

117TH CONGRESS  
2D SESSION

# H. R. 7666

To amend the Public Health Service Act to reauthorize certain programs relating to mental health and substance use disorders, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

MAY 6, 2022

Mr. PALLONE (for himself and Mrs. RODGERS of Washington) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary, 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

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## A BILL

To amend the Public Health Service Act to reauthorize certain programs relating to mental health and substance use disorders, 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 “Restoring Hope for Mental Health and Well-Being Act  
6 of 2022”.

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—MENTAL HEALTH AND CRISIS CARE NEEDS

### Subtitle A—Crisis Care Services and 9–8–8 Implementation

Sec. 101. Behavioral Health Crisis Coordinating Office.

Sec. 102. Crisis response continuum of care.

### Subtitle B—Into the Light for Maternal Mental Health and Substance Use Disorders

Sec. 111. Screening and treatment for maternal mental health and substance use disorders.

Sec. 112. Maternal mental health hotline.

### Subtitle C—REACHING Improved Mental Health Outcomes for Patients

Sec. 121. Innovation for mental health.

Sec. 122. Crisis care coordination.

Sec. 123. Treatment of serious mental illness.

### Subtitle D—Anna Westin Legacy

Sec. 131. Maintaining education and training on eating disorders.

### Subtitle E—Community Mental Health Services Block Grant Reauthorization

Sec. 141. Reauthorization of block grants for community mental health services.

## TITLE II—SUBSTANCE USE DISORDER PREVENTION, TREATMENT, AND RECOVERY SERVICES

### Subtitle A—Native Behavioral Health Access Improvement

Sec. 201. Behavioral health and substance use disorder services for American Indians and Alaska Natives.

### Subtitle B—Summer Barrow Prevention, Treatment, and Recovery

Sec. 211. Grants for the benefit of homeless individuals.

Sec. 212. Priority substance abuse treatment needs of regional and national significance.

Sec. 213. Evidence-based prescription opioid and heroin treatment and interventions demonstration.

Sec. 214. Priority substance use disorder prevention needs of regional and national significance.

Sec. 215. Sober Truth on Preventing (STOP) Underage Drinking Reauthorization.

Sec. 216. Grants for jail diversion programs.

Sec. 217. Formula grants to States.

Sec. 218. Projects for Assistance in Transition From Homelessness.

Sec. 219. Grants for reducing overdose deaths.

Sec. 220. Opioid overdose reversal medication access and education grant programs.

Sec. 221. State demonstration grants for comprehensive opioid abuse response.

Sec. 222. Emergency department alternatives to opioids.

Subtitle C—Excellence in Recovery Housing

- Sec. 231. Clarifying the role of SAMHSA in promoting the availability of high-quality recovery housing.
- Sec. 232. Developing guidelines for States to promote the availability of high-quality recovery housing.
- Sec. 233. Coordination of Federal activities to promote the availability of recovery housing.
- Sec. 234. NAS study and report.
- Sec. 235. Grants for States to promote the availability of recovery housing and services.
- Sec. 236. Funding.
- Sec. 237. Technical correction.

Subtitle D—Substance Use Prevention, Treatment, and Recovery Services  
Block Grant

- Sec. 241. Eliminating stigmatizing language relating to substance use.
- Sec. 242. Authorized activities.
- Sec. 243. Requirements relating to certain infectious diseases and human immunodeficiency virus.
- Sec. 244. State plan requirements.
- Sec. 245. Updating certain language relating to Tribes.
- Sec. 246. Block grants for substance use prevention, treatment, and recovery services.
- Sec. 247. Requirement of reports and audits by States.
- Sec. 248. Study on assessment for use in distribution of limited State resources.

Subtitle E—Timely Treatment for Opioid Use Disorder

- Sec. 251. Revise opioid treatment program admission criteria to eliminate requirement that patients have an opioid use disorder for at least 1 year.
- Sec. 252. Study on exemptions for treatment of opioid use disorder through opioid treatment programs during the COVID-19 public health emergency.
- Sec. 253. Changes to Federal opioid treatment standards.

TITLE III—ACCESS TO MENTAL HEALTH CARE AND COVERAGE

Subtitle A—Collaborate in an Orderly and Cohesive Manner

- Sec. 301. Increasing uptake of the collaborative care model.

Subtitle B—Helping Enable Access to Lifesaving Services

- Sec. 311. Reauthorization and provision of certain programs to strengthen the health care workforce.

Subtitle C—Eliminating the Opt-Out for Nonfederal Governmental Health  
Plans

- Sec. 321. Eliminating the opt-out for nonfederal governmental health plans.

TITLE IV—CHILDREN AND YOUTH

Subtitle A—Supporting Children’s Mental Health Care Access

Sec. 401. Pediatric mental health care access grants.

Sec. 402. Infant and early childhood mental health promotion, intervention, and treatment.

Subtitle B—Continuing Systems of Care for Children

Sec. 411. Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances.

