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119TH CONGRESS
1ST SESSION

H. R. 2483

[Report No. 119-114, Part I]

To reauthorize certain programs that provide for opioid use disorder prevention, treatment, and recovery, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 31, 2025

Mr. GUTHRIE (for himself and Ms. PETTERSEN) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and Workforce, the Judiciary, and Financial Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

MAY 29, 2025

Reported from the Committee on Energy and Commerce with an amendment

[Strike out all after the enacting clause and insert the part printed in italic]

MAY 29, 2025

Committees on Education and Workforce, the Judiciary, and Financial Services discharged; committed to the Committee of the Whole House on the State of the Union and ordered to be printed

[For text of introduced bill, see copy of bill as introduced on March 31, 2025]

A BILL

To reauthorize certain programs that provide for opioid use disorder prevention, treatment, and recovery, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
 2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 *(a) SHORT TITLE.—This Act may be cited as the*
 5 *“SUPPORT for Patients and Communities Reauthoriza-*
 6 *tion Act of 2025”.*

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

Sec. 1. Short title; table of contents.

TITLE I—PREVENTION

Sec. 101. Prenatal and postnatal health.

Sec. 102. Monitoring and education regarding infections associated with illicit drug use and other risk factors.

Sec. 103. Preventing overdoses of controlled substances.

Sec. 104. Support for individuals and families impacted by fetal alcohol spectrum disorder.

Sec. 105. Promoting state choice in PDMP systems.

Sec. 106. First responder training program.

Sec. 107. Donald J. Cohen National Child Traumatic Stress Initiative.

Sec. 108. Protecting suicide prevention lifeline from cybersecurity incidents.

Sec. 109. Monitoring and reporting of child, youth, and adult trauma.

Sec. 110. Bruce’s law.

Sec. 111. Guidance on at-home drug disposal systems.

Sec. 112. Assessment of opioid drugs and actions.

Sec. 113. Grant program for State and Tribal response to opioid use disorders.

TITLE II—TREATMENT

Sec. 201. Residential treatment program for pregnant and postpartum women.

Sec. 202. Improving access to addiction medicine providers.

Sec. 203. Mental and behavioral health education and training grants.

Sec. 204. Loan repayment program for substance use disorder treatment workforce.

Sec. 205. Development and dissemination of model training programs for substance use disorder patient records.

Sec. 206. Task force on best practices for trauma-informed identification, referral, and support.

Sec. 207. Grants to enhance access to substance use disorder treatment.

Sec. 208. State guidance related to individuals with serious mental illness and children with serious emotional disturbance.

Sec. 209. Reviewing the scheduling of approved products containing a combination of buprenorphine and naloxone.

TITLE III—RECOVERY

- Sec. 301. Building communities of recovery.*
- Sec. 302. Peer support technical assistance center.*
- Sec. 303. Comprehensive opioid recovery centers.*
- Sec. 304. Youth prevention and recovery.*
- Sec. 305. CAREER Act.*
- Sec. 306. Addressing economic and workforce impacts of the opioid crisis.*

TITLE IV—MISCELLANEOUS MATTERS

Sec. 401. Delivery of a controlled substance by a pharmacy to a prescribing practitioner.
Sec. 402. Required training for prescribers of controlled substances.

TITLE I—PREVENTION

2 SEC. 101. PRENATAL AND POSTNATAL HEALTH.

3 Section 317L(d) of the Public Health Service Act (42
4 U.S.C. 247b-13(d)) is amended by striking “such sums as
5 may be necessary for each of the fiscal years 2019 through
6 2023” and inserting “\$4,250,000 for each of fiscal years
7 2026 through 2030”.

8 SEC. 102. MONITORING AND EDUCATION REGARDING IN-

9 FFECTIONS ASSOCIATED WITH ILLICIT DRUG

10 USE AND OTHER RISK FACTORS

11 Section 317N(d) of the Public Health Service Act (42
12 U.S.C. 247b-15(d)) is amended by striking “fiscal years
13 2019 through 2023” and inserting “fiscal years 2026
14 through 2030”.

15 SEC. 103. PREVENTING OVERDOSES OF CONTROLLED SUB- 16 STANCES

17 (a) IN GENERAL.—Section 392A of the Public Health
18 Service Act (42 U.S.C. 280b–1) is amended—
19 (1) in subsection (a)(2)—

1 (A) in subparagraph (C), by inserting “and
2 associated risks” before the period at the end;
3 and

4 (B) in subparagraph (D), by striking
5 “opioids” and inserting “substances causing
6 overdose”; and

7 (2) in subsection (b)(2)—

8 (A) in subparagraph (B), by inserting “,
9 and associated risk factors,” after “such
10 overdoses”;

11 (B) in subparagraph (C), by striking “cod-
12 ing” and inserting “monitoring and identi-
13 fying”;

14 (C) in subparagraph (E)—

15 (i) by inserting a comma after “public
16 health laboratories”; and

17 (ii) by inserting “and other emerging
18 substances related” after “analogues”; and

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

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

1 (1) in the matter preceding subparagraph (A),
2 by striking “and Indian Tribes—” and inserting
3 “and Indian Tribes for the following purposes:”;

4 (2) by amending subparagraph (A) to read as
5 follows:

6 “(A) To carry out innovative projects for
7 grantees to detect, identify, and rapidly respond
8 to controlled substance misuse, abuse, and
9 overdoses, and associated risk factors, including
10 changes in patterns of such controlled substance
11 use. Such projects may include the use of innova-
12 tive, evidence-based strategies for detecting such
13 patterns, such as wastewater surveillance, if
14 proven to support actionable prevention strate-
15 gies, in a manner consistent with applicable
16 Federal and State privacy laws.”; and

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

19 (c) AUTHORIZATION OF APPROPRIATIONS.—Section
20 392A(e) of the Public Health Service Act (42 U.S.C. 280b–
21 1(e)) is amended by striking “\$496,000,000 for each of fis-
22 cal years 2019 through 2023” and inserting “\$505,579,000
23 for each of fiscal years 2026 through 2030”.

