

**AMENDMENT TO H.R. 27**  
**OFFERED BY MS. BUDZINSKI OF ILLINOIS**

Page 1, strike lines 3 through 5 and insert the following:

**1 SEC. 1. SHORT TITLE; TABLE OF CONTENTS.**

2 (a) SHORT TITLE.—This Act may be cited as the  
3 “Halt All Lethal Trafficking of Fentanyl Act” or the  
4 “HALT Fentanyl Act”.

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS

TITLE I—FENTANYL-RELATED SUBSTANCES

SEC. 101. CLASS SCHEDULING OF FENTANYL-RELATED  
SUBSTANCES.

SEC. 102. REGISTRATION REQUIREMENTS RELATED TO  
RESEARCH.

SEC. 103. TECHNICAL CORRECTION ON CONTROLLED  
SUBSTANCES DISPENSING.

SEC. 104. RULEMAKING.

SEC. 105. PENALTIES.

SEC. 106. APPLICABILITY; OTHER MATTERS.

TITLE II—SUPPORT ACT REAUTHORIZATION

SEC. 201. SHORT TITLE.

SUBTITLE A—PREVENTION

SEC. 211. PRENATAL AND POSTNATAL HEALTH.

SEC. 212. MONITORING AND EDUCATION REGARDING INFECTIONS  
ASSOCIATED WITH ILLICIT DRUG USE AND OTHER RISK FAC-  
TORS.

SEC. 213. PREVENTING OVERDOSES OF CONTROLLED  
SUBSTANCES.

SEC. 214. SUPPORT FOR INDIVIDUALS AND FAMILIES IMPACTED  
BY FETAL ALCOHOL SPECTRUM DISORDER.

SEC. 215. PROMOTING STATE CHOICE IN PDMP SYSTEMS.

SEC. 216. FIRST RESPONDER TRAINING PROGRAM.

SEC. 217. DONALD J. COHEN NATIONAL CHILD TRAUMATIC  
STRESS INITIATIVE.

SEC. 218. PROTECTING SUICIDE PREVENTION LIFELINE FROM  
CYBERSECURITY INCIDENTS.

SEC. 219. BRUCE'S LAW.

SEC. 220. GUIDANCE ON AT-HOME DRUG DISPOSAL SYSTEMS.

SEC. 221. ASSESSMENT OF OPIOID DRUGS AND ACTIONS.

SEC. 222. GRANT PROGRAM FOR STATE AND TRIBAL RESPONSE  
TO OPIOID USE DISORDERS.

SUBTITLE B—TREATMENT

SEC. 231. RESIDENTIAL TREATMENT PROGRAM FOR PREGNANT  
AND POSTPARTUM WOMEN.

SEC. 232. IMPROVING ACCESS TO ADDICTION MEDICINE  
PROVIDERS.

SEC. 233. MENTAL AND BEHAVIORAL HEALTH EDUCATION AND  
TRAINING GRANTS.

SEC. 234. LOAN REPAYMENT PROGRAM FOR SUBSTANCE USE  
DISORDER TREATMENT WORKFORCE.

SEC. 235. DEVELOPMENT AND DISSEMINATION OF MODEL TRAIN-  
ING PROGRAMS FOR SUBSTANCE USE DISORDER PATIENT  
RECORDS.

SEC. 236. TASK FORCE ON BEST PRACTICES FOR TRAUMA-  
INFORMED IDENTIFICATION, REFERRAL, AND SUPPORT.

SEC. 237. GRANTS TO ENHANCE ACCESS TO SUBSTANCE USE  
DISORDER TREATMENT.

SEC. 238. STATE GUIDANCE RELATED TO INDIVIDUALS WITH SE-  
RIOUS MENTAL ILLNESS AND CHILDREN WITH SERIOUS EMO-  
TIONAL DISTURBANCE.

SEC. 239. REVIEWING THE SCHEDULING OF APPROVED PROD-  
UCTS CONTAINING A COMBINATION OF BUPRENORPHINE AND  
NALOXONE.

SUBTITLE C—RECOVERY

SEC. 241. BUILDING COMMUNITIES OF RECOVERY.

SEC. 242. PEER SUPPORT TECHNICAL ASSISTANCE CENTER.

SEC. 243. COMPREHENSIVE OPIOID RECOVERY CENTERS.

SEC. 244. YOUTH PREVENTION AND RECOVERY.

SEC. 245. CAREER ACT.

SEC. 246. ADDRESSING ECONOMIC AND WORKFORCE IMPACTS OF  
THE OPIOID CRISIS.

SUBTITLE D—MISCELLANEOUS MATTERS

SEC. 251. DELIVERY OF A CONTROLLED SUBSTANCE BY A  
PHARMACY TO A PRESCRIBING PRACTITIONER.

SEC. 252. TECHNICAL CORRECTION ON CONTROLLED  
SUBSTANCES DISPENSING.

SEC. 253. REQUIRED TRAINING FOR PRESCRIBERS OF  
CONTROLLED SUBSTANCES.

Page 2, line 1, strike “Sec. 2.” and insert “Sec.  
101.”.

Page 4, line 5, strike “Sec. 3.” and insert “Sec.  
102.”.

Page 19, line 9, strike “Sec. 4.” and insert “Sec.  
103.”.