Sec. 412. Substance Use Disorder Treatment and Early Intervention Services for Children and Adolescents.

Subtitle C—Garrett Lee Smith Memorial Reauthorization

Sec. 421. Suicide prevention technical assistance center.

Sec. 422. Youth suicide early intervention and prevention strategies.

Sec. 423. Mental health and substance use disorder services for students in higher education.

Sec. 424. Mental and behavioral health outreach and education at institutions of higher education.

1 **TITLE I—MENTAL HEALTH AND**  
 2 **CRISIS CARE NEEDS**  
 3 **Subtitle A—Crisis Care Services**  
 4 **and 9–8–8 Implementation**

5 **SEC. 101. BEHAVIORAL HEALTH CRISIS COORDINATING OF-**  
 6 **FICE.**

7 Part A of title V of the Public Health Service Act  
 8 (42 U.S.C. 290aa et seq.) is amended by adding at the  
 9 end the following:

10 **“SEC. 506B. BEHAVIORAL HEALTH CRISIS COORDINATING**  
 11 **OFFICE.**

12 “(a) IN GENERAL.—The Secretary shall establish an  
 13 office to coordinate work relating to behavioral health cri-  
 14 sis care across the operating divisions and agencies of the  
 15 Department of Health and Human Services, including the  
 16 Substance Abuse and Mental Health Services Administra-  
 17 tion, the Centers for Medicare & Medicaid Services, and

1 the Health Resources and Services Administration, and  
2 external stakeholders.

3 “(b) DUTY.—The office established under subsection  
4 (a) shall—

5 “(1) convene Federal, State, Tribal, local, and  
6 private partners;

7 “(2) launch and manage Federal workgroups  
8 charged with making recommendations regarding be-  
9 havioral health crisis issues, including with respect  
10 to health care best practices, workforce development,  
11 mental health disparities, data collection, technology,  
12 program oversight, public awareness, and engage-  
13 ment; and

14 “(3) support technical assistance, data analysis,  
15 and evaluation functions in order to assist States, lo-  
16 calities, Territories, Tribes, and Tribal communities  
17 to develop crisis care systems and establish nation-  
18 wide best practices with the objective of expanding  
19 the capacity of, and access to, local crisis call cen-  
20 ters, mobile crisis care, crisis stabilization, psy-  
21 chiatric emergency services, and rapid post-crisis fol-  
22 low-up care provided by—

23 “(A) the National Suicide Prevention and  
24 Mental Health Crisis Hotline and Response  
25 System;

1           “(B) community mental health centers (as  
2           defined in section 1861(ff)(3)(B) of the Social  
3           Security Act);

4           “(C) certified community behavioral health  
5           clinics, as described in section 223 of the Pro-  
6           tecting Access to Medicare Act of 2014; and

7           “(D) other community mental health and  
8           substance use disorder providers.

9           “(c) AUTHORIZATION OF APPROPRIATIONS.—There  
10          is authorized to be appropriated to carry out this section  
11          \$5,000,000 for each of fiscal years 2023 through 2027.”.

12          **SEC. 102. CRISIS RESPONSE CONTINUUM OF CARE.**

13          Subpart 3 of part B of title V of the Public Health  
14          Service Act (42 U.S.C. 290bb–31 et seq.) is amended by  
15          adding at the end the following:

16          **“SEC. 520N. CRISIS RESPONSE CONTINUUM OF CARE.**

17                 “(a) IN GENERAL.—The Secretary shall publish best  
18                 practices for a crisis response continuum of care for use  
19                 by health care providers, crisis services administrators,  
20                 and crisis services providers in responding to individuals  
21                 (including children and adolescents) experiencing mental  
22                 health crises, substance related crises, and crises arising  
23                 from co-occurring disorders.

24                 “(b) BEST PRACTICES.—

1           “(1) SCOPE OF BEST PRACTICES.—The best  
2 practices published under subsection (a) shall de-  
3 fine—

4           “(A) a minimum set of core crisis response  
5 services, as determined by the Secretary, for  
6 each entity that furnishes such services, that—

7           “(i) do not require prior authorization  
8 from an insurance provider or group health  
9 plan nor a referral from a health care pro-  
10 vider prior to the delivery of services;

11           “(ii) provide for serving all individuals  
12 regardless of age or ability to pay;

13           “(iii) provide for operating 24 hours a  
14 day, 7 days a week; and

15           “(iv) provide for care and support  
16 through resources described in paragraph  
17 (2)(A) until the individual has been sta-  
18 bilized or transferred to the next level of  
19 crisis care; and

20           “(B) psychiatric stabilization, including the  
21 point at which a case may be closed for—

22           “(i) individuals screened over the  
23 phone; and

24           “(ii) individuals stabilized on the  
25 scene by mobile teams.

