

119TH CONGRESS
2D SESSION

S. 4895

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

IN THE SENATE OF THE UNITED STATES

JUNE 24, 2026

Mrs. SHAHEEN (for herself and Ms. HASSAN) introduced the following bill;
which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

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

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Turn the Tide Act”.

5 **SEC. 2. CONTROLLED SUBSTANCE PROVISIONS OF THE**
6 **SUPPORT FOR PATIENTS AND COMMUNITIES**
7 **ACT.**

8 (a) GRANTS TO ENHANCE ACCESS TO SUBSTANCE
9 USE DISORDER TREATMENT.—Section 3203(b) of the
10 Substance Use-Disorder Prevention that Promotes Opioid

1 Recovery and Treatment for Patients and Communities
2 Act (Public Law 115–271) is amended—

3 (1) by striking “The Secretary” and inserting
4 the following:

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

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

7 “(b) APPROPRIATIONS.—For grants under subsection
8 (a), there is authorized to be appropriated, and there is
9 appropriated, out of any monies in the Treasury not other-
10 wise appropriated, \$4,000,000 for each of fiscal years
11 2027 through 2030.”.

12 (b) ACCESS TO INCREASED DRUG DISPOSAL.—Sec-
13 tion 3260 of the Substance Use-Disorder Prevention that
14 Promotes Opioid Recovery and Treatment for Patients
15 and Communities Act (Public Law 115–271) is amended
16 to read as follows:

17 **“SEC. 3260. APPROPRIATIONS.**

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

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

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

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

11 (b) **PUBLIC HEALTH LABORATORIES PILOT PRO-**
12 **GRAM.**—Section 7011(d) of the Substance Use-Disorder
13 Prevention that Promotes Opioid Recovery and Treatment
14 for Patients and Communities Act (Public Law 115–271)
15 is amended to read as follows:

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

21 (c) **MODEL TRAINING PROGRAMS FOR SUBSTANCE**
22 **USE DISORDER PATIENT RECORDS.**—Section 7053 of the
23 Substance Use-Disorder Prevention that Promotes Opioid
24 Recovery and Treatment for Patients and Communities
25 Act (Public Law 115–271) is amended by adding at the
26 end the following:

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

5 “(1) \$4,000,000 for fiscal year 2027;

6 “(2) \$2,000,000 for fiscal year 2028; and

7 “(3) \$1,000,000 for each of fiscal years 2029
 8 and 2030.”.

9 (d) RESIDENTIAL TREATMENT PROGRAMS FOR
 10 PREGNANT AND POSTPARTUM WOMEN.—Section 508(s)
 11 of the Public Health Service Act (42 U.S.C. 290bb–1(s))
 12 is amended by striking the first sentence and inserting the
 13 following: “To carry out this section, there is authorized
 14 to be appropriated, and there is appropriated, out of any
 15 monies in the Treasury not otherwise appropriated,
 16 \$50,000,000 for each of fiscal years 2027 through 2030.”.

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

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

1 (f) COORDINATION AND CONTINUATION OF CARE
2 FOR DRUG OVERDOSE PATIENTS.—Section 7081(f) of the
3 Substance Use-Disorder Prevention that Promotes Opioid
4 Recovery and Treatment for Patients and Communities
5 Act (42 U.S.C. 290dd–4) is amended to read as follows:

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

11 (g) EMERGENCY DEPARTMENT ALTERNATIVES TO
12 OPIOIDS DEMONSTRATION PROGRAM.—Section 7091(g)
13 of the Substance Use-Disorder Prevention that Promotes
14 Opioid Recovery and Treatment for Patients and Commu-
15 nities Act (Public Law 115–271) is amended to read as
16 follows:

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

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

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

6 (i) YOUTH PREVENTION AND RECOVERY.—Section
 7 7102(c)(9) of the Substance Use-Disorder Prevention that
 8 Promotes Opioid Recovery and Treatment for Patients
 9 and Communities Act (Public Law 115–271) is amended
 10 to read as follows:

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

16 (j) COMPREHENSIVE OPIOID RECOVERY CENTERS.—
 17 Section 552(j) of the Public Health Service Act (42 U.S.C.
 18 290ee–7(j)) is amended to read as follows:

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

24 (k) CDC SURVEILLANCE AND DATA COLLECTION.—
 25 Section 7131(e) of the Substance Use-Disorder Prevention

1 that Promotes Opioid Recovery and Treatment for Pa-
 2 tients and Communities Act (42 U.S.C. 242t(e)) is amend-
 3 ed to read as follows:

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

9 (l) NATIONAL CHILD TRAUMATIC STRESS INITIA-
 10 TIVE.—Section 582(j) of the Public Health Service Act
 11 (42 U.S.C. 290hh–1(j)) is amended to read as follows:

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

17 (m) TRAUMA SUPPORT SERVICES AND MENTAL
 18 HEALTH CARE.—Section 7134(l) of the Substance Use-
 19 Disorder Prevention that Promotes Opioid Recovery and
 20 Treatment for Patients and Communities Act (42 U.S.C.
 21 280h–7(l)) is amended to read as follows:

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

1 appropriated, \$50,000,000 for each of fiscal years 2027
2 through 2030.”.

