND TECHNICAL ASSISTANCE.—

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

“(2) ELIGIBLE ENTITIES.—To be eligible to receive a grant, or enter into a cooperative agreement or contract, under this section, an entity shall—

“(A) be a State, Indian Tribe or Tribal organization, local government, scientific or academic institution, or non-profit organization; and

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

“(3) ADDITIONAL APPLICATION CONTENTS.—The Secretary may require that an eligible entity include in the application submitted under paragraph (2)(B)—

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

“(B) a description of an advisory committee the entity will establish to provide guidance for the entity on developing and implementing a statewide or Tribal strategic plan to prevent FASD and provide for the identification, treatment, and support of individuals with FASD and their families.

“(c) DEFINITION OF FASD-INFORMED.—For purposes of this section, the term ‘FASD-informed’, with respect to support or an intervention program, means that such support or intervention program uses culturally and linguistically informed evidence-based or practice-based interventions and appropriate resources to support an

improved quality of life for an individual with FASD and the family of such individual.

“SEC. 399I. STRENGTHENING CAPACITY AND EDUCATION FOR FETAL ALCOHOL SPECTRUM DISORDERS. 42 USC 280f–1.

“(a) **IN GENERAL.**—The Secretary shall award grants, contracts, or cooperative agreements, as the Secretary determines appropriate, to public or nonprofit private entities with demonstrated expertise in the field of fetal alcohol spectrum disorders (referred to in this section as ‘FASD’). Such awards shall be for the purposes of building local, Tribal, State, and nationwide capacities to prevent the occurrence of FASD by carrying out the programs described in subsection (b). Grants.

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

“(1) Developing and supporting public education and outreach activities to raise public awareness of the risks associated with alcohol consumption during pregnancy.

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

“(3) Increasing awareness and understanding of efficacious, evidence-based screening tools and culturally and linguistically appropriate evidence-based intervention services and best practices, which may include improving the capacity for State, Tribal, and local affiliates.

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

“(c) **APPLICATION.**—To be eligible for a grant, contract, or cooperative agreement under this section, an entity shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

“(d) **SUBCONTRACTING.**—A public or private nonprofit entity may carry out the following activities required under this section through contracts or cooperative agreements with other public and private nonprofit entities with demonstrated expertise in FASD:

“(1) Resource development and dissemination.

“(2) Intervention services.

“(3) Training and technical assistance.

“SEC. 399J. AUTHORIZATION OF APPROPRIATIONS.

42 USC 280f–2.

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

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

42 USC 280f note.

(1) a review of the activities carried out pursuant to sections 399H and 399I of the Public Health Service Act, as amended, to advance public education and awareness of fetal alcohol spectrum disorders (referred to in this section as “FASD”);

(2) a description of—

(A) the activities carried out pursuant to such sections 399H and 399I to identify, prevent, and treat FASD; and

- (B) methods used to evaluate the outcomes of such activities; and
- (3) an assessment of activities carried out pursuant to such sections 399H and 399I to support individuals with FASD.

SEC. 105. PROMOTING STATE CHOICE IN PDMP SYSTEMS.

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

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

SEC. 106. FIRST RESPONDER TRAINING PROGRAM.

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

- (1) in subsection (a), by striking “tribes and tribal” and inserting “Tribes and Tribal”;
- (2) in subsections (a), (c), and (d)—
 - (A) by striking “approved or cleared” each place it appears and inserting “approved, cleared, or otherwise legally marketed”; and
 - (B) by striking “opioid” each place it appears;
- (3) in subsection (f)—
 - (A) by striking “approved or cleared” each place it appears and inserting “approved, cleared, or otherwise legally marketed”;
 - (B) in paragraph (1), by striking “opioid”;
 - (C) in paragraph (2)—
 - (i) by striking “opioid and heroin” and inserting “opioid, heroin, and other drug”; and
 - (ii) by striking “opioid overdose” and inserting “overdose”; and
 - (D) in paragraph (3), by striking “opioid and heroin”;
- and
- (4) in subsection (h), by striking “\$36,000,000 for each of fiscal years 2019 through 2023” and inserting “\$57,000,000 for each of fiscal years 2026 through 2030”.

Time periods.

SEC. 107. DONALD J. COHEN NATIONAL CHILD TRAUMATIC STRESS INITIATIVE.

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

- (1) by redesignating such part as part J; and
- (2) by redesignating sections 581 through 584 as sections 596 through 596C, respectively.

