

AMENDMENT TO
RULES COMMITTEE PRINT 119–4
OFFERED BY MS. WILLIAMS OF GEORGIA

At the end of title IV, add the following:

1 **SEC. ____ . SUBSTANCE USE DISORDER AND FAMILY EN-**
2 **GAGEMENT IN RECOVERY.**

3 (a) ENSURING CARE AND NO UNDUE FAMILY SEPA-
4 RATION OF FAMILIES IMPACTED BY SUBSTANCE USE
5 DISORDER.—

6 (1) IN GENERAL.—Section 503 of the Social
7 Security Act (42 U.S.C. 703) is amended by adding
8 at the end the following new subsection:

9 “(d) LIMITATIONS ON TOXICOLOGY TESTING TO DE-
10 TECT SUBSTANCE USE.—

11 “(1) IN GENERAL.—As a condition of receiving
12 payments under this section, each State—

13 “(A) shall not require the birthing parent
14 of an infant who is identified as being affected
15 by substance abuse or withdrawal symptoms re-
16 sulting from prenatal drug exposure or a Fetal
17 Alcohol Spectrum Disorder to undergo tox-
18 icology testing to detect substance use unless the
19 parent—

1 “(i) gives clear and informed consent
2 prior to such testing; and

3 “(ii) is able to access, if necessary for
4 purposes of giving such consent, interpre-
5 tation services and reasonable accommoda-
6 tions for disabilities;

7 “(B) shall ensure that a pregnant or
8 postpartum individual taking a prescription
9 drug, including a prescription drug for the
10 treatment of a substance use disorder, in ac-
11 cordance with the recommendations of the pre-
12 scribing practitioner, shall not be subject to in-
13 vestigations of child abuse and neglect on the
14 basis that such individual is taking such pre-
15 scription drug;

16 “(C) shall ensure that—

17 “(i) any toxicology testing to detect
18 substance use that is provided to a preg-
19 nant or postpartum individual taking a
20 prescription drug, including a prescription
21 drug for the treatment of a substance use
22 disorder, in accordance with the rec-
23 ommendations of the prescribing practi-
24 tioner is consented to by the pregnant or

1 postpartum individual in accordance with
2 subparagraph (A); and

3 “(ii) such testing (and the results of
4 such testing) shall not affect the individ-
5 ual’s access to care or public assistance
6 and shall not be the sole factor in a family
7 separation determination involving the in-
8 dividual; and

9 “(D) shall ensure that any health care pro-
10 vider involved in the delivery or care of an in-
11 fant identified as being affected by substance
12 abuse or withdrawal symptoms resulting from
13 prenatal drug exposure, or a Fetal Alcohol
14 Spectrum Disorder, is not required to notify the
15 child protective services system of the State or
16 any unit of local government of the State of the
17 occurrence of such condition in such infant if
18 such condition is the result of the birthing par-
19 ent of the infant taking a prescription drug, in-
20 cluding a prescription drug for the treatment of
21 a substance use disorder, in accordance with
22 the recommendations of the prescribing practi-
23 tioner, and such provider has no other reason
24 to suspect that the infant is in imminent dan-
25 ger of abuse or neglect.

1 “(2) DEFINITION OF PRESCRIPTION DRUG.—In
2 this subsection, the term ‘prescription drug’ means
3 a drug approved under section 505 of the Federal
4 Food, Drug, and Cosmetic Act (21 U.S.C. 355) or
5 licensed under section 351 of the Public Health
6 Service Act (42 U.S.C. 262) that is subject to sec-
7 tion 503(b)(1) of the Federal Food, Drug, and Cos-
8 metic Act (21 U.S.C. 353(b)(1)).”.

9 (2) EFFECTIVE DATE.—The amendment made
10 by this subsection shall take effect on the date that
11 is 2 years after the date of enactment of this Act.

12 (b) ENSURING A WHOLE-OF-GOVERNMENT AP-
13 PROACH THROUGH A FEDERAL INTERAGENCY TASK
14 FORCE TO SUPPORT FAMILIES IMPACTED BY SUBSTANCE
15 USE DISORDERS.—

16 (1) ESTABLISHMENT.—There is established
17 within the Federal Government an interagency task
18 force to improve—

19 (A) efforts, resources, and services of the
20 Federal Government to support families im-
21 pacted by substance use disorders;

22 (B) the utilization of such efforts, re-
23 sources, and services; and

1 (C) strategies to streamline the provision
2 of comprehensive wraparound care for families
3 impacted by substance use disorders.

