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118TH CONGRESS
1ST SESSION

S. 3393

To reauthorize the SUPPORT for Patients and Communities Act, and for other purposes.

IN THE SENATE OF THE UNITED STATES

DECEMBER 4, 2023

Mr. SANDERS (for himself and Mr. CASSIDY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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A BILL

To reauthorize the SUPPORT for Patients and Communities Act, and for other purposes.

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".

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

Sec. 1. Short title; table of contents.

TITLE I—PREVENTION

Sec. 101. First responder training program.
Sec. 102. Surveillance and education regarding infections associated with illicit drug use and other risk factors.
Sec. 103. Preventing overdoses of controlled substances.
Sec. 104. Pilot program for public health laboratories to detect fentanyl and other synthetic opioids.
Sec. 105. Prenatal and postnatal health.
Sec. 106. Donald J. Cohen National Child Traumatic Stress Initiative.
Sec. 107. Surveillance and data collection for child, youth, and adult trauma.
Sec. 108. Preventing adverse childhood experiences.
Sec. 109. Clarification of use of funds for products used to prevent overdose deaths.
Sec. 110. Support for individuals and families impacted by fetal alcohol spectrum disorder.
Sec. 111. Promoting State choice in PDMP systems.

TITLE II—TREATMENT

Sec. 201. Residential treatment program for pregnant and postpartum women.
Sec. 202. Loan repayment program for substance use disorder treatment workforce.
Sec. 203. Regional centers of excellence in substance use disorder education.
Sec. 204. Mental and behavioral health education and training program.
Sec. 205. Grants to enhance access to substance use disorder treatment.
Sec. 206. Grants to improve trauma support services and mental health care for children and youth in educational settings.
Sec. 207. Development and dissemination of model training programs for substance use disorder patient records.
Sec. 208. Task force on best practices for trauma-informed identification, referral, and support.
Sec. 209. Program to support coordination and continuation of care for drug overdose patients.
Sec. 210. Regulations relating to special registration for telemedicine.
Sec. 211. Mental health parity.
Sec. 212. State guidance related to individuals with serious mental illness and children with serious emotional disturbance.
Sec. 213. Improving access to addiction medicine providers.

TITLE III—RECOVERY

Sec. 301. Youth prevention and recovery.
Sec. 302. Comprehensive opioid recovery centers.
Sec. 303. Building communities of recovery.
Sec. 304. Peer support technical assistance center.
Sec. 305. CAREER Act.
Sec. 306. Office of recovery.

TITLE IV—TECHNICAL AMENDMENTS

Sec. 401. Delivery of a controlled substance by a pharmacy to an administering practitioner.
Sec. 402. Technical correction on controlled substances dispensing.
Sec. 403. Required training for prescribers of controlled substances.

TITLE I—PREVENTION

SEC. 101. 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 "$56,000,000 for each of fiscal years 2024 through 2028".

SEC. 102. SURVEILLANCE 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 "2019 through 2023" and inserting "2024 through 2028".

SEC. 103. PREVENTING OVERDOSES OF CONTROLLED SUBSTANCES.

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

(1) in subsection (a)—

(A) in paragraph (2)—

(i) in subparagraph (C), by inserting "and associated risks" before the period at the end; and

(ii) in subparagraph (D), by striking "opioids" and inserting "substances causing overdose";

(B) in paragraph (3)(A)—

(i) by inserting "identify substances causing overdose and" after "rapidly"; and

(ii) by striking ''abuse, and overdoses'' and inserting ''overdoses, and associated risk factors'';

(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''; and

(3) in subsection (e) by striking ''$496,000,000 for each of fiscal years 2019 through 2023'' and inserting ''$505,579,000 for each of fiscal years 2024 through 2028''.

SEC. 104. PILOT PROGRAM FOR PUBLIC HEALTH LABORATORIES TO DETECT FENTANYL AND OTHER SYNTHETIC OPIOIDS.

Section 7011 of the SUPPORT for Patients and Communities Act (42 U.S.C. 247d–10 note) is amended by striking subsection (d).