Page 21, line 10, strike “Sec. 5.” and insert “Sec.  
104.”.

Page 22, line 12, strike “Sec. 6.” and insert “Sec. 105.”.

Page 23, line 7, strike “Sec. 7.” and insert “Sec. 106.”.

At the end of the bill, add the following:

1           **TITLE II—SUPPORT ACT**  
2                   **REAUTHORIZATION**

3   **SEC. 201. SHORT TITLE.**

4           This title may be cited as the “SUPPORT for Pa-  
5   tients and Communities Reauthorization Act of 2025”.

6                   **Subtitle A—Prevention**

7   **SEC. 211. PRENATAL AND POSTNATAL HEALTH.**

8           Section 317L(d) of the Public Health Service Act (42  
9   U.S.C. 247b–13(d)) is amended by striking “such sums  
10   as may be necessary for each of the fiscal years 2019  
11   through 2023” and inserting “\$4,250,000 for each of fis-  
12   cal years 2025 through 2029”.

13   **SEC. 212. MONITORING AND EDUCATION REGARDING IN-**  
14                   **FECTIONS ASSOCIATED WITH ILLICIT DRUG**  
15                   **USE AND OTHER RISK FACTORS.**

16           Section 317N(d) of the Public Health Service Act (42  
17   U.S.C. 247b–15(d)) is amended by striking “fiscal years  
18   2019 through 2023” and inserting “fiscal years 2025  
19   through 2029”.

1 **SEC. 213. PREVENTING OVERDOSES OF CONTROLLED SUB-**  
2 **STANCES.**

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

5 (1) in subsection (a)(2)—

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

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

12 (2) in subsection (b)(2)—

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

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

19 (C) in subparagraph (E)—

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

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

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

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

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

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

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

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

23 (c) AUTHORIZATION OF APPROPRIATIONS.—Section  
24 392A(e) of the Public Health Service Act (42 U.S.C.  
25 280b–1(e)) is amended by striking “\$496,000,000 for

1 each of fiscal years 2019 through 2023” and inserting  
2 “\$505,579,000 for each of fiscal years 2025 through  
3 2029”.

4 **SEC. 214. SUPPORT FOR INDIVIDUALS AND FAMILIES IM-**  
5 **PACTED BY FETAL ALCOHOL SPECTRUM DIS-**  
6 **ORDER.**

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

10 **“PART O—FETAL ALCOHOL SYNDROME**  
11 **PREVENTION AND SERVICES PROGRAM**  
12 **“SEC. 399H. FETAL ALCOHOL SPECTRUM DISORDERS PRE-**  
13 **VENTION, INTERVENTION, AND SERVICES DE-**  
14 **LIVERY PROGRAM.**

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

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

23 “(A) educational programs targeting  
24 health professions schools, social and other sup-  
25 portive services, educators and counselors and

1 other service providers in all phases of child-  
2 hood development, and other relevant service  
3 providers, concerning the prevention, identifica-  
4 tion, and provision of services for infants, chil-  
5 dren, adolescents and adults with FASD;

6 “(B) strategies to educate school-age chil-  
7 dren, including pregnant and high-risk youth,  
8 concerning FASD;

9 “(C) public and community awareness pro-  
10 grams concerning FASD; and

11 “(D) strategies to coordinate information  
12 and services across affected community agen-  
13 cies, including agencies providing social services  
14 such as foster care, adoption, and social work,  
15 agencies providing health services, and agencies  
16 involved in education, vocational training and  
17 civil and criminal justice;

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

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

22 “(B) develop effective culturally and lin-  
23 guistically appropriate evidence-based or evi-  
24 dence-informed interventions and appropriate  
25 supports for preventing prenatal alcohol expo-



1           sure, which may co-occur with exposure to other  
2           substances;

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

6                 “(A) utilizing and adapting existing Fed-  
7                 eral, State, or Tribal programs to include  
8                 FASD identification and FASD-informed sup-  
9                 port;

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

12                “(C) developing, implementing, and evalu-  
13                ating targeted FASD-informed intervention  
14                programs for FASD;

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

18                “(E) disseminating information about  
19                FASD and support services to affected individ-  
20                uals and their families; and

21           “(4) an applied research program concerning  
22           intervention and prevention to support and conduct  
23           service demonstration projects, clinical studies and  
24           other research models providing advocacy, edu-  
25           cational and vocational training, counseling, medical

1 and mental health, and other supportive services, as  
2 well as models that integrate and coordinate such  
3 services, that are aimed at the unique challenges fac-  
4 ing individuals with Fetal Alcohol Syndrome or  
5 Fetal Alcohol Effect and their families.

6 “(b) GRANTS AND TECHNICAL ASSISTANCE.—

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

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

14 “(A) be a State, Indian Tribe or Tribal or-  
15 ganization, local government, scientific or aca-  
16 demic institution, or nonprofit organization;  
17 and

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

24 “(3) ADDITIONAL APPLICATION CONTENTS.—

25 The Secretary may require that an eligible entity in-

1       clude in the application submitted under paragraph  
2       (2)(B)—

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

8               “(B) a description of an advisory com-  
9               mittee the entity will establish to provide guid-  
10              ance for the entity on developing and imple-  
11              menting a statewide or Tribal strategic plan to  
12              prevent FASD and provide for the identifica-  
13              tion, treatment, and support of individuals with  
14              FASD and their families.