1           “(2) IDENTIFICATION OF ESSENTIAL FUNC-  
2           TIONS.—The best practices published under sub-  
3           section (a) shall identify the essential functions of  
4           each service in the crisis response continuum, which  
5           shall include at least the following:

6                   “(A) Identification of resources for referral  
7                   and enrollment in continuing mental health,  
8                   substance use, or other human services relevant  
9                   for the individual in crisis where necessary.

10                   “(B) Delineation of access and entry  
11                   points to services within the crisis response con-  
12                   tinuum.

13                   “(C) Development of protocols and agree-  
14                   ments for the transfer and receipt of individuals  
15                   to and from other segments of the crisis re-  
16                   sponse continuum segments as needed, and  
17                   from outside referrals including health care pro-  
18                   viders, first responders including law enforce-  
19                   ment, paramedics, and firefighters, education  
20                   institutions, and community-based organiza-  
21                   tions.

22                   “(D) Description of the qualifications of  
23                   crisis services staff, including roles for physi-  
24                   cians, licensed clinicians, case managers, and  
25                   peers (in accordance with State licensing re-



1            requirements or requirements applicable to Tribal  
2            health professionals).

3            “(E) The convening of collaborative meet-  
4            ings of crisis response service providers, first  
5            responders including law enforcement, para-  
6            medics, and firefighters, and community part-  
7            ners (including National Suicide Prevention  
8            Lifeline or 9–8–8 call centers, 9–1–1 public  
9            service answering points, and local mental  
10          health and substance use disorder treatment  
11          providers) operating in a common region for the  
12          discussion of case management, best practices,  
13          and general performance improvement.

14          “(3) SERVICE CAPACITY AND QUALITY BEST  
15          PRACTICES.—The best practices under subsection  
16          (a) shall include recommendations on—

17                “(A) adequate volume of services to meet  
18                population need;

19                “(B) appropriate timely response; and

20                “(C) capacity to meet the needs of dif-  
21                ferent patient populations that may experience  
22                a mental health or substance use crisis, includ-  
23                ing children, families, and all age groups, cul-  
24                tural and linguistic minorities, individuals with  
25                co-occurring mental health and substance use

1 disorders, individuals with cognitive disabilities,  
2 individuals with developmental delays, and indi-  
3 viduals with chronic medical conditions and  
4 physical disabilities.

5 “(4) IMPLEMENTATION TIMEFRAME.—The Sec-  
6 retary shall—

7 “(A) not later than 1 year after the date  
8 of enactment of this section, publish and main-  
9 tain the best practices required by subsection  
10 (a); and

11 “(B) every two years thereafter, publish  
12 updates.

13 “(5) DATA COLLECTION AND EVALUATIONS.—  
14 The Secretary, directly or through grants, contracts,  
15 or interagency agreements, shall collect data and  
16 conduct evaluations with respect to the provision of  
17 services and programs offered on the crisis response  
18 continuum for purposes of assessing the extent to  
19 which the provision of such services and programs  
20 meet certain objectives and outcomes measures as  
21 determined by the Secretary. Such objectives shall  
22 include—

23 “(A) a reduction in reliance on law en-  
24 forcement response, as appropriate, to individ-  
25 uals in crisis who would be more appropriately

1 served by a mobile crisis team capable of re-  
2 sponding to mental health and substance-re-  
3 lated crises;

4 “(B) a reduction in boarding or extended  
5 holding of patients in emergency room facilities  
6 who require further psychiatric care, including  
7 care for substance use disorders;

8 “(C) evidence of adequate access to crisis  
9 care centers and crisis bed services; and

10 “(D) evidence of adequate linkage to ap-  
11 propriate post-crisis care and longitudinal treat-  
12 ment for mental health or substance use dis-  
13 order when relevant.”.

14 **Subtitle B—Into the Light for Ma-**  
15 **ternal Mental Health and Sub-**  
16 **stance Use Disorders**

17 **SEC. 111. SCREENING AND TREATMENT FOR MATERNAL**  
18 **MENTAL HEALTH AND SUBSTANCE USE DIS-**  
19 **ORDERS.**

20 (a) IN GENERAL.—Section 317L–1 of the Public  
21 Health Service Act (42 U.S.C. 247b–13a) is amended—

22 (1) in the section heading, by striking “**MA-**  
23 **TERNAL DEPRESSION**” and inserting “**MATER-**  
24 **NAL MENTAL HEALTH AND SUBSTANCE USE**  
25 **DISORDERS**”; and

1 (2) in subsection (a)—

2 (A) by inserting “, Indian Tribes and Trib-  
3 al Organizations (as such terms are defined in  
4 section 4 of the Indian Self-Determination and  
5 Education Assistance Act), and Urban Indian  
6 organizations (as such term is defined in sec-  
7 tion 4 of the Indian Health Care Improvement  
8 Act)” after “States”; and

9 (B) by striking “for women who are preg-  
10 nant, or who have given birth within the pre-  
11 ceding 12 months, for maternal depression”  
12 and inserting “for women who are postpartum,  
13 pregnant, or have given birth within the pre-  
14 ceding 12 months, for maternal mental health  
15 and substance use disorders”.

