Wasserman Schultz	Watson Coleman	Wilson (FL)
Waters	Whitesides	
	Williams (GA)	

NOT VOTING—7

Lee (FL)	Norcross	Vargas
Miller-Meeks	Sherrill	
Moore (AL)	Thompson (CA)	

□ 1401

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. THOMPSON of California. Mr. Speaker, today I did not vote on Roll Call Nos. 148 and 149, as I was meeting with constituents. Had I been present, I would have voted NO on Roll Call No. 148, Ordering the previous question of H. Res. 458, and NO on Roll Call No. 149, Providing for consideration of H.R. 2483, SUPPORT for Patients and Communities Reauthorization Act of 2025; H.R. 2931, Save SBA from Sanctuary Cities Act of 2025; H.R. 2966, American Entrepreneurs First Act of 2025; and H.R. 2987, CEASE Act of 2025.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Lasky, one of its clerks, announced that the Senate has agreed to without amendment a concurrent resolution of the House of the following title:

H. Con. Res. 24. Concurrent Resolution authorizing the use of Emancipation Hall in the Capitol Visitor Center for an event to celebrate the birthday of King Kamehameha I.

The message also announced that the Senate has passed a bill of the following title in which the concurrence of the House is requested:

S. 201. An act to provide for a study by the National Academies of Sciences, Engineering, and Medicine on the prevalence and mortality of cancer among individuals who served as active duty aircrew in the Armed forces, and for other purposes.

The message also announced that pursuant to Public Law 85–874, as amended, the Chair, on behalf of the President of the Senate, appoints the following individual to the Board of Trustees of the John F. Kennedy Center for the Performing Arts:

The Senator from Virginia (Mr. WARNER) (re-appointment).

The message also announced that pursuant to Public Law 118–144, the Chair, on behalf of the Democratic Leader, announces the appointment of the following individuals to be members of the Comission to Study the Potential Transfer of the Weitzman National Museum of American Jewish History to the Smithsonian Institute Act:

Louise Mirrer of New York.

Amy Gutmann of Pennsylvania.

The message also announced that pursuant to Public Law 70–770, the Chair, on behalf of the Democratic Leader, announces the appointment of the following individual to the Migratory Bird Conservation Commission:

The Senator from New Mexico (Mr. HEINRICH) (re-appointment).

SUPPORT FOR PATIENTS AND COMMUNITIES REAUTHORIZATION ACT OF 2025

GENERAL LEAVE

Mr. GUTHRIE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks on the legislation and to include extraneous material in the record on H.R. 2483.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Kentucky?

There was no objection.

The SPEAKER pro tempore. Pursuant to House Resolution 458 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the consideration of the bill, H.R. 2483.

The Chair appoints the gentleman from Tennessee (DESJARLAIS) to preside over the Committee of the Whole.

□ 1409

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the consideration of the bill (H.R. 2483) to reauthorize certain programs that provide for opioid use disorder prevention, treatment, and recovery, and for other purposes, with Mr. DESJARLAIS in the chair.

The Clerk read the title of the bill.

The CHAIR. Pursuant to the rule, the bill is considered read the first time.

General debate shall be confined to the bill and shall not exceed 1 hour equally divided and controlled by the chair and ranking minority member on the Committee on Energy and Commerce or their respective designees.

The gentleman from Kentucky (Mr. GUTHRIE) and the gentleman from New Jersey (Mr. PALLONE) each will control 30 minutes.

The Chair recognizes the gentleman from Kentucky (Mr. GUTHRIE).

Mr. GUTHRIE. Mr. Chair, I yield myself such time as I may consume.

Mr. Chair, I rise today in support of H.R. 2483, the SUPPORT for Patients and Communities Reauthorization Act.

When the Committee on Energy and Commerce led the way on the original SUPPORT for Patients and Communities Act 7 years ago under the leadership of Chairman Greg Walden, the opioid crisis looked different. Overdose deaths were largely driven by prescription and semisynthetic opioids, like oxycodone and heroin.

When the COVID–19 pandemic hit, government-enforced lockdowns hurt patients in recovery and sent more people into despair, increasing the amount of people taking illegal drugs for the first time.

Since then, the heartbreaking stories about the toll illicit fentanyl and fentanyl-related substances have on our communities have continued. The rate at which Americans are dying from fentanyl poisoning is just devastating.

In our first Health Committee hearing this Congress, my colleagues listened to the testimony of Ray Cullen, who lost his son Zach to fentanyl poisoning. Nobody should have to experience this pain.

Earlier this year, the House took a critical step to get illicit fentanyl off our streets in passing the HALT Fentanyl Act, which was led by my friend, Congressman MORGAN GRIFFITH.

I am proud today to lead the reauthorization of the SUPPORT for Patients and Communities Act. By passing this bill, my colleagues continue our work to help improve treatment and recovery opportunities, bolster prevention initiatives, and fight the fentanyl crisis.

This bill is about offering hope to those in despair, those battling substance use disorder, their families and loved ones, healthcare heroes, and first responders who need continued support to help save lives.

I thank Congresswoman PETTERSEN and all the Members who have supported this important bipartisan piece of legislation.

I am hopeful that by reauthorizing programs with proven success and increasing access to treatment, Congress can continue to address and prevent these tragic drug-related deaths and restore hope and healing to those who need it. I urge all of my colleagues to support this bill, and I reserve the balance of my time.

Mr. PALLONE. Mr. Chair, I yield myself such time as I may consume.

Mr. Chair, I rise in opposition to H.R. 2483, legislation that reauthorizes the SUPPORT for Patients and Communities Act.

Last Congress, this bill passed with strong bipartisan support right here on the House floor under suspension of the rules. Today it is coming up under a rule because a lot has changed since last year. There is a new administration, and the Trump administration is attacking mental health and substance use response efforts on every front.

Republicans want to move forward with this legislation at the same time that they are silently watching as the Trump administration dismantles SAMHSA, the very agency that is responsible for carrying out the programs that the SUPPORT for Patients and Communities Act reauthorizes.

Thanks to our efforts in recent years, significant improvements have been made in combating the opioid overdose epidemic that has devastated families in every community throughout our Nation, but those improvements are now threatened as the Trump administration guts the very programs and funding that have helped us turn the corner.

In the past few months, the Trump administration has completely eroded the mental health and substance use treatment landscape as we know it. It has fired hundreds of workers at SAMHSA, including key senior officials, such as the director of the center focused on mental health. The department continues to refuse to respond to

my repeated requests about how many SAMHSA employees have been terminated and how many additional firings are planned.

□ 1415

The Trump administration has eliminated entire offices that are responsible for collecting data on mental health and substance use and helping people locate treatment services. These actions will only make it harder for people who are seeking treatment to find care.

The Trump administration is also eliminating SAMHSA altogether without congressional reauthorization. It will be combined with other agencies that the Trump administration doesn't care about under the banner of a larger make America healthy again office.

These critical programs to treat mental health and substance abuse will be deprioritized or eliminated in favor of Secretary Kennedy's pet projects, like destroying Americans' access to vaccines. Congress has received zero—zero—information from the administration about how this new office will work and how the work of SAMHSA to address the mental health and substance use treatments needs of our communities will be prioritized.

The Trump administration is also rescinding more than $1 billion in essential funding that States rely on through block grants. It has also proposed eliminating dozens of different mental health and substance use programs, including eight programs reauthorized by the SUPPORT for Patients and Communities Reauthorization Act of 2025.

This includes programs to train first responders who respond to opioid overdose calls, provide residential treatment to pregnant and postpartum women, and support people on long-term recovery.

If Republicans really support these programs, my colleagues should be opposing the President's budget, which lays out plans to cut the very programs Republican Members claim to care about. In fact, the Trump administration budget goes further and proposes eliminating nearly all of the SUPPORT for Patients and Communities Reauthorization Act of 2025 programs as my colleagues on the other side of the aisle propose to eliminate all of the so-called programs of regional and national significance.

This is the umbrella under which nearly all of the SUPPORT for Patients and Communities Reauthorization Act of 2025 programs reside. My colleagues have also proposed gutting the mental health block grant, the substance abuse block grant, the State opioid response grants, and consolidating them into one program with a deep funding cut.

I will be clear, Mr. Chair. This is not a budget proposal in the traditional sense. This is a roadmap for what the Trump administration plans to do unless the Federal courts prevent them from proceeding.