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

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

13 (o) BUILDING COMMUNITIES OF RECOVERY.—Sec-
14 tion 547(f) of the Public Health Service Act (42 U.S.C.
15 290ee–2(f)) is amended to read as follows:

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

21 (p) PEER SUPPORT TECHNICAL ASSISTANCE CEN-
22 TER.—Section 547A(f) of the Public Health Service Act
23 (42 U.S.C. 290ee–2a(f)) is amended to read as follows:

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

1 priated, out of any monies in the Treasury not otherwise
 2 appropriated, \$4,000,000 for each of fiscal years 2027
 3 through 2030.”.

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

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

12 (r) CAREER ACT.—Section 7183(k) of the Substance
 13 Use-Disorder Prevention that Promotes Opioid Recovery
 14 and Treatment for Patients and Communities Act (42
 15 U.S.C. 290ee–8(k)) is amended to read as follows:

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

21 **SEC. 4. HOUSING AND DEPARTMENT OF JUSTICE PROVI-**
 22 **SIONS OF THE SUPPORT FOR PATIENTS AND**
 23 **COMMUNITIES ACT.**

24 (a) REAUTHORIZATION AND IMPROVEMENT OF RE-
 25 COVERY HOUSING PROGRAM.—Section 8071 of the SUP-

1 PORT for Patients and Communities Act (42 U.S.C. 5301
2 note; Public Law 115–271) is amended—

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

7 (2) in subsection (b)—

8 (A) in paragraph (1), by striking “date of
9 enactment of the SUPPORT for Patients and
10 Communities Reauthorization Act of 2025” and
11 inserting “date of enactment of the Turn the
12 Tide Act”; and

13 (B) by striking paragraph (2) and insert-
14 ing the following:

15 “(2) PRIORITY.—

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

24 “(i) The highest average rates of un-
25 employment based on data provided by the

1 Bureau of Labor Statistics for calendar
2 years 2023 through 2027.

3 “(ii) The lowest average labor force
4 participation rates based on data provided
5 by the Bureau of Labor Statistics for cal-
6 endar years 2023 through 2027.

7 “(iii) The highest average age-ad-
8 justed rates of drug overdose deaths based
9 on data from the Centers for Disease Con-
10 trol and Prevention for the 3 most recent
11 calendar years.

12 “(B) WEIGHTING.—The factors described
13 in subparagraph (A) shall be weighted as fol-
14 lows:

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

18 “(ii) The rate described in subpara-
19 graph (A)(ii) shall be weighted at 15 per-
20 cent.

21 “(iii) The rate described in subpara-
22 graph (A)(iii) shall be weighted at 70 per-
23 cent.”; and

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

4 (b) BUILDING CAPACITY FOR FAMILY-FOCUSED RES-
5 IDENTIAL TREATMENT.—Section 8083(c) of the Sub-
6 stance Use-Disorder Prevention that Promotes Opioid Re-
7 covery and Treatment for Patients and Communities Act
8 (Public Law 115–271) is amended to read as follows:

9 “(c) APPROPRIATIONS.—To carry out this section,
10 there is authorized to be appropriated, and there is appro-
11 priated, out of any monies in the Treasury not otherwise
12 appropriated, \$20,000,000 for fiscal year 2027, which
13 shall remain available through fiscal year 2030.”.

14 (c) COMPREHENSIVE OPIOID ABUSE GRANT PRO-
15 GRAM.—Section 1001(a)(27) of title I of the Omnibus
16 Crime Control and Safe Streets Act of 1968 (34 U.S.C.
17 10261(a)(27)) is amended to read as follows:

18 “(27) To carry out part LL, there is authorized to
19 be appropriated, and there is appropriated, out of any
20 monies in the Treasury not otherwise appropriated,
21 \$500,000,000 for each of fiscal years 2027 through
22 2030.”.

23 (d) OFFICE OF NATIONAL DRUG CONTROL POL-
24 ICY.—Section 714 of the Office of National Drug Control

1 Policy Reauthorization Act of 1998 (21 U.S.C. 1711) is
 2 amended to read as follows:

3 **“SEC. 714. AUTHORIZATION OF APPROPRIATIONS; APPRO-**
 4 **PRIATIONS.**

5 “To carry out this title, except activities otherwise
 6 specified, there is authorized to be appropriated, and there
 7 is appropriated, out of any monies in the Treasury not
 8 otherwise appropriated, \$50,000,000 for each of fiscal
 9 years 2027 through 2030, to remain available until ex-
 10 pended.”.