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

- (1) in the section heading, by striking “**VIOLENCE RELATED STRESS**” and inserting “**TRAUMATIC EVENTS**”;
- (2) in subsection (a)—
 - (A) in the matter preceding paragraph (1), by striking “tribes and tribal” and inserting “Tribes and Tribal”; and

42 USC
290kk—
290kk–3.

- (B) in paragraph (2), by inserting “and dissemination” after “the development”;
- (3) in subsection (b), by inserting “and dissemination” after “the development”;
- (4) in subsection (d)—

(A) by striking “The NCTSI” and inserting the following:

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

(B) by adding at the end the following:

“(2) NCTSI GRANTEEES.—In carrying out subsection (a)(2), NCTSI grantees shall develop trainings and other resources, as applicable and appropriate, to support implementation of the evidence-based practices developed and disseminated under such subsection.”;

(5) in subsection (e)—

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

(B) in subparagraph (A), as so redesignated, by inserting “and implementation” after “the dissemination”;

(C) by striking “The NCTSI” and inserting the following:

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

(D) by adding at the end the following:

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

(6) by amending subsection (h) to read as follows:

“(h) APPLICATION AND EVALUATION.—To be eligible to receive a grant, contract, or cooperative agreement under subsection (a), a public or nonprofit private entity or an Indian Tribe or Tribal organization shall submit to the Secretary an application at such time, in such manner, and containing such information and assurances as the Secretary may require, including—

“(1) a plan for the evaluation of the activities funded under the grant, contract, or agreement, including both process and outcomes evaluation, and the submission of an evaluation at the end of the project period; and

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

(7) by amending subsection (j) to read as follows:

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

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

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

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

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

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

SEC. 108. PROTECTING SUICIDE PREVENTION LIFELINE FROM CYBER-SECURITY INCIDENTS.

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

(1) in paragraph (4), by striking “and” at the end;
(2) in paragraph (5), by striking the period at the end and inserting “; and”; and

(3) by adding at the end the following:

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

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

(1) by redesignating subsection (f) as subsection (g); and

(2) by inserting after subsection (e) the following:

“(f) CYBERSECURITY REPORTING.—

“(1) NOTIFICATION.—

“(A) IN GENERAL.—The program’s network administrator receiving Federal funding pursuant to subsection (a) shall report to the Assistant Secretary, in a manner that protects personal privacy, consistent with applicable Federal and State privacy laws—

“(i) any identified cybersecurity vulnerabilities to the program within a reasonable amount of time after identification of such a vulnerability; and

“(ii) any identified cybersecurity incidents to the program within a reasonable amount of time after identification of such incident.

“(B) LOCAL AND REGIONAL CRISIS CENTERS.—Local and regional crisis centers participating in the program shall report to the program’s network administrator identified under subparagraph (A), in a manner that protects personal privacy, consistent with applicable Federal and State privacy laws—

“(i) any identified cybersecurity vulnerabilities to the program within a reasonable amount of time after identification of such vulnerability; and

“(ii) any identified cybersecurity incidents to the program within a reasonable amount of time after identification of such incident.

“(2) NOTIFICATION.—If the program’s network administrator receiving funding pursuant to subsection (a) discovers, or is informed by a local or regional crisis center pursuant to paragraph (1)(B) of, a cybersecurity vulnerability or incident, within a reasonable amount of time after such discovery or receipt of information, such entity shall report the vulnerability or incident to the Assistant Secretary.

“(3) CLARIFICATION.—

“(A) OVERSIGHT.—

“(i) LOCAL AND REGIONAL CRISIS CENTERS.—Except as provided in clause (ii), local and regional crisis centers participating in the program shall oversee all technology each center employs in the provision of services as a participant in the program.

“(ii) NETWORK ADMINISTRATOR.—The program’s network administrator receiving Federal funding pursuant to subsection (a) shall oversee the technology each crisis center employs in the provision of services as a participant in the program if such oversight responsibilities are established in the applicable network participation agreement.

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

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

Deadline.

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

Evaluation.

(2) submit a report on the findings of such study to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives.

Reports.

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

Time periods.

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

SEC. 110. BRUCE’S LAW.

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

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

(2) in paragraph (4)(A), by inserting “and strategies to increase education and awareness of the potency and dangers of synthetic opioids (including drugs contaminated with fentanyl) and, as appropriate, emerging drug use or misuse issues” before the semicolon.