16 (b) APPLICATION.—Subsection (b) of section 317L—  
17 1 of the Public Health Service Act (42 U.S.C. 247b–13a)  
18 is amended—

19 (1) by striking “a State shall submit” and in-  
20 serting “an entity listed in subsection (a) shall sub-  
21 mit”; and

22 (2) in paragraphs (1) and (2), by striking “ma-  
23 ternal depression” each place it appears and insert-  
24 ing “maternal mental health and substance use dis-  
25 orders”.

1 (c) PRIORITY.—Subsection (c) of section 317L–1 of  
2 the Public Health Service Act (42 U.S.C. 247b–13a) is  
3 amended—

4 (1) by striking “may give priority to States pro-  
5 posing to improve or enhance access to screening”  
6 and inserting the following: “shall give priority to  
7 entities listed in subsection (a) that—

8 “(1) are proposing to create, improve, or en-  
9 hance screening, prevention, and treatment”;

10 (2) by striking “maternal depression” and in-  
11 sserting “maternal mental health and substance use  
12 disorders”;

13 (3) by striking the period at the end of para-  
14 graph (1), as so designated, and inserting a semi-  
15 colon; and

16 (4) by inserting after such paragraph (1) the  
17 following:

18 “(2) are currently partnered with, or will part-  
19 ner with, a community-based organization to address  
20 maternal mental health and substance use disorders;

21 “(3) are located in an area with high rates of  
22 adverse maternal health outcomes or significant  
23 health, economic, racial, or ethnic disparities in ma-  
24 ternal health and substance use disorder outcomes;  
25 and

1           “(4) operate in a health professional shortage  
2           area designated under section 332.”.

3           (d) USE OF FUNDS.—Subsection (d) of section  
4 317L–1 of the Public Health Service Act (42 U.S.C.  
5 247b–13a) is amended—

6           (1) in paragraph (1)—

7           (A) in subparagraph (A), by striking “to  
8           health care providers; and” and inserting “on  
9           maternal mental health and substance use dis-  
10          order screening, brief intervention, treatment  
11          (as applicable for health care providers), and  
12          referrals for treatment to health care providers  
13          in the primary care setting and nonclinical  
14          perinatal support workers;”;

15          (B) in subparagraph (B), by striking “to  
16          health care providers, including information on  
17          maternal depression screening, treatment, and  
18          follow-up support services, and linkages to com-  
19          munity-based resources; and” and inserting “on  
20          maternal mental health and substance use dis-  
21          order screening, brief intervention, treatment  
22          (as applicable for health care providers) and re-  
23          ferrals for treatment, follow-up support serv-  
24          ices, and linkages to community-based resources  
25          to health care providers in the primary care set-

1           ting and clinical perinatal support workers;  
2           and”); and

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

4           “(C) enabling health care providers (such  
5           as obstetrician-gynecologists, nurse practi-  
6           tioners, nurse midwives, pediatricians, psychia-  
7           trists, mental and other behavioral health care  
8           providers, and adult primary care clinicians) to  
9           provide or receive real-time psychiatric con-  
10          sultation (in-person or remotely), including  
11          through the use of technology-enabled collabo-  
12          rative learning and capacity building models (as  
13          defined in section 330N), to aid in the treat-  
14          ment of pregnant and postpartum women;  
15          and”); and

16          (2) in paragraph (2)—

17               (A) by striking subparagraph (A) and re-  
18               designating subparagraphs (B) and (C) as sub-  
19               paragraphs (A) and (B), respectively;

20               (B) in subparagraph (A), as redesignated,  
21               by striking “and” at the end;

22               (C) in subparagraph (B), as redesign-  
23               nated—

24                       (i) by inserting “, including” before  
25                       “for rural areas”; and

1 (ii) by striking the period at the end  
2 and inserting a semicolon; and

3 (D) by inserting after subparagraph (B),  
4 as redesignated, the following:

5 “(C) providing assistance to pregnant and  
6 postpartum women to receive maternal mental  
7 health and substance use disorder treatment,  
8 including patient consultation, care coordina-  
9 tion, and navigation for such treatment;

10 “(D) coordinating with maternal and child  
11 health programs of the Federal Government  
12 and State, local, and Tribal governments, in-  
13 cluding child psychiatric access programs;

14 “(E) conducting public outreach and  
15 awareness regarding grants under subsection  
16 (a);

17 “(F) creating multi-State consortia to  
18 carry out the activities required or authorized  
19 under this subsection; and

20 “(G) training health care providers in the  
21 primary care setting and nonclinical perinatal  
22 support workers on trauma-informed care, cul-  
23 turally and linguistically appropriate services,  
24 and best practices related to training to im-  
25 prove the provision of maternal mental health



1           and substance use disorder care for racial and  
2           ethnic minority populations, including with re-  
3           spect to perceptions and biases that may affect  
4           the approach to, and provision of, care.”.