SEC. 105. PRENATAL AND POSTNATAL HEALTH.

Section 317L(d) of the Public Health Service Act (42 U.S.C. 2476b–13(d)) is amended by striking ''2019 through 2023'' and inserting ''2024 through 2028''.

SEC. 106. DONALD J. COHEN NATIONAL CHILD TRAUMATIC STRESS INITIATIVE.

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.—''; 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 rigorous 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) in subsection (j), by striking ", $63,887,000 for each of fiscal years 2019 through 2023" and inserting "$93,887,000 for each of fiscal years 2024 and 2025, $104,000,000 for fiscal year 2026,

$110,000,000 for fiscal year 2027, and $112,661,000 for fiscal year 2028''.

SEC. 107. SURVEILLANCE AND DATA COLLECTION FOR 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 ''2019 through 2023'' and inserting ''2024 through 2028''.

SEC. 108. PREVENTING ADVERSE CHILDHOOD EXPERIENCES.

(a) GRANT PROGRAM.—

(1) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the ''Secretary''), acting through the Director of the Centers for Disease Control and Prevention, may award grants or cooperative agreements to States, territories, Indian Tribes and Tribal organizations (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304)), and local governmental entities for purposes of carrying out public health activities to improve health outcomes by preventing or reducing adverse childhood experiences.

(2) USE OF FUNDS.—Recipients of an award under this subsection may use such award to—

(A) identify, implement, and evaluate evidence-based public health activities to prevent or reduce adverse childhood experiences and improve health outcomes;

(B) improve data collection and analysis regarding the prevention and reduction of adverse childhood experiences, including any such data described in section 7131 of the SUPPORT for Patients and Communities Act (42 U.S.C. 242t), to identify—

(i) any geographic areas or populations within the jurisdiction of the recipient of an award that have disproportionately high rates of adverse childhood experiences;

(ii) any types of adverse childhood experiences of high prevalence within such jurisdiction; and

(iii) any short-term health outcomes and long-term health outcomes associated with adverse childhood experiences, including mental health and substance use disorders; and

(C) leverage such data and analysis to inform the identification, implementation, and

evaluation of evidence-based public health activities under subparagraph (A).

(3) PARTNERSHIPS.—Recipients of an award under this subsection may identify opportunities to establish, or strengthen existing, partnerships with other relevant public and private entities within such jurisdiction for purposes of carrying out such award.

(4) TECHNICAL ASSISTANCE.—The Secretary may provide training and technical assistance to recipients of awards under this subsection.

(5) EVALUATION.—Not later than 2 years after the date of enactment of this Act, and annually thereafter, the Secretary shall report to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives on the specific activities supported through awards under this subsection, including the effectiveness of such activities in preventing or reducing adverse childhood experiences.

(b) RESEARCH.—The Secretary may, as appropriate, conduct research to evaluate public health activities to address adverse childhood experiences.

(c) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated $7,000,000 for each of fiscal years 2024 through 2028.

SEC. 109. CLARIFICATION OF USE OF FUNDS FOR PRODUCTS USED TO PREVENT OVERDOSE DEATHS.

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, to the extent the purchase and possession of such products is consistent with Federal and State law.

SEC. 110. 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—

(1) by amending the part heading to read as follows: ''**FETAL ALCOHOL SPECTRUM DISORDERS PREVENTION AND SERVICES PROGRAM**'';

(2) in section 399H (42 U.S.C. 280f)—

(A) in the section heading, by striking ''**ESTABLISHMENT OF FETAL ALCOHOL SYNDROME PREVENTION**'' and inserting