Their expansive and limitless view of the President's authority knows no bounds. If DOGE wants to cut entire agencies, eliminate programs, and impound funds, they will do it regardless of the law. The Trump administration is making clear that funding treatment and prevention for mental health and substance abuse issues is not a priority.

Unfortunately, Republican majorities of both the House and the Senate silently sit by and watch all of the destruction and illegal actions. House Republicans have not conducted any oversight of this administration.

Let us not forget also, Mr. Chair, that last month, House Republicans passed the biggest cut to Medicaid in history as part of their scheme to fund giant tax breaks for billionaires. As the nonpartisan Congressional Budget Office just announced this morning, the GOP tax scam now cuts 16 million people, up from 13.5 million people, from their healthcare, all to give tax breaks to their billionaire friends.

Medicaid covers 40 percent of all Americans with opioid use disorder. Gutting the program will leave millions of Americans without access to lifesaving care. We can't just go back to business as usual after that devastation was supported and passed by my Republican colleagues.

All of these actions completely undermine the efforts we have made to address substance use disorders in communities across the country. They will have disastrous and deadly consequences on the millions of Americans impacted by substance use disorder. Yet, House Republicans are here on the floor today pretending that we are conducting business as usual here in Washington.

If that were the case, I would join them in supporting the legislation, just as I did last Congress. Yet, this administration is not conducting business as usual, and Republicans are doing absolutely nothing to fight back.

Therefore, Mr. Chair, I can't support this bill while our mental health and substance use treatment infrastructure is being gutted by the Trump administration. There needs to be a functioning agency to implement the programs in this bill. There needs to be actual funding for the agency to carry out these programs. Neither will exist under what Trump has done or is proposing.

If Republicans were really interested in continuing to combat the opioid overdose crisis, they would finally join us in opposing the illegal actions of the Trump administration rather than hiding behind this legislation today.

Mr. Chair, I reserve the balance of my time.

Mr. GUTHRIE. Mr. Chair, I yield myself such time as I may consume.

Mr. Chair, I point out, as they have had efficiencies in HHS in this area, it has been reported to us that there are no material changes in the programs before us today, showing that the Trump administration has substance use disorder and drug addiction as a number one priority.

Mr. Chair, I don't understand the logic that the best way to send a message to the President that you support these programs is to vote ''no'' on the bill. I just don't understand that logic. I hope we can get bipartisan support. We will put the bill on the President's desk, and I believe the President will sign the bill.

Mr. Chair, I yield 2 minutes the gentleman from Ohio (Mr. LATTA), the chairman of the Subcommittee on Energy.

Mr. LATTA. Mr. Chairman, I thank the chair of the full committee for yielding. I appreciate it.

Mr. Chair, I rise in support of H.R. 2483, the SUPPORT for Patients and Communities Reauthorization Act of 2025.

The SUPPORT for Patients and Communities Reauthorization Act of 2025 is one of the most impactful bills the Committee on Energy and Commerce has worked on during my time in Congress. Simply put, we came together to implement bipartisan policies that would save lives.

Gone are the days that substance abuse and addiction are a far off problem that doesn't impact each one of our districts. Instead of hearing the words: ''I know someone who knows someone,'' we hear too often: ''I know someone personally who is impacted by addiction.''

That is why it is absolutely essential that we reauthorize the SUPPORT for Patients and Communities Reauthorization Act of 2025, which will ensure that we have the right tools at our disposal to fight the scourge of fentanyl and opioids in our communities. We must continue vital resources for prevention, education, treatment, recovery, workforce, and law enforcement to help patients struggling with substance abuse. This reauthorization ensures that we will continue to make progress, continue to fight back, and will continue to save lives.

Mr. Chair, I again thank the chairman of the Committee on Energy and Commerce, the gentleman from Kentucky (Mr. GUTHRIE), for his leadership on this legislation. Let's fix it. Let's promote treatment before tragedy, and stop the drug poisonings.

Mr. Chair, I thank the gentleman for yielding to me.

Mr. PALLONE. Mr. Chairman, I yield 4 minutes to the gentleman from New York (Mr. TONKO), the ranking member of the Environment Subcommittee.

Mr. TONKO. Mr. Chair, I thank the gentleman from New Jersey for yielding.

Mr. Chair, SAMHSA's stated mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring access to better outcomes for all.

It is not an exaggeration to say that the public servants at SAMHSA work

every day to prevent overdoses and suicides and save lives.

As a longtime champion for behavioral health parity and access to treatment and as co-chair of the Congressional Addiction, Treatment, and Recovery Caucus, bipartisan in nature, there have been a few questions on my mind.

For instance, how many public servants need to be fired at SAMHSA before we say enough? How many suicide prevention trainings need to be canceled before Republicans can speak out? How many lifesaving naloxone trainings need to be canceled for Republicans to say anything? How many lives need to be lost before Republicans tell the Trump administration to stop the decimation of SAMHSA?

I have other questions, too. They are simple ones like: How many people work at SAMHSA currently? What divisions have no staff left at all? What programs have they had to cut in local communities?

In February, following the firing of probationary employees, I started asking these questions. Since the firing of nearly 50 percent of SAMHSA's staff, I have continued asking those questions. To date, I have gotten zero answers—zero.

Currently, we have lost 50 percent of SAMHSA's staff, and it is not HHS or the Trump administration that shared that with Congress. We only have confirmation that SAMHSA lost half of its staff from the press and from the former SAMHSA employees. That simply is unacceptable.

As a Congress, if we say we care about behavioral health and if we say there is a crisis, then we should be ashamed that we are okay not knowing this. For 4 months, we have been asking questions. Instead of answers, we have even more concerning questions.

I shared with our Committee on Energy and Commerce chair that, as the committee that has jurisdiction over SAMHSA, how do we not have these very important answers? This affects every community in the country, and our first action should be finding out these answers.

If the administration refuses to come in, then let's bring in the fired employees. These people are some of the most dedicated public servants who did this work for all of the right reasons, and they served an incredible need.

On behalf of all Americans, I thank all of the fired SAMHSA employees for their service to our Nation. They deserved better. Frankly, all Americans deserved better. Our loved ones should have access to effective addiction treatment, prevention and recovery support, and behavioral health support and services.

The recent actions of this Trump administration are betraying the goal of access to behavioral health treatment and support. RFK and Donald Trump have proposed to eliminate SAMHSA as an independent agency, burying it somewhere in the so-called Administration for a Healthy America, or AHA.

Let's remember that the whole reason Congress moved SAMHSA into an independent agency was to ensure that behavioral health was prioritized despite the longstanding stigma.

Instead, AHA would take us back to the time that behavioral health is tucked away in another agency and deprioritized. When the agency is gutted, the programs and the mission suffer. Ultimately, the individuals we are trying to help with their mental health and substance use struggles will simply not get the support they need. People will die.

I beg my colleagues on the other side of the aisle: Let's reverse course. We have an obligation to protect SAMHSA's mission and all of our constituents who SAMHSA serves. Like many of my colleagues, I support the programs in this package, but it is completely disingenuous and, frankly, outrageous that Republicans are here today trying to pat themselves on the back as doing something meaningful for those struggling with addiction while the entire agency we are authorizing programs for is being dismantled.

The people doing the work we are authorizing have all been fired, and the administration is proposing even more draconian cuts for mental health and substance use programs in the 2026 budget.

The CHAIR. The time of the gentleman has expired.

Mr. PALLONE. Mr. Chair, I yield an additional 1 minute to the gentleman from New York.

Mr. TONKO. Mr. Chair, give me a break. It is like we are trying to heal a bullet wound with a Band-Aid. I am regrettably going to have to vote ''no'' and would respectfully ask my Republican colleagues to pause today's vote and, instead, focus our attention on responding to the actual crisis at SAMHSA.

Let's stop this performance. Instead, let's do the right thing and walk out right now and meet, make calls, and work together to stop this madness. Let's actually do something to meet this moment before it is too late and we no longer have an agency focused on behavioral health.

This is truly a performative vote if Republicans are too scared to say anything when the agency is being decimated and the mission is on the line. My colleagues on the other side of the aisle want to go home and say they voted for support, but my colleagues won't mention that. It will never be implemented because the funding and staff are gone.