(b) INTERDEPARTMENTAL SUBSTANCE USE DISORDERS COORDINATING COMMITTEE.—Section 7022 of the SUPPORT for Patients and Communities Act (42 U.S.C. 290aa note) is amended—

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

“(g) WORKING GROUPS.—

“(1) IN GENERAL.—The Committee may establish working groups for purposes of carrying out the duties described in subsection (e). Any such working group shall be composed of members of the Committee (or the designees of such members) and may hold such meetings as are necessary to carry out the duties delegated to the working group.

Establishment.

“(2) ADDITIONAL FEDERAL INTERAGENCY WORK GROUP ON FENTANYL CONTAMINATION OF ILLEGAL DRUGS.—

“(A) ESTABLISHMENT.—The Secretary, acting through the Committee, shall establish a Federal Interagency Work Group on Fentanyl Contamination of Illegal Drugs (referred to in this paragraph as the ‘Work Group’) consisting of representatives from relevant Federal departments and agencies on the Committee.

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

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

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

“(C) DUTIES.—The Work Group shall—

“(i) examine Federal efforts to reduce and prevent drug overdose by fentanyl-contaminated illicit drugs;

“(ii) identify strategies to improve State, Tribal, and local responses to overdose by fentanyl-contaminated illicit drugs;

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

“(iv) make recommendations to Congress for improving Federal programs, including with respect to the coordination of efforts across such programs; and

“(v) make recommendations for educating youth on the potency and dangers of drugs contaminated by fentanyl.

“(D) ANNUAL REPORT TO SECRETARY.—The Work Group shall annually prepare and submit to the Secretary, the Committee on Health, Education, Labor, and Pensions of the Senate, and the Committee on Energy and Commerce and the Committee on Education and Workforce of the House of Representatives, a report on the activities carried out by the Work Group under subparagraph (C), including recommendations to reduce and prevent drug overdose by fentanyl contamination of illegal drugs, in all populations, and specifically among youth at risk for substance misuse.”; and

(2) by striking subsection (i) and inserting the following:

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

21 USC 822a
note.
Deadline.
Publication.

SEC. 111. GUIDANCE ON AT-HOME DRUG DISPOSAL SYSTEMS.

(a) IN GENERAL.—Not later than one year after the date of enactment of this Act, the Secretary of Health and Human Services, in consultation with the Administrator of the Drug Enforcement Administration, shall publish guidance to facilitate the use of at-home safe disposal systems for applicable drugs.

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

(1) recommended standards for effective at-home drug disposal systems to meet applicable requirements enforced by the Food and Drug Administration;

(2) recommended information to include as instructions for use to disseminate with at-home drug disposal systems;

(3) best practices and educational tools to support the use of an at-home drug disposal system, as appropriate; and

Recommendations.
Standards.

(4) recommended use of licensed health providers for the dissemination of education, instruction, and at-home drug disposal systems, as appropriate.

SEC. 112. ASSESSMENT OF OPIOID DRUGS AND ACTIONS.

(a) **IN GENERAL.**—Not later than one year after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this section as the “Secretary”) shall publish on the website of the Food and Drug Administration (referred to in this section as the “FDA”) a report that outlines a plan for assessing opioid analgesic drugs that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) that addresses the public health effects of such opioid analgesic drugs as part of the benefit-risk assessment and the activities of the FDA that relate to facilitating the development of nonaddictive medical products intended to treat pain or addiction. Such report shall include—

Web posting.
Reports.

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

(2) a timeline for an assessment of the potential need, as appropriate, for labeling changes, revised or additional post-marketing requirements, enforcement actions, or withdrawals for opioid analgesic drugs;

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

(4) an overview of the consideration by the FDA of clinical trial methodologies for analgesic drugs, including the enriched enrollment randomized withdrawal methodology, and the benefits and drawbacks associated with different trial methodologies for such drugs, incorporating any public input received under subsection (b).

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

SEC. 113. GRANT PROGRAM FOR STATE AND TRIBAL RESPONSE TO OPIOID USE DISORDERS.

42 USC 290ee–3a
note.

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

TITLE II—TREATMENT

SEC. 201. RESIDENTIAL TREATMENT PROGRAM FOR PREGNANT AND POSTPARTUM WOMEN.