5           (e) ADDITIONAL PROVISIONS.—Section 317L–1 of  
6 the Public Health Service Act (42 U.S.C. 247b–13a) is  
7 amended—

8           (1) by redesignating subsection (e) as sub-  
9           section (h); and

10           (2) by inserting after subsection (d) the fol-  
11           lowing:

12           “(e) TECHNICAL ASSISTANCE.—The Secretary shall  
13 provide technical assistance to grantees and entities listed  
14 in subsection (a) for carrying out activities pursuant to  
15 this section.

16           “(f) DISSEMINATION OF BEST PRACTICES.—The  
17 Secretary, based on evaluation of the activities funded  
18 pursuant to this section, shall identify and disseminate  
19 evidence-based or evidence-informed best practices for  
20 screening, assessment, and treatment services for mater-  
21 nal mental health and substance use disorders, including  
22 culturally and linguistically appropriate services, for  
23 women during pregnancy and 12 months following preg-  
24 nancy.

1       “(g) MATCHING REQUIREMENT.—The Federal share  
2 of the cost of the activities for which a grant is made to  
3 an entity under subsection (a) shall not exceed 90 percent  
4 of the total cost of such activities.”.

5       (f) AUTHORIZATION OF APPROPRIATIONS.—Sub-  
6 section (h) of section 317L–1 (42 U.S.C. 247b–13a) of  
7 the Public Health Service Act, as redesignated, is further  
8 amended—

9           (1) by striking “\$5,000,000” and inserting  
10       “\$24,000,000”; and

11           (2) by striking “2018 through 2022” and in-  
12       serting “2023 through 2028”.

13 **SEC. 112. MATERNAL MENTAL HEALTH HOTLINE.**

14       Part P of title III of the Public Health Service Act  
15 (42 U.S.C. 280g et seq.) is amended by adding at the end  
16 the following:

17 **“SEC. 399V–7. MATERNAL MENTAL HEALTH HOTLINE.**

18       “(a) IN GENERAL.—The Secretary shall maintain, di-  
19 rectly or by grant or contract, a national hotline to provide  
20 emotional support, information, brief intervention, and  
21 mental health and substance use disorder resources to  
22 pregnant and postpartum women at risk of, or affected  
23 by, maternal mental health and substance use disorders,  
24 and to their families or household members.

1       “(b) REQUIREMENTS FOR HOTLINE.—The hotline  
2 under subsection (a) shall—

3               “(1) be a 24/7 real-time hotline;

4               “(2) provide voice and text support;

5               “(3) be staffed by certified peer specialists, li-  
6 censed health care professionals, or licensed mental  
7 health professionals who are trained on—

8                       “(A) maternal mental health and sub-  
9 stance use disorder prevention, identification,  
10 and intervention; and

11                      “(B) providing culturally and linguistically  
12 appropriate support; and

13               “(4) provide maternal mental health and sub-  
14 stance use disorder assistance and referral services  
15 to meet the needs of underserved populations, indi-  
16 viduals with disabilities, and family and household  
17 members of pregnant or postpartum women at risk  
18 of experiencing maternal mental health and sub-  
19 stance use disorders.

20       “(c) ADDITIONAL REQUIREMENTS.—In maintaining  
21 the hotline under subsection (a), the Secretary shall—

22               “(1) consult with the Domestic Violence Hot-  
23 line, National Suicide Prevention Lifeline, and Vet-  
24 erans Crisis Line to ensure that pregnant and  
25 postpartum women are connected in real-time to the

1 appropriate specialized hotline service, when applica-  
2 ble;

3 “(2) conduct a public awareness campaign for  
4 the hotline; and

5 “(3) consult with Federal departments and  
6 agencies, including the Centers of Excellence of the  
7 Substance Abuse and Mental Health Services Ad-  
8 ministration and the Department of Veterans Af-  
9 fairs, to increase awareness regarding the hotline.

10 “(d) ANNUAL REPORT.—The Secretary shall submit  
11 an annual report to the Congress on the hotline under sub-  
12 section (a) and implementation of this section, including—

13 “(1) an evaluation of the effectiveness of activi-  
14 ties conducted or supported under subsection (a);

15 “(2) a directory of entities or organizations to  
16 which staff maintaining the hotline funded under  
17 this section may make referrals; and

18 “(3) such additional information as the Sec-  
19 retary determines appropriate.

20 “(e) AUTHORIZATION OF APPROPRIATIONS.—To  
21 carry out this section, there are authorized to be appro-  
22 priated \$10,000,000 for each of fiscal years 2023 through  
23 2028.”.