Let's return to my initial question: How many lives need to be lost before Republicans tell the Trump administration to stop the decimation of SAMHSA? If Republicans go forward with this vote today while staying silent as this administration takes the chain saw to SAMHSA, then it is clear that my Republican colleagues are willing to let SAMHSA lose all of its capacity to serve its mission to save lives.

Mr. GUTHRIE. Mr. Chair, I yield 2 minutes to the gentleman from Georgia (Mr. CARTER), the chair of the Subcommittee on Health, an important worker on this piece of legislation and my good friend.

Mr. CARTER of Georgia. Mr. Chair, I thank the gentleman for yielding.

Mr. Chair, I rise today in strong support of Chairman GUTHRIE's SUPPORT for Patients and Communities Reauthorization Act of 2025.

This critical legislation reflects House Republicans' ongoing commitment to fighting the opioid and fentanyl crisis that is devastating families across this Nation.

Under the leadership of President Trump and Chairman GUTHRIE, we are finally seeing real progress.

Listen to these figures, Mr. Chairman:

For the first time in years, opioid overdose deaths have declined, dropping from over 83,000 in 2023 to under 55,000 by the most recent data.

Those are good numbers. They did not happen by accident. It happened because we took bold action to secure our borders, to prioritize treatments, and invest in recovery programs that work.

We can help continue this trajectory by advancing the SUPPORT for Patients and Communities Reauthorization Act of 2025, which is one of the single largest congressional efforts to address our opioid crisis.

Through the SUPPORT for Patients and Communities Reauthorization Act of 2025, we are reauthorizing prevention programs and recovery services and ensuring that first responders can access and administer Naloxone. We are ultimately restoring hope and healing by putting a stop to drug overdose and poisoning.

Mr. Chair, I thank Chairman GUTHRIE for his work on this important issue, and I urge my colleagues on both sides of the aisle to support this legislation.

Mr. Chairman, let's pass this bill. Let's secure our borders. Let's stem the tide of the growing fentanyl crisis, and let's save lives.

Mr. PALLONE. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, I have a great deal of respect for the chairman of the Health Subcommittee, but he goes on to talk about how the Republicans are supporting these programs, and it is simply not true.

Mr. Chair, I have in front of me the ''Fiscal Year 2026 Budget in Brief'' that came from the Department of Health and Human Services.

On page 35 to 36 of the document, it says: ''The budget eliminates the following programs to align investments with the administration's priorities. . . . ''

□ 1430

It lists the following programs. First responder training—there are so many. I don't want to read them all. The chairman mentions helping first responders. That first responder training

program is eliminated under the budget, right? A pregnant and postpartum women program; building communities of recovery; treatment, recovery, and workforce support; comprehensive opioid recovery centers; and youth prevention and recovery initiatives are all eliminated.

I understand that the President is trying to prevent fentanyl from coming in from across the border. I, obviously, support that. The chairman from Georgia said we still need treatment and education. Of course, we do, but that is not what is going on here.

The budget eliminates these programs, so my Republican colleagues can't just come here on the floor and say that they support all this and then authorize the very programs that are being eliminated, so there is no funding and no staff to carry them out. It is not fair. They are giving the impression to the public that they are doing something that they are not.

Mr. Chair, I reserve the balance of my time.

Mr. GUTHRIE. Mr. Chair, I yield 2 minutes to the gentleman from Florida (Mr. DUNN), my good friend who is the vice chair of the Health Subcommittee of the Energy and Commerce Committee.

Mr. DUNN of Florida. Mr. Chair, I rise today in support of H.R. 2483, the SUPPORT for Patients and Communities Reauthorization Act.

This bill is a critical piece of legislation that will help bolster prevention, treatment, and recovery for millions of Americans suffering from substance abuse disorders.

Thanks to the investments from the original SUPPORT for Patients and Communities Act in 2018 and the efforts of the Trump administration, we are finally starting to see a decrease in the overdose death rate.

Florida is a shining example of this progress. In Florida, pilot programs have taken innovative steps, such as using long-acting injectables to help fight opioid addiction. I am encouraged by the number, and I also thoroughly believe that Congress needs to continue the program to make this response possible.

One SUPPORT for Patients and Communities Reauthorization Act of 2025 program I am especially excited for is the first responder training program, which helps ensure that first responders are prepared and trained to administer Narcan.

I also strongly believe in the residential treatment program for pregnant and postpartum women. This program is vital to help new moms obtain treatment for substance abuse disorders.

Programs in this bill can change the lives of those who are suffering from substance abuse disorders when they have nowhere else to turn.

For these reasons, I stand in strong support of H.R. 2483. I look forward to voting in favor of this bill, and I encourage my colleagues to do the same.

Mr. PALLONE. Mr. Chair, I yield 3 minutes to the gentlewoman from Oregon (Ms. DEXTER).

Ms. DEXTER. Mr. Chair, I rise today not just as a Member of this body but as a physician who has spent nearly two decades caring for patients in the intensive care unit, many of them fighting for their lives because of a system that has failed to support them before a crisis hit.

In Oregon's Third District, we see every day how critical prevention, treatment, and recovery programs are. We need those programs that my colleague from New Jersey just referred to as being cut. This bill does nothing to repair those cuts.

These aren't abstract policy ideas. They are the difference between life and death for many of my constituents. They are critical for the health and safety of Oregonians and Americans across this country.

That is why efforts to sustain and strengthen these programs matter deeply to the communities I represent. They are essential for the parents working two jobs while navigating recovery, for the young people trying to build a future after surviving an overdose, and for families trying to heal.

Let's not kid ourselves. While Republicans bring this reauthorization bill to the floor, they stand by as the Trump administration dismantles the very agency responsible for implementing these programs. They have fired experts, erased offices, and rescinded over a billion dollars already allocated to State and local response. Just 2 weeks ago, they passed the largest Medicaid cut in history out of this Chamber despite the fact that Medicaid covers 40 percent of Americans addicted to opioids.

This wasn't fiscal accountability. It was a decision to directly undermine the access of care for millions of people who need it most. These are people who desperately need our compassion and care.

Do not be fooled by this game of smoke and mirrors. This kind of hypocrisy cannot go unchallenged. Claiming to support recovery while simultaneously gutting the programs that make it possible is politics at its worst.

My Republican colleagues cannot honestly stand for people's need to access treatment while kneecapping the agency that is accountable for providing it.

Lives are at stake, and the American people are watching. They do know what it means when elected leaders say one thing and do another, and they deserve honesty and real action.

Mr. Chair, I thank my colleague from New Jersey for this debate.

Mr. GUTHRIE. Mr. Chair, I want to point out that Medicaid reform specifically exempted people with substance use disorder from being defined as able-bodied for the purpose of the work requirement. It specifically exempted them. We understand that Medicaid is a big payer for people with substance use disorder recovery services, and our bill exempted them. That will continue.

Mr. Chair, I yield 2 minutes to the gentleman from Ohio (Mr. BALDERSON), my good friend.

Mr. BALDERSON. Mr. Chair, communities in my district and across the country continue to feel the devastating impact of the opioid and fentanyl crisis. We all know someone who has been affected, and many of us felt that loss ourselves.

The SUPPORT for Patients and Communities Act, first signed into law by President Trump in 2018, brought vital resources to those on the front lines: patients, families, first responders, and recovery providers.

Since then, overdose deaths have dropped significantly, but as we all know too well in Appalachian Ohio, there is much more work to be done.

Today's reauthorization builds on that progress. This bill ensures access to lifesaving medications for first responders, expands treatment for pregnant women, strengthens prescription drug monitoring, and supports recovery centers and workforce reentry programs.

By continuing this critical work, we can save more lives, restore more families, and bring hope to communities hit hardest by the addiction.

Mr. PALLONE. Mr. Chair, I yield 1 minute to the ranking member of the Agriculture Committee, the gentlewoman from Minnesota (Ms. CRAIG).

Ms. CRAIG. Mr. Chair, overdose deaths are preventable, and we should be using all the tools at our disposal to save American families from the pain of losing a loved one to opioids. It is past time we treat the opioid crisis like the public health crisis that it is.

My bipartisan RECONNECTIONS Act will do that by helping get overdose education and prevention tools like naloxone into the hands of those who need it. I am proud that my commonsense bill is included in the SUPPORT for Patients and Communities Reauthorization Act of 2025.