4 (2) MEMBERSHIP.—

5 (A) COMPOSITION.—The task force shall
6 be composed of the heads of the following Fed-
7 eral departments and agencies, or their des-
8 ignees:

9 (i) The Centers for Medicare & Med-
10 icaid Services.

11 (ii) The Substance Abuse and Mental
12 Health Services Administration.

13 (iii) The Agency for Healthcare Re-
14 search and Quality.

15 (iv) The Centers for Disease Control
16 and Prevention.

17 (v) The Indian Health Service.

18 (vi) The Department of Veterans Af-
19 fairs.

20 (vii) The National Institutes of
21 Health.

22 (viii) The Food and Drug Administra-
23 tion.

24 (ix) The Health Resources and Serv-
25 ices Administration.

1 (x) The Department of Defense.

2 (xi) The Office of Minority Health of
3 the Department of Health and Human
4 Services.

5 (xii) The Administration for Children
6 and Families.

7 (xiii) The Office of the Assistant Sec-
8 retary for Planning and Evaluation of the
9 Department of Health and Human Serv-
10 ices.

11 (xiv) The Office for Civil Rights of the
12 Department of Health and Human Serv-
13 ices.

14 (xv) The Office of Juvenile Justice
15 and Delinquency Prevention of the Depart-
16 ment of Justice.

17 (xvi) The Office of Community Ori-
18 ented Policing Services of the Department
19 of Justice.

20 (xvii) The National Center for Edu-
21 cation Evaluation and Regional Assistance
22 of the Department of Education.

23 (xviii) The National Center for Spe-
24 cial Education Research of the Institute of
25 Education Science.

1 (xix) The Office of Elementary and
2 Secondary Education of the Department of
3 Education.

4 (xx) The Office for Civil Rights of the
5 Department of Education.

6 (xxi) The Office of Special Education
7 and Rehabilitative Services of the Depart-
8 ment of Education.

9 (xxii) The Bureau of Indian Affairs of
10 the Department of the Interior.

11 (xxiii) The Veterans Health Adminis-
12 tration of the Department of Veterans Af-
13 fairs.

14 (xxiv) The Office of Special Needs As-
15 sistance Programs of the Department of
16 Housing and Urban Development.

17 (xxv) The Office of Head Start of the
18 Administration for Children and Families.

19 (xxvi) The Children's Bureau of the
20 Administration for Children and Families.

21 (xxvii) The Bureau of Indian Edu-
22 cation of the Department of the Interior.

23 (xxviii) Such other Federal agencies
24 as the Secretaries determine to be appro-
25 priate.

1 (B) DATE OF APPOINTMENTS.—The heads
2 of Federal departments and agencies shall ap-
3 point the corresponding members of the task
4 force not later than 60 days after the date of
5 enactment of this Act.

6 (C) CHAIRPERSON.—The task force shall
7 be chaired by the Secretary of Health and
8 Human Services.

9 (3) DUTIES.—The interagency task force shall
10 carry out each of the following activities:

11 (A) Solicit input from stakeholders, includ-
12 ing frontline service providers, educators, men-
13 tal health professionals, researchers, experts in
14 infant, child, and youth trauma, child welfare
15 professionals, people in recovery, and the public,
16 in order to inform the activities under this sub-
17 section.

18 (B) Compile a comprehensive list of all
19 Federal Government efforts, resources, and
20 services to support families impacted by sub-
21 stance use disorders.

22 (C) Assess the effectiveness of care, serv-
23 ices, and resources available to families im-
24 pacted by substance use disorders.

1 (D) Analyze and make recommendations
2 for means of eliminating barriers that prevent
3 individuals with substance use disorders from
4 entering and remaining in care for the disorder
5 involved.

6 (E) Analyze and make recommendations
7 for means of eliminating barriers to social serv-
8 ices for individuals with substance use disorders
9 and their families.

10 (F) Provide recommendations for effec-
11 tively streamlining the provision of comprehen-
12 sive wraparound care for families impacted by
13 substance use disorders.

14 (G) Recommend a plan for addressing the
15 comprehensive wraparound care needs of fami-
16 lies impacted by substance use disorders and
17 specifically address in the plan the needs of
18 populations most disproportionately affected.

19 (H) Other activities as determined appro-
20 priate by the Secretary.