15       “(c) DEFINITION OF FASD-INFORMED.—For pur-  
16       poses of this section, the term ‘FASD-informed’, with re-  
17       spect to support or an intervention program, means that  
18       such support or intervention program uses culturally and  
19       linguistically informed evidence-based or practice-based  
20       interventions and appropriate resources to support an im-  
21       proved quality of life for an individual with FASD and  
22       the family of such individual.

1 **“SEC. 399I. STRENGTHENING CAPACITY AND EDUCATION**  
2 **FOR FETAL ALCOHOL SPECTRUM DIS-**  
3 **ORDERS.**

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

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

16 “(1) Developing and supporting public edu-  
17 cation and outreach activities to raise public aware-  
18 ness of the risks associated with alcohol consumption  
19 during pregnancy.

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

25 “(3) Increasing awareness and understanding  
26 of efficacious, evidence-based screening tools and

1 culturally and linguistically appropriate evidence-  
2 based intervention services and best practices, which  
3 may include improving the capacity for State, Trib-  
4 al, and local affiliates.

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

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

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

18 “(1) Resource development and dissemination.

19 “(2) Intervention services.

20 “(3) Training and technical assistance.

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

22 “There are authorized to be appropriated to carry out  
23 this part \$12,500,000 for each of fiscal years 2025  
24 through 2029.”.

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

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

13 (2) a description of—

14 (A) the activities carried out pursuant to  
15 such sections 399H and 399I to identify, pre-  
16 vent, and treat FASD; and

17 (B) methods used to evaluate the outcomes  
18 of such activities; and

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

22 **SEC. 215. PROMOTING STATE CHOICE IN PDMP SYSTEMS.**

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

1           “(5) PROMOTING STATE CHOICE.—Nothing in  
2       this section shall be construed to authorize the Sec-  
3       retary to require States to use a specific vendor or  
4       a specific interoperability connection other than to  
5       align with nationally recognized, consensus-based  
6       open standards, such as in accordance with sections  
7       3001 and 3004.”.

8   **SEC. 216. FIRST RESPONDER TRAINING PROGRAM.**

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

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

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

14               (A) by striking “approved or cleared” each  
15       place it appears and inserting “approved,  
16       cleared, or otherwise legally marketed”; and

17               (B) by striking “opioid” each place it ap-  
18       pears;

19           (3) in subsection (f)—

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

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

24               (C) in paragraph (2)—

1 (i) by striking “opioid and heroin”  
2 and inserting “opioid, heroin, and other  
3 drug”; and

4 (ii) by striking “opioid overdose” and  
5 inserting “overdose”; and

6 (D) in paragraph (3), by striking “opioid  
7 and heroin”; and

8 (4) in subsection (h), by striking “\$36,000,000  
9 for each of fiscal years 2019 through 2023” and in-  
10 serting “\$56,000,000 for each of fiscal years 2025  
11 through 2029”.

12 **SEC. 217. DONALD J. COHEN NATIONAL CHILD TRAUMATIC**  
13 **STRESS INITIATIVE.**

14 (a) TECHNICAL AMENDMENT.—The second part G of  
15 title V of the Public Health Service Act (42 U.S.C. 290kk  
16 et seq.), as added by section 144 of the Community Re-  
17 newal Tax Relief Act (Public Law 106–554), is amend-  
18 ed—

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

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

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



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

4 (2) in subsection (a)—

5 (A) in the matter preceding paragraph (1),  
6 by striking “tribes and tribal” and inserting  
7 “Tribes and Tribal”; and

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

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

12 (4) in subsection (d)—

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

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

16 and

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

18 “(2) NCTSI GRANTEES.—In carrying out sub-  
19 section (a)(2), NCTSI grantees shall develop  
20 trainings and other resources, as applicable and ap-  
21 propriate, to support implementation of the evi-  
22 dence-based practices developed and disseminated  
23 under such subsection.”;

24 (5) in subsection (e)—

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

4 (B) in subparagraph (A), as so redesign-  
5 nated, by inserting “and implementation” after  
6 “the dissemination”;

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

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

10 and

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

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

16 (6) by amending subsection (h) to read as fol-  
17 lows:

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

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

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

11 (7) by amending subsection (j) to read as fol-  
12 lows:

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

15 “(1) \$93,887,000 for fiscal year 2025;

16 “(2) \$95,000,000 for fiscal year 2026;

17 “(3) \$97,000,000 for fiscal year 2027;

18 “(4) \$100,000,000 for fiscal year 2028; and

19 “(5) \$100,000,000 for fiscal year 2029.”.

20 **SEC. 218. PROTECTING SUICIDE PREVENTION LIFELINE**  
21 **FROM CYBERSECURITY INCIDENTS.**

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

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

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

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

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

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

12 (1) by redesignating subsection (f) as sub-  
13 section (g); and

14 (2) by inserting after subsection (e) the fol-  
15 lowing:

16 “(f) CYBERSECURITY REPORTING.—

17 “(1) NOTIFICATION.—

18 “(A) IN GENERAL.—The program’s net-  
19 work administrator receiving Federal funding  
20 pursuant to subsection (a) shall report to the  
21 Assistant Secretary, in a manner that protects  
22 personal privacy, consistent with applicable  
23 Federal and State privacy laws—

24 “(i) any identified cybersecurity  
25 vulnerabilities to the program within a rea-

1 sonable amount of time after identification  
2 of such a vulnerability; and

3 “(ii) any identified cybersecurity inci-  
4 dents to the program within a reasonable  
5 amount of time after identification of such  
6 incident.