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

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

(2) in subsection (g)—

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

(B) by adding at the end the following: “Such plan may include a description of how such applicant will target outreach to women disproportionately impacted by maternal substance use disorder.”; and

Time periods.

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

SEC. 202. IMPROVING ACCESS TO ADDICTION MEDICINE PROVIDERS.

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

(1) in subsection (a)(1), by inserting “diagnosis,” after “related to”; and

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

Time periods.

SEC. 203. MENTAL AND BEHAVIORAL HEALTH EDUCATION AND TRAINING GRANTS.

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

Time periods.

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

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

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

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

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

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

(1) in subsection (b)(1)—

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

(B) by inserting after subparagraph (BB) the following: “(CC) The Administration for Community Living.”;

(2) in subsection (d)(1), in the matter preceding subparagraph (A), by inserting “, developmental disability service providers” before “, individuals who are”; and

(3) in subsection (i), by striking “2023” and inserting “2030”.

SEC. 207. GRANTS TO ENHANCE ACCESS TO SUBSTANCE USE DISORDER TREATMENT.

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

(1) by striking subsection (b); and

(2) by striking “(a) IN GENERAL.—The Secretary” and inserting the following: “The Secretary”.

SEC. 208. STATE GUIDANCE RELATED TO INDIVIDUALS WITH SERIOUS MENTAL ILLNESS AND CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE.

42 USC 300x
note.

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

Deadline.

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

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

(b) REPORT AND GUIDANCE.—

(1) REPORT.—Not later than 180 days after the completion of the review under subsection (a), the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions and the Committee on Appropriations of the Senate and the Committee on Energy and Commerce and the Committee on Appropriations of the House of Representatives a report describing—

(A) the findings of the review under subsection (a); and

(B) any recommendations for changes to the block grant program that would facilitate improved outcomes for individuals with serious mental illness and children with serious emotional disturbance.

(2) GUIDANCE.—Not later than 1 year after the date on which the report is submitted under paragraph (1), the Secretary shall update the guidance provided to States under the block grant program on coordinated specialty care and other evidence-based mental health care services for individuals with serious mental illness and children with a serious emotional disturbance, based on the findings and recommendations of such report.

21 USC 812 note. **SEC. 209. REVIEWING THE SCHEDULING OF APPROVED PRODUCTS CONTAINING A COMBINATION OF BUPRENORPHINE AND NALOXONE.**

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

Regulations. (1) review the relevant data pertaining to the scheduling of products containing a combination of buprenorphine and naloxone that have been approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355); and (2) if appropriate, request that the Attorney General initiate rulemaking proceedings to revise the schedules accordingly with respect to such products.

(b) ATTORNEY GENERAL.—The Attorney General shall review any request made by the Secretary of Health and Human Services under subsection (a)(2) and determine whether to initiate proceedings to revise the schedules in accordance with the criteria set forth in sections 201 and 202 of the Controlled Substances Act (21 U.S.C. 811, 812).

42 USC 290ee note. **SEC. 210. REFERENCES TO OPIOID OVERDOSE REVERSAL AGENTS IN HHS GRANT PROGRAMS.**

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

Deadline. (b) EXISTING REFERENCES.—

(1) UPDATE.—Not later than one year after the date of enactment of this Act, the Secretary of Health and Human Services shall update all references described in paragraph (2) to be inclusive of any opioid overdose reversal drug that has been approved or otherwise authorized for use by the Food and Drug Administration.

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

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

(B) is included in—

(i) the grant program for State and Tribal response to opioid use disorders under section 1003 of the 21st Century Cures Act (42 U.S.C. 290ee–3 note) (commonly referred to as “State Opioid Response Grants” and “Tribal Opioid Response Grants”); or

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

SEC. 211. ROUNDTABLE ON USING HEALTH INFORMATION TECHNOLOGY TO IMPROVE MENTAL HEALTH AND SUBSTANCE USE CARE OUTCOMES.

(a) ROUNDTABLE.—Not later than 180 days after the date of enactment of this Act, the National Coordinator for Health Information Technology shall convene a public roundtable to examine—

Deadline.
Public
information.
Examination.

(1) how the expanded use of electronic health records among mental health and substance use service providers can improve outcomes for patients in mental health and substance use settings; and

(2) how best to increase electronic health record adoption among such providers.