11 (e) DRUG-FREE COMMUNITIES PROGRAM.—Section
 12 1024 of the Anti-Drug Abuse Act of 1988 (21 U.S.C.
 13 1524) is amended—

14 (1) in the heading, by inserting “**; APPRO-**
 15 **PRIATIONS**” after “**AUTHORIZATION OF APPRO-**
 16 **PRIATIONS**”; and

17 (2) by striking subsection (a) and inserting the
 18 following:

19 “(a) IN GENERAL.—To carry out this chapter, there
 20 is authorized to be appropriated to the Office of National
 21 Drug Control Policy, and there is appropriated, out of any
 22 monies in the Treasury not otherwise appropriated,
 23 \$175,000,000 for each of fiscal years 2027 through
 24 2030.”.

1 (f) HIGH-INTENSITY DRUG TRAFFICKING AREA PRO-
 2 GRAM.—Section 707(p) of the Office of National Drug
 3 Control Policy Reauthorization Act of 1988 (21 U.S.C.
 4 1706(p)) is amended—

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

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

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

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

12 (A) in subparagraph (E), as so redesign-
 13 ated, by striking “each of”; and

14 (B) in subparagraph (F), as so redesign-
 15 ated, by striking “2018 through 2023” and in-
 16 serting “2027 through 2030”; and

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

18 “(2) APPROPRIATIONS.—To carry out this sec-
 19 tion, there is authorized to be appropriated to the
 20 Office of National Drug Control Policy, and there is
 21 appropriated, out of any monies in the Treasury not
 22 otherwise appropriated, \$350,000,000 for each of
 23 fiscal years 2027 through 2030.”.

24 (g) DRUG COURT PROGRAM.—Section
 25 1001(a)(25)(A) of title I of the Omnibus Crime Control

1 and Safe Streets Act of 1968 (34 U.S.C.
2 10261(a)(25)(A)) is amended to read as follows:

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

8 (h) DRUG COURT TRAINING AND TECHNICAL AS-
9 SISTANCE.—Section 705(e)(2) of the Office of National
10 Drug Control Policy Reauthorization Act of 1988 (21
11 U.S.C. 1704(e)(2)) is amended to read as follows:

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

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

23 “(2) AUTHORIZATION OF APPROPRIATIONS; AP-
24 PROPRIATIONS.—To carry out this subsection, there
25 is authorized to be appropriated, and there is appro-

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

8 “(g) AUTHORIZATION OF APPROPRIATIONS; APPRO-
9 PRIATIONS.—To carry out this section, there is authorized
10 to be appropriated to the Office, and there is appropriated,
11 out of any monies in the Treasury not otherwise appro-
12 priated, \$35,000,000 for each of fiscal years 2027 through
13 2030.”.

14 SEC. 5. BOLSTERING COMMITMENTS TO STATE GRANTS
15 FOR SUBSTANCE USE DISORDER TREATMENT
16 AND PREVENTION.

17 (a) STATE OPIOID RESPONSE GRANTS.—

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1 appropriated, \$5,500,000,000 for each of fiscal
2 years 2027 through 2031.

3 (2) FLEXIBILITY IN USE OF FUNDS.—Section
4 1003(b) of the 21st Century Cures Act (42 U.S.C.
5 290ee–3a(b)) is amended by adding at the end the
6 following:

7 “(5) FLEXIBILITY.—States and Indian Tribes
8 may use amounts provided under grants under this
9 subsection to support substance use disorder treat-
10 ment care and related services regardless of whether
11 the patient involved has a primary diagnosis of
12 opioid use disorder, so long as the individual has a
13 substance use disorder diagnosis.

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

19 (3) SUBSTANCE ABUSE PREVENTION AND
20 TREATMENT BLOCK GRANTS.—Section 1935(a) of
21 the Public Health Service Act (42 U.S.C. 300x–
22 35(a)) is amended to read as follows:

23 “(a) APPROPRIATIONS.—To carry out this subpart,
24 subpart III, and section 505(d), there is authorized to be
25 appropriated, and there is appropriated, out of any monies

1 in the Treasury not otherwise appropriated,
2 \$3,000,000,000 for each of fiscal years 2027 through
3 2031, and \$2,500,000,000 for each of fiscal years 2032
4 through 2036.”.

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

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

14 (2) Of such remaining amounts for each such
15 fiscal year, 15 percent shall be made available to the
16 States with the highest mortality rate related to
17 opioid use disorders. For purposes of allocating such
18 funds, the Secretary shall develop a formula that
19 avoids a significant cliff between States with similar
20 mortality rates to prevent unusually large changes in
21 certain States when compared to prior year alloca-
22 tions, including consideration of new formula meth-
23 odologies to avoid such funding cliffs.

24 (3) Of the amount made available for each fis-
25 cal year under subsection (a)(1) for State Opioid

1 Response Grants, not more than 2 percent of such
2 amount shall be available for Federal administrative
3 expenses, training, technical assistance, and evalua-
4 tion.