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

14 “(i) any identified cybersecurity  
15 vulnerabilities to the program within a rea-  
16 sonable amount of time after identification  
17 of such vulnerability; and

18 “(ii) any identified cybersecurity inci-  
19 dents to the program within a reasonable  
20 amount of time after identification of such  
21 incident.

22 “(2) NOTIFICATION.—If the program’s network  
23 administrator receiving funding pursuant to sub-  
24 section (a) discovers, or is informed by a local or re-  
25 gional crisis center pursuant to paragraph (1)(B) of,

1 a cybersecurity vulnerability or incident, within a  
2 reasonable amount of time after such discovery or  
3 receipt of information, such entity shall report the  
4 vulnerability or incident to the Assistant Secretary.

5 “(3) CLARIFICATION.—

6 “(A) OVERSIGHT.—

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

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

23 “(B) SUPPLEMENT, NOT SUPPLANT.—The  
24 cybersecurity incident reporting requirements  
25 under this subsection shall supplement, and not

1           supplant, cybersecurity incident reporting re-  
2           quirements under other provisions of applicable  
3           Federal law that are in effect on the date of the  
4           enactment of the SUPPORT for Patients and  
5           Communities Reauthorization Act of 2025.”.

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

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

13          (2) submit a report on the findings of such  
14          study to the Committee on Health, Education,  
15          Labor, and Pensions of the Senate and the Com-  
16          mittee on Energy and Commerce of the House of  
17          Representatives.

18   **SEC. 219. BRUCE’S LAW.**

19          (a) YOUTH PREVENTION AND RECOVERY.—Section  
20          7102(c) of the SUPPORT for Patients and Communities  
21          Act (42 U.S.C. 290bb–7a(c)) is amended—

22          (1) in paragraph (3)(A)(i), by inserting “,  
23          which may include strategies to increase education  
24          and awareness of the potency and dangers of syn-  
25          thetic opioids (including drugs contaminated with

1       fentanyl) and, as appropriate, other emerging drug  
2       use or misuse issues” before the semicolon; and

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

9       (b) INTERDEPARTMENTAL SUBSTANCE USE DIS-  
10       ORDERS COORDINATING COMMITTEE.—Section 7022 of  
11       the SUPPORT for Patients and Communities Act (42  
12       U.S.C. 290aa note) is amended—

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

15       “(g) WORKING GROUPS.—

16           “(1) IN GENERAL.—The Committee may estab-  
17       lish working groups for purposes of carrying out the  
18       duties described in subsection (e). Any such working  
19       group shall be composed of members of the Com-  
20       mittee (or the designees of such members) and may  
21       hold such meetings as are necessary to carry out the  
22       duties delegated to the working group.

23           “(2) ADDITIONAL FEDERAL INTERAGENCY  
24       WORK GROUP ON FENTANYL CONTAMINATION OF IL-  
25       LEGAL DRUGS.—



1           “(A) ESTABLISHMENT.—The Secretary,  
2           acting through the Committee, shall establish a  
3           Federal Interagency Work Group on Fentanyl  
4           Contamination of Illegal Drugs (referred to in  
5           this paragraph as the ‘Work Group’) consisting  
6           of representatives from relevant Federal depart-  
7           ments and agencies on the Committee.

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

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

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

18          “(C) DUTIES.—The Work Group shall—

19                 “(i) examine Federal efforts to reduce  
20                 and prevent drug overdose by fentanyl-con-  
21                 taminated illicit drugs;

22                 “(ii) identify strategies to improve  
23                 State, Tribal, and local responses to over-  
24                 dose by fentanyl-contaminated illicit drugs;

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

6 “(iv) make recommendations to Con-  
7 gress for improving Federal programs, in-  
8 cluding with respect to the coordination of  
9 efforts across such programs; and

10 “(v) make recommendations for edu-  
11 cating youth on the potency and dangers of  
12 drugs contaminated by fentanyl.

13 “(D) ANNUAL REPORT TO SECRETARY.—  
14 The Work Group shall annually prepare and  
15 submit to the Secretary, the Committee on  
16 Health, Education, Labor, and Pensions of the  
17 Senate, and the Committee on Energy and  
18 Commerce and the Committee on Education  
19 and the Workforce of the House of Representa-  
20 tives, a report on the activities carried out by  
21 the Work Group under subparagraph (C), in-  
22 cluding recommendations to reduce and prevent  
23 drug overdose by fentanyl contamination of ille-  
24 gal drugs, in all populations, and specifically

1 among youth at risk for substance misuse.”;

2 and

3 (2) by striking subsection (i) and inserting the

4 following:

5 “(i) SUNSET.—The Committee shall  
6 terminate on September 30, 2029.”.

