118TH CONGRESS
1ST SESSION

S. 3106

To reauthorize certain programs under the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act, and for other purposes.

IN THE SENATE OF THE UNITED STATES

OCTOBER 24, 2023

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 certain programs under the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment 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 of 2023''.

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

TITLE I—REAUTHORIZATIONS

SEC. 101. FIRST RESPONDER TRAINING.

Section 546(h) of the Public Health Service Act (42 U.S.C. 290ee–1(h)) is amended 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. RESIDENTIAL TREATMENT PROGRAMS FOR PREGNANT AND POSTPARTUM WOMEN.

Section 508(s) of the Public Health Service Act (42 U.S.C. 290bb–1(s)) is amended 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. 103. PRENATAL AND POSTNATAL HEALTH.

Section 317L(d) of the Public Health Service Act (42 U.S.C. 247b–13(d)) is amended by striking ''2019 through 2023'' and inserting ''2024 through 2028''.

SEC. 104. LOAN REPAYMENT PROGRAM FOR SUBSTANCE USE DISORDER TREATMENT WORKFORCE.

Section 781(j) of the Public Health Service Act (42 U.S.C. 295h(j)) is amended by striking ''$25,000,000 for each of fiscal years 2019 through 2023'' and inserting ''$40,000,000 for each of fiscal years 2024 through 2028''.

SEC. 105. YOUTH PREVENTION AND RECOVERY.

Section 7102(c)(9) of the SUPPORT for Patients and Communities Act (42 U.S.C. 290bb–7a(c)(9)) is amended by striking ''2019 through 2023'' and inserting ''2024 through 2028''.

SEC. 106. COMPREHENSIVE OPIOID RECOVERY CENTERS.

Section 552(j) of the Public Health Service Act (42 U.S.C. 290ee–7(j)) is amended by striking ''2019 through 2023'' and inserting ''2024 through 2028''.

SEC. 107. CDC 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 ''$2,000,000 for each of fiscal years 2019 through 2023'' and inserting ''$9,000,000 for each of fiscal years 2024 through 2028''.

SEC. 108. TASK FORCE TO DEVELOP BEST PRACTICES FOR TRAUMA-INFORMED IDENTIFICATION, REFERRAL, AND SUPPORT.

Section 7132(i) of the SUPPORT for Patients and Communities Act (Public Law 115–271) is amended by striking ''2023'' and inserting ''2028''.

SEC. 109. DONALD J. COHEN NATIONAL CHILD TRAUMATIC STRESS INITIATIVE.

Section 582(j) of the Public Health Service Act (42 U.S.C. 290hh–1(j)) (relating to grants to address the problems of persons who experience violence-related stress) is amended by striking ''$63,887,000 for each of fiscal years 2019 through 2023'' and inserting ''$93,887,000 for each of fiscal years 2024 through 2028''.

SEC. 110. 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. 111. 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. 112. PEER SUPPORT TECHNICAL ASSISTANCE CENTER.

Section 547A(e) of the Public Health Service Act (42 U.S.C. 290ee–2a(e)) is amended 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. 113. PREVENTING OVERDOSES OF CONTROLLED SUBSTANCES.

Section 392A(e) of the Public Health Service Act (42 U.S.C. 280b–1(e)) is amended by striking ''$496,000,000 for each of fiscal years 2019 through 2023'' and inserting ''$505,579,000 for each of fiscal years 2024 through 2028''.

SEC. 114. CAREER ACT.

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

(1) in the section heading, by inserting ''**; TREATMENT, RECOVERY, AND WORKFORCE SUPPORT GRANTS**'' after ''**CAREER ACT**'';

(2) in subsection (b), by inserting ''each'' before ''for a period'';

(3) in subsection (c)—

(A) in paragraph (1), by striking ''the rates described in paragraph (2)'' and inserting ''the average rates for calendar years 2018 through 2022 described in paragraph (2)''; and

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

''(2) RATES.—The rates described in this paragraph are the following:

''(A) The highest age-adjusted average rates of drug overdose deaths for calendar years 2018 through 2022 based on data from the Centers for Disease Control and Prevention, including, if necessary, provisional data for calendar year 2022.

''(B) The highest average rates of unemployment for calendar years 2018 through 2022

based on data provided by the Bureau of Labor Statistics.

''(C) The lowest average labor force participation rates for calendar years 2018 through 2022 based on data provided by the Bureau of Labor Statistics.'';

(4) in subsection (g)—

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

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

(C) in the matter preceding subparagraph (A) (as so redesignated), by striking ''An entity'' and inserting the following:

''(1) IN GENERAL.—An entity''; and

(D) by adding at the end the following:

''(2) TRANSPORTATION SERVICES.—An entity receiving a grant under this section may use not more than 5 percent of the funds for providing transportation for individuals to participate in an activity supported by a grant under this section, which

transportation shall be to or from a place of work or a place where the individual is receiving vocational education or job training services or receiving services directly linked to treatment of or recovery from a substance use disorder.