It is great to see my colleagues recognizing the urgency of the crisis, but we have to be clear-eyed about the moment we are in. Medicaid is the country's single-largest payer of both mental health and substance use services, and it is on the chopping block if my Republican colleagues' budget bill is signed into law.

We have to protect Medicaid at all costs. I will continue standing up against any cuts to these lifesaving benefits.

Mr. Chair, I thank everyone who has been part of this fight. This bill will save lives.

Mr. GUTHRIE. Mr. Chair, I want to point out one more time that in Medicaid reform, people with substance use disorder and mental health issues are exempted from having to comply with the work requirement so that hard-working taxpayers who go to work will provide the categories we were just talking about today with Medicaid. They are not going to provide for the able-bodied. There is an exemption

from the able-bodied requirement for substance use disorder recovery and mental health.

Mr. Chair, I yield 2 minutes to the gentlewoman from Florida (Mrs. CAMMACK), my great friend and a member of the Energy and Commerce Committee.

Mrs. CAMMACK. Mr. Chair, I thank Chairman GUTHRIE for his leadership on this bill and on this issue.

I have a hard time listening to opposition to this bill. Our colleagues on the other side of the aisle for the last 4 years have continuously voted against the HALT Fentanyl Act and have stood in opposition to any effort to curb the opioid crisis in this country, which up until recently was killing 100,000 people every single year.

That is why, today, I rise to urge passage of the SUPPORT for Patients and Communities Reauthorization Act of 2025 because this ongoing addiction crisis, fueled in large part by fentanyl, is still killing Americans.

This legislation builds on the hard work that Republicans started back in 2018 under President Trump. Guess what? That work has made a difference.

Instead of studying something over and over, this bill, along with other legislation, has directed resources to the ground where it is intended.

Overdose deaths have dropped by nearly 30,000 last year. That is not just a number. That is moms, dads, sons, and daughters who are still with us today as a result of Congress stepping up.

This reauthorization keeps the momentum going, and it makes sure that first responders—first responders like my husband, Matt, who is a paramedic and a SWAT medic/firefighter—have the resources that they need to save lives in the field.

It doesn't stop there. This bill supports a full range of evidence-based treatment options, from emergency overdose reversal to long-term recovery tools, like medication-assisted treatment, counseling, and peer support.

The SUPPORT for Patients and Communities Reauthorization Act of 2025 has the backing of more than 160 different organizations dedicated to substance abuse disorder treatment and recovery, and it expands care for pregnant and postpartum women, strengthens prescription drug monitoring, and helps individuals in recovery reenter the workforce and rebuild their lives.

That is what real solutions look like, not another study. Stop playing politics with people's lives, please. We need to support prevention, treatment, and recovery at every single level.

Mr. Chair, I thank Chairman GUTHRIE again for leading on this issue, and I urge every single one of my colleagues to support this bill. Let's get it done.

Mr. PALLONE. Mr. Chair, I yield myself such time as I may consume.

Mr. Chair, I want to talk about not only the SUPPORT for Patients and Communities Reauthorization Act of 2025 but the ineffectiveness of what is going on today with this reauthorized bill, but also the Medicaid cuts, which also affect people who are impacted by behavioral or mental health problems.

I put up the budget before. This is the President's budget. This is the Health and Human Services Department's budget. Again, I don't understand how my Republican colleagues can come here and say they are reauthorizing this program and ask what we are complaining about. The programs that I had mentioned that are cut in the President's budget, I am not going to go through them again, but I mentioned the first responder training, the comprehensive opioid recovery centers, and the youth prevention and recovery initiatives. All these programs are reauthorized by the bill before us today, but in the budget, the President eliminates the programs—no funding, no staff, no nothing.

How do they say that they are doing anything when the Trump administration is publicly laying out its plans to eliminate the very programs that they are reauthorizing? My colleagues on the other side are applauding their efforts to pass this bill even though it is meaningless.

How do they support a bill when the programs it reauthorizes are set to be eliminated by the President of the United States and their own party?

The same thing is true with regard to the Medicaid cuts. I hear my colleague, who I respect, the chairman of our Energy and Commerce Committee, keep saying that the Medicaid cuts in the budget bill that they passed a couple of weeks ago affect only the able-bodied, that it doesn't affect people with substance use disorders or those struggling with mental illness because they are exempt from the work requirements or the paperwork, if you will, that is in this bill, which CBO says is going to result in 16 million people losing their health insurance.

This morning, CBO revised their analysis of the Republican budget bill. They had said it was 13.5 million, but now, because of the changes before the bill went from the Energy and Commerce Committee to the floor, it is now 16 million people who will lose their health insurance, primarily because of all this red tape.

Taking health coverage from 16 million Americans is entirely unacceptable, and there is no amount of rationalizing that Republicans can do to make it any better. They said they have exemptions from this paperwork. Those exemptions have never worked.

□ 1445

We have the example from the State of Georgia, which admitted that there were 300,000 to 400,000 people under expanded Medicaid that were eligible for Medicaid under the State program, but only 4,500 of those 300,000 to 400,000 qualified because of the paperwork.

It doesn't matter what you say. Eliminating these people is simply unacceptable, and it just means they are going to go without health insurance. Then the costs are going to go up for everybody else because now the hospitals and the nursing homes that take them are not going to get paid and then all your private insurance and other insurance bills are going to go up. Your premiums are going to go up. Your deductibles are going to go up.

Mr. Chair, I will use, if I can, two examples from organizations that represent people with disabilities and know that the Republicans are taking away their health coverage, regardless of what they say about the red tape.

This is from a coalition of 425 disability and aging organizations. They say: We strongly oppose Medicaid cuts in any form. Whether it is done by imposing work requirements, repealing the eligibility and enrollment rule, or further eliminating the way States fund their share of Medicaid costs, these proposals all lead to the same result: People with disabilities and older adults will lose care and support that keep them healthy and independent. That is the bottom line. No rationalizing away what is happening here.

This is from the Cystic Fibrosis Foundation. I could give you so many examples. I don't want to use up all the time. The Cystic Fibrosis Foundation says:

> While people with chronic illnesses like cystic fibrosis may be exempt from work requirements, we know exemptions for people with disabilities and caregivers do not work. Exemptions may not happen automatically and can require complex paperwork and regular recertification even for those with chronic lifelong conditions.

The bottom line is, it doesn't matter what you say. It doesn't matter how you do it; 16 million Americans are going to lose their health insurance under this legislation, and no amount of rationalizing on your part is going to change that.

Mr. Chair, I reserve the balance of my time.

Mr. GUTHRIE. Mr. Chair, I will remind you that we spend about almost $700 billion in Medicaid. When this bill goes into effect, 10 years from now, we are going to spend $1.1 trillion in Medicaid. I just want to make sure that point is made.

Mr. Chair, I yield 2 minutes to the gentleman from California (Mr. OBERNOLTE), my good friend and a great leader on the Energy and Commerce Committee.

Mr. OBERNOLTE. Mr. Chair, I rise in strong support of this bipartisan bill that reauthorizes the SUPPORT for Patients and Communities Act programs from 2018.

Mr. Chair, we are facing an epidemic of fentanyl overdoses in this country and this bill provides meaningful steps in countering them. The programs that this bill reauthorize provide naloxone for first responders, funding for prevention programs, funding for treatment programs, funding for recovery services, and the efficacy of these programs

is shown in the difference in overdose deaths that we have seen in this country between when the program was first implemented in 2018 and last year.

We have seen, Mr. Chair, a dramatic decline in overdose-related deaths, but more work remains to be done.

Last year, Mr. Chair, over 50,000 Americans lost their lives to opioid overdoses. That is why this bill is so important to reauthorize. I thank my friend and the chairman for including my bill, the 9–8-8 Lifeline Cybersecurity Responsibility Act in this bill. I hope everyone in the Chamber is aware of the 9–8-8 lifeline and the vital services that it provides. It provides 24/7 crisis mental health counseling to Americans that are facing mental health crises and are in danger of committing suicide.

Mr. Chair, recently the crisis line was taken down by a cybersecurity incident and I think we should all be able to agree that that is unacceptable. My bill will solve that problem by improving information sharing between law enforcement agencies and the operators of the lifeline, which will keep that lifeline up for the people who need it.