7 **SEC. 220. GUIDANCE ON AT-HOME DRUG DISPOSAL SYS-**  
8 **TEMS.**

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

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

17 (1) recommended standards for effective at-  
18 home drug disposal systems to meet applicable re-  
19 quirements enforced by the Food and Drug Adminis-  
20 tration;

21 (2) recommended information to include as in-  
22 structions for use to disseminate with at-home drug  
23 disposal systems;

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

4           (4) recommended use of licensed health pro-  
5       viders for the dissemination of education, instruc-  
6       tion, and at-home drug disposal systems, as appro-  
7       prium.

8       **SEC. 221. ASSESSMENT OF OPIOID DRUGS AND ACTIONS.**

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

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

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

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

10          (4) an overview of the consideration by the  
11          FDA of clinical trial methodologies for analgesic  
12          drugs, including the enriched enrollment randomized  
13          withdrawal methodology, and the benefits and draw-  
14          backs associated with different trial methodologies  
15          for such drugs, incorporating any public input re-  
16          ceived under subsection (b).

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

1 **SEC. 222. GRANT PROGRAM FOR STATE AND TRIBAL RE-**  
2 **SPONSE TO OPIOID USE DISORDERS.**

3 The activities carried out pursuant to section  
4 1003(b)(4)(A) of the 21st Century Cures Act (42 U.S.C.  
5 290ee–3a(b)(4)(A)) may include facilitating access to  
6 products used to prevent overdose deaths by detecting the  
7 presence of one or more substances, such as fentanyl and  
8 xylazine test strips, to the extent the purchase and posses-  
9 sion of such products is consistent with Federal and State  
10 law.

11 **Subtitle B—Treatment**

12 **SEC. 231. RESIDENTIAL TREATMENT PROGRAM FOR PREG-**  
13 **NANT AND POSTPARTUM WOMEN.**

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

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

19 (2) in subsection (g)—

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

22 (B) by adding at the end the following:  
23 “Such plan may include a description of how  
24 such applicant will target outreach to women  
25 disproportionately impacted by maternal sub-  
26 stance use disorder.”; and

1 (3) in subsection (s), by striking “\$29,931,000  
2 for each of fiscal years 2019 through 2023” and in-  
3 serting “\$38,931,000 for each of fiscal years 2025  
4 through 2029”.

5 **SEC. 232. IMPROVING ACCESS TO ADDICTION MEDICINE**  
6 **PROVIDERS.**

7 Section 597 of the Public Health Service Act (42  
8 U.S.C. 2901l) is amended—

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

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

13 **SEC. 233. MENTAL AND BEHAVIORAL HEALTH EDUCATION**  
14 **AND TRAINING GRANTS.**

15 Section 756(f) of the Public Health Service Act (42  
16 U.S.C. 294e–1(f)) is amended by striking “fiscal years  
17 2023 through 2027” and inserting “fiscal years 2025  
18 through 2029”.

19 **SEC. 234. LOAN REPAYMENT PROGRAM FOR SUBSTANCE**  
20 **USE DISORDER TREATMENT WORKFORCE.**

21 Section 781(j) of the Public Health Service Act (42  
22 U.S.C. 295h(j)) is amended by striking “\$25,000,000 for  
23 each of fiscal years 2019 through 2023” and inserting  
24 “\$40,000,000 for each of fiscal years 2025 through  
25 2029”.

1 **SEC. 235. DEVELOPMENT AND DISSEMINATION OF MODEL**  
2 **TRAINING PROGRAMS FOR SUBSTANCE USE**  
3 **DISORDER PATIENT RECORDS.**

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

7 **SEC. 236. TASK FORCE ON BEST PRACTICES FOR TRAUMA-**  
8 **INFORMED IDENTIFICATION, REFERRAL, AND**  
9 **SUPPORT.**

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

13 (1) in subsection (b)(1)—

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

16 (B) by inserting after subparagraph (BB)  
17 the following:

18 “(CC) The Administration for Community  
19 Living.”;

20 (2) in subsection (d)(1), in the matter pre-  
21 ceding subparagraph (A), by inserting “, develop-  
22 mental disability service providers” before “, individ-  
23 uals who are”; and

24 (3) in subsection (i), by striking “2023” and in-  
25 serting “2029”.



1 **SEC. 237. GRANTS TO ENHANCE ACCESS TO SUBSTANCE**  
2 **USE DISORDER TREATMENT.**

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

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

6 (2) by striking “(a) IN GENERAL.—The Sec-  
7 retary” and inserting the following: “The Sec-  
8 retary”.

9 **SEC. 238. STATE GUIDANCE RELATED TO INDIVIDUALS**  
10 **WITH SERIOUS MENTAL ILLNESS AND CHIL-**  
11 **DREN WITH SERIOUS EMOTIONAL DISTURB-**  
12 **ANCE.**

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

25 (1) How States use funds for evidence-based  
26 treatments and services according to the standard of

1 care for individuals with early serious mental illness  
2 and children with a serious emotional disturbance.

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

7 (b) REPORT AND GUIDANCE.—

8 (1) REPORT.—Not later than 180 days after  
9 the completion of the review under subsection (a),  
10 the Secretary shall submit to the Committee on  
11 Health, Education, Labor, and Pensions and the  
12 Committee on Appropriations of the Senate and the  
13 Committee on Energy and Commerce and the Com-  
14 mittee on Appropriations of the House of Represent-  
15 atives a report describing—

16 (A) the findings of the review under sub-  
17 section (a); and

18 (B) any recommendations for changes to  
19 the block grant program that would facilitate  
20 improved outcomes for individuals with serious  
21 mental illness and children with serious emo-  
22 tional disturbance.