''(3) LIMITATION.—The Secretary may not require an entity to, or give priority to an entity that plans to, use the funds of a grant under this section for activities that are not specified in this subsection.'';

(5) in subsection (i)(2), by inserting '', which shall include employment and earnings outcomes described in subclauses (I) and (III) of section 116(b)(2)(A)(i) of the Workforce Innovation and Opportunity Act (29 U.S.C. 3141(b)(2)(A)(i)) with respect to the participation of such individuals with a substance use disorder in programs and activities funded by the grant under this section'' after ''subsection (g)'';

(6) in subsection (j)—

(A) in paragraph (1), by inserting ''for grants awarded prior to the date of enactment of the SUPPORT for Patients and Communities Reauthorization Act of 2023'' 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. 115. 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 (c)—

(A) by striking paragraph (2);

(B) by redesignating paragraphs (3) through (8) as paragraphs (2) through (7), respectively;

(C) in subparagraph (A) of paragraph (2), as so redesignated, by striking ", including through social and emotional learning"; and

(D) in paragraph (3), as so redesignated, by inserting ", provided that the students' records are owned and maintained by the school," after "community school";

(2) in subsection (d)(4)—

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

(B) in subparagraph (B), by striking the period and inserting a semicolon; and

(C) 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, and will receive updates on their students' services and care; and

"(D) parents and guardians will have access to all documents related to the trauma

support services and mental health care that their student receives.'';

(3) in subsection (f)(1), by inserting '', including an assessment of how parents or guardians of students are engaged in the design of, and informed in the provision of, trauma support services and mental health care in their student's school'' before the semicolon; and

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

TITLE II—OTHER PROVISIONS

SEC. 201. DELIVERY OF A CONTROLLED SUBSTANCE BY A PHARMACY.

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 and is—

''(A) to be administered for the purpose of initiation, maintenance, or detoxification treatment; or

''(B) 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), which may require the drug to

be administered with post-administration monitoring by a health care professional;''.

SEC. 202. REGULATIONS RELATING TO A 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. 203. GUIDANCE ON AT-HOME DRUG DISPOSAL SYSTEMS.

(a) IN GENERAL.—Not later than one year after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this section as the ''Secretary'') shall publish guidance to facilitate the use of at-home safe disposal systems for applicable drugs, including for such at-home safe disposal systems that the Secretary may require as a part of a risk evaluation and mitigation strategy under section 505–1 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355–1).

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

(1) recommended standards for effective at-home drug disposal systems to meet the public health or non-retrievability standard;

(2) recommended information to include as instruction for use to disseminate with at-home drug disposal systems;

(3) best practices and educational tools to support the use of an at-home drug disposal system; and

(4) recommended use of licensed health providers for the dissemination of education, instruction, and at-home drug disposal systems.

(c) UPDATES.—The Secretary shall update the guidance under this section not less frequently than every 5 years.

SEC. 204. REPORT ON AT-HOME DRUG DISPOSAL SYSTEMS.

(a) STUDY.—Not later than 60 days after the date of enactment of this Act, the Secretary of Health and Human Services, in consultation with the Administrator of the Drug Enforcement Administration, shall enter into an agreement with the National Academies of Sciences, Engineering, and Medicine to—

(1) convene a committee of experts to examine steps to improve access to at-home drug disposal systems, including reviewing—

(A) commercially available at-home drug disposal systems;

(B) current State, local, and private programs providing education and in-home drug disposal systems;

(C) academic studies and real world testing regarding drug disposal system compliance, effectiveness, and usage, and any challenges associated with such systems; and

(D) any barriers to distribution of at-home drug disposal systems; and

(2) issue an expert consensus report that sets forth best practices for educational resources to inform distribution and use of at-home drug disposal systems.

(b) REPORT.—Upon completion of the consensus report under subsection (a)(2), the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine shall transmit a copy of the report to—

(1) the Secretary of Health and Human Services;

(2) the Commissioner of Food and Drugs;

(3) the Administrator of the Drug Enforcement Administration;

(4) the Committee on Health, Education, Labor, and Pensions of the Senate; and

(5) the Committee on Energy and Commerce of the House of Representatives.

SEC. 205. ENSURING 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) ENSURING STATE CHOICE.—Nothing in this section shall be construed to—

''(A) direct, require or encourage a State to use a specific interstate data sharing program;

''(B) limit or prohibit the discretion of a PDMP to utilize interoperability connections of its choice;

''(C) permit, encourage, or otherwise condition Federal financial assistance to States based upon the use of open architecture, other than nationally recognized, consensus-based standards, by PDMP systems or contracted vendors; or

''(D) limit or prohibit the discretion of States to utilize Federal financial assistance received under this section to enter into arrangements with vendors of their choice in order to carry out a program under this section.''.

SEC. 206. 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 sec-

tion 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 re-

quirements 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. 207. STATE GUIDANCE ON COVERAGE FOR 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, includ-

ing the comprehensiveness of such treatments to include all aspects of the recommended intervention.