Mr. Chair, this is a great bipartisan bill. I urge its support.

Mr. PALLONE. Mr. Chair, I yield myself 1 minute.

Mr. Chair, I appreciate what the gentleman from California is saying. The bottom line is, if these programs are successful under the SUPPORT for Patients and Communities Act, and I agree they have been, the numbers in terms of people dying, people who are severely impacted by opioid use and overdoses, clearly they have gone down because of the SUPPORT for Patients and Communities Act programs, but that is the very reason why the Republicans should speak out against the administration that is rescinding a billion dollars in grants that are going for these treatment centers. It is why they should speak out against the budget on the part of President Trump that I have cited several times today that eliminates these programs. It is why they should speak out against these cuts in the staff for these programs.

It is the very fact that the programs have been successful is why the administration should prioritize the programs. The Republican leadership on our committee and in the House should say: What you are proposing, what you are doing, President Trump, is not acceptable because it is going to reverse this. It is going to reverse the trend where opioid use and overdose goes down. It is going to reverse it if we don't have these programs. That is why they are successful.

To just say we are going to reauthorize the SUPPORT for Patients and Communities Act, which is meaningless because they are eliminating the programs, that is not the answer. The answer is for all of you to get up, go down to the White House, join us and say: What you are doing, President Trump, is not acceptable. It is going to reverse the progress that we have made.

Mr. Chair, I reserve the balance of my time.

Mr. GUTHRIE. Mr. Chair, I yield 2 minutes to the gentleman from Michigan (Mr. JAMES), my good friend and very strong leader on the Energy and Commerce Committee.

Mr. JAMES. Mr. Chair, dramatic pause for effect, I rise today to speak in favor of the SUPPORT for Patients and Communities Reauthorization Act of 2025. I thank my friend, Chairman GUTHRIE, for his very hard work and leadership in getting this done.

Fentanyl is a scourge on our Nation, leaving a trail of heartbreak and destruction in its wake. We cannot allow this poison to continue tearing our families apart, and I am proud the House Republicans are, once again, leading the fight to protect our communities and get fentanyl off our streets.

Nationally, in 2022, the United States saw over 107,000 overdose deaths in 1 year. That is 45 more deaths in 1 year than we lost during the entirety of the 20-year war in Afghanistan. It is unconscionable.

While I am thrilled to see that opioid overdose deaths have declined from an estimated 83,000 in 2023 and 54,000 in 2024, there is still so much more that we have to do.

The SUPPORT for Patients and Communities Reauthorization Act of 2025 plays a critical role by ensuring first responders have access to lifesaving naloxone, increasing treatment options, and bolstering support services.

I am especially pleased to see that provisions of my Road to Recovery Act were included in this SUPPORT for Patients and Communities Reauthorization Act of 2025. The bipartisan Road to Recovery Act reauthorizes lifesaving resources vital to addressing opioid addiction and substance abuse across the country.

It provides critical resources for SAMHSA's National Helpline, a free, confidential, 24/7, 365-day-a-year treatment referral and information service for individuals and families facing mental and/or substance use disorders. This service provides referrals to local treatment facilities, support groups, and community-based organizations.

Mr. Chair, the American people are tired of Democrats and Republicans bickering. I imagine both Democrats and Republicans agree on fentanyl and any direction on fixing this scourge is a step in the right direction.

Mr. Chair, with this bipartisan legislation and action that we are taking to save lives, I encourage all of my colleagues to support this crucial legislation.

Mr. PALLONE. Mr. Chair, I reserve the balance of my time.

Mr. GUTHRIE. Mr. Chair, I yield 2 minutes to the gentleman from Kansas (Mr. SCHMIDT), one of our freshman Members, not a member of the Energy and Commerce Committee, but he has been on the front lines of the opioid crisis in Topeka as attorney general, and it is great to have his expertise in the Congress.

Mr. SCHMIDT. Mr. Chair, I thank the chairman for his leadership on this issue.

This is a subject near and dear to my heart. I come from a part of the country in southeast Kansas where I have got a lot of classmates, friends, and neighbors who have struggled with addiction over the years. I know them personally.

When I started in public service, it was all about methamphetamine in our part of the world. It was the clandestine meth lab in the trunk of a car or an abandoned barn or an old house. We dealt with that, as a matter of public policy, by putting Sudafed behind the counter. We made it harder for people to pilfer Sudafed and go out and cook up their own meth. We knew that that was going to cut down the number of clandestine laboratories, but it wasn't going to decrease the demand; it was just going to increase the demand for meth to come across the southern border, and that is what happened. They created trade routes.

Then along came the 1990s and unrelated to methamphetamine, we had a lot of big drug companies and some bad actors, who decided they were going to make more money by doing a lot of stuff they shouldn't have done to incent the medical community to prescribe more opioids, and they did and it was illegal.

When I got to serve as attorney general, we joined together, Republicans and Democrats. We didn't think about party affiliation, and we sued some of these companies and held them accountable. When I left office, we had recovered about $340 million, $350 million for my State of Kansas to deal with drug treatment from Purdue Pharma and other companies that had peddled addiction for profit.

It doesn't sound like a lot of money in this Chamber, but to put it in context, that was many times more than the State of Kansas had ever spent on addiction treatment and intervention and prevention.

We have an obligation to support these folks who are struggling down the street from us with addiction. It shouldn't be a partisan issue. It is more than just closing the border, although we have to do that. It is about helping folks change their behavior and their lives.

There is a lot that needs to be done. This is one piece of it. I am a little bit disappointed that this has been something of a partisan debate. It never has been for me. It never was in my previous public roles. It should not be now.

Mr. Chair, I thank the chairman for his leadership and encourage all my colleagues to support this bill.

Mr. PALLONE. Mr. Chair, may I inquire as to the time remaining.

The CHAIR. The gentleman from New Jersey has 8 minutes remaining.

Mr. PALLONE. Mr. Chair, I yield myself the balance of my time.

Mr. Chair, I want everyone to understand my opposition to this bill.

While the SUPPORT for Patients and Communities Act was first passed in 2018 with bipartisan support, the idea was to address the opioid crisis by authorizing programs that aimed to prevent substance use disorder and increase access to treatment and recovery, but the Trump administration has unlawfully gutted the agency responsible for carrying out these programs that the SUPPORT for Patients and Communities Reauthorization Act of 2025 reauthorizes. Congressional Republicans are trying to have it both ways. You really can't.

They are trying to have it both ways. They are saying we are going to reauthorize the SUPPORT for Patients and Communities Act, but then they silently stand by as the Trump administration dismantles the very program under SAMHSA or the very agency, SAMHSA, that actually implements the SUPPORT for Patients and Communities Reauthorization Act of 2025.

The Trump administration is moving forward with its unauthorized and illegal plans to eliminate SAMHSA altogether and combine mental health and substance use programs under this unrelated agency called the new Administration for a Healthy America.

Believe me, Secretary Kennedy has not explained in any way what this new administration will do or how it will continue any of the programs under SAMHSA.

What has the administration done? First, they fired hundreds of workers at SAMHSA, including key senior officials such as the directors of centers focused on mental health and substance use treatment. They have eliminated entire offices authorized by this statute, including the National Mental Health and Substance Use Policy Lab and the Center for Behavioral Health Statistics and Quality, which has been opposed by dozens of leading mental health and substance use groups that don't want these agencies eliminated because they actually play a major role in helping people with mental and behavioral health problems.

The Trump administration has rescinded over a billion dollars from State and local behavioral health programs under mental health and substance use block grants. This is the money that goes back to the States, the counties, and the towns to open up the centers, particularly for young people. That is where this all happens. It happens at the local level where people are treated, where the education programs take place. That billion dollars is gone. I am sure it is in the courts and the courts may say you can't do it, hopefully, but they have rescinded it.

□ 1500

Lastly, the Trump administration has disregarded the will of Congress by preparing to eliminate 40 different mental health and substance use programs. I am not going to go through them again. I listed them. They are all in the President's budget. It is terrible. It is things like the centers for youth, the centers for first responders, who are the ones who go and see people that overdose and try to make sure they don't die.

Again, all of this is happening, and the House Republicans say: Oh, don't worry about that because we are going to reauthorize the SUPPORT for Patients and Communities Act, and this is 2 weeks after the biggest cut to Medicaid in history with their GOP tax scam.