5 (4) Of the amounts not reserved under para-
6 graphs (1) through (3), the Secretary shall make al-
7 locations to States, territories, and the District of
8 Columbia according to a formula using national sur-
9 vey results that the Secretary determines are the
10 most objective and reliable measure of drug use and
11 drug-related deaths.

12 (5) The formula methodology under paragraph
13 (4) shall be submitted to the Committee on Appro-
14 priations of the House of Representatives and the
15 Committee on Appropriations of the Senate not less
16 than 15 days prior to publishing a Funding Oppor-
17 tunity Announcement.

18 (6) The prevention and treatment activities
19 funded through grants under this section may in-
20 clude education, treatment (including the provision
21 of medication), behavioral health services for individ-
22 uals in treatment programs, referral to treatment
23 services, recovery support, and medical screening as-
24 sociated with such treatment.

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

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

9 (A) In addition to amounts appropriated
10 under section 1935(a) of the Public Health
11 Service Act (42 U.S.C. 300x-35(a)), an addi-
12 tional \$79,200,000 to carry out the provisions
13 referred to in such section 1935(a) (relating to
14 technical assistance, national data, data collec-
15 tion and evaluation activities) and the total
16 available under this Act for activities under sec-
17 tion 1935(b) of such Act shall not exceed 5 per-
18 cent of the amounts appropriated for subpart II
19 of part B of title XIX of such Act.

20 (B) \$2,000,000 to evaluate substance
21 abuse treatment programs.

22 (9) None of the funds provided for under sec-
23 tion 1921 of the Public Health Service Act (42
24 U.S.C. 300x-21) or for State Opioid Response
25 Grants under section 1003 of the 21st Century

1 Cures Act (42 U.S.C. 290ee–3a) shall be subject to
 2 section 241 of the Public Health Service Act (42
 3 U.S.C. 238j).

4 **SEC. 6. ELIMINATING INSURANCE BARRIERS TO MEDICA-**
 5 **TION-ASSISTED TREATMENT.**

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

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

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

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

14 “(28) with respect to any amount expended for
 15 medical assistance for medication-assisted treatment
 16 (as defined in section 1905(ee)) if the State imposes
 17 any utilization control policies or procedures (as de-
 18 fined by the Secretary), including any prior author-
 19 ization requirements, with respect to the provision of
 20 such assistance; or”.

21 (b) CONFORMING AMENDMENT.—Section
 22 1905(a)(29) of the Social Security Act (42 U.S.C.
 23 1396d(a)(29)) is amended by inserting “and section
 24 1903(i)(28)” after “subsection (ee)”.

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

3 **SEC. 7. LIMITATIONS ON COST-SHARING FOR OPIOID OVER-**
 4 **DOSE REVERSAL MEDICATIONS.**

5 (a) LIMITATIONS ON COST-SHARING.—

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

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

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

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

1 practices in providing the benefits described in subsection
2 (a).

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

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

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

13 (2) EMPLOYEE RETIREMENT INCOME SECURITY
14 ACT OF 1974.—

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

20 **“SEC. 727. LIMITATIONS ON COST-SHARING FOR OPIOID**
21 **OVERDOSE REVERSAL AGENTS.**

22 “(a) IN GENERAL.—A group health plan or a health
23 insurance issuer offering group health insurance coverage
24 shall provide coverage for, and shall not impose any cost-
25 sharing requirement under the plan or coverage with re-

1 spect to at least one formulation of an opioid overdose re-
 2 versal agent.

3 “(b) UTILIZATION CONTROL POLICIES; MEDICAL
 4 MANAGEMENT.—A group health plan or health insurance
 5 issuer offering group health insurance coverage shall not
 6 impose any utilization control policies or procedures (as
 7 defined by the Secretary), including prior authorization re-
 8 quirements, with respect to opioid overdose reversal agents
 9 covered under the plan or coverage. Such a plan or issuer
 10 may apply medical management practices in providing the
 11 benefits described in subsection (a).

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

16 “(1) Complete or partial reversal of opioid de-
 17 pression, including respiratory depression, induced
 18 by opioids.

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

22 (B) CLERICAL AMENDMENT.—The table of
 23 contents in section 1 of the Employee Retirement
 24 Income Security Act of 1974 (29 U.S.C.
 25 1001 et seq.) is amended by inserting after the

1 item relating to section 726 the following new
 2 item:

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

3 (3) INTERNAL REVENUE CODE OF 1986.—

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

7 **“SEC. 9827. LIMITATIONS ON COST-SHARING FOR OPIOID**
 8 **OVERDOSE REVERSAL AGENTS.**

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

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

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

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

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

7 (B) CLERICAL AMENDMENT.—The table of
 8 sections for subchapter B of chapter 100 of the
 9 Internal Revenue Code of 1986 is amended by
 10 adding at the end the following new item:

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

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

14 (b) SAFE HARBOR FOR ABSENCE OF DEDUCTIBLE
 15 FOR OPIOID OVERDOSE REVERSAL AGENTS.—

16 (1) IN GENERAL.—Paragraph (2) of section
 17 223(c) of the Internal Revenue Code of 1986 is
 18 amended by adding at the end the following new
 19 subparagraph:

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

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

4 (c) LIMITATIONS ON COST-SHARING UNDER MEDI-
5 CARE PART D.—

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

9 (A) in subsection (b)—

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

13 (ii) in paragraph (2)(A), in the matter
14 preceding clause (i), by striking “and (9)”
15 and inserting “, (9), and (10)”;

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

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

20 “(A) IN GENERAL.—For plan year 2027
21 and each subsequent plan year, each prescrip-
22 tion drug plan and MA–PD plan shall not im-
23 pose any cost-sharing requirement under the
24 plan with respect to at least one brand or ge-
25 neric version of an opioid overdose reversal

1 agent (as defined in section 2799A–11 of the
 2 Public Health Service Act). The requirement
 3 under the preceding sentence shall also apply to
 4 cost-sharing applicable to subsidy eligible indi-
 5 viduals under section 1814D–14.

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

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

12 “(ii) NO APPLICATION OF COINSUR-
 13 ANCE.—The waiver of coinsurance under
 14 paragraph (2).”; and

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

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

21 (2) CONFORMING AMENDMENTS TO COST-SHAR-
 22 ING FOR LOW-INCOME INDIVIDUALS.—Section
 23 1860D–14(a)(1) of the Social Security Act (42
 24 U.S.C. 1395w–114(a)(1)) is amended, in the matter
 25 preceding subparagraph (A), by striking “In the

1 case” and inserting “Subject to section 1860D–
2 2(b)(10), in the case”.

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

5 (a) LOAN REPAYMENT PROGRAM FOR SUBSTANCE
6 USE DISORDER TREATMENT WORKFORCE.—Section 781
7 of the Public Health Service Act (42 U.S.C. 295h) is
8 amended—

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

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

16 (2) in subsection (j), by striking “\$40,000,000
17 for each of fiscal years 2026 through 2030” and in-
18 serting “\$65,000,000 for each of fiscal years 2027
19 through 2031”.

20 (b) TRAINING DEMONSTRATION PROGRAM.—Section
21 760(g) of the Public Health Service Act (42 U.S.C.
22 294k(g)) is amended to read as follows:

23 “(g) APPROPRIATIONS.—

24 “(1) IN GENERAL.—To carry out this section
25 (other than paragraph (2)), there is authorized to be

1 appropriated, and there is appropriated, out of any
2 monies in the Treasury not otherwise appropriated,
3 \$10,000,000 for each of fiscal years 2027 through
4 2030.

5 “(2) STATES WITH HIGHEST DRUG OVERDOSE
6 DEATH RATES.—

7 “(A) IN GENERAL.—To carry out the pro-
8 gram under this section with respect to grant-
9 ees located in States described in subparagraph
10 (B), there is authorized to be appropriated, and
11 there is appropriated, out of any monies in the
12 Treasury not otherwise appropriated,
13 \$20,000,000 for each of fiscal years 2027
14 through 2030.

15 “(B) STATES DESCRIBED.—A State de-
16 scribed in this subparagraph is a State that is
17 among the top 10 States in terms of highest
18 per capita drug poisoning deaths in each of cal-
19 endar years 2023, 2024, and 2025, based on
20 the most recent data available from the Centers
21 for Disease Control and Prevention.

22 “(C) APPLICATION OF SECTION.—Except
23 as provided in this paragraph, the requirements
24 of this section otherwise applicable to grantees

1 under this section shall apply to grantees re-
 2 ceiving assistance under this paragraph.”.

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

5 (a) IN GENERAL.—

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

8 (A) in subsection (a)(13)—

9 (i) by striking “and” at the end of
 10 subparagraph (B);

11 (ii) by adding “and” at the end of
 12 subparagraph (C); and

13 (iii) by adding at the end the fol-
 14 lowing new subparagraph:

15 “(D) payment for mental health and be-
 16 havioral health services (as defined in sub-
 17 section (zz)(1)) furnished on or after October 1,
 18 2026, and before October 1, 2030, by a physi-
 19 cian or applicable professional (as defined in
 20 subsection (zz)(2)) at a rate that is not less
 21 than 100 percent of the payment rate that ap-
 22 plies to such services and physician or applica-
 23 ble professional under part B of title XVIII (or,
 24 if greater, the payment rate that would be ap-
 25 plicable under such part if the conversion factor

under section 1848(d) for the year involved were the conversion factor under such section for 2026, and, if such services are not covered under such part, the reasonable and customary rate the Secretary determines would apply to such services and physician or applicable professional);” and

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

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

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

“(A) IN GENERAL.—The term ‘mental health and behavioral health services’ means the following services, when provided to a patient with a diagnosis of substance use disorder (as defined in subparagraph (B)) as a part of the management or treatment of the patient’s substance use disorder (as determined in accordance with regulations promulgated by the Secretary under subparagraph (C)):

“(i) Evaluation and management services that are procedure codes (for services covered under title XVIII) for services in

1 the category designated Evaluation and
2 Management in the Healthcare Common
3 Procedure Coding System (established by
4 the Secretary under section 1848(c)(5) as
5 of December 31, 2020, and as subse-
6 quently modified).