21 (4) OPERATING PLAN.—Not later than 120
22 days after the date of enactment of this Act, the
23 task force shall hold the first meeting. Not later
24 than 2 years after such date of enactment, the task
25 force shall submit to the Secretary of Education, the

1 Secretary of Health and Human Services, the Sec-
2 retary of Labor, the Secretary of the Interior, the
3 Attorney General, and Congress an operating plan
4 for carrying out the activities of the task force de-
5 scribed in paragraph (3). Such operating plan shall
6 include—

7 (A) a list of specific activities that the task
8 force plans to carry out for purposes of car-
9 rying out duties described in paragraph (3),
10 which may include public engagement;

11 (B) a plan for carrying out the activities
12 under paragraph (3);

13 (C) a list of members of the task force and
14 other individuals who are not members of the
15 task force that may be consulted to carry out
16 such activities;

17 (D) an explanation of Federal agency in-
18 volvement and coordination needed to carry out
19 such activities, including any statutory or regu-
20 latory barriers to such coordination;

21 (E) a budget for carrying out such activi-
22 ties;

23 (F) a proposed timeline for implementing
24 recommendations and efforts identified under
25 paragraph (3); and

1 (G) other information that the task force
2 determines appropriate as related to its duties.

3 (5) FINAL REPORT.—Not later than 3 years
4 after the date of enactment of this Act, the Sec-
5 retary shall submit to Congress and the general pub-
6 lic a final report that contains the findings and rec-
7 ommendations (including the recommended plan de-
8 scribed in paragraph (3)(G)) of the task force.

9 (6) ADDITIONAL REPORTS.—In addition to the
10 final report under paragraph (5), the task force shall
11 submit—

12 (A) a report to Congress identifying any
13 recommendations identified under paragraph
14 (3) that require additional legislative authority
15 to implement; and

16 (B) a report to the Governors describing
17 opportunities for local- and State-level partner-
18 ships, professional development, or best prac-
19 tices to support families impacted by substance
20 use disorders.

21 (7) SUNSET.—The task force shall sunset on
22 the date that is 60 days after the submission of the
23 report under paragraph (5), but not later than Sep-
24 tember 30, 2028.

1 (8) DEFINITION OF COMPREHENSIVE WRAP-
2 AROUND CARE.—In this subsection, the term “com-
3 prehensive wraparound care” includes clinical, ancil-
4 lary health, mental health, substance use disorder,
5 and social support services, to address a substance
6 use disorder.

7 (c) INCREASING ACCESS TO BEHAVIORAL HEALTH
8 CARE THROUGH COMMUNITY HEALTH CENTERS.—

9 (1) IN GENERAL.—Section 330(b) of the Public
10 Health Service Act (42 U.S.C. 254b(b)) is amend-
11 ed—

12 (A) in paragraph (1)(A)(i)—

13 (i) in subclause (IV), by striking “;
14 and” and inserting a semicolon;

15 (ii) in subclause (V), by striking the
16 semicolon and inserting “; and”; and

17 (iii) by adding at the end the fol-
18 lowing:

19 “(VI) behavioral and mental
20 health and substance use disorder
21 services;”;

22 (B) in paragraph (1)(A)(ii), by inserting “,
23 including such referrals to certified community
24 behavioral health centers” before the semicolon;
25 and

1 (C) in paragraph (2)—

2 (i) by striking subparagraph (A); and

3 (ii) by redesignating subparagraphs

4 (B) through (D) as subparagraphs (A)

5 through (C), respectively.

6 (2) AUTHORIZATION OF APPROPRIATIONS.—For
7 purposes of assisting health centers in incorporating
8 behavioral and mental health and substance use dis-
9 order services into the required primary health serv-
10 ices offered by such centers, there is authorized to
11 be appropriated to the Secretary of Health and
12 Human Services \$500,000,000 for fiscal year 2026,
13 to remain available until expended.

14 (3) REPORT.—Not later than 1 year after the
15 date that is 3 years after the date of enactment of
16 this Act, the Secretary of Health and Human Serv-
17 ices shall submit a report to Congress on—

18 (A) the impact that the amendments made
19 by paragraph (1) have had on access to behav-
20 ioral and mental health and substance use dis-
21 order services; and

22 (B) employee recruitment and retention for
23 behavioral and mental health and substance use
24 disorder providers, including for health centers,

- 1 certified community behavioral health centers,
- 2 and other community care settings.