1 **SEC. 104. SUPPORT FOR INDIVIDUALS AND FAMILIES IM-**
2 **PACTED BY FETAL ALCOHOL SPECTRUM DIS-**
3 **ORDER.**

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

7 **“PART O—FETAL ALCOHOL SPECTRUM DISORDER**
8 **PREVENTION AND SERVICES PROGRAM**

9 **“SEC. 399H. FETAL ALCOHOL SPECTRUM DISORDERS PRE-**
10 **VENTION, INTERVENTION, AND SERVICES DE-**
11 **LIVERY PROGRAM.**

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

17 “(1) an education and public awareness program
18 to support, conduct, and evaluate the effectiveness
19 of—

20 “(A) educational programs targeting health
21 professions schools, social and other supportive
22 services, educators and counselors and other serv-
23 ice providers in all phases of childhood develop-
24 ment, and other relevant service providers, con-
25 cerning the prevention, identification, and provi-

1 *sion of services for infants, children, adolescents,*
2 *and adults with FASD;*

3 “*(B) strategies to educate school-age chil-*
4 *dren, including pregnant and high-risk youth,*
5 *concerning FASD;*

6 “*(C) public and community awareness pro-*
7 *grams concerning FASD; and*

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

15 “*(2) supporting and conducting research on*
16 *FASD, as appropriate, including to—*

17 “*(A) develop appropriate medical diag-*
18 *nostic methods for identifying FASD; and*

19 “*(B) develop effective culturally and lin-*
20 *guistically appropriate evidence-based or evi-*
21 *dence-informed interventions and appropriate*
22 *supports for preventing prenatal alcohol expo-*
23 *sure, which may co-occur with exposure to other*
24 *substances;*

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

4 “(A) utilizing and adapting existing Federal,
5 State, or Tribal programs to include FASD
6 identification and FASD-informed support;

7 “(B) developing and expanding screening
8 and diagnostic capacity for FASD;

9 “(C) developing, implementing, and evaluating
10 targeted FASD-informed intervention programs for FASD;

11 “(D) providing training with respect to
12 FASD for professionals across relevant sectors;
13 and

14 “(E) disseminating information about
15 FASD and support services to affected individuals
16 and their families; and

17 “(4) an applied research program concerning
18 intervention and prevention to support and conduct
19 service demonstration projects, clinical studies and
20 other research models providing advocacy, educational
21 and vocational training, counseling, medical and
22 mental health, and other supportive services, as well
23 as models that integrate and coordinate such services,
24 that are aimed at the unique challenges facing indi-

1 *viduals with fetal alcohol spectrum disorder or fetal
2 alcohol effect and their families.*

3 “*(b) GRANTS AND TECHNICAL ASSISTANCE.*—

4 “*(1) IN GENERAL.*—*The Secretary may award
5 grants, cooperative agreements and contracts and pro-
6 vide technical assistance to eligible entities to carry
7 out subsection (a).*

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

11 “*(A) be a State, Indian Tribe or Tribal or-
12 ganization, local government, scientific or aca-
13 demic institution, or nonprofit organization; and*

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

20 “*(3) ADDITIONAL APPLICATION CONTENTS.*—*The
21 Secretary may require that an eligible entity include
22 in the application submitted under paragraph
23 (2)(B)—*

24 “*(A) a designation of an individual to serve
25 as a FASD State or Tribal coordinator of activi-*

ties such eligible entity proposes to carry out through a grant, cooperative agreement, or contract under this section; and

4 “(B) a description of an advisory committee
5 the entity will establish to provide guidance for
6 the entity on developing and implementing a
7 statewide or Tribal strategic plan to prevent
8 FASD and provide for the identification, treat-
9 ment, and support of individuals with FASD
10 and their families.

“(c) **DEFINITION OF FASD-INFORMED.**—For purposes of this section, the term ‘FASD-informed’, with respect to support or an intervention program, means that such support or intervention program uses culturally and linguistically informed evidence-based or practice-based interventions and appropriate resources to support an improved quality of life for an individual with FASD and the family of such individual.

19 "SEC. 399I. STRENGTHENING CAPACITY AND EDUCATION
20 FOR FETAL ALCOHOL SPECTRUM DISORDERS.

21 “(a) *IN GENERAL.*—The Secretary shall award grants,
22 contracts, or cooperative agreements, as the Secretary deter-
23 mines appropriate, to public or nonprofit private entities
24 with demonstrated expertise in the field of fetal alcohol spec-
25 trum disorders (referred to in this section as ‘FASD’). Such

1 awards shall be for the purposes of building local, Tribal,
2 State, and nationwide capacities to prevent the occurrence
3 of FASD by carrying out the programs described in sub-
4 section (b).

5 “(b) PROGRAMS.—An entity receiving an award under
6 subsection (a) may use such award for the following pur-
7 poses:

8 “(1) Developing and supporting public education
9 and outreach activities to raise public awareness of
10 the risks associated with alcohol consumption during
11 pregnancy.

12 “(2) Acting as a clearinghouse for evidence-based
13 resources on FASD prevention, identification, and
14 culturally and linguistically appropriate best prac-
15 tices to help inform systems of care for individuals
16 with FASD across their lifespan.

17 “(3) Increasing awareness and understanding of
18 efficacious, evidence-based screening tools and cul-
19 turally and linguistically appropriate evidence-based
20 intervention services and best practices, which may
21 include improving the capacity for State, Tribal, and
22 local affiliates.

23 “(4) Providing technical assistance to recipients
24 of grants, cooperative agreements, or contracts under
25 section 399H, as appropriate.

1 “(c) *APPLICATION.*—To be eligible for a grant, con-
2 tract, or cooperative agreement under this section, an entity
3 shall submit to the Secretary an application at such time,
4 in such manner, and containing such information as the
5 Secretary may require.

6 “(d) *SUBCONTRACTING.*—A public or private non-
7 profit entity may carry out the following activities required
8 under this section through contracts or cooperative agree-
9 ments with other public and private nonprofit entities with
10 demonstrated expertise in FASD:

11 “(1) Resource development and dissemination.

12 “(2) Intervention services.

13 “(3) Training and technical assistance.

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

15 “*There are authorized to be appropriated to carry out
16 this part \$12,500,000 for each of fiscal years 2026 through
17 2030.*”.