1 **Subtitle C—REACHING Improved**  
2 **Mental Health Outcomes for Pa-**  
3 **tients**

4 **SEC. 121. INNOVATION FOR MENTAL HEALTH.**

5 (a) NATIONAL MENTAL HEALTH AND SUBSTANCE  
6 USE POLICY LABORATORY.—Section 501A of the Public  
7 Health Service Act (42 U.S.C. 290aa–0) is amended—

8 (1) in subsection (e)(1), by striking “Indian  
9 tribes or tribal organizations” and inserting “Indian  
10 Tribes or Tribal organizations”;

11 (2) by striking subsection (e)(3); and

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

13 “(f) AUTHORIZATION OF APPROPRIATIONS.—To  
14 carry out this section, there is authorized to be appro-  
15 priated \$10,000,000 for each of fiscal years 2023 through  
16 2027.”.

17 (b) INTERDEPARTMENTAL SERIOUS MENTAL ILL-  
18 NESS COORDINATING COMMITTEE.—

19 (1) IN GENERAL.—Part A of title V of the Pub-  
20 lic Health Service Act (42 U.S.C. 290aa et seq.) is  
21 amended by inserting after section 501A (42 U.S.C.  
22 290aa–0) the following:

23 **“SEC. 501B. INTERDEPARTMENTAL SERIOUS MENTAL ILL-**  
24 **NESS COORDINATING COMMITTEE.**

25 **“(a) ESTABLISHMENT.—**

1           “(1) IN GENERAL.—The Secretary of Health  
2           and Human Services, or the designee of the Sec-  
3           retary, shall establish a committee to be known as  
4           the Interdepartmental Serious Mental Illness Coordi-  
5           nating Committee (in this section referred to as the  
6           ‘Committee’).

7           “(2) FEDERAL ADVISORY COMMITTEE ACT.—  
8           Except as provided in this section, the provisions of  
9           the Federal Advisory Committee Act (5 U.S.C.  
10          App.) shall apply to the Committee.

11          “(b) MEETINGS.—The Committee shall meet not  
12          fewer than 2 times each year.

13          “(c) RESPONSIBILITIES.—The Committee shall sub-  
14          mit, on a biannual basis, to Congress and any other rel-  
15          evant Federal department or agency a report including—

16                 “(1) a summary of advances in serious mental  
17                 illness and serious emotional disturbance research  
18                 related to the prevention of, diagnosis of, interven-  
19                 tion in, and treatment and recovery of serious men-  
20                 tal illnesses, serious emotional disturbances, and ad-  
21                 vances in access to services and support for adults  
22                 with a serious mental illness or children with a seri-  
23                 ous emotional disturbance;

24                 “(2) an evaluation of the effect Federal pro-  
25                 grams related to serious mental illness have on pub-

1       lic health, including public health outcomes such  
2       as—

3               “(A) rates of suicide, suicide attempts, in-  
4               cidence and prevalence of serious mental ill-  
5               nesses, serious emotional disturbances, and sub-  
6               stance use disorders, overdose, overdose deaths,  
7               emergency hospitalizations, emergency room  
8               boarding, preventable emergency room visits,  
9               interaction with the criminal justice system,  
10              homelessness, and unemployment;

11              “(B) increased rates of employment and  
12              enrollment in educational and vocational pro-  
13              grams;

14              “(C) quality of mental and substance use  
15              disorders treatment services; or

16              “(D) any other criteria as may be deter-  
17              mined by the Secretary; and

18              “(3) specific recommendations for actions that  
19              agencies can take to better coordinate the adminis-  
20              tration of mental health services for adults with a  
21              serious mental illness or children with a serious emo-  
22              tional disturbance.

23              “(d) MEMBERSHIP.—

24              “(1) FEDERAL MEMBERS.—The Committee  
25              shall be composed of the following Federal rep-

1       representatives, or the designees of such representa-  
2       tives—

3               “(A) the Secretary of Health and Human  
4       Services, who shall serve as the Chair of the  
5       Committee;

6               “(B) the Assistant Secretary for Mental  
7       Health and Substance Use;

8               “(C) the Attorney General;

9               “(D) the Secretary of Veterans Affairs;

10              “(E) the Secretary of Defense;

11              “(F) the Secretary of Housing and Urban  
12       Development;

13              “(G) the Secretary of Education;

14              “(H) the Secretary of Labor;

15              “(I) the Administrator of the Centers for  
16       Medicare & Medicaid Services; and

17              “(J) the Commissioner of Social Security.

18              “(2) NON-FEDERAL MEMBERS.—The Com-  
19       mittee shall also include not less than 14 non-Fed-  
20       eral public members appointed by the Secretary of  
21       Health and Human Services, of which—

22              “(A) at least 2 members shall be an indi-  
23       vidual who has received treatment for a diag-  
24       nosis of a serious mental illness;



1           “(B) at least 1 member shall be a parent  
2 or legal guardian of an adult with a history of  
3 a serious mental illness or a child with a history  
4 of a serious emotional disturbance;

5           “(C) at least 1 member shall be a rep-  
6 resentative of a leading research, advocacy, or  
7 service organization for adults with a serious  
8 mental illness;