23 (2) GUIDANCE.—Not later than 1 year after  
24 the date on which the report is submitted under  
25 paragraph (1), the Secretary shall update the guid-

1       ance provided to States under the block grant pro-  
2       gram on coordinated specialty care and other evi-  
3       dence-based mental health care services for individ-  
4       uals with serious mental illness and children with a  
5       serious emotional disturbance, based on the findings  
6       and recommendations of such report.

7       **SEC. 239. REVIEWING THE SCHEDULING OF APPROVED**  
8                               **PRODUCTS CONTAINING A COMBINATION OF**  
9                               **BUPRENORPHINE AND NALOXONE.**

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

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

19               (2) if appropriate, request that the Attorney  
20       General initiate rulemaking proceedings to revise the  
21       schedules accordingly with respect to such products.

22       (b) ATTORNEY GENERAL.—The Attorney General  
23       shall review any request made by the Secretary of Health  
24       and Human Services under subsection (a)(2) and deter-  
25       mine whether to initiate proceedings to revise the sched-

1 rules in accordance with the criteria set forth in sections  
2 201 and 202 of the Controlled Substances Act (21 U.S.C.  
3 811, 812).

## 4 **Subtitle C—Recovery**

### 5 **SEC. 241. BUILDING COMMUNITIES OF RECOVERY.**

6 Section 547(f) of the Public Health Service Act (42  
7 U.S.C. 290ee–2(f)) is amended by striking “\$5,000,000  
8 for each of fiscal years 2019 through 2023” and inserting  
9 “\$16,000,000 for each of fiscal years 2025 through  
10 2029”.

### 11 **SEC. 242. PEER SUPPORT TECHNICAL ASSISTANCE CEN-** 12 **TER.**

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

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

18 “(A) professional development of peer sup-  
19 port specialists; and

20 “(B) making recovery support services  
21 available in nonclinical settings; and”;

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

24 (3) by inserting after subsection (c) the fol-  
25 lowing:

1 “(d) REGIONAL CENTERS.—

2 “(1) IN GENERAL.—The Secretary may estab-  
3 lish one regional technical assistance center (referred  
4 to in this subsection as the ‘Regional Center’), with  
5 existing resources, to assist the Center in carrying  
6 out activities described in subsection (b) within the  
7 geographic region of such Regional Center in a man-  
8 ner that is tailored to the needs of such region.

9 “(2) EVALUATION.—Not later than 4 years  
10 after the date of enactment of the SUPPORT for  
11 Patients and Communities Reauthorization Act of  
12 2025, the Secretary shall evaluate the activities of  
13 the Regional Center and submit to the Committee  
14 on Health, Education, Labor, and Pensions of the  
15 Senate and the Committee on Energy and Com-  
16 merce of the House of Representatives a report on  
17 the findings of such evaluation, including—

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

21 “(B) available information relating to the  
22 outcomes of the Regional Center under this  
23 subsection, such as any impact on the oper-  
24 ations and efficiency of the Center relating to

1 requests for technical assistance and support  
2 within the region of such Regional Center;

3 “(C) a description of any gaps or areas of  
4 duplication relating to the activities of the Re-  
5 gional Center and the Center within such re-  
6 gion; and

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

10 “(3) TERMINATION.—This subsection shall ter-  
11 minate on September 30, 2029.”; and

12 (4) in subsection (f), as so redesignated, by  
13 striking “\$1,000,000 for each of fiscal years 2019  
14 through 2023” and inserting “\$2,000,000 for each  
15 of fiscal years 2025 through 2029”.

16 **SEC. 243. COMPREHENSIVE OPIOID RECOVERY CENTERS.**

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

19 (1) in subsection (d)(2)—

20 (A) in the matter preceding subparagraph  
21 (A), by striking “and in such manner” and in-  
22 serting “, in such manner, and containing such  
23 information and assurances, including relevant  
24 documentation,”; and

1 (B) in subparagraph (A), by striking “is  
2 capable of coordinating with other entities to  
3 carry out” and inserting “has the demonstrated  
4 capability to carry out, through referral or con-  
5 tractual arrangements”;

6 (2) in subsection (h)—

7 (A) by redesignating paragraphs (1)  
8 through (4) as subparagraphs (A) through (D),  
9 respectively, and adjusting the margins accord-  
10 ingly;

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

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

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

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

1 (3) in subsection (j), by striking “2019 through  
2 2023” and inserting “2025 through 2029”.