(b) PARTICIPANTS.—The National Coordinator for Health Information Technology shall ensure that the participants in the roundtable under subsection (a) include private and public sector stakeholders, including patients, providers (including providers of inpatient services and providers of outpatient services), and representatives of payors, health information exchanges, professional associations, health information technology vendors, health information technology certification organizations, and State and Federal agencies.

(c) REPORT.—Not later than 180 days after the conclusion of the public stakeholder roundtable under subsection (a), the National Coordinator for Health Information Technology shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report outlining information gathered from the roundtable under subsection (a). Such report shall include an examination of—

(1) recommendations from the roundtable participants;

(2) unique considerations for using electronic health record systems in mental health and substance use treatment settings;

(3) unique considerations for developers of health information technology relating to certification of electronic health record systems for use in mental health and substance use treatment settings where the applicable health information technology is not subject to certification requirements;

(4) current usage of electronic health record systems by mental health and substance use disorder service providers, and the scope and magnitude of such providers that do not use electronic health record systems;

(5) examples of how electronic health record systems enable coordinated care and care management;

(6) how electronic health record systems advance appropriate patient and provider access to secure, usable electronic information exchange;

(7) how electronic health record systems can be connected to or support existing systems, which may include the 9-8-8 National Suicide Prevention Lifeline, mobile crisis response systems, and co-responder programs, to facilitate connectivity, response, and integrated care;

(8) any existing programs to support greater adoption of electronic health record systems among mental health and substance use service providers;

(9) any limitations to greater adoption of electronic health record systems among mental health and substance use service providers;

(10) the costs of adoption of electronic health record systems by mental health and substance use disorder service providers; and

(11) best practices implemented by States and other entities to support adoption of use of electronic health records among mental health and substance use disorder service providers.

TITLE III—RECOVERY

Time periods.

SEC. 301. BUILDING COMMUNITIES OF RECOVERY.

Section 547(f) of the Public Health Service Act (42 U.S.C. 290ee–2(f)) is amended by striking “\$5,000,000 for each of fiscal years 2019 through 2023” and inserting “\$17,000,000 for each of fiscal years 2026 through 2030”.

SEC. 302. PEER SUPPORT TECHNICAL ASSISTANCE CENTER.

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

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

“(A) professional development of peer support specialists; and

“(B) making recovery support services available in non-clinical settings; and”;

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

(3) by inserting after subsection (c) the following:

“(d) REGIONAL CENTERS.—

Establishment.

“(1) IN GENERAL.—The Secretary may establish one regional technical assistance center (referred to in this subsection as the ‘Regional Center’), with existing resources, to assist the Center in carrying out activities described in subsection (b) within the geographic region of such Regional Center in a manner that is tailored to the needs of such region.

Reports.

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

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

“(B) available information relating to the outcomes of the Regional Center under this subsection, such as any impact on the operations and efficiency of the Center relating to requests for technical assistance and support within the region of such Regional Center;

“(C) a description of any gaps or areas of duplication relating to the activities of the Regional Center and the Center within such region; and

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

“(3) **TERMINATION.**—This subsection shall terminate on September 30, 2030.”; and

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

SEC. 303. COMPREHENSIVE OPIOID RECOVERY CENTERS.

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

(1) in subsection (d)(2)—

(A) in the matter preceding subparagraph (A), by striking “and in such manner” and inserting “, in such manner, and containing such information and assurances, including relevant documentation,”; and

(B) in subparagraph (A), by striking “is capable of coordinating with other entities to carry out” and inserting “has the demonstrated capability to carry out, through referral or contractual arrangements”;

(2) in subsection (h)—

(A) by redesignating paragraphs (1) through (4) as subparagraphs (A) through (D), respectively, and adjusting the margins accordingly;

(B) by striking “With respect to” and inserting the following:

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

(C) by adding at the end the following:

“(2) **ADDITIONAL REPORTING FOR CERTAIN ELIGIBLE ENTITIES.**—An entity carrying out activities described in subsection (g) through referral or contractual arrangements shall include in the submissions required under paragraph (1) information related to the status of such referrals or contractual arrangements, including an assessment of whether such referrals or contractual arrangements are supporting the ability of such entity to carry out such activities.”; and

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

SEC. 304. YOUTH PREVENTION AND RECOVERY.