7 “(ii) Counseling services, as defined
8 by the Secretary.

9 “(iii) Payment codes established by
10 the Secretary for opioid use disorder treat-
11 ment services under section 1866F.

12 “(iv) Any other services the Secretary
13 determines are necessary for the manage-
14 ment or treatment of a patient with a di-
15 agnosis of substance use disorder.

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

1 “(C) REGULATIONS.—Not later than 90
 2 days after the enactment of this subsection, the
 3 Secretary shall promulgate regulations regard-
 4 ing when services are sufficiently related to part
 5 of the management or treatment of a patient’s
 6 substance use disorder.

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

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

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

13 “(C) a medical professional approved to
 14 furnish medication-assisted treatment under
 15 section 303(g)(2) of the Controlled Substances
 16 Act; or

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

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

23 (A) in the subsection heading, by inserting

24 “AND MENTAL HEALTH AND BEHAVIORAL

1 HEALTH SERVICES” after “CARE SERVICES”;
 2 and

3 (B) by inserting before the period at the
 4 end the following: “, and, in the case of mental
 5 health and behavioral health services described
 6 in section 1902(a)(13)(D), consistent with the
 7 minimum payment rates specified in such sec-
 8 tion (regardless of the manner in which such
 9 payments are made, including in the form of
 10 capitation or partial capitation)”.

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

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

16 (2) by adding at the end the following new sub-
 17 section:

18 “(ll) INCREASED FMAP FOR ADDITIONAL EXPENDI-
 19 TURES FOR MENTAL HEALTH AND BEHAVIORAL HEALTH
 20 SERVICES.—

21 “(1) IN GENERAL.—Notwithstanding subsection
 22 (b), with respect to the portion of the amounts ex-
 23 pended for medical assistance for services described
 24 in section 1902(a)(13)(D) furnished on or after Oc-
 25 tober 1, 2026, and before October 1, 2030, that is

1 attributable to the amount by which the minimum
2 payment rate required under such section (or, by ap-
3 plication, section 1932(f)) exceeds the payment rate
4 applicable to such services under the State plan or
5 a waiver of such plan as of July 1, 2026, the Fed-
6 eral medical assistance percentage for a State shall
7 be equal to 100 percent. The preceding sentence
8 shall not be construed as prohibiting the payment of
9 Federal financial participation based on the Federal
10 medical assistance percentage for the portion of the
11 amounts expended for medical assistance for such
12 services that is attributable to the amount (if any)
13 by which the payment rate applicable to such serv-
14 ices under the State plan or waiver exceeds such
15 minimum payment rate.

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

1 **SEC. 10. CMI DEMONSTRATION TO TEST THE PROVISION OF**
 2 **RECOVERY HOUSING FOR INDIVIDUALS WITH**
 3 **OPIOID USE DISORDER UNDER MEDICAID.**

4 Section 1115A of the Social Security Act (42 U.S.C.
 5 1315a) is amended—

6 (1) in subsection (b)(2)(A), by adding at the
 7 end the following new sentence: “The models se-
 8 lected under this subparagraph shall include the
 9 demonstration described in subsection (h) (which
 10 shall be implemented not later than 18 months after
 11 the date of enactment of such subsection).”; and

12 (2) by adding at the end the following new sub-
 13 section:

14 “(h) DEMONSTRATION TO TEST THE PROVISION OF
 15 RECOVERY HOUSING FOR INDIVIDUALS WITH OPIOID
 16 USE DISORDER UNDER MEDICAID.—

17 “(1) IN GENERAL.—The CMI, in consultation
 18 with the Secretary of Housing and Urban Develop-
 19 ment and other agencies, as the Secretary deter-
 20 mines appropriate, shall conduct a demonstration
 21 project (referred to in this subsection as the ‘dem-
 22 onstration’) to test whether providing Medicaid man-
 23 aged care entities with an elevated global capitated
 24 budget for eligible Medicaid beneficiaries, paired
 25 with flexibilities to allow States to provide medical
 26 assistance for recovery housing for such bene-

1 ficiaries, would result in reduced emergency depart-
 2 ment visits, hospitalizations, and program expendi-
 3 tures under per beneficiary, or improve quality of
 4 care for the such beneficiaries without increasing ex-
 5 penditures under the Medicaid program under title
 6 XIX.

7 “(2) DEMONSTRATION REQUIREMENTS.—

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

17 “(B) CAPITATED PAYMENTS.—

18 “(i) IN GENERAL.—The CMI shall es-
 19 tablish a capitated payments system for
 20 Medicaid managed care entities under the
 21 demonstration that is based on the dem-
 22 onstration budget determined under clause
 23 (ii).