My only point is very simple, Mr. Chair, and that is this: The Energy and Commerce Committee is an authorizing committee. Sure, you can get up here and say we are going to authorize this program because we care about all the programs under the SUPPORT for Patients and Communities Reauthorization Act of 2025, but it is meaningless.

It makes no sense for us to authorize or reauthorize a program, whether it is substance use abuse or whatever it is, and give the impression to the public that somehow we are accomplishing something by authorizing or reauthorizing a program where there is going to be no agency to carry it out, no money, no staff.

I just think it is just not fair. It is trying to give the impression that you are doing something when, in fact, you are not. I feel obligated to expose that and to say, no, we are not going to vote for this hollow bill that actually does nothing because it gives the impression that we are doing something that we are not.

Mr. Chair, I yield back the balance of my time.

Mr. GUTHRIE. Mr. Chair, I yield myself such time as I may consume.

Mr. Chair, this isn't a hollow exercise. This is our opportunity to say these programs are important to us. Article I of the Constitution clearly gives us legislative authority: All legislative authority will vest in the Congress of the United States.

We authorize these programs. I don't think the answer is to say we believe in these programs, therefore we are not going to vote to reauthorize them because we don't believe they are going to be carried out. It is our job to authorize them, to work the appropriations process, and then to do the oversight to make sure these are implemented.

If the White House and the President can do this more efficiently, I am all about doing it more efficiently, but our job is to ensure that the mission is accomplished. If they can do that with different agencies, we need to have that debate. I think that is important. It starts with authorizing the program, and in this case reauthorizing the program.

Mr. Chair, I just want you to know there are no reasons to vote against this in substance. The language of this bill that we have before us was negotiated by both the House and the Senate, with the Democratic leaders and the Republican leaders in the House and the Senate, so it was bipartisan and bicameral discussions. That is the text of the bill before us.

What we are here doing today, it is not a hollow move. That is not it at all. We are here today to say these are important to us. If there are discussions on what is important and what is not important, the first thing we need to do is come together as a House and say these issues are important to us as a House. Let's get this bill to the Senate and put it on the President's desk.

I strongly believe the President will sign this bill because he believes, as we all believe, that people are hurting. They are hurting with substance use disorder. You have the supply coming across the border that he is shutting down and trying to shut down, but we also have to deal with the demand side. We need not just to slow down the demand, which is important, but change people's lives because when they are suffering with substance use disorder, it is just chaotic on themselves, their families, in which they live and the friends that they have.

This truly changes people's lives. It is a bipartisan bill. Everything in it is bipartisan and has been discussed. I just encourage my colleagues to vote for this bill, reauthorize these provisions, fight to get them through the Senate, put them on the President's desk, and then fight for their authorization through the appropriations process, as well. I am committed to doing that, and I look forward to hopefully a bipartisan vote on this bill.

Mr. Chair, I yield back the balance of my time.

The CHAIR. All time for general debate has expired.

Pursuant to the rule, the bill shall be considered for amendment under the 5-minute rule.

In lieu of the amendment in the nature of a substitute recommended by the Committee on Energy and Commerce printed in the bill, an amendment in the nature of a substitute consisting of the text of the Rules Committee Print 119–4, shall be considered as adopted.

The bill, as amended, shall be considered as the original bill for the purpose of further amendment under the 5-minute rule and shall be considered as read.

The text of the bill, as amended, is as follows:

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:

TITLE I—PREVENTION

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''.

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''.

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—

''(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.

''(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 nonprofit 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.

''(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).

''(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.

''(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.

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

(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—

(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''.

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

(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 GRANTEES.—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 GRANTEES.—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 CYBERSECURITY 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—

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

(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.

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

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.

''(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.''.

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

(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—

(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 postmarketing 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.

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

(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,''.

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''.

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.

(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:

(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.

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)—

(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).

TITLE III—RECOVERY

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 nonclinical 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.—

''(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.

''(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''.

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.''.

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'';

(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''.

(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)—

(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''.

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) shall take effect as if enacted on December 29, 2022.

The CHAIR. No further amendment to the bill, as amended, shall be in order except those printed in part A of House Report 119–130. Each such further amendment may be offered only in the order printed in the report, by a Member designated in the report, shall be considered read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question.

AMENDMENT NO. 1 OFFERED BY MR. BRESNAHAN

The CHAIR. It is now in order to consider amendment No. 1 printed in part A of House Report 119–130.

Mr. BRESNAHAN. Mr. Chair, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

At the end of title II, add the following:

SEC. ___. 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.

(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).

The CHAIR. Pursuant to House Resolution 458, the gentleman from Pennsylvania (Mr. BRESNAHAN) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Pennsylvania.

Mr. BRESNAHAN. Mr. Chair, I yield myself such time as I may consume.

Mr. Chair, today I rise on my amendment to H.R. 2483, the SUPPORT for Patients and Communities Reauthorization Act of 2025. Opioids, like fentanyl, are incredibly dangerous. Last year, our Nation lost just over 80,000 people to drug overdoses. That is 220 per day. In my home State of Pennsylvania, someone dies of a drug overdose every 2 hours.

As we work to stop these dangerous drugs from entering the country, it is important we make available the necessary resources to reverse opioid overdoses as they happen. Emergency opioid overdose reversal drugs are a lifeline, having the ability to save so many lives. Currently, HHS regulations refer to certain name brand drugs, such as Narcan, which can limit usage of other versions that may be more readily available.

My amendment would require HHS regulations or guidance documents to include any opioid overdose reversal drug approved by the FDA when referring to these emergency drugs. This will expand and ensure better access to these lifesaving drugs.

I lost my 16-year-old cousin to a drug overdose. It is incredibly important to me that we are not limiting access to these resources.

By adjusting current regulations and language, we are protecting our children, our families, and our communities. I encourage my colleagues on both sides of the aisle to save lives and support this amendment.

Mr. Chair, I reserve the balance of my time.

Mr. PALLONE. Mr. Chair, I claim the time in opposition.

The CHAIR. The gentleman from New Jersey is recognized for 5 minutes.

Mr. PALLONE. Mr. Chair, I have no statement to make with regard to the legislation. I will yield back after the gentleman closes. I reserve the balance of my time.

Mr. BRESNAHAN. Mr. Chair, in closing, I urge my colleagues to vote ''yes'' on this amendment, and I yield back the balance of my time.

Mr. PALLONE. Mr. Chair, I yield back the balance of my time.

The CHAIR. The question is on the amendment offered by the gentleman from Pennsylvania (Mr. BRESNAHAN).

The amendment was agreed to.

AMENDMENT NO. 2 OFFERED BY MRS. KIGGANS OF VIRGINIA

The CHAIR. It is now in order to consider amendment No. 2 printed in part A of House Report 119–130.

Mrs. KIGGANS of Virginia. Mr. Chair, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

At the end of title II, add the following:

SEC. ___. 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—

(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.

The CHAIR. Pursuant to House Resolution 458, the gentlewoman from Virginia (Mrs. KIGGANS) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Virginia.

Mrs. KIGGANS of Virginia. Mr. Chair, I yield myself such time as I may consume.

Mr. Chair, I rise today in support of my amendment. More than 50 million American adults consider themselves to be in recovery from a substance use disorder or mental health condition.

In order to ensure that more patients can reach recovery, we must bolster treatment integration and wraparound services for patients suffering from substance use disorder and addiction.

This amendment directs the National Coordinator for Health Information Technology to convene a public roundtable to examine the use of electronic health records among certain providers and issue a report of the findings. This would better inform policymakers about the existing landscape and uptake of certain providers utilizing electronic health records.

In closing, I urge support of this important amendment as well as the underlying bill. I reserve the balance of my time.

Mr. PALLONE. Mr. Chair, I claim the time in opposition.

The CHAIR. The gentleman from New Jersey is recognized for 5 minutes.

Mr. PALLONE. Mr. Chair, I have no statement to make at this time. I will yield back after the gentlewoman closes. I reserve the balance of my time.

Mrs. KIGGANS of Virginia. Mr. Chair, in closing, I urge my colleagues to vote ''yes'' on my amendment, and I yield back the balance of my time.

Mr. PALLONE. Mr. Chair, I yield back the balance of my time.