1 ''**FETAL ALCOHOL SPECTRUM DISORDERS**
2 **PREVENTION, INTERVENTION,**'';
3 (B) by striking ''Fetal Alcohol Syndrome
4 and Fetal Alcohol Effect'' each place it appears
5 and inserting ''FASD'';
6 (C) in subsection (a)—
7 (i) by amending the heading to read
8 as follows: ''IN GENERAL'';
9 (ii) in the matter preceding paragraph
10 (1)—
11 (I) by inserting ''or continue ac-
12 tivities to support'' after ''shall estab-
13 lish'';
14 (II) by striking ''FASD'' (as
15 amended by subparagraph (B)) and
16 inserting ''fetal alcohol spectrum dis-
17 orders (referred to in this section as
18 'FASD')'';
19 (III) by striking ''prevention,
20 intervention'' and inserting ''aware-
21 ness, prevention, identification, inter-
22 vention,''; and
23 (IV) by striking ''that shall'' and
24 inserting '', which may'';
25 (iii) in paragraph (1)—

(I) in subparagraph (A)—

(aa) by striking ''medical schools'' and inserting ''health professions schools''; and

(bb) by inserting ''infants,'' after ''provision of services for''; and

(II) in subparagraph (D), by striking ''medical and mental'' and inserting ''agencies providing'';

(iv) in paragraph (2)—

(I) in the matter preceding subparagraph (A), by striking ''a prevention and diagnosis program to support clinical studies, demonstrations and other research as appropriate'' and inserting ''supporting and conducting research on FASD, as appropriate, including'';

(II) in subparagraph (B)—

(aa) by striking ''prevention services and interventions for pregnant, alcohol-dependent women'' and inserting ''culturally and linguistically informed evi-

dence-based or practice-based interventions and appropriate societal supports for preventing prenatal alcohol exposure, which may co-occur with exposure to other substances''; and

(bb) by striking ''; and'' and inserting a semicolon;

(v) by striking paragraph (3) and inserting the following:

''(3) integrating into surveillance practice an evidence-based standard case definition for FASD and, in collaboration with other Federal and outside partners, support organizations of appropriate medical and mental health professionals in their development and refinement of evidence-based clinical diagnostic guidelines and criteria for all FASD; and

''(4) 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) increasing awareness of FASD;

"(E) providing training with respect to FASD for professionals across relevant sectors; and

"(F) disseminating information about FASD and support services to affected individuals and their families.";

(D) in subsection (b)—

(i) by striking "described in section 399I";

(ii) by striking "The Secretary" and inserting the following:

"(1) IN GENERAL.—The Secretary"; and

(iii) by adding at the end the following:

"(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 aca-

demic 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 entity using amounts from a grant, cooperative agreement, or contract under this section for an activity under subsection (a)(4) include in the application for such amounts submitted under paragraph (2)(B)—

"(A) a designation of an individual to serve as a FASD State or Tribal coordinator of such activity; 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."; and

(E) by striking subsections (c) and (d); and

(F) by adding at the end the following:

''(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 societal supports to support an improved quality of life for an individual with FASD and the family of such individual.''; and

(3) by striking sections 399I, 399J, and 399K (42 U.S.C. 280f–1, 280f–2, 280f–3) and inserting the following:

''SEC. 399I. FETAL ALCOHOL SPECTRUM DISORDERS CENTERS FOR EXCELLENCE.

''(a) IN GENERAL.—The Secretary shall, as appropriate, award grants, cooperative agreements, or contracts to public or nonprofit entities with demonstrated expertise in the prevention of, identification of, and intervention services with respect to, fetal alcohol spectrum disorders (referred to in this section as 'FASD') and other related adverse conditions. Such awards shall be for the purposes of establishing Fetal Alcohol Spectrum Disorders Centers for Excellence to build local, Tribal, State, and national

capacities to prevent the occurrence of FASD and other related adverse conditions, and to respond to the needs of individuals with FASD and their families 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) Initiating or expanding diagnostic capacity for FASD by increasing screening, assessment, identification, and diagnosis.

"(2) Developing and supporting public awareness and outreach activities, including the use of a range of media and public outreach, to raise public awareness of the risks associated with alcohol consumption during pregnancy, with the goals of reducing the prevalence of FASD and improving the developmental, health (including mental health), and educational outcomes of individuals with FASD and supporting families caring for individuals with FASD.