24 “(ii) DEMONSTRATION BUDGET.—

“(I) IN GENERAL.—For purposes of clause (i), the demonstration budget of a Medicaid managed care entity for each year of a demonstration period shall be determined by the CMI based on the number of eligible Medicaid beneficiaries enrolled with the entity and the average annual spending under title XIX in the State involved on individuals who are enrolled in the State plan under such title (or a waiver of such plan) and who—

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

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

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

“(II) RISK ADJUSTMENT.—The CMI may adjust the demonstration budget determined for a Medicaid managed care entity and a year under this clause using a risk adjustment

1 model selected by the CMI to account
 2 for differences in age and clinical con-
 3 ditions of the eligible Medicaid bene-
 4 ficiaries enrolled with the entity com-
 5 pared to the overall population upon
 6 which the demonstration budget is
 7 based.

8 “(C) SELECTION OF ELIGIBLE STATES.—
 9 Not later than 1 year after the date of enact-
 10 ment of this subsection, the CMI shall select
 11 not less than 2 eligible States to participate in
 12 the demonstration.

13 “(3) ADDITIONAL WAIVER AUTHORITY.—In ad-
 14 dition to the authority described in subsection
 15 (d)(1), the Secretary may waive such requirements
 16 of title XIX as necessary to carry out the dem-
 17 onstration.

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

19 “(A) ELIGIBLE MEDICAID BENEFICIARY.—
 20 The term ‘eligible Medicaid beneficiary’ means
 21 an individual who—

22 “(i) is eligible for medical assistance
 23 under a State plan under title XIX or a
 24 waiver of such a plan;

1 “(ii) has a diagnosis of opioid use dis-
2 order;

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

5 “(iv) is currently receiving medication-
6 assisted treatment or completed a course
7 of medication-assisted treatment during
8 the 3-month period preceding the individ-
9 ual’s participation in the demonstration;
10 and

11 “(v) has attained age 21 but has not
12 attained age 65.

13 “(B) ELIGIBLE STATE.—

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

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

19 “(II) agrees to participate in the
20 demonstration.

21 “(ii) SELECTION OF ELIGIBLE
22 STATES.—In selecting eligible States to
23 participate in the demonstration, the CMI
24 shall give priority to States that are—

1 “(I) among the top 10 States in
2 terms of highest per capita drug poi-
3 soning deaths in each of calendar
4 years 2023, 2024, and 2025, based on
5 the most recent data available from
6 the Centers for Disease Control and
7 Prevention; and

8 “(II) among the 10 States with
9 the lowest physician reimbursement
10 rates for services furnished under title
11 XIX (as determined by the Secretary)
12 in each of calendar years 2023, 2024,
13 and 2025.

14 “(C) MANAGED CARE ENTITY.—The term
15 ‘managed care entity’ means a medicaid man-
16 aged care organization described in section
17 1932(a)(1)(B)(i).

18 “(D) RECOVERY HOUSING.—The term ‘re-
19 covery housing’ means a shared living environ-
20 ment free from alcohol and illicit drug use and
21 centered on peer support and connection to
22 services that promote sustained recovery from
23 substance use disorders.

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

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

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

7 (1) extend the termination date for the waiver
8 to December 31, 2028 (or such earlier date as the
9 State conducting the waiver may elect);

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

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

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

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

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

2 (3) was approved for any State that is among
3 the top 10 States in terms of highest per capita
4 drug poisoning deaths in each of calendar years
5 2023, 2024, and 2025, based on the most recent
6 data available from the Centers for Disease Control
7 and Prevention.

8 **SEC. 12. EXPANDING DRUG-FREE COMMUNITIES SUPPORT**
9 **GRANTS.**

10 Section 1032 of the Anti-Drug Abuse Act of 1988
11 (21 U.S.C. 1532) is amended—

12 (1) in subsection (b)—

13 (A) in paragraph (3)—

14 (i) in subparagraph (A), by striking
15 “subparagraph (F)” and inserting “sub-
16 paragraph (H)”;

17 (ii) by redesignating subparagraphs
18 (D), (E), and (F) as subparagraphs (F),
19 (G), and (H), respectively;

20 (iii) by inserting after subparagraph
21 (C) the following:

22 “(D) SUBSEQUENT ADDITIONAL
23 GRANTS.—Subject to subparagraph (H), the
24 Administrator may award a subsequent addi-
25 tional grant to a grant recipient under subpara-

graph (A), for each fiscal year during the 4-fiscal-year period following the fiscal year for which the initial additional grant under subparagraph (A) is awarded, in an amount not to exceed the amount of non-Federal funds, including in-kind contributions, raised by the grant recipient for the fiscal year for which the subsequent additional grant is awarded.