18 (b) *REPORT.*—Not later than 4 years after the date
19 of enactment of this Act, and every year thereafter, the Sec-
20 retary of Health and Human Services shall prepare and
21 submit to the Committee on Health, Education, Labor, and
22 Pensions of the Senate and the Committee on Energy and
23 Commerce of the House of Representatives a report con-
24 taining—

1 (1) a review of the activities carried out pursuant
2 to sections 399H and 399I of the Public Health
3 Service Act, as amended, to advance public education
4 and awareness of fetal alcohol spectrum disorders (re-
5 ferred to in this section as “FASD”);
6 (2) a description of—
7 (A) the activities carried out pursuant to
8 such sections 399H and 399I to identify, pre-
9 vent, and treat FASD; and
10 (B) methods used to evaluate the outcomes
11 of such activities; and
12 (3) an assessment of activities carried out pursuant
13 to such sections 399H and 399I to support indi-
14 viduals with FASD.

15 **SEC. 105. PROMOTING STATE CHOICE IN PDMP SYSTEMS.**

16 Section 399O(h) of the Public Health Service Act (42
17 U.S.C. 280g-3(h)) is amended by adding at the end the fol-
18 lowing:

19 “(5) PROMOTING STATE CHOICE.—Nothing in
20 this section shall be construed to authorize the Sec-
21 retary to require States to use a specific vendor or a
22 specific interoperability connection other than to
23 align with nationally recognized, consensus-based
24 open standards, such as in accordance with sections
25 3001 and 3004.”.

1 **SEC. 106. FIRST RESPONDER TRAINING PROGRAM.**2 *Section 546 of the Public Health Service Act (42*3 *U.S.C. 290ee-1) is amended—*4 *(1) in subsection (a), by striking “tribes and*5 *tribal” and inserting “Tribes and Tribal”;*6 *(2) in subsections (a), (c), and (d)—*7 *(A) by striking “approved or cleared” each*8 *place it appears and inserting “approved,*9 *cleared, or otherwise legally marketed”; and*10 *(B) by striking “opioid” each place it ap-*11 *pears;*12 *(3) in subsection (f)—*13 *(A) by striking “approved or cleared” each*14 *place it appears and inserting “approved,*15 *cleared, or otherwise legally marketed”;*16 *(B) in paragraph (1), by striking “opioid”;*17 *(C) in paragraph (2)—*18 *(i) by striking “opioid and heroin”*19 *and inserting “opioid, heroin, and other*20 *drug”;* and21 *(ii) by striking “opioid overdose” and*22 *inserting “overdose”;* and23 *(D) in paragraph (3), by striking “opioid*24 *and heroin”;* and25 *(4) in subsection (h), by striking “\$36,000,000*26 *for each of fiscal years 2019 through 2023” and in-*

1 inserting “\$57,000,000 for each of fiscal years 2026
2 through 2030”.

**3 SEC. 107. DONALD J. COHEN NATIONAL CHILD TRAUMATIC
4 STRESS INITIATIVE.**

5 (a) TECHNICAL AMENDMENT.—The second part G of
6 title V of the Public Health Service Act (42 U.S.C. 290kk
7 et seq.), as added by section 144 of the Community Renewal
8 Tax Relief Act of 2000 (Public Law 106-554), is amend-
9 ed—

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

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

18 (2) in subsection (a)—

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

24 (3) in subsection (b), by inserting “and disse-
25 nation” after “the development”:

1 (4) in subsection (d)—

2 (A) by striking “The NCTSI” and inserting
3 the following:

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

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

6 “(2) NCTSI GRANTEES.—In carrying out sub-
7 section (a)(2), NCTSI grantees shall develop trainings
8 and other resources, as applicable and appropriate, to
9 support implementation of the evidence-based prac-
10 tices developed and disseminated under such sub-
11 section.”;

12 (5) in subsection (e)—

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

16 (B) in subparagraph (A), as so redesi-
17 gnated, by inserting “and implementation” after
18 “the dissemination”;

19 (C) by striking “The NCTSI” and inserting
20 the following:

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

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

23 “(2) NCTSI GRANTEES.—NCTSI grantees shall,
24 as appropriate, collaborate with other such grantees,

1 *the NCTSI coordinating center, and the Secretary in
2 carrying out subsections (a)(2) and (d)(2).”;*

3 *(6) by amending subsection (h) to read as fol-
4 lows:*

5 *“(h) APPLICATION AND EVALUATION.—To be eligible
6 to receive a grant, contract, or cooperative agreement under
7 subsection (a), a public or nonprofit private entity or an
8 Indian Tribe or Tribal organization shall submit to the
9 Secretary an application at such time, in such manner, and
10 containing such information and assurances as the Sec-
11 retary may require, including—*

12 *“(1) a plan for the evaluation of the activities
13 funded under the grant, contract, or agreement, in-
14 cluding both process and outcomes evaluation, and the
15 submission of an evaluation at the end of the project
16 period; and*

17 *“(2) a description of how such entity, Indian
18 Tribe, or Tribal organization will support efforts led
19 by the Secretary or the NCTSI coordinating center, as
20 applicable, to evaluate activities carried out under
21 this section.”; and*

22 *(7) by amending subsection (j) to read as follows:*

23 *“(j) AUTHORIZATION OF APPROPRIATIONS.—There is
24 authorized to be appropriated to carry out this section—*

25 *“(1) \$98,887,000 for fiscal year 2026;*

1 “(2) \$98,887,000 for fiscal year 2027;
2 “(3) \$98,887,000 for fiscal year 2028;
3 “(4) \$100,000,000 for fiscal year 2029; and
4 “(5) \$100,000,000 for fiscal year 2030.”.

5 **SEC. 108. PROTECTING SUICIDE PREVENTION LIFELINE**
6 **FROM CYBERSECURITY INCIDENTS.**

7 (a) *NATIONAL SUICIDE PREVENTION LIFELINE PRO-*
8 *GRAM.—Section 520E–3(b) of the Public Health Service Act*
9 *(42 U.S.C. 290bb–36c(b)) is amended—*

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

12 (2) *in paragraph (5), by striking the period at*
13 *the end and inserting “; and”; and*

14 (3) *by adding at the end the following:*

15 *“(6) taking such steps as may be necessary to en-*
16 *sure the suicide prevention hotline is protected from*
17 *cybersecurity incidents and eliminates known cyberse-*
18 *curity vulnerabilities.”.*

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

21 (1) *by redesignating subsection (f) as subsection*
22 *(g); and*

23 (2) *by inserting after subsection (e) the following:*
24 *“(f) CYBERSECURITY REPORTING.—*