"(3) Acting as a clearinghouse for evidence-based resources on FASD prevention, identification, and culturally and linguistically informed best practices, including the maintenance of a national data-based directory on FASD-specific services in States,

Indian Tribes, and local communities, and disseminating ongoing research and developing resources on FASD to help inform systems of care for individuals with FASD across their lifespan.

''(4) 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 by conducting national, regional, State, Tribal, or peer cross-State webinars, workshops, or conferences for training community leaders, medical and mental health and substance use disorder professionals, education and disability professionals, families, law enforcement personnel, judges, individuals working in financial assistance programs, social service personnel, child welfare professionals, and other service providers.

''(5) Improving capacity for State, Tribal, and local affiliates dedicated to FASD awareness, prevention, and identification and family and individual support programs and services.

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

"(7) Carrying out other functions, 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) Prevention activities.

"(2) Screening and identification.

"(3) Resource development and dissemination, training and technical assistance, administration, and support of FASD partner networks.

"(4) Intervention services.

"SEC. 399J. AUTHORIZATION OF APPROPRIATIONS.

"There are authorized to be appropriated to carry out this part such sums as may be necessary for each of fiscal years 2024 through 2028.".

(b) REPORT.—Not later than 4 years after the date of enactment of this Act, the Secretary of Health and Human Services 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 on the efforts of the Department of Health and Human Services to advance public awareness on, and facilitate the identification of best practices related to, fetal alcohol spectrum disorders identification, prevention, treatment, and support.

(c) TECHNICAL AMENDMENT.—Section 519D of the Public Health Service Act (42 U.S.C. 290bb–25d) is repealed.

SEC. 111. 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 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.".

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 2024 through 2028''.

SEC. 202. 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 ''$50,000,000 for each of fiscal years 2024 through 2028''.

SEC. 203. REGIONAL CENTERS OF EXCELLENCE IN SUBSTANCE USE DISORDER EDUCATION.

Section 551 of the Public Health Service Act (42 U.S.C. 290ee–6) is amended by striking subsection (f).

SEC. 204. MENTAL AND BEHAVIORAL HEALTH EDUCATION AND TRAINING PROGRAM.

Section 756(f) of the Public Health Service Act (42 U.S.C. 294e–1(f)) is amended to read as follows:

"(f) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated the following:

"(1) $50,000,000 for fiscal year 2024, to be allocated as follows:

"(A) For grants described in subsection (a)(1), $15,000,000.

"(B) For grants described in subsection (a)(2), $15,000,000.

"(C) For grants described in subsection (a)(3), $10,000,000.

"(D) For grants described in subsection (a)(4), $10,000,000.

"(2) $55,000,000 for fiscal year 2025, to be allocated as follows:

"(A) For grants described in subsection (a)(1), $16,500,000.

"(B) For grants described in subsection (a)(2), $16,500,000.

"(C) For grants described in subsection (a)(3), $11,000,000.

"(D) For grants described in subsection (a)(4), $11,000,000.

"(3) $60,000,000 for fiscal year 2026, to be allocated as follows:

"(A) For grants described in subsection (a)(1), $18,000,000.

"(B) For grants described in subsection (a)(2), $18,000,000.

"(C) For grants described in subsection (a)(3), $12,000,000.

"(D) For grants described in subsection (a)(4), $12,000,000.

"(4) $65,000,000 for fiscal year 2027, to be allocated as follows:

"(A) For grants described in subsection (a)(1), $19,500,000.

"(B) For grants described in subsection (a)(2), $19,500,000.

"(C) For grants described in subsection (a)(3), $13,000,000.

"(D) For grants described in subsection (a)(4), $13,000,000.

"(5) $75,000,000 for fiscal year 2028, to be allocated as follows:

"(A) For grants described in subsection (a)(1), $22,500,000.

"(B) For grants described in subsection (a)(2), $22,500,000.

"(C) For grants described in subsection (a)(3), $15,000,000.

"(D) For grants described in subsection (a)(4), $15,000,000.".

SEC. 205. 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 "IN GENERAL—The Secretary" and inserting the following:

"The Secretary".