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

(1) in paragraph (2)—

(A) in subparagraph (A)—

(i) in clause (i)—

(I) by inserting “, or a consortium of local educational agencies,” after “a local educational agency”; and

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

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

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

“(E) **INDIAN TRIBE; TRIBAL ORGANIZATION.**—The terms ‘Indian Tribe’ and ‘Tribal organization’ have the meanings given such terms in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304).”;

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

(D) by inserting after subparagraph (J) the following:
“(K) SECONDARY SCHOOL.—The term ‘secondary school’ has the meaning given such term in section 8101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801).”;

(2) in paragraph (3)(A), in the matter preceding clause (i)—

(A) by striking “and abuse”; and

(B) by inserting “at increased risk for substance misuse” after “specific populations”;

(3) in paragraph (4)—

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

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

(C) in subparagraph (B), by striking “peer mentoring” and inserting “peer-to-peer support”;

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

(5) in paragraph (6)(A)—

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

(B) by adding at the end the following:

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

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

(7) by amending paragraph (9) to read as follows:

“(9) AUTHORIZATION OF APPROPRIATIONS.—To carry out this subsection, there are authorized to be appropriated—

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

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

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

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

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

Time periods.

SEC. 305. CAREER ACT.

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

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

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

Time periods.

(3) in subsection (c)—

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

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

“(2) RATES.—The rates described in this paragraph are the following:

“(A) The highest age-adjusted average rates of drug overdose deaths for calendar years 2018 through 2022 based on data from the Centers for Disease Control and

Prevention, including, if necessary, provisional data for calendar year 2022.

“(B) The highest average rates of unemployment for calendar years 2018 through 2022 based on data provided by the Bureau of Labor Statistics.

“(C) The lowest average labor force participation rates for calendar years 2018 through 2022 based on data provided by the Bureau of Labor Statistics.”;

(4) in subsection (g)—

(A) in each of paragraphs (1) and (3), by redesignating subparagraphs (A) and (B) as clauses (i) and (ii), respectively, and adjusting the margins accordingly;

(B) by redesignating paragraphs (1) through (3) as subparagraphs (A) through (C), respectively, and adjusting the margins accordingly;

(C) in the matter preceding subparagraph (A) (as so redesignated), by striking “An entity” and inserting the following:

“(1) IN GENERAL.—An entity”; and

(D) by adding at the end the following:

“(2) TRANSPORTATION SERVICES.—An entity receiving a grant under this section may use not more than 5 percent of the funds for providing transportation for individuals to participate in an activity supported by a grant under this section, which transportation shall be to or from a place of work or a place where the individual is receiving vocational education or job training services or receiving services directly linked to treatment of or recovery from a substance use disorder.

“(3) LIMITATION.—The Secretary may not require an entity to, or give priority to an entity that plans to, use the funds of a grant under this section for activities that are not specified in this subsection.”;

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

(6) in subsection (j)—

(A) in paragraph (1), by inserting “for grants awarded prior to the date of enactment of the SUPPORT for Patients and Communities Reauthorization Act of 2025” after “grant period under this section”; and

(B) in paragraph (2)—

(i) in the matter preceding subparagraph (A), by striking “2 years after submitting the preliminary report required under paragraph (1)” and inserting “September 30, 2030”; and

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

(7) in subsection (k), by striking “\$5,000,000 for each of fiscal years 2019 through 2023” and inserting “\$12,000,000 for each of fiscal years 2026 through 2030”. Time periods.

(b) REAUTHORIZATION OF THE CAREER ACT; RECOVERY HOUSING PILOT PROGRAM.—

(1) IN GENERAL.—Section 8071 of the SUPPORT for Patients and Communities Act (42 U.S.C. 5301 note; Public Law 115–271) is amended—

(A) by striking the section heading and inserting “**CAREER ACT; RECOVERY HOUSING PILOT PROGRAM**”;

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

(C) in subsection (b)—

Deadline.

(i) in paragraph (1), by striking “not later than 60 days after the date of enactment of this Act” and inserting “not later than 60 days after the date of enactment of the SUPPORT for Patients and Communities Reauthorization Act of 2025”; and

(ii) in paragraph (2)(B)(i)—

(I) in subclause (I)—

(aa) by striking “for calendar years 2013 through 2017”; and

(bb) by inserting “for calendar years 2018 through 2022” after “rates of unemployment”;

(II) in subclause (II)—

(aa) by striking “for calendar years 2013 through 2017”; and

(bb) by inserting “for calendar years 2018 through 2022” after “participation rates”; and

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

“(III) The highest age-adjusted average rates of drug overdose deaths for calendar years 2018 through 2022 based on data from the Centers for Disease Control and Prevention, including, if necessary, provisional data for calendar year 2022.”; and

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

(2) CONFORMING AMENDMENT.—Subtitle F of title VIII of the SUPPORT for Patients and Communities Act (Public Law 115–271; 132 Stat. 4095) is amended by striking the subtitle heading and inserting the following: “**Subtitle F—CAREER Act; Recovery Housing Pilot Program**”.