3 **SEC. 244. YOUTH PREVENTION AND RECOVERY.**

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

7 (1) in paragraph (2)—

8 (A) in subparagraph (A)—

9 (i) in clause (i)—

10 (I) by inserting “, or a consor-  
11 tium of local educational agencies,”  
12 after “a local educational agency”;  
13 and

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

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

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

21 “(E) INDIAN TRIBE; TRIBAL ORGANIZA-  
22 TION.—The terms ‘Indian Tribe’ and ‘Tribal  
23 organization’ have the meanings given such  
24 terms in section 4 of the Indian Self-Deter-



1 mination and Education Assistance Act (25  
2 U.S.C. 5304).”;

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

5 (D) by inserting after subparagraph (J)  
6 the following:

7 “(K) SECONDARY SCHOOL.—The term  
8 ‘secondary school’ has the meaning given such  
9 term in section 8101 of the Elementary and  
10 Secondary Education Act of 1965 (20 U.S.C.  
11 7801).”;

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

14 (A) by striking “and abuse”; and

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

17 (3) in paragraph (4)—

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

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

23 (C) in subparagraph (B), by striking “peer  
24 mentoring” and inserting “peer-to-peer sup-  
25 port”;

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

3           (5) in paragraph (6)(A)—

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

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

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

10          (6) in paragraph (8), by striking “2022” and  
11       inserting “2027”; and

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

14               “(9) AUTHORIZATION OF APPROPRIATIONS.—

15       To carry out this subsection, there are authorized to  
16       be appropriated—

17                       “(A) \$10,000,000 for fiscal year 2025;

18                       “(B) \$12,000,000 for fiscal year 2026;

19                       “(C) \$13,000,000 for fiscal year 2027;

20                       “(D) \$14,000,000 for fiscal year 2028;

21       and

22                       “(E) \$15,000,000 for fiscal year 2029.”.

1   **SEC. 245. CAREER ACT.**

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

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

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

10          (3) in subsection (c)—

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

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

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

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

25           “(B) The highest average rates of unem-  
26       ployment for calendar years 2018 through 2022

1 based on data provided by the Bureau of Labor  
2 Statistics.

3 “(C) The lowest average labor force par-  
4 ticipation rates for calendar years 2018 through  
5 2022 based on data provided by the Bureau of  
6 Labor Statistics.”;

7 (4) in subsection (g)—

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

12 (B) by redesignating paragraphs (1)  
13 through (3) as subparagraphs (A) through (C),  
14 respectively, and adjusting the margins accord-  
15 ingly;

16 (C) in the matter preceding subparagraph  
17 (A) (as so redesignated), by striking “An enti-  
18 ty” and inserting the following:

19 “(1) IN GENERAL.—An entity”; and

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

21 “(2) TRANSPORTATION SERVICES.—An entity  
22 receiving a grant under this section may use not  
23 more than 5 percent of the funds for providing  
24 transportation for individuals to participate in an ac-  
25 tivity supported by a grant under this section, which

1 transportation shall be to or from a place of work  
2 or a place where the individual is receiving voca-  
3 tional education or job training services or receiving  
4 services directly linked to treatment of or recovery  
5 from a substance use disorder.

6 “(3) LIMITATION.—The Secretary may not re-  
7 quire an entity to, or give priority to an entity that  
8 plans to, use the funds of a grant under this section  
9 for activities that are not specified in this sub-  
10 section.”;

11 (5) in subsection (i)(2), by inserting “, which  
12 shall include employment and earnings outcomes de-  
13 scribed in subclauses (I) and (III) of section  
14 116(b)(2)(A)(i) of the Workforce Innovation and  
15 Opportunity Act (29 U.S.C. 3141(b)(2)(A)(i)) with  
16 respect to the participation of such individuals with  
17 a substance use disorder in programs and activities  
18 funded by the grant under this section” after “sub-  
19 section (g)”;

20 (6) in subsection (j)—

21 (A) in paragraph (1), by inserting “for  
22 grants awarded prior to the date of enactment  
23 of the SUPPORT for Patients and Commu-  
24 nities Reauthorization Act of 2025” after  
25 “grant period under this section”; and

1 (B) in paragraph (2)—

2 (i) in the matter preceding subpara-  
3 graph (A), by striking “2 years after sub-  
4 mitting the preliminary report required  
5 under paragraph (1)” and inserting “Sep-  
6 tember 30, 2029”; and

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

9 (7) in subsection (k), by striking “\$5,000,000  
10 for each of fiscal years 2019 through 2023” and in-  
11 serting “\$12,000,000 for each of fiscal years 2025  
12 through 2029”.

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

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

19 (A) by striking the section heading and in-  
20 serting “**CAREER ACT; RECOVERY HOUSING**  
21 **PILOT PROGRAM**”;

22 (B) in subsection (a), by striking “through  
23 2023” and inserting “through 2029”;

24 (C) in subsection (b)—

1 (i) in paragraph (1), by striking “not  
2 later than 60 days after the date of enact-  
3 ment of this Act” and inserting “not later  
4 than 60 days after the date of enactment  
5 of the SUPPORT for Patients and Com-  
6 munities Reauthorization Act of 2025”;  
7 and

8 (ii) in paragraph (2)(B)(i)—

9 (I) in subclause (I)—

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

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

16 (II) in subclause (II)—

17 (aa) by striking “for cal-  
18 endar years 2013 through 2017”;  
19 and

20 (bb) by inserting “for cal-  
21 endar years 2018 through 2022”  
22 after “participation rates”; and

23 (III) by striking subclause (III)

24 and inserting the following:

1 “(III) The highest age-adjusted  
2 average rates of drug overdose deaths  
3 for calendar years 2018 through 2022  
4 based on data from the Centers for  
5 Disease Control and Prevention, in-  
6 cluding, if necessary, provisional data  
7 for calendar year 2022.”; and

8 (D) in subsection (f), by striking “For the  
9 2-year period following the date of enactment of  
10 this Act, the” and inserting “The”.