SEC. 206. GRANTS TO IMPROVE TRAUMA SUPPORT SERVICES AND MENTAL HEALTH CARE FOR CHILDREN AND YOUTH IN EDUCATIONAL SETTINGS.

Section 7134 of the SUPPORT for Patients and Communities Act (42 U.S.C. 280h–7) is amended—

(1) in subsection (a), by striking ''tribal'' and inserting ''Tribal'';

(2) in subsection (c)—

(A) in paragraph (1), by inserting ''early intervention,'' after ''screening,'';

(B) in paragraph (3)—

(i) in the matter preceding subparagraph (A), by inserting ''other staff,'' after ''support personnel,''; and

(ii) in subparagraph (A), by striking ''social and emotional learning'' and inserting ''developmentally appropriate practices''; and

(C) in paragraph (5), by inserting ''reduce stigma associated with mental health care and'' after ''efforts to'';

(3) in subsection (d)—

(A) in paragraph (4)—

(i) in subparagraph (A), by striking ''; and'' and inserting a semicolon;

(ii) in subparagraph (B)—

(I) by striking ''tribal organizations as appropriate, other school personnel'' and inserting ''Tribal organizations as appropriate, other staff''; and

(II) by striking the period and inserting ''; and''; and

(iii) by adding at the end the following:

''(C) parents and guardians will be informed of what trauma support services and mental health care are available to their students and what services and care their students receive, in accordance with the parental consent requirements under subsection (h)(2).''; and

(B) by adding at the end the following:

''(7) A plan for sustaining the program following the end of the award period.'';

(4) in subsection (f)(1), by inserting '', which shall include a description of how the school obtains consent from the student's parent or guardian for the provision of trauma support services and mental health care'' after ''this section'';

(5) in subsection (g), by striking ''tribal'' and inserting ''Tribal'';

(6) in subsection (h)—

(A) in the subsection heading, by inserting ''; APPLICATION OF CERTAIN PROVISIONS'' after ''CONSTRUCTION'';

(B) by striking ''tribal'' each place it appears and inserting ''Tribal'';

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

(D) by striking ''Nothing in this section'' and inserting the following:

''(1) IN GENERAL.—Nothing in this section''; and

(E) by adding at the end the following:

''(2) APPLICATION OF PROVISIONS.—

''(A) RULES.—Section 4001 of the Elementary and Secondary Education Act of 1965 (not including the exception under subsection (a)(2)(B)(i) of such section) shall apply to an entity receiving a grant, contract, or cooperative agreement under this section in the same manner as such section 4001 applies to an entity receiving funding under title IV of such Act.

"(B) PRIVACY PROTECTIONS.—Any education record of a student collected or maintained under subsection (c)(4) shall have the protections required for education records under section 444 of the General Education Provisions Act.".

(7) in subsection (k)—

(A) by redesignating paragraphs (5) through (11) as paragraphs (6) through (12), respectively; and

(B) by inserting after paragraph (4) the following:

"(5) OTHER STAFF.—The term 'other staff' has the meaning given such term in section 8101 of the Elementary and Secondary Education Act of 1965."; and

(8) in subsection (l), by striking "2019 through 2023" and inserting "2024 through 2028".

SEC. 207. 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. 208. 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 ''2028''.

SEC. 209. PROGRAM TO SUPPORT COORDINATION AND CONTINUATION OF CARE FOR DRUG OVERDOSE PATIENTS.

Section 7081 of the SUPPORT for Patients and Communities Act (42 U.S.C. 290dd–4) is amended by striking subsection (f).

SEC. 210. REGULATIONS RELATING TO SPECIAL REGISTRATION FOR TELEMEDICINE.

Not later than 1 year after the date of enactment of this Act, the Attorney General, in consultation with the Secretary of Health and Human Services, shall promulgate the final regulations required under section 311(h)(2) of the Controlled Substances Act (21 U.S.C. 831(h)(2)).

SEC. 211. MENTAL HEALTH PARITY.