9           “(D) at least 2 members shall be—

10           “(i) a licensed psychiatrist with expe-  
11 rience in treating serious mental illnesses;

12           “(ii) a licensed psychologist with expe-  
13 rience in treating serious mental illnesses  
14 or serious emotional disturbances;

15           “(iii) a licensed clinical social worker  
16 with experience treating serious mental ill-  
17 nesses or serious emotional disturbances;  
18 or

19           “(iv) a licensed psychiatric nurse,  
20 nurse practitioner, or physician assistant  
21 with experience in treating serious mental  
22 illnesses or serious emotional disturbances;

23           “(E) at least 1 member shall be a licensed  
24 mental health professional with a specialty in

1 treating children and adolescents with a serious  
2 emotional disturbance;

3 “(F) at least 1 member shall be a mental  
4 health professional who has research or clinical  
5 mental health experience in working with mi-  
6 norities;

7 “(G) at least 1 member shall be a mental  
8 health professional who has research or clinical  
9 mental health experience in working with medi-  
10 cally underserved populations;

11 “(H) at least 1 member shall be a State  
12 certified mental health peer support specialist;

13 “(I) at least 1 member shall be a judge  
14 with experience in adjudicating cases related to  
15 criminal justice or serious mental illness;

16 “(J) at least 1 member shall be a law en-  
17 forcement officer or corrections officer with ex-  
18 tensive experience in interfacing with adults  
19 with a serious mental illness, children with a se-  
20 rious emotional disturbance, or individuals in a  
21 mental health crisis; and

22 “(K) at least 1 member shall have experi-  
23 ence providing services for homeless individuals  
24 and working with adults with a serious mental  
25 illness, children with a serious emotional dis-

1           turbance, or individuals in a mental health cri-  
2           sis.

3           “(3) TERMS.—A member of the Committee ap-  
4           pointed under paragraph (2) shall serve for a term  
5           of 3 years, and may be reappointed for 1 or more  
6           additional 3-year terms. Any member appointed to  
7           fill a vacancy for an unexpired term shall be ap-  
8           pointed for the remainder of such term. A member  
9           may serve after the expiration of the member’s term  
10          until a successor has been appointed.

11          “(e) WORKING GROUPS.—In carrying out its func-  
12          tions, the Committee may establish working groups. Such  
13          working groups shall be composed of Committee members,  
14          or their designees, and may hold such meetings as are nec-  
15          essary.

16          “(f) SUNSET.—The Committee shall terminate on  
17          September 30, 2027.”.

18                 (2) CONFORMING AMENDMENTS.—

19                         (A) Section 501(l)(2) of the Public Health  
20                         Service Act (42 U.S.C. 290aa(l)(2)) is amended  
21                         by striking “section 6031 of such Act” and in-  
22                         serting “section 501B of this Act”.

23                         (B) Section 6031 of the Helping Families  
24                         in Mental Health Crisis Reform Act of 2016

1 (Division B of Public Law 114–255) is re-  
2 pealed.

3 (c) PRIORITY MENTAL HEALTH NEEDS OF RE-  
4 GIONAL AND NATIONAL SIGNIFICANCE.—Section 520A of  
5 the Public Health Service Act (42 U.S.C. 290bb–32) is  
6 amended—

7 (1) in subsection (a), by striking “Indian tribes  
8 or tribal organizations” and inserting “Indian Tribes  
9 or Tribal organizations”; and

10 (2) in subsection (f), by striking “\$394,550,000  
11 for each of fiscal years 2018 through 2022” and in-  
12 serting “\$599,036,000 for each of fiscal years 2023  
13 through 2027”.

14 **SEC. 122. CRISIS CARE COORDINATION.**

15 (a) STRENGTHENING COMMUNITY CRISIS RESPONSE  
16 SYSTEMS.—Section 520F of the Public Health Service Act  
17 (42 U.S.C. 290bb–37) is amended to read as follows:

18 **“SEC. 520F. MENTAL HEALTH CRISIS RESPONSE PARTNER-  
19 SHIP PILOT PROGRAM.**

20 “(a) IN GENERAL.—The Secretary shall establish a  
21 pilot program under which the Secretary will award com-  
22 petitive grants to States, localities, territories, Indian  
23 Tribes, and Tribal organizations to establish new, or en-  
24 hance existing, mobile crisis response teams that divert the  
25 response for mental health and substance use crises from

1 law enforcement to mobile crisis teams, as described in  
2 subsection (b).

3 “(b) MOBILE CRISIS TEAMS DESCRIBED.—A mobile  
4 crisis team described in this subsection is a team of indi-  
5 viduals—

6 “(1) that is available to respond to individuals  
7 in crisis and provide immediate stabilization, refer-  
8 rals to community-based mental health and sub-  
9 stance use disorder services and supports, and triage  
10 to a higher level of care if medically necessary;

11 “(2) which may include licensed counselors,  
12 clinical social workers, physicians, paramedics, crisis  
13 workers, peer support specialists, or other qualified  
14 individuals; and

15 “(3) which may provide support to divert be-  
16 havioral health crisis calls from the 9–1–1 system to  
17 the 9–8–8 system.