25 *“(1) NOTIFICATION.—*

1 “(A) *IN GENERAL.*—*The program’s network*
2 *administrator receiving Federal funding pursuant*
3 *to subsection (a) shall report to the Assistant*
4 *Secretary, in a manner that protects personal*
5 *privacy, consistent with applicable Federal and*
6 *State privacy laws—*

7 “(i) *any identified cybersecurity*
8 *vulnerabilities to the program within a reasonable*
9 *amount of time after identification of such a*
10 *vulnerability; and*

11 “(ii) *any identified cybersecurity incidents to the program within a reasonable*
12 *amount of time after identification of such an*
13 *incident.*

15 “(B) *LOCAL AND REGIONAL CRISIS CENTERS.*—*Local and regional crisis centers participating in the program shall report to the program’s network administrator identified under subparagraph (A), in a manner that protects personal privacy, consistent with applicable Federal and State privacy laws—*

22 “(i) *any identified cybersecurity*
23 *vulnerabilities to the program within a reasonable*
24 *amount of time after identification of such a*
25 *vulnerability; and*

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

5 “(2) NOTIFICATION.—If the program’s network
6 administrator receiving funding pursuant to sub-
7 section (a) discovers, or is informed by a local or re-
8 gional crisis center pursuant to paragraph (1)(B) of,
9 a cybersecurity vulnerability or incident, within a
10 reasonable amount of time after such discovery or re-
11 ceipt of information, such entity shall report the vul-
12 nerability or incident to the Assistant Secretary.

13 “(3) CLARIFICATION.—

14 “(A) OVERSIGHT.—

15 “(i) LOCAL AND REGIONAL CRISIS CEN-
16 TERS.—Except as provided in clause (ii),
17 local and regional crisis centers partici-
18 pating in the program shall oversee all tech-
19 nology each center employs in the provision
20 of services as a participant in the program.

21 “(ii) NETWORK ADMINISTRATOR.—The
22 program’s network administrator receiving
23 Federal funding pursuant to subsection (a)
24 shall oversee the technology each crisis cen-
25 ter employs in the provision of services as

a participant in the program if such oversight responsibilities are established in the applicable network participation agreement.

“(B) SUPPLEMENT, NOT SUPPLANT.—The cybersecurity incident reporting requirements under this subsection shall supplement, and not supplant, cybersecurity incident reporting requirements under other provisions of applicable Federal law that are in effect on the date of the enactment of the SUPPORT for Patients and Communities Reauthorization Act of 2025.”.

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

15 (1) conduct and complete a study that evaluates
16 cybersecurity risks and vulnerabilities associated with
17 the 9–8–8 National Suicide Prevention Lifeline; and
18 (2) submit a report on the findings of such study
19 to the Committee on Health, Education, Labor, and
20 Pensions of the Senate and the Committee on Energy
21 and Commerce of the House of Representatives.

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

24 Section 7131(e) of the SUPPORT for Patients and
25 Communities Act (42 U.S.C. 242t(e)) is amended by strik-

1 *ing “\$2,000,000 for each of fiscal years 2019 through 2023”*
2 *and inserting “\$9,000,000 for each of fiscal years 2026*
3 *through 2030”.*

4 **SEC. 110. BRUCE’S LAW.**

5 (a) *YOUTH PREVENTION AND RECOVERY.—Section*
6 *7102(c) of the SUPPORT for Patients and Communities*
7 *Act (42 U.S.C. 290bb–7a(c)) is amended—*

8 (1) *in paragraph (3)(A)(i), by inserting “, which*
9 *may include strategies to increase education and*
10 *awareness of the potency and dangers of synthetic*
11 *opioids (including drugs contaminated with fentanyl)*
12 *and, as appropriate, other emerging drug use or mis-*
13 *use issues” before the semicolon; and*

14 (2) *in paragraph (4)(A), by inserting “and*
15 *strategies to increase education and awareness of the*
16 *potency and dangers of synthetic opioids (including*
17 *drugs contaminated with fentanyl) and, as appro-*
18 *priate, emerging drug use or misuse issues” before the*
19 *semicolon.*

20 (b) *INTERDEPARTMENTAL SUBSTANCE USE DIS-*
21 *ORDERS COORDINATING COMMITTEE.—Section 7022 of the*
22 *SUPPORT for Patients and Communities Act (42 U.S.C.*
23 *290aa note) is amended—*

24 (1) *by striking subsection (g) and inserting the*
25 *following:*

1 “(g) WORKING GROUPS.—

2 “(1) IN GENERAL.—The Committee may estab-
3 lish working groups for purposes of carrying out the
4 duties described in subsection (e). Any such working
5 group shall be composed of members of the Committee
6 (or the designees of such members) and may hold such
7 meetings as are necessary to carry out the duties dele-
8 gated to the working group.

9 “(2) ADDITIONAL FEDERAL INTERAGENCY WORK
10 GROUP ON FENTANYL CONTAMINATION OF ILLEGAL
11 DRUGS.—

12 “(A) ESTABLISHMENT.—The Secretary, act-
13 ing through the Committee, shall establish a Fed-
14 eral Interagency Work Group on Fentanyl Con-
15 tamination of Illegal Drugs (referred to in this
16 paragraph as the ‘Work Group’) consisting of
17 representatives from relevant Federal depart-
18 ments and agencies on the Committee.

19 “(B) CONSULTATION.—The Work Group
20 shall consult with relevant stakeholders and sub-
21 ject matter experts, including—

22 “(i) State, Tribal, and local subject
23 matter experts in reducing, preventing, and
24 responding to drug overdose caused by
25 fentanyl contamination of illicit drugs; and

1 “(ii) family members of both adults
2 and youth who have overdosed by fentanyl
3 contaminated illicit drugs.

4 “(C) DUTIES.—The Work Group shall—

5 “(i) examine Federal efforts to reduce
6 and prevent drug overdose by fentanyl-con-
7 taminated illicit drugs;

8 “(ii) identify strategies to improve
9 State, Tribal, and local responses to over-
10 dose by fentanyl-contaminated illicit drugs;

11 “(iii) coordinate with the Secretary, as
12 appropriate, in carrying out activities to
13 raise public awareness of synthetic opioids
14 and other emerging drug use and misuse
15 issues;

16 “(iv) make recommendations to Con-
17 gress for improving Federal programs, in-
18 cluding with respect to the coordination of
19 efforts across such programs; and

20 “(v) make recommendations for edu-
21 cating youth on the potency and dangers of
22 drugs contaminated by fentanyl.