(a) IN GENERAL.—Not later than January 1, 2025, the Inspector General of the Department of Labor, in coordination with the Inspector General of the Department of Health and Human Services, shall report to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce and the Committee on Education and the Workforce of the House of Representatives on the following:

(1) The non-quantitative treatment limit (referred to in this section as ''NQTL'') requirements with respect to mental health and substance use disorder benefits under group health plans and health insurance issuers under section 2726(a)(8) of the Public Health Service Act (42 U.S.C. 300gg–26(a)(8)), section 712(a)(8) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185a(a)(8)), and section 9812(a)(8) of the Internal Revenue Code of 1986 (referred to in this section as

the "NQTL comparative analysis requirements"), and the requirements for the Secretary of Health and Human Services, the Secretary of Labor, and the Secretary of the Treasury to issue regulations, a compliance program guide, and additional guidance documents and tools providing guidance relating to mental health parity requirements under section 2726(a) of the Public Health Service Act (42 U.S.C. 300gg–26(a)), section 712(a) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185a(a)), and section 9812(a) of the Internal Revenue Code of 1986.

(2) With respect to the NQTL comparative analysis requirements described in paragraph (1), an analysis of the actions taken by the Secretary of Labor, the Secretary of the Treasury, and the Secretary of Health and Human Services to provide guidance to ensure that group health plans and health insurance issuers can fully comply with mental health parity requirements under section 2726 of the Public Health Service Act (42 U.S.C. 300gg–26), section 712 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185a), and section 9812 of the Internal Revenue Code of 1986 and the

NQTL comparative analysis requirements described in paragraph (1), including an analysis of—

(A) the extent to which the Secretary of Labor, the Secretary of the Treasury, and the Secretary of Health and Human Services have fulfilled the requirement under section 203(b) of division BB of the Consolidated Appropriations Act, 2021 (Public Law 116–260) to issue the specific guidance and regulations pertaining to the requirements for group health plans and health insurance issuers to demonstrate compliance with the NQTL comparative analysis requirements; and

(B) whether sufficient guidance and examples from the Department of Labor and Department of Health and Human Services, and the Department of the Treasury exist to guide and assist group health plans and health insurance issuers in complying with the requirements to demonstrate compliance with mental health parity NQTL comparative analysis requirements/under such sections 2726(a)(8), 712(a)(8), and 9812(a)(8).

(3) A review of the enforcement processes of the Department of Labor and the Department of

Health and Human Services to evaluate the consistency of interpretation of the requirements under section 2726(a)(8) of the Public Health Service Act (42 U.S.C. 300gg–26(a)(8), section 712(a)(8) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185a(a)(8)), and section 9812(a)(8) of the Internal Revenue Code of 1986, in particular with respect to processes utilized for enforcement, actions or inactions that constitute noncompliance, and avoidance among the agencies of duplication of enforcement, including an evaluation of compliance with section 104 of the Health Insurance Portability and Accountability Act of 1996 (Public Law 104–191).

(4) A review of the implementation, by the Department of Labor, Department of Health and Human Services, and Department of the Treasury, of mental health parity requirements under section 2726 of the Public Health Service Act (42 U.S.C. 300gg–26), section 712 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185a), and section 9812 of the Internal Revenue Code of 1986, including all such requirements in effect through the enactment of the Mental Health Parity Act of 1996 (Public Law 104–204), the Paul

Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (Public Law 110–460), the 21st Century Cures Act (Public Law 114–255), and the Consolidated Appropriations Act, 2023 (Public Law 117–328) (including any amendments made by such Acts), and including with respect to the timing of all actions, delays of any actions, reasons for any such delays, mandated requirements that were met only once but not each time such requirements were mandated.

(b) DEFINITIONS.—In this section, the terms ''group health plan'' and ''health insurance issuer'' have the meanings given such terms in section 733 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1191b).

SEC. 212. 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, acting through the Assistant Secretary for Mental Health and Substance Use, shall conduct a review of the use by States 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.) for First Episode Psychosis activities. Such review shall consider the following:

(1) How the States use funds for evidence-based treatments and services, such as coordinated specialty care, according to the standard of care for individuals with early serious mental illness, including the comprehensiveness of such treatments to include all aspects of the recommended intervention.