The CHAIR. The question is on the amendment offered by the gentlewoman from Virginia (Mrs. KIGGANS).

The amendment was agreed to.

AMENDMENT NO. 3 OFFERED BY MS. PETTERSEN

The CHAIR. It is now in order to consider amendment No. 3 printed in part A of House Report 119–130.

Ms. PETTERSEN. Mr. Chair, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

At the end of title IV, add the following:

SEC. ___. CODIFICATION OF BUDGET NEUTRALITY GUIDANCE IN SMD #24-003.

The guidance for budget neutrality for Medicaid demonstration projects under section 1115(a) of the Social Security Act (42 U.S.C. 1315(a)) described in State Medicaid Director letter #24-003 of the Centers for Medicare & Medicaid Services (published on August 22, 2024) shall have the force and effect of law.

The CHAIR. Pursuant to House Resolution 458, the gentlewoman from Colorado (Ms. PETTERSEN) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Colorado.

Ms. PETTERSEN. Mr. Chair, I yield myself such time as I may consume.

Mr. Chair, I am here to beg for your consideration in support of my amendment to address something that happened with the reconciliation bill that changed the 1115 waiver.

Now, this sounds incredibly wonky. An 1115 waiver to Medicaid is something that we are not going to be able to go home and talk to constituents about what we were able to do for them. Nobody knows what the 1115 waiver is.

However, when you talk about the impacts that this has made, this is especially impactful when it comes to Colorado and what we have been able to do to address the opioid epidemic. In Colorado, we were able to utilize the 1115 waiver by proving that by covering substance use disorder treatment, we could save money over time.

What happened in the reconciliation bill was language that said you actually had to prove that it was cost neutral up front and that you couldn't prove the cost savings over time.

What this language will do, it will take our ability in Colorado away to utilize this waiver that has drawn down hundreds of millions of dollars for substance use disorder treatment. In fact, we were the second in the Nation to implement this waiver, and a total of 37 States now take advantage of this.

Mr. Chair, 83 percent of people who are treated in the rural parts of Colorado and across the Nation are on Medicaid. This will significantly impact red States, blue States, and especially the rural places across the United States.

Like many people, my family has been impacted by the opioid epidemic. When I was just 6 years old, my mom hurt her back. She was overprescribed opioids and became addicted like so many Americans. Through my struggle fighting to save my mom's life, I saw how broken our system was, and that is when I worked as a State legislator to change that.

What I saw in my mom's fight when she was overdosing at a high rate when fentanyl started coming into the supply chain, and she was begging for help with nowhere to go, was that Medicaid did not cover substance use disorder treatment. You actually had to go through this waiver process.

I watched my mom being churned in and out of the ER, being kept alive in the ICU in critical condition. The State of Colorado and the Federal Government spent over a million dollars in one year keeping her alive in the ER while denying her access to the care that she so desperately sought.

I was finally able to go through a very complicated court order process to get her the care that she needed. My mom now is about to celebrate 8 years in recovery. She works at one of the places that saved her life and gives back to the community. She is a taxpayer. She is an example of what is possible when we actually invest in people and give them the care that they need.

After hearing her story, we were able to implement this waiver to really increase our capacity as a State to address the opioid crisis. We know that more people have died from the opioid crisis than all world wars combined, and these are people that we didn't have to lose if we actually had the system to support them.

□ 1515

Mr. Chairman, by rolling back this language, you are decimating the substance use disorder treatment across the United States in 37 States and many right now who are in the process of applying for the waiver and who are looking to Colorado as an example.

This would mean hundreds of millions of dollars of treatment we would be denied. The first year alone, we treated 58,000 people with the care that they needed in Colorado. This is 5 years with implementation. It is the reason why we now have a 35 percent reduction in overdose deaths in Colorado. It is overwhelmingly the reason.

Addressing the Medicaid barrier is so important. Let me explain why. People who struggle with the substance use disorder, this brain disease, it increases the likelihood of a decrease in employment.

Mr. Chairman, 80 to 90 percent of people who are struggling with substance use disorder qualify for Medicaid. When the treatment they need and the healthcare they need is not covered and the healthcare system they are relying on is dismantled, the people in this community who are the most vulnerable are disproportionately impacted.

On a day when we are working to ensure that some of the critical programs at the Federal level are funded in this bill which is an important piece of this, we also have to support the structure

and the payment system that supports the people on the ground who are doing this work.

It took us years to bring the study, bring the waiver, and prove that this would be a cost savings over time, and then to implement it.

Madam Chair, I yield back the balance of my time.

Mr. GUTHRIE. Madam Chair, I rise in opposition to the amendment.

The Acting CHAIR (Ms. KING-HINDS). The gentleman from Kentucky is recognized for 5 minutes.

Mr. GUTHRIE. Madam Chair, I yield myself such time as I may consume.

Madam Chair, I really appreciate the hard work of the gentlewoman from Colorado (Ms. PETTERSEN) on this issue. She is a leader in Congress on substance use disorder.

I actually didn't know the story of my friend from Colorado's mother. Certainly, when someone is touched by an issue, they certainly become passionate about it. I greatly appreciate her passion on the issue.

The section 1115 waivers are important to the Medicaid program. States are the laboratories for democracy. Section 1115 waivers provide key State flexibility to test new authorities and ideas in the Medicaid program.

In substance use disorder alone, 1115 waivers were pivotal in early efforts to lift the IMD exclusion, an obsolete edifice to the Medicaid program that undermines access to mental health care and substance use disorder care by only allowing for Medicaid to reimburse for care in-patient facilities with fewer than 16 beds.

Under President Trump's guidance, in 2018, States were able to use 1115 waivers to waive the IMD exclusion, expanding access to care as the opioid epidemic began to grow worse.

After 5 years of State experimentation with 1115 waivers to lift the IMD exclusion, Congress stepped in and ultimately lifted the IMD exclusion. We took on that initiative in 2023, alongside the rest of the SUPPORT for Patients and Communities Act. We were able to get that signed into law, even when the Senate blocked the rest of the SUPPORT for Patients and Communities Act, because it was important to get it done.

The 1115 waivers have been on the books for decades, and States have used them a multitude of ways to transform the Medicaid program. A key tenet of those waivers, though, is that they have to be budget neutral. This wasn't a problem when 1115 waivers were used to lift the IMD exclusion. States were clearly able to demonstrate how early access to care reduced emergency room services.

Nonetheless, the Biden administration in the use of 1115 waiver authorities put forth new guidance that allowed States to rely on so-called hypothetical expenditures that let States spend Medicaid dollars on services that were over budget and unrelated to the core functions of the Medicaid program.

Some examples of this included paying for air conditioning systems for beneficiaries and for providing payments for legal support for beneficiaries. This isn't to say that HVAC systems in a hot climate or legal supports aren't important or may have some potential relation to someone's health, but they fall far outside the scope of what Medicaid is intended for. They open the door for States to draw down Federal funds or for services that are oftentimes entirely funded by the States.

In 2023, as the then-subcommittee chairman for Energy and Commerce's Health Subcommittee, I raised concerns with that direction with the Biden administration as they were moving toward these waivers.

Specifically, in this CMS, I wrote:

''The committee is also concerned about the potential for fraud, waste, and abuse in calculation and application of States' budget neutrality limits under Section 1115 Medicaid waivers.''

As chairman of the full committee, those concerns remain. Madam Chair, 2 weeks ago, House Republicans began to take steps to address this. In the reconciliation bill that we passed, we included key language to require stricter adherence to the budget neutrality requirements for 1115 waivers.

It doesn't matter if the President is Democrat or Republican who is approving these waivers. It needs to be budget neutral. We need to be good stewards for programs like Medicaid and to make sure that it is spending in a fiscally responsible manner and that we aren't just writing blank checks to States who can spend money how they choose.

I will close by saying I greatly appreciate the leadership my friend from Colorado has shown. She is a leader in this House and in ensuring that we deal with as much as we possibly can in every way possible with substance use disorder. I believe we need to stick to the budget neutrality.

Madam Chair, I oppose the amendment, and I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentlewoman from Colorado (Ms. PETTERSEN).

The question was taken; and the Acting Chair announced that the noes appeared to have it.

Ms. PETTERSEN. Madam Chair, I demand a recorded vote.

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentlewoman from Colorado will be postponed.