23 “(D) ANNUAL REPORT TO SECRETARY.—The
24 Work Group shall annually prepare and submit
25 to the Secretary, the Committee on Health, Edu-

1 *cation, Labor, and Pensions of the Senate, and*
2 *the Committee on Energy and Commerce and the*
3 *Committee on Education and Workforce of the*
4 *House of Representatives, a report on the activi-*
5 *ties carried out by the Work Group under sub-*
6 *paragraph (C), including recommendations to*
7 *reduce and prevent drug overdose by fentanyl*
8 *contamination of illegal drugs, in all popu-*
9 *lations, and specifically among youth at risk for*
10 *substance misuse.”; and*

11 (2) *by striking subsection (i) and inserting the*
12 *following:*

13 “(i) **SUNSET.**—*The Committee shall terminate on Sep-*
14 *tember 30, 2030.”.*

15 **SEC. 111. GUIDANCE ON AT-HOME DRUG DISPOSAL SYS-**
16 **TEMS.**

17 (a) *IN GENERAL.—Not later than one year after the*
18 *date of enactment of this Act, the Secretary of Health and*
19 *Human Services, in consultation with the Administrator*
20 *of the Drug Enforcement Administration, shall publish*
21 *guidance to facilitate the use of at-home safe disposal sys-*
22 *tems for applicable drugs.*

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

1 (1) recommended standards for effective at-home
2 *drug disposal systems to meet applicable requirements*
3 *enforced by the Food and Drug Administration;*

4 (2) recommended information to include as in-
5 *structions for use to disseminate with at-home drug*
6 *disposal systems;*

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

10 (4) recommended use of licensed health providers
11 *for the dissemination of education, instruction, and*
12 *at-home drug disposal systems, as appropriate.*

13 **SEC. 112. ASSESSMENT OF OPIOID DRUGS AND ACTIONS.**

14 (a) *IN GENERAL.—Not later than one year after the*
15 *date of enactment of this Act, the Secretary of Health and*
16 *Human Services (referred to in this section as the “Sec-*
17 *retary”) shall publish on the website of the Food and Drug*
18 *Administration (referred to in this section as the “FDA”)*
19 *a report that outlines a plan for assessing opioid analgesic*
20 *drugs that are approved under section 505 of the Federal*
21 *Food, Drug, and Cosmetic Act (21 U.S.C. 355) that ad-*
22 *dresses the public health effects of such opioid analgesic*
23 *drugs as part of the benefit-risk assessment and the activi-*
24 *ties of the FDA that relate to facilitating the development*

1 *of nonaddictive medical products intended to treat pain or*
2 *addiction. Such report shall include—*

3 *(1) an update on the actions taken by the FDA*
4 *to consider the effectiveness, safety, benefit-risk profile,*
5 *and use of approved opioid analgesic drugs;*

6 *(2) a timeline for an assessment of the potential*
7 *need, as appropriate, for labeling changes, revised or*
8 *additional postmarketing requirements, enforcement*
9 *actions, or withdrawals for opioid analgesic drugs;*

10 *(3) an overview of the steps that the FDA has*
11 *taken to support the development and approval of*
12 *nonaddictive medical products intended to treat pain*
13 *or addiction, and actions planned to further support*
14 *the development and approval of such products; and*

15 *(4) an overview of the consideration by the FDA*
16 *of clinical trial methodologies for analgesic drugs, in-*
17 *cluding the enriched enrollment randomized with-*
18 *drawal methodology, and the benefits and drawbacks*
19 *associated with different trial methodologies for such*
20 *drugs, incorporating any public input received under*
21 *subsection (b).*

22 *(b) PUBLIC INPUT.—In carrying out subsection (a),*
23 *the Secretary shall provide an opportunity for public input*
24 *concerning the regulation by the FDA of opioid analgesic*
25 *drugs, including scientific evidence that relates to condi-*

1 tions of use, safety, or benefit-risk assessment (including
2 consideration of the public health effects) of such opioid an-
3 algesic drugs.

4 **SEC. 113. GRANT PROGRAM FOR STATE AND TRIBAL RE-**

5 **SPONSE TO OPIOID USE DISORDERS.**

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

14 **TITLE II—TREATMENT**

15 **SEC. 201. RESIDENTIAL TREATMENT PROGRAM FOR PREG-**

16 **NANT AND POSTPARTUM WOMEN.**

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

19 (1) in subsection (d)(11)(C), by striking “pro-
20 viding health services” and inserting “providing
21 health care services”;

22 (2) in subsection (g)—

23 (A) by inserting “a plan describing” after
24 “will provide”; and

1 (B) by adding at the end the following:
2 “Such plan may include a description of how
3 such applicant will target outreach to women
4 disproportionately impacted by maternal sub-
5 stance use disorder.”; and
6 (3) in subsection (s), by striking “\$29,931,000
7 for each of fiscal years 2019 through 2023” and in-
8 serting “\$38,931,000 for each of fiscal years 2026
9 through 2030”.

10 **SEC. 202. IMPROVING ACCESS TO ADDICTION MEDICINE
11 PROVIDERS.**

12 Section 597 of the Public Health Service Act (42
13 U.S.C. 290ll) is amended—

14 (1) in subsection (a)(1), by inserting “diag-
15 nosis,” after “related to”; and
16 (2) in subsection (b), by inserting “addiction
17 medicine,” after “psychiatry.”.

18 **SEC. 203. MENTAL AND BEHAVIORAL HEALTH EDUCATION
19 AND TRAINING GRANTS.**

20 Section 756(f) of the Public Health Service Act (42
21 U.S.C. 294e-1(f)) is amended by striking “fiscal years 2023
22 through 2027” and inserting “fiscal years 2026 through
23 2030”.