(2) How State mental health departments coordinate with State Medicaid departments in the delivery of the treatments and services described in paragraph (1).

(3) The percentage of the State funding under the block grant program that is applied toward early serious mental illness and funding in excess of, or under, 10 percent of the amount of the grant, broken down by State.

(4) The percentage of funds expended by States through such block grant program specifically on First Episode Psychosis, to the extent such information is available.

(5) How many individuals are served by the expenditures described in paragraph (3)and (4), on a per-capita basis.

(6) How the funds are used to reach underserved populations, including rural populations and racial and ethnic minority populations.

(b) REPORT AND GUIDANCE.—

(1) REPORT.—Not later than 6 months after the completion of the review under subsection (a), the Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, shall submit to the Committee on Appropriations, the Committee on Health, Education, Labor, and Pensions, and the Committee on Finance of the Senate and to the Committee on Appropriations and the Committee on Energy and Commerce of the House of Representatives a report on the findings made as a result of the review conducted under subsection (a). Such report shall include any recommendations with respect to any changes to 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.), including the set aside required for First Episode Psychosis, that would facili-

tate improved outcomes for the targeted population involved.

(2) GUIDANCE.—Not later than 1 year after the date on which the report is submitted under paragraph (1), the Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, shall update the guidance provided to States under the Community Mental Health Services Block Grant program based on the findings and recommendations of the report.

(c) ADDITIONAL GUIDANCE.—The Director of the National Institute of Mental Health shall coordinate with the Assistant Secretary for Mental Health and Substance Use in providing guidance to State grantees and provider subgrantees about research advances in the delivery of services for First Episode Psychosis under the Community Mental Health Services Block Grant program.

(d) GUIDANCE FOR STATES RELATING TO HEALTH CARE SERVICES AND INTERVENTIONS FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS AND CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE.—Not later than 2 years after the date of enactment of this Act, the Assistant Secretary for Mental Health and Substance Use, jointly with the Administrator of the Centers for Medicare &

Medicaid Services and the Director of the National Institute of Mental Health—

(1) shall provide updated guidance to States concerning the manner in which Federal funding provided to States through programs administered by such agencies, including 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.), may be coordinated to provide evidence-based health care services such as coordinated specialty care to individuals with serious mental illness and serious emotional disturbance, and interventions for individuals with early serious mental illness, including First Episode Psychosis; and

(2) may streamline relevant State reporting requirements if such streamlining would result in making it easier for States to coordinate funding under the programs described in paragraph (1) to improve treatments for individuals with serious mental illness and serious emotional disturbance.

SEC. 213. 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,''.

TITLE III—RECOVERY

SEC. 301. 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 (2)—

(A) in subparagraph (A)—

(i) in clause (i)—

(I) by inserting '', or a consortia 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-Deter-

mination 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 ''2027''; 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 $10,000,000 for fiscal year 2024, $12,000,000 for fiscal year 2025, $14,000,000 for fiscal year 2026, $16,000,000 for fiscal year 2027, and $18,000,000 for fiscal year 2028.''.

SEC. 302. 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 in-

serting ", in such manner, and containing such information and assurances"; 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 sup-

porting the ability of such entity to carry out such activities.''; and

(3) in subsection (j), by striking ''2019 through 2023'' and inserting ''2024 through 2028''.

SEC. 303. 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 ''$16,000,000 for each of fiscal years 2024 through 2028''.

SEC. 304. 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) PILOT PROGRAM.—

"(1) IN GENERAL.—The Secretary shall carry out a pilot program to establish one regional technical assistance center (referred to in this subsection as the 'Regional Center') 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, 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 pilot program under this subsection, such as any impact the Regional Center had 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 pilot program under this subsection.

"(3) TERMINATION.—This subsection shall terminate on September 30, 2028."; 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 2024 through 2028".

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 career and technical 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'' 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, 2028''; 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 2024 through 2028".