“(E) RENEWAL GRANTS.—Subject to subparagraph (H), the Administrator may award a renewal grant to a grant recipient under subparagraph (D), for the first fiscal year following the 4-fiscal-year period for which the subsequent additional grant under subparagraph (D) is awarded, in an amount not to exceed the amount of non-Federal funds, including in-kind contributions, raised by the grant recipient for the fiscal year for which the renewal grant is awarded.”; and

(iv) in subparagraph (F), as so redesignated—

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

1 (II) in the matter preceding
 2 clause (i)—

3 (aa) by striking “clause
 4 (iv)” and inserting “subpara-
 5 graph (H)”;

6 (bb) by striking “renewal
 7 grant to a grant recipient under
 8 this subparagraph” and inserting
 9 “subsequent renewal grant to a
 10 grant recipient under subpara-
 11 graph (E)”;

12 (cc) by striking “initial addi-
 13 tional grant” and inserting “re-
 14 newal grant under subparagraph
 15 (E)”;

16 (B) in paragraph (4), by striking “(3)(E)”
 17 and inserting “(3)(G)”;

18 (2) in subsection (d)—

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

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

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

1 “(2) PRIORITY FOR STATES DEMONSTRATING
2 HIGH MORTALITY RATES RELATING TO OPIOID USE
3 DISORDER.—

4 “(A) GRANTS TO MORE THAN 1 ELIGIBLE
5 COALITION REPRESENTING A COMMUNITY.—In
6 awarding grants under subsection (b)(1)(B)(ii),
7 the Administrator shall give priority to eligible
8 coalitions that serve 1 or more communities in
9 a State that has a high mortality rate relating
10 to opioid use disorder.

11 “(B) SUBSEQUENT ADDITIONAL
12 GRANTS.—In awarding subsequent additional
13 grants under subsection (b)(3)(D), the Admin-
14 istrator shall give priority to an eligible coali-
15 tion that serves 1 or more communities in a
16 State that has a high mortality rate relating to
17 opioid use disorder.”; and

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

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

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

3 There is authorized to be appropriated, and there is
 4 appropriated, out of any monies in the Treasury not other-
 5 wise appropriated, \$15,000,000 for each of fiscal years
 6 2027 through 2030 for grants under section 1701(b)(25)
 7 of title I of the Omnibus Crime Control and Safe Streets
 8 Act of 1968 (34 U.S.C. 10381(b)(25)) to establish peer
 9 mentoring mental health and wellness pilot programs
 10 within State, Tribal, and local law enforcement agencies.

11 **SEC. 14. ADVERSE CHILDHOOD EXPERIENCES RESPONSE**
 12 **TEAM GRANT PROGRAM.**

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

16 **“PART PP—ADVERSE CHILDHOOD EXPERIENCES**
 17 **RESPONSE TEAM GRANT PROGRAM**

18 **“SEC. 3061. GRANTS FOR ADVERSE CHILDHOOD EXPERI-**
 19 **ENCES RESPONSE TEAMS.**

20 “(a) GRANTS AUTHORIZED.—From amounts made
 21 available to carry out this section, the Attorney General,
 22 in coordination with the Secretary of Health and Human
 23 Services, shall make grants to States, units of local gov-
 24 ernment, Indian Tribes, and neighborhood or community-
 25 based organizations to address adverse childhood experi-
 26 ences associated with exposure to trauma.

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

4 “(1) establishing protocols to follow when en-
5 countering a child or youth exposed to trauma to fa-
6 cilitate access to services;

7 “(2) developing referral partnership agreements
8 with behavioral health providers, substance treat-
9 ment facilities, and recovery services for family
10 members of children exposed to trauma;

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

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

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

18 “(6) providing training in trauma-informed care
19 to emergency response providers, victim service pro-
20 viders, child protective service professionals, edu-
21 cational institutions, and other community partners;

22 “(7) supporting cross-system planning and col-
23 laboration among officers and employees who work
24 in law enforcement, court systems, child welfare
25 services, correctional reentry programs, emergency

1 medical services, health care services, public health,
2 and substance abuse treatment and recovery sup-
3 port; and

4 “(8) providing technical assistance to commu-
5 nities, organizations, and public agencies on how to
6 prevent and mitigate the impact of exposure to trau-
7 ma and violence.

8 “(c) APPLICATION.—A State, unit of local govern-
9 ment, Indian Tribe, or neighborhood or community-based
10 organization desiring a grant under this section shall sub-
11 mit to the Attorney General an application in such form,
12 and containing such information, as the Attorney General
13 may reasonably require.”.

14 (b) AUTHORIZATION OF APPROPRIATIONS.—Section
15 1001(a) of title I of the Omnibus Crime Control and Safe
16 Streets Act of 1968 (34 U.S.C. 10261(a)) is amended by
17 adding at the end the following:

18 “(29) There are authorized to be appropriated to
19 carry out part PP \$10,000,000 for each of fiscal years
20 2027 through 2030.”.

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