1 **SEC. 204. LOAN REPAYMENT PROGRAM FOR SUBSTANCE**

2 **USE DISORDER TREATMENT WORKFORCE.**

3 *Section 781(j) of the Public Health Service Act (42*
4 *U.S.C. 295h(j)) is amended by striking “\$25,000,000 for*
5 *each of fiscal years 2019 through 2023” and inserting*
6 *“\$40,000,000 for each of fiscal years 2026 through 2030”.*

7 **SEC. 205. DEVELOPMENT AND DISSEMINATION OF MODEL**

8 **TRAINING PROGRAMS FOR SUBSTANCE USE**
9 **DISORDER PATIENT RECORDS.**

10 *Section 7053 of the SUPPORT for Patients and Com-*
11 *munities Act (42 U.S.C. 290dd–2 note) is amended by strik-*
12 *ing subsection (e).*

13 **SEC. 206. TASK FORCE ON BEST PRACTICES FOR TRAUMA-**
14 **INFORMED IDENTIFICATION, REFERRAL, AND**
15 **SUPPORT.**

16 *Section 7132 of the SUPPORT for Patients and Com-*
17 *munities Act (Public Law 115–271; 132 Stat. 4046) is*
18 *amended—*

19 *(1) in subsection (b)(1)—*

20 *(A) by redesignating subparagraph (CC) as*
21 *subparagraph (DD); and*

22 *(B) by inserting after subparagraph (BB)*
23 *the following:*

24 *“(CC) The Administration for Community*
25 *Living.”;*

- 1 (2) in subsection (d)(1), in the matter preceding
2 subparagraph (A), by inserting “, developmental dis-
3 ability service providers” before “, individuals who
4 are”; and
5 (3) in subsection (i), by striking “2023” and in-
6 serting “2030”.

7 **SEC. 207. GRANTS TO ENHANCE ACCESS TO SUBSTANCE
8 USE DISORDER TREATMENT.**

9 Section 3203 of the SUPPORT for Patients and Com-
10 munities Act (21 U.S.C. 823 note) is amended—

- 11 (1) by striking subsection (b); and
12 (2) by striking “(a) IN GENERAL.—The Sec-
13 retary” and inserting the following: “The Secretary”.

14 **SEC. 208. STATE GUIDANCE RELATED TO INDIVIDUALS
15 WITH SERIOUS MENTAL ILLNESS AND CHIL-
16 DREN WITH SERIOUS EMOTIONAL DISTURB-
17 ANCE.**

18 (a) *REVIEW OF USE OF CERTAIN FUNDING.*—Not later
19 than 1 year after the date of enactment of this Act, the Sec-
20 retary of Health and Human Services (referred to in this
21 section as the “Secretary”), acting through the Assistant
22 Secretary for Mental Health and Substance Use, shall con-
23 duct a review of State use of funds made available under
24 the Community Mental Health Services Block Grant pro-
25 gram under subpart I of part B of title XIX of the Public

1 *Health Service Act (42 U.S.C. 300x et seq.) (referred to in*
2 *this section as the “block grant program”) for first episode*
3 *psychosis activities. Such review shall consider the fol-*
4 *lowing:*

5 (1) *How States use funds for evidence-based*
6 *treatments and services according to the standard of*
7 *care for individuals with early serious mental illness*
8 *and children with a serious emotional disturbance.*

9 (2) *The percentages of the State funding under*
10 *the block grant program expended on early serious*
11 *mental illness and first episode psychosis, and the*
12 *number of individuals served under such funds.*

13 (b) *REPORT AND GUIDANCE.—*

14 (1) *REPORT.—Not later than 180 days after the*
15 *completion of the review under subsection (a), the Sec-*
16 *retary shall submit to the Committee on Health, Edu-*
17 *cation, Labor, and Pensions and the Committee on*
18 *Appropriations of the Senate and the Committee on*
19 *Energy and Commerce and the Committee on Approp-*
20 *priations of the House of Representatives a report de-*
21 *scribing—*

22 (A) *the findings of the review under sub-*
23 *section (a); and*

24 (B) *any recommendations for changes to the*
25 *block grant program that would facilitate im-*

1 *proved outcomes for individuals with serious*
2 *mental illness and children with serious emo-*
3 *tional disturbance.*

4 *(2) GUIDANCE.—Not later than 1 year after the*
5 *date on which the report is submitted under para-*
6 *graph (1), the Secretary shall update the guidance*
7 *provided to States under the block grant program on*
8 *coordinated specialty care and other evidence-based*
9 *mental health care services for individuals with seri-*
10 *ous mental illness and children with a serious emo-*
11 *tional disturbance, based on the findings and rec-*
12 *ommendations of such report.*

13 **SEC. 209. REVIEWING THE SCHEDULING OF APPROVED**
14 **PRODUCTS CONTAINING A COMBINATION OF**
15 **BUPRENORPHINE AND NALOXONE.**

16 *(a) SECRETARY OF HHS.—The Secretary of Health*
17 *and Human Services shall, consistent with the requirements*
18 *and procedures set forth in sections 201 and 202 of the Con-*
19 *trolled Substances Act (21 U.S.C. 811, 812)—*

20 *(1) review the relevant data pertaining to the*
21 *scheduling of products containing a combination of*
22 *buprenorphine and naloxone that have been approved*
23 *under section 505 of the Federal Food, Drug, and*
24 *Cosmetic Act (21 U.S.C. 355); and*

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

4 (b) ATTORNEY GENERAL.—The Attorney General shall
5 review any request made by the Secretary of Health and
6 Human Services under subsection (a)(2) and determine
7 whether to initiate proceedings to revise the schedules in
8 accordance with the criteria set forth in sections 201 and
9 202 of the Controlled Substances Act (21 U.S.C. 811, 812).

10 **TITLE III—RECOVERY**

11 **SEC. 301. BUILDING COMMUNITIES OF RECOVERY.**

12 Section 547(f) of the Public Health Service Act (42
13 U.S.C. 290ee–2(f)) is amended by striking “\$5,000,000 for
14 each of fiscal years 2019 through 2023” and inserting
15 “\$17,000,000 for each of fiscal years 2026 through 2030”.

16 **SEC. 302. PEER SUPPORT TECHNICAL ASSISTANCE CENTER.**

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

19 (1) in subsection (b)(4), by striking “building;
20 and” and inserting the following: “building, such
21 as—

22 “(A) professional development of peer sup-
23 port specialists; and

24 “(B) making recovery support services
25 available in nonclinical settings; and”;

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

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

5 “(d) *REGIONAL CENTERS.*—

6 “(1) *IN GENERAL.*—The Secretary may establish
7 one regional technical assistance center (referred to in
8 this subsection as the ‘Regional Center’), with existing
9 resources, to assist the Center in carrying out activi-
10 ties described in subsection (b) within the geographic
11 region of such Regional Center in a manner that is
12 tailored to the needs of such region.