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

(3) What percentage of the State funding under the block grant program is being applied toward First Episode Psychosis in excess of 10 percent of the amount of the grant, as broken down on a State-by-State basis. The review shall also identify any States that fail to expend the required 10 percent of block grant funds on activities relating to early serious mental illness, including First Episode Psychosis.

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

(5) How the funds are used to reach individuals in underserved populations, including individuals in rural areas and individuals from minority groups.

(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, including the set aside required for First Episode Psychosis, that would facilitate 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 COVERAGE RECOMMENDATIONS OF 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 Administrator of the Centers for Medicare & Medicaid Services, jointly with the Assistant Secretary for Mental Health and Substance Use and the Director of the National Institute of Mental Health—

(1) shall provide updated guidance to States concerning—

(A) coverage recommendations relating to evidence-based health care services, such as coordinated specialty care, and interventions for individuals with early serious mental illness, including First Episode Psychosis; and

(B) the manner in which Federal funding provided to States through programs administered by such agencies, including the Community Mental Health Services Block Grant pro-

gram 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 support individuals with serious mental illness and serious emotional disturbance; 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)(B) to improve treatments for individuals with serious mental illness and serious emotional disturbance.

SEC. 208. COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT SERVICE PROVIDERS.

Subpart I of part B of title XIX of the Public Health Service Act is amended—

(1) in section 1913(b)(1) (42 U.S.C. 300x–2(b)(1)), by inserting ", and which may include, at the discretion of the State, appropriate programs operated by for-profit entities" after "consumer-directed programs"; and

(2) in section 1916(a)(5) (42 U.S.C. 300x–5(a)(5)), by inserting ", or a for-profit entity selected by a State pursuant to section 1913(b)(1)" before the period at the end.

SEC. 209. REPORTS AND STUDIES ON MEDICATION TREATMENTS FOR OPIOID USE DISORDER.

(a) NIH REPORT TO CONGRESS ON METHADONE TREATMENT.—Not later than 2 years after the date of enactment of this Act, the Director of the National Institutes of Health shall—

(1) 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 ongoing and new clinical studies conducted or funded by the National Institutes of Health on the access to, safety of, and efficacy of methadone treatment for opioid use disorder in accredited and certified opioid treatment programs and in other programs or settings; and

(2) brief the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives on—

(A) interim results from the studies described in paragraph (1); and

(B) any barriers that may prevent adequate and timely enrollment of patients in any new clinical study described in paragraph (1).

(b) STUDY ON MEDICATION TREATMENTS FOR OPIOID USE DISORDERS.—The Secretary of Health and

Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, shall—

(1) study—

(A) the early impact on access to medication treatment for opioid use disorder and opioid-related overdose deaths through buprenorphine prescribing pursuant to section 303(g) of the Controlled Substances Act (21 U.S.C. 823(g)), as amended by section 1262 of title I of division FF of the Mental Health and Well-Being Act of 2022;

(B) the prevalence of patients with opioid use disorder, in each Substate region, as defined by the National Survey on Drug Use and Health of the Substance Abuse and Mental Health Services Administration; and

(C) a survey of retail pharmacies nationwide, disaggregated by State, to determine which pharmacies serve as methadone dispensing units for opioid treatment programs; and

(2) 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) not later than 3 years after the date of enactment of this Act, an initial report on the study under paragraph (1); and

(B) not later than 4 years after the date of enactment of this Act, a final report on the study under paragraph (1).

SEC. 210. FASD RESPECT ACT.

(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 ''**FETAL ALCOHOL SPECTRUM DISORDERS PREVENTION, INTERVENTION,**'';

(B) by striking ''Fetal Alcohol Syndrome and Fetal Alcohol Effect'' each place it appears and inserting ''FASD'';

(C) in subsection (a)—

(i) by amending the heading to read as follows: ''IN GENERAL'';

(ii) in the matter preceding paragraph (1)—

(I) by inserting ''or continue activities to support'' after ''shall establish'';

(II) by striking ''FASD'' (as amended by subparagraph (B)) and inserting ''fetal alcohol spectrum disorders (referred to in this section as 'FASD')'';

(III) by striking ''prevention, intervention'' and inserting ''awareness, prevention, identification, intervention,''; and

(IV) by striking ''that shall'' and inserting '', which may'';

(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''; and

(II) in subparagraph (B)—

(aa) by striking ''prevention services and interventions for pregnant, alcohol-dependent women'' and inserting ''culturally and linguistically informed evidence-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 fetal alcohol spectrum disorders 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 fetal alcohol spectrum disorders; 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 academic institution, or nonprofit organization; and

''(B) prepare and submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require, including a description of

the activities that the entity intends to carry out using amounts received under this section.

''(3) ADDITIONAL APPLICATION CONTENTS.—The Secretary may require that an 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.'';

(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 alcohol and other substance screening tools to prevent FASD and cul-

turally 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 grantees 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.

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