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

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

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

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



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

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

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

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

5 **SEC. 246. ADDRESSING ECONOMIC AND WORKFORCE IM-**  
6 **PACTS OF THE OPIOID CRISIS.**

7 Section 8041(g)(1) of the SUPPORT for Patients  
8 and Communities Act (29 U.S.C. 3225a(g)(1)) is amended  
9 by striking “2023” and inserting “2029”.

10 **Subtitle D—Miscellaneous Matters**

11 **SEC. 251. DELIVERY OF A CONTROLLED SUBSTANCE BY A**  
12 **PHARMACY TO A PRESCRIBING PRACTI-**  
13 **TIONER.**

14 Section 309A(a) of the Controlled Substances Act  
15 (21 U.S.C. 829a(a)) is amended by striking paragraph (2)  
16 and inserting the following:

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

19 “(A) by injection or implantation for the  
20 purpose of maintenance or detoxification treat-  
21 ment; or

22 “(B) subject to a risk evaluation and miti-  
23 gation strategy pursuant to section 505–1 of  
24 the Federal Food, Drug, and Cosmetic Act (21

1 U.S.C. 355–1) that includes elements to assure  
2 safe use of the drug described in subsection  
3 (f)(3)(E) of such section, including a require-  
4 ment for post-administration monitoring by a  
5 health care provider.”.

6 **SEC. 252. TECHNICAL CORRECTION ON CONTROLLED SUB-**  
7 **STANCES DISPENSING.**

8 Effective as if included in the enactment of Public  
9 Law 117–328—

10 (1) section 1252(a) of division FF of Public  
11 Law 117–328 (136 Stat. 5681) is amended, in the  
12 matter being inserted into section 302(e) of the Con-  
13 trolled Substances Act, by striking “303(g)” and in-  
14 serting “303(h)”;

15 (2) section 1262 of division FF of Public Law  
16 117–328 (136 Stat. 5681) is amended—

17 (A) in subsection (a)—

18 (i) in the matter preceding paragraph  
19 (1), by striking “303(g)” and inserting  
20 “303(h)”;

21 (ii) in the matter being stricken by  
22 subsection (a)(2), by striking “(g)(1)” and  
23 inserting “(h)(1)”;

24 (iii) in the matter being inserted by  
25 subsection (a)(2), by striking “(g) Practi-

1                   tioners” and inserting “(h) Practitioners”;

2                   and

3                   (B) in subsection (b)—

4                   (i) in the matter being stricken by  
5                   paragraph (1), by striking “303(g)(1)”  
6                   and inserting “303(h)(1)”;

7                   (ii) in the matter being inserted by  
8                   paragraph (1), by striking “303(g)” and  
9                   inserting “303(h)”;

10                  (iii) in the matter being stricken by  
11                  paragraph (2)(A), by striking “303(g)(2)”  
12                  and inserting “303(h)(2)”;

13                  (iv) in the matter being stricken by  
14                  paragraph (3), by striking “303(g)(2)(B)”  
15                  and inserting “303(h)(2)(B)”;

16                  (v) in the matter being stricken by  
17                  paragraph (5), by striking “303(g)” and  
18                  inserting “303(h)”;

19                  (vi) in the matter being stricken by  
20                  paragraph (6), by striking “303(g)” and  
21                  inserting “303(h)”;

22                  (3) section 1263(b) of division FF of Public  
23                  Law 117–328 (136 Stat. 5685) is amended—

24                   (A) by striking “303(g)(2)” and inserting  
25                   “303(h)(2)”;

1 (B) by striking “(21 U.S.C. 823(g)(2))”  
2 and inserting “(21 U.S.C. 823(h)(2))”.

3 **SEC. 253. REQUIRED TRAINING FOR PRESCRIBERS OF CON-**  
4 **TROLLED SUBSTANCES.**

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

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

9 (2) in subsection (m)(1), as so redesignated—  
10 (A) in subparagraph (A)—

11 (i) in clause (iv)—

12 (I) in subclause (I)—

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

21 (bb) by striking “or the  
22 Commission” and inserting “the  
23 Commission”; and

24 (cc) by inserting “, or the  
25 Council on Podiatric Medical

1 Education” before the semicolon  
2 at the end; and

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

7 (ii) in clause (v), in the matter pre-  
8 ceding subclause (I)—

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

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

17 (B) in subparagraph (B)—

18 (i) in clause (i)—

19 (I) by inserting “the American  
20 Pharmacists Association, the Accredi-  
21 tation Council on Pharmacy Edu-  
22 cation, the American Psychiatric  
23 Nurses Association, the American  
24 Academy of Nursing, the American

1 Academy of Family Physicians,” be-  
2 fore “or any other organization”; and

3 (II) by inserting “, the American  
4 Academy of Family Physicians,” be-  
5 fore “or the Accreditation Council”;  
6 and

7 (ii) in clause (ii)—

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

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

14 (b) EFFECTIVE DATE.—The amendment made by  
15 subsection (a) shall take effect as if enacted on December  
16 29, 2022.