13 “(2) *EVALUATION.*—Not later than 4 years after
14 the date of enactment of the SUPPORT for Patients
15 and Communities Reauthorization Act of 2025, the
16 Secretary shall evaluate the activities of the Regional
17 Center and submit to the Committee on Health, Edu-
18 cation, Labor, and Pensions of the Senate and the
19 Committee on Energy and Commerce of the House of
20 Representatives a report on the findings of such eval-
21 uation, including—

22 “(A) a description of the distinct roles and
23 responsibilities of the Regional Center and the
24 Center;

1 “(B) available information relating to the
2 outcomes of the Regional Center under this sub-
3 section, such as any impact on the operations
4 and efficiency of the Center relating to requests
5 for technical assistance and support within the
6 region of such Regional Center;

7 “(C) a description of any gaps or areas of
8 duplication relating to the activities of the Re-
9 gional Center and the Center within such region;
10 and

11 “(D) recommendations relating to the modi-
12 fication, expansion, or termination of the Re-
13 gional Center under this subsection.

14 “(3) TERMINATION.—This subsection shall termi-
15 nate on September 30, 2030.”; and

16 (4) in subsection (f), as so redesignated, by strik-
17 ing “\$1,000,000 for each of fiscal years 2019 through
18 2023” and inserting “\$2,000,000 for each of fiscal
19 years 2026 through 2030”.

20 **SEC. 303. COMPREHENSIVE OPIOID RECOVERY CENTERS.**

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

23 (1) in subsection (d)(2)—

24 (A) in the matter preceding subparagraph
25 (A), by striking “and in such manner” and in-

1 serting “, in such manner, and containing such
2 information and assurances, including relevant
3 documentation,”; and

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

9 (2) in subsection (h)—

10 (A) by redesignating paragraphs (1)
11 through (4) as subparagraphs (A) through (D),
12 respectively, and adjusting the margins accord-
13 ingly;

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

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

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

18 “(2) *ADDITIONAL REPORTING FOR CERTAIN ELI-*
19 *GIBLE ENTITIES*.—An entity carrying out activities
20 described in subsection (g) through referral or con-
21 tractual arrangements shall include in the submis-
22 sions required under paragraph (1) information re-
23 lated to the status of such referrals or contractual ar-
24 rangements, including an assessment of whether such
25 referrals or contractual arrangements are supporting

1 *the ability of such entity to carry out such activities.”; and*

3 *(3) in subsection (j), by striking “2019 through*
4 *2023” and inserting “2026 through 2030”.*

5 **SEC. 304. YOUTH PREVENTION AND RECOVERY.**

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

9 *(1) in paragraph (2)—*

10 *(A) in subparagraph (A)—*

11 *(i) in clause (i)—*

12 *(I) by inserting “, or a consortium of local educational agencies,”*
13 *after “a local educational agency”; and*

14 *(II) by striking “high schools”*
15 *and inserting “secondary schools”; and*
16 *(ii) in clause (vi), by striking “tribe,*
17 *or tribal” and inserting “Tribe, or Tribal”;*

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

20 *“(E) INDIAN TRIBE; TRIBAL ORGANIZATION.—The terms ‘Indian Tribe’ and ‘Tribal organization’ have the meanings given such terms in section 4 of the Indian Self-Determination*

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

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

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

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

12 (2) in paragraph (3)(A), in the matter preceding
13 clause (i)—

14 (A) by striking “and abuse”; and

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

17 (3) in paragraph (4)—

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

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

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

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

3 (5) in paragraph (6)(A)—

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

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

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

10 (6) in paragraph (8), by striking “2022” and in-
11 serting “2028”; and

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

14 “(9) AUTHORIZATION OF APPROPRIATIONS.—To
15 carry out this subsection, there are authorized to be
16 appropriated—

17 “(A) \$10,000,000 for fiscal year 2026;

18 “(B) \$12,000,000 for fiscal year 2027;

19 “(C) \$13,000,000 for fiscal year 2028;

20 “(D) \$14,000,000 for fiscal year 2029; and

21 “(E) \$15,000,000 for fiscal year 2030.”.

22 **SEC. 305. CAREER ACT.**

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

1 (1) in the section heading, by inserting “;
2 **TREATMENT, RECOVERY, AND WORKFORCE**
3 **SUPPORT GRANTS**” after “**CAREER ACT**";

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

6 (3) in subsection (c)—

7 (A) in paragraph (1), by striking “the rates
8 described in paragraph (2)” and inserting “the
9 average rates for calendar years 2018 through
10 2022 described in paragraph (2)”; and

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

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

15 “(A) The highest age-adjusted average rates
16 of drug overdose deaths for calendar years 2018
17 through 2022 based on data from the Centers for
18 Disease Control and Prevention, including, if
19 necessary, provisional data for calendar year
20 2022.

21 “(B) The highest average rates of unemploy-
22 ment for calendar years 2018 through 2022
23 based on data provided by the Bureau of Labor
24 Statistics.

1 “(C) The lowest average labor force participation rates for calendar years 2018 through
2 2022 based on data provided by the Bureau of
3 Labor Statistics.”;

4 (4) in subsection (g)—

5 (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;

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

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

8 “(1) IN GENERAL.—An entity”; and

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

10 “(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

1 *education or job training services or receiving services*
2 *directly linked to treatment of or recovery from a sub-*
3 *stance use disorder.*

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

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

18 (6) *in subsection (j)—*

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

24 (B) *in paragraph (2)—*

1 (i) in the matter preceding subparagraph (A), by striking “2 years after submitting the preliminary report required under paragraph (1)” and inserting “September 30, 2030”; and

2 (ii) in subparagraph (A), by striking

3 “(g)(3)” and inserting “(g)(1)(C)”; and

4 (7) in subsection (k), by striking “\$5,000,000 for each of fiscal years 2019 through 2023” and inserting

5 “\$12,000,000 for each of fiscal years 2026 through

6 2030”.