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

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

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

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

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

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

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

SEC. 306. ADDRESSING ECONOMIC AND WORKFORCE IMPACTS OF THE OPIOID CRISIS.

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

SEC. 307. REVIEW OF INFORMATION RELATED TO FUNDING OPPORTUNITIES UNDER PROGRAMS ADMINISTERED BY SAMHSA.

(a) **IN GENERAL.**—Not later than one year after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this section as the “Secretary”) shall convene a public meeting for purposes of improving awareness of, and access to, information related to current and future funding opportunities under programs administered by the Substance Abuse and Mental Health Services Administration (in this section referred to as “SAMHSA funding opportunities”).

Deadline.
Public
information.

(b) **TOPICS.**—The public meeting under subsection (a) shall include—

(1) opportunities to improve the utility and functionality of internet websites maintained by the Secretary that provide information related to SAMHSA funding opportunities, such as Grants.gov;

(2) other models for displaying and disseminating information related to SAMHSA funding opportunities, such as interactive dashboards; and

(3) strategies to improve the ability of entities to apply for SAMHSA funding opportunities, including entities that have not traditionally applied for SAMHSA funding opportunities.

Strategies.

(c) **WEBSITE IMPROVEMENTS.**—The Secretary shall implement improvements to Grants.gov related to SAMHSA funding opportunities based on stakeholder feedback received at the public meeting under subsection (a), as appropriate, to the maximum extent feasible.

42 USC 290aa
note.

(d) **REPORT.**—Not later than one year after the date on which the public meeting under subsection (a) is convened, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report summarizing the findings of such meeting, including how the Secretary has taken into account the feedback received through such meeting and implemented—

(1) improvements to internet websites maintained by the Secretary that provide information related to SAMHSA funding opportunities; and

(2) strategies to improve awareness of SAMHSA funding opportunities.

TITLE IV—MISCELLANEOUS MATTERS**SEC. 401. DELIVERY OF A CONTROLLED SUBSTANCE BY A PHARMACY TO A PRESCRIBING PRACTITIONER.**

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

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

“(A) by injection or implantation for the purpose of maintenance or detoxification treatment; or

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

SEC. 402. REQUIRED TRAINING FOR PRESCRIBERS OF CONTROLLED SUBSTANCES.

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

(1) by redesignating the second subsection designated as subsection (l) as subsection (m); and

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

(A) in subparagraph (A)—

(i) in clause (iv)—

(I) in subclause (I)—

(aa) by inserting “the American Academy of Family Physicians, the American Podiatric Medical Association, the Academy of General Dentistry, the American Optometric Association,” before “or any other organization”;

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

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

(II) in subclause (III), by inserting “or the American Academy of Family Physicians” after “Association”; and

(ii) in clause (v), in the matter preceding subclause

(I)—

(I) by striking “osteopathic medicine, dental surgery” and inserting “osteopathic medicine, podiatric medicine, dental surgery”; and

(II) by striking “or dental medicine curriculum” and inserting “or dental or podiatric medicine curriculum”; and

(B) in subparagraph (B)—

(i) in clause (i)—

(I) by inserting “the American Pharmacists Association, the Accreditation Council on Pharmacy Education, the American Psychiatric Nurses Association, the American Academy of Nursing, the American Academy of Family Physicians,” before “or any other organization”; and

(II) by inserting “, the American Academy of Family Physicians,” before “or the Accreditation Council”; and

(ii) in clause (ii)—

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

(II) by inserting “, or an accredited school of pharmacy” before “in the United States”.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) 21 USC 823 note. shall take effect as if enacted on December 29, 2022.

Approved December 1, 2025.

LEGISLATIVE HISTORY—H.R. 2483:

HOUSE REPORTS: No. 119–114, Pt. 1 (Comm. on Energy and Commerce).

CONGRESSIONAL RECORD, Vol. 171 (2025):

June 4, considered and passed House.

Sept. 18, considered and passed Senate.