AMENDMENT NO. 4 OFFERED BY MR. WITTMAN

The Acting CHAIR. It is now in order to consider amendment No. 4 printed in part A of House Report 119–130.

Mr. WITTMAN. Madam Chair, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

At the end of title III, add the following:

SEC. ___. 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'').

(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.

(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.

(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.

The Acting CHAIR. Pursuant to House Resolution 458, the gentleman from Virginia (Mr. WITTMAN) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Virginia.

Mr. WITTMAN. Madam Chair, I yield myself such time as I may consume.

Madam Chair, I rise today in support of my amendment. In 2018, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities, otherwise known as the SUPPORT for Patients and Communities Act, was signed into law.

In the years since, the bill has provided States and localities with the tools to combat the opioid crisis.

The crisis, the scourge of this Nation, as of 2024 has taken the lives of nearly 80,000 Americans. That is nearly 240 Americans every day last year. That is equivalent to a jet airliner crashing every day. If that were happening

every day, it would make the headlines. People would be up in arms, saying: What are we doing about air safety? We should be doing that. We should also be addressing issues with the opioid crisis.

While I am encouraged to see that number beginning to recede, it is still way too high. The drop in number in 2023 is a good direction, but there is still lots of work to be done.

That is why today I rise in support of an amendment to H.R. 2483, the SUPPORT for Patients and Communities Reauthorization Act of 2025. This amendment would require the Department of Health and Human Services to convene a public hearing to improve awareness of, access to, and information related to funding opportunities related to mental health and SUD programs within SAMHSA, S-A-M-H-S-A.

This would be a review of not only current funding activities but future funding activities. These activities would increase much-needed awareness of important tools within States and localities.

Many times, there are tools there that people or local governments are not aware of. This is going to extend and make sure everybody is aware of the full scope of tools that are available to address the scourge of this fentanyl crisis.

By closing this knowledge gap, we are going to help patients, providers, and families with key access. Again, it is about getting treatment for this addiction. This is a very debilitating addiction. It is a biochemical addiction. It is something that takes a lot of effort in order to separate people from that addiction.

This effort saves lives. It makes a difference in families. Families that have been victimized by this addiction crisis will explain how debilitating it is not just to their loved ones but also to families. This crushes families in the things they have to endure and the folks that have this biochemical addiction to opioids.

Madam Chair, in closing, I urge support of this important amendment. I urge my colleagues to vote ''yes'' to my amendment, as well as the underlying bill.

Madam Chair, I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from Virginia (Mr. WITTMAN).

The amendment was agreed to.

Mr. WITTMAN. Madam Chair, I move that the Committee do now rise.

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. WITTMAN) having assumed the chair, Ms. KING-HINDS, Acting Chair of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 2483) to reauthorize certain programs that provide for opioid use disorder prevention, treatment, and recovery, and for other purposes, had come to no resolution thereon.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 3 o'clock and 27 minutes p.m.), the House stood in recess.

□ 1630

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. ALFORD) at 4 o'clock and 30 minutes p.m.

SUPPORT FOR PATIENTS AND COMMUNITIES REAUTHORIZATION ACT OF 2025

The SPEAKER pro tempore. Pursuant to House Resolution 458 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the further consideration of the bill, H.R. 2483.

Will the gentleman from Texas (Mr. MORAN) kindly take the chair.

□ 1631

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the further consideration of the bill (H.R. 2483) to reauthorize certain programs that provide for opioid use disorder prevention, treatment, and recovery, and for other purposes, with Mr. MORAN (Acting Chair) in the chair.

The Clerk read the title of the bill.

The Acting CHAIR. When the Committee of the Whole rose earlier today, amendment No. 4 printed in part A of House Report 119–130 offered by the gentleman from Virginia (Mr. WITTMAN) had been disposed of.

AMENDMENT NO. 3 OFFERED BY MS. PETTERSEN

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, the unfinished business is the demand for a recorded vote on amendment No. 3, printed in part A of House Report 119–130, offered by the gentlewoman from Colorado (Ms. PETTERSEN), on which further proceedings were postponed and on which the noes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

RECORDED VOTE

The Acting CHAIR. A recorded vote has been demanded.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 213, noes 213, not voting 12, as follows:

[Roll No. 150]

AYES—213

Adams
Aguilar
Amo
Ansari
Auchincloss
Balint
Barragán
Beatty
Bell
Bera
Beyer
Bishop
Bonamici
Boyle (PA)
Brown
Brownley
Budzinski
Bynum
Carbajal
Carson
Carter (LA)
Casar
Case
Casten
Castor (FL)
Castro (TX)
Cherfilus-McCormick
Chu
Cisneros
Clark (MA)
Clarke (NY)
Cleaver
Clyburn
Cohen
Conaway
Correa
Costa
Courtney
Craig
Crockett
Crow
Cuellar
Davids (KS)
Davis (IL)
Davis (NC)
Dean (PA)
DeGette
DeLauro
DelBene
Deluzio
DeSaulnier
Dexter
Dingell
Doggett
Elfreth
Escobar
Espaillat
Evans (PA)
Fields
Figures
Fitzpatrick
Fletcher
Foster
Foushee
Frankel, Lois
Friedman
Frost
Garamendi
Garcia (CA)
Garcia (IL)
Garcia (TX)
Gillen
Golden (ME)
Goldman (NY)
Gomez
Gonzalez, V.
Goodlander
Gray
Green, Al (TX)
Harder (CA)
Hayes
Hernández
Himes
Horsford
Houlahan
Hoyer
Hoyle (OR)
Huffman
Ivey
Jackson (IL)
Jacobs
Jayapal
Jeffries
Johnson (GA)
Johnson (TX)
Kamlager-Dove
Kaptur
Keating
Kelly (IL)
Kennedy (NY)
Khanna
Krishnamoorthi
Landsman
Larson (CT)
Latimer
Lee (NV)
Lee (PA)
Leger Fernandez
Levin
Liccardo
Lieu
Lofgren
Lynch
Magaziner
Mannion
Matsui
McBath
McBride
McClain Delaney
McClellan
McCollum
McDonald Rivet
McGarvey
McGovern
McIver
Meeks
Menendez
Meng
Mfume
Min
Moore (WI)
Morelle
Morrison
Moskowitz
Moulton
Mrvan
Mullin
Nadler
Neal
Neguse
Norton
Ocasio-Cortez
Olszewski
Omar
Pallone
Panetta
Pappas
Pelosi
Perez
Peters
Pettersen
Pingree
Plaskett
Pocan
Pou
Pressley
Quigley
Ramirez
Randall
Raskin
Riley (NY)
Rivas
Ross
Ruiz
Ryan
Salinas
Sánchez
Scanlon
Schakowsky
Schneider
Scholten
Schrier
Scott (VA)
Scott, David
Sewell
Sherman
Simon
Smith (WA)
Sorensen
Soto
Stansbury
Stanton
Stevens
Strickland
Subramanyam
Suozzi
Swalwell
Sykes
Takano
Thanedar
Thompson (CA)
Thompson (MS)
Titus
Tlaib
Tokuda
Tonko
Torres (CA)
Torres (NY)
Trahan
Tran
Underwood
Van Drew
Vargas
Vasquez
Veasey
Velázquez
Vindman
Wasserman Schultz
Waters
Watson Coleman
Whitesides
Williams (GA)
Wilson (FL)

NOES—213

Aderholt
Alford
Allen
Amodei (NV)
Arrington
Babin
Bacon
Baird
Balderson
Barr
Barrett
Baumgartner
Bean (FL)
Begich
Bentz
Bergman
Bice
Biggs (AZ)
Biggs (SC)
Bilirakis
Boebert
Bost
Bresnahan
Buchanan
Burchett
Burlison
Calvert
Cammack
Carey
Carter (GA)
Carter (TX)
Ciscomani
Cline
Cloud
Clyde
Cole
Collins
Comer
Crane
Crank
Crawford
Crenshaw
Davidson
De La Cruz
DesJarlais
Diaz-Balart
Donalds
Downing
Dunn (FL)
Edwards
Ellzey
Emmer
Estes
Evans (CO)
Ezell
Fallon
Fedorchak
Feenstra
Fine
Finstad
Fischbach
Fitzgerald
Fleischmann
Flood
Fong
Foxx