7 (b) REAUTHORIZATION OF THE CAREER ACT; RE-

8 COVERY HOUSING PILOT PROGRAM.—

9 (1) IN GENERAL.—Section 8071 of the SUP-
10 PORT for Patients and Communities Act (42 U.S.C.
11 5301 note; Public Law 115–271) is amended—

12 (A) by striking the section heading and inserting “**CAREER ACT; RECOVERY HOUSING PILOT PROGRAM**”;

13 (B) in subsection (a), by striking “through 2023” and inserting “through 2030”;

14 (C) in subsection (b)—

15 (i) in paragraph (1), by striking “not later than 60 days after the date of enactment of this Act” and inserting “not later

1 than 60 days after the date of enactment of
2 the SUPPORT for Patients and Commu-
3 nities Reauthorization Act of 2025”; and

4 (ii) in paragraph (2)(B)(i)—

5 (I) in subclause (I)—

6 (aa) by striking “for cal-
7 endar years 2013 through 2017”;

8 and

9 (bb) by inserting “for cal-
10 endar years 2018 through 2022”

11 after “rates of unemployment”;

12 (II) in subclause (II)—

13 (aa) by striking “for cal-
14 endar years 2013 through 2017”;

15 and

16 (bb) by inserting “for cal-
17 endar years 2018 through 2022”

18 after “participation rates”; and

19 (III) by striking subclause (III)

20 and inserting the following:

21 “(III) The highest age-adjusted
22 average rates of drug overdose deaths
23 for calendar years 2018 through 2022
24 based on data from the Centers for Dis-
25 ease Control and Prevention, includ-

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

(2) CONFORMING AMENDMENT.—Subtitle F of title VIII of the SUPPORT for Patients and Communities Act (Public Law 115–271; 132 Stat. 4095) is amended by striking the subtitle heading and inserting the following: “**Subtitle F—CAREER Act; Recovery Housing Pilot Program**”.

12 (c) CLERICAL AMENDMENTS.—The table of contents in
13 section 1(b) of the SUPPORT for Patients and Commu-
14 nities Act (Public Law 115–271; 132 Stat. 3894) is amend-
15 ed—

16 (1) by striking the item relating to section 7183
17 and inserting the following:

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

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

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

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

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

1 **SEC. 306. ADDRESSING ECONOMIC AND WORKFORCE IM-**

2 **PACTS OF THE OPIOID CRISIS.**

3 *Section 8041(g)(1) of the SUPPORT for Patients and*

4 *Communities Act (29 U.S.C. 3225a(g)(1)) is amended by*

5 *striking “2023” and inserting “2030”.*

6 **TITLE IV—MISCELLANEOUS**
7 **MATTERS**

8 **SEC. 401. DELIVERY OF A CONTROLLED SUBSTANCE BY A**

9 **PHARMACY TO A PRESCRIBING PRACTI-**

10 **CIONER.**

11 *Section 309A(a) of the Controlled Substances Act (21*

12 *U.S.C. 829a(a)) is amended by striking paragraph (2) and*

13 *inserting the following:*

14 “(2) the controlled substance is a drug in sched-
15 ule III, IV, or V to be administered—

16 “(A) by injection or implantation for the
17 purpose of maintenance or detoxification treat-
18 ment; or

19 “(B) subject to a risk evaluation and miti-
20 gation strategy pursuant to section 505–1 of the
21 Federal Food, Drug, and Cosmetic Act (21
22 U.S.C. 355–1) that includes elements to assure
23 safe use of the drug described in subsection
24 (f)(3)(E) of such section, including a require-
25 ment for post-administration monitoring by a
26 health care provider;”.

1 **SEC. 402. REQUIRED TRAINING FOR PRESCRIBERS OF CON-**2 **TROLLED SUBSTANCES.**3 (a) *IN GENERAL.*—Section 303 of the Controlled Sub-
4 stances Act (21 U.S.C. 823) is amended—5 (1) by redesignating the second subsection des-
6 ignated as subsection (l) as subsection (m); and

7 (2) in subsection (m)(1), as so redesignated—

8 (A) in subparagraph (A)—

9 (i) in clause (iv)—

10 (I) in subclause (I)—

11 (aa) by inserting “the Amer-
12 ican Academy of Family Physi-
13 cians, the American Podiatric
14 Medical Association, the Academy
15 of General Dentistry, the Amer-
16 ican Optometric Association,” be-
17 fore “or any other organization”;18 (bb) by striking “or the Com-
19 mission” and inserting “, the
20 Commission”; and21 (cc) by inserting “, or the
22 Council on Podiatric Medical
23 Education” before the semicolon
24 at the end; and25 (II) in subclause (III), by insert-
26 ing “or the American Academy of

1 *Family Physicians*" after "Associa-
2 tion"; and

3 (ii) in clause (v), in the matter pre-
4 ceding subclause (I)—

5 (I) by striking "osteopathic medi-
6 cine, dental surgery" and inserting
7 "osteopathic medicine, podiatric medi-
8 cine, dental surgery"; and

9 (II) by striking "or dental medi-
10 cine curriculum" and inserting "or
11 dental or podiatric medicine cur-
12 riculum"; and

13 (B) in subparagraph (B)—

14 (i) in clause (i)—

15 (I) by inserting "the American
16 Pharmacists Association, the Accredi-
17 tation Council on Pharmacy Edu-
18 cation, the American Psychiatric
19 Nurses Association, the American
20 Academy of Nursing, the American
21 Academy of Family Physicians," before
22 "or any other organization"; and

23 (II) by inserting ", the American
24 Academy of Family Physicians," before
25 "or the Accreditation Council"; and

1 *(ii) in clause (ii)—*

2 *(I) by striking “or accredited*
3 *school” and inserting “, an accredited*
4 *school”; and*

5 *(II) by inserting “, or an accred-*
6 *ited school of pharmacy” before “in the*
7 *United States”.*

8 *(b) EFFECTIVE DATE.—The amendment made by sub-*
9 *section (a) shall take effect as if enacted on December 29,*
10 *2022.*

Union Calendar No. 84

119TH CONGRESS
1ST SESSION

H. R. 2483

[Report No. 119-114, Part I]

A BILL

To reauthorize certain programs that provide for opioid use disorder prevention, treatment, and recovery, and for other purposes.

MAY 29, 2025

Reported from the Committee on Energy and Commerce
with an amendment

MAY 29, 2025

Committees on Education and Workforce, the Judiciary, and Financial Services discharged; committed to the Committee of the Whole House on the State of the Union and ordered to be printed