(b) CLERICAL AMENDMENT.—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 by striking the item relating to section 7183 and inserting the following:

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

SEC. 306. OFFICE OF RECOVERY.

Part A of title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is amended by inserting after section 501C (42 U.S.C. 290aa–0b) the following:

"SEC. 501D. OFFICE OF RECOVERY.

"(a) IN GENERAL.—There is established, within the Substance Abuse and Mental Health Services Administration, an Office of Recovery (referred to in this section as the 'Office').

"(b) RESPONSIBILITIES.—The Office shall, taking into account the perspectives of individuals with demonstrated experience in mental health or substance use disorder recovery—

"(1) identify new and emerging challenges related to the provision of recovery support services;

"(2) support technical assistance, data analysis, and evaluation functions in order to assist States, local governmental entities, Indian Tribes, and Tribal organizations in implementing and strengthening recovery support services, consistent with the needs of such States, local governmental entities, Indian Tribes, and Tribal organizations; and

"(3) ensure coordination of efforts to identify, disseminate, and evaluate best practices related to—

"(A) improving the capacity of, and access to, recovery support services; and

"(B) supporting the training, education, professional development, and retention of peer support specialists.

"(c) REPORT.—Not later than 4 years after the date of enactment of the SUPPORT for Patients and Communities Reauthorization Act, the Assistant Secretary for Mental Health and Substance Use 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 on the activities conducted by the Office, including—

"(1) a description of the specific roles and responsibilities of the Office;

"(2) a description of the relationship between the Office and other relevant components or programs of the Substance Abuse and Mental Health Services Administration;

"(3) the identification of any gaps in the activities of the Substance Abuse and Mental Health Services Administration or challenges in coordination between the Office and such relevant components or programs of such agency; and

"(4) recommendations related to the continued operations of the Office.

"(d) SUNSET.—This section shall cease to have force or effect on September 30, 2028.".

TITLE IV—TECHNICAL AMENDMENTS

SEC. 401. DELIVERY OF A CONTROLLED SUBSTANCE BY A PHARMACY TO AN ADMINISTERING 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) intranasally, subject to risk evaluation and mitigation strategy pursuant to section 505–1 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355–1), with post-administration monitoring by a health care professional;".

SEC. 402. TECHNICAL CORRECTION ON CONTROLLED SUBSTANCES DISPENSING.

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

(1) section 1252(a) of division FF of Public Law 117–328 (136 Stat. 5681) is amended, in the matter being inserted into section 302(e) of the Controlled Substances Act, by striking "303(g)" and inserting "303(h)";

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

(A) in subsection (a)—

(i) in the matter preceding paragraph (1), by striking "303(g)" and inserting "303(h)";

(ii) in the matter being stricken by subsection (a)(2), by striking ''(g)(1)'' and inserting ''(h)(1)''; and

(iii) in the matter being inserted by subsection (a)(2), by striking ''(g) Practitioners'' and inserting ''(h) Practitioners''; and

(B) in subsection (b)—

(i) in the matter being stricken by paragraph (1), by striking ''303(g)(1)'' and inserting ''303(h)(1)'';

(ii) in the matter being inserted by paragraph (1), by striking ''303(g)'' and inserting ''303(h)'';

(iii) in the matter being stricken by paragraph (2)(A), by striking ''303(g)(2)'' and inserting ''303(h)(2)'';

(iv) in the matter being stricken by paragraph (3), by striking ''303(g)(2)(B)'' and inserting ''303(h)(2)(B)'';

(v) in the matter being stricken by paragraph (5), by striking ''303(g)'' and inserting ''303(h)''; and

(vi) in the matter being stricken by paragraph (6), by striking "303(g)" and inserting "303(h)"; and

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

(A) by striking "303(g)(2)" and inserting "303(h)(2)"; and

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

SEC. 403. 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," 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), by inserting ''the American Pharmacists Association, the Accreditation Council on Pharmacy Edu-

cation, the American Optometric Association, the American Psychiatric Nurses Association, the American Academy of Nursing, the American Academy of Family Physicians'' before '', or any other organization''; 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.

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