18 “(c) PRIORITY.—In awarding grants under this sec-  
19 tion, the Secretary shall prioritize applications which ac-  
20 count for the specific needs of the communities to be  
21 served, including children and families, veterans, rural and  
22 underserved populations, and other groups at increased  
23 risk of death from suicide or overdose.

24 “(d) REPORT.—

1           “(1) INITIAL REPORT.—Not later than Sep-  
2           tember 30, 2024, the Secretary shall submit to Con-  
3           gress a report on steps taken by the entities speci-  
4           fied in subsection (a) as of such date of enactment  
5           to strengthen the partnerships among mental health  
6           providers, substance use disorder treatment pro-  
7           viders, primary care physicians, mental health and  
8           substance use crisis teams, and paramedics, law en-  
9           forcement officers, and other first responders.

10           “(2) PROGRESS REPORTS.—Not later than one  
11           year after the date on which the first grant is  
12           awarded to carry out this section, and for each year  
13           thereafter, the Secretary shall submit to Congress a  
14           report on the grants made during the year covered  
15           by the report, which shall include—

16                   “(A) impact data on the teams and people  
17                   served by such programs, including demo-  
18                   graphic information of individuals served, vol-  
19                   ume, and types of service utilization;

20                   “(B) outcomes of the number of linkages  
21                   to community-based resources, short-term crisis  
22                   receiving and stabilization facilities, and diver-  
23                   sion from law enforcement or hospital emer-  
24                   gency department settings;

1           “(C) data consistent with the State block  
2 grant requirements for continuous evaluation  
3 and quality improvement, and other relevant  
4 data as determined by the Secretary; and

5           “(D) the Secretary’s recommendations and  
6 best practices for—

7                   “(i) States and localities providing  
8 mobile crisis response and stabilization  
9 services for youth and adults; and

10                   “(ii) improvements to the program es-  
11 tablished under this section.

12           “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
13 are authorized to be appropriated to carry out this section,  
14 \$10,000,000 for each of fiscal years 2023 through 2027.”.

15           (b) MENTAL HEALTH AWARENESS TRAINING  
16 GRANTS.—

17                   (1) IN GENERAL.—Section 520J(b) of the Pub-  
18 lic Health Service Act (42 U.S.C. 290bb–41(b)) is  
19 amended—

20                           (B) in paragraph (1), by striking “Indian  
21 tribes, tribal organizations” and inserting “In-  
22 dian Tribes, Tribal organizations”;

23                           (C) in paragraph (4), by striking “Indian  
24 tribe, tribal organization” each place it appears

1 and inserting “Indian Tribe, Tribal organiza-  
2 tion”;

3 (D) in paragraph (5)—

4 (i) by striking “Indian tribe, tribal or-  
5 ganization” each place it appears and in-  
6 serting “Indian Tribe, Tribal organiza-  
7 tion”; and

8 (ii) in subparagraph (A), by striking  
9 “and” at the end;

10 (iii) in subparagraph (B)(ii), by strik-  
11 ing the period at the end and inserting “;  
12 and”; and

13 (iv) by adding at the end the fol-  
14 lowing:

15 “(C) suicide intervention and prevention,  
16 including recognizing warning signs and how to  
17 refer someone for help.”;

18 (E) in paragraph (6), by striking “Indian  
19 tribe, tribal organization” each place it appears  
20 and inserting “Indian Tribe, Tribal organiza-  
21 tion”; and

22 (F) in paragraph (7), by striking  
23 “\$14,693,000 for each of fiscal years 2018  
24 through 2022” and inserting “\$24,963,000 for  
25 each of fiscal years 2023 through 2027”.



1           (2) TECHNICAL CORRECTIONS.—Section  
2           520J(b) of the Public Health Service Act (42 U.S.C.  
3           290bb–41(b)) is amended—

4                   (A) in the heading of paragraph (2), by  
5                   striking “EMERGENCY SERVICES PERSONNEL”  
6                   and inserting “EMERGENCY SERVICES PER-  
7                   SONNEL”; and

8                   (B) in the heading of paragraph (3), by  
9                   striking “DISTRIBUTION OF AWARDS” and in-  
10                  serting “DISTRIBUTION OF AWARDS”.

11          (c) ADULT SUICIDE PREVENTION.—Section 520L of  
12          the Public Health Service Act (42 U.S.C. 290bb–43) is  
13          amended—

14                  (1) in subsection (a)—

15                          (A) in paragraph (2)—

16                                  (i) by striking “Indian tribe” each  
17                                  place it appears and inserting “Indian  
18                                  Tribe”; and

19                                  (ii) by striking “tribal organization”  
20                                  each place it appears and inserting “Tribal  
21                                  organization”; and

22                          (B) by amending paragraph (3)(C) to read  
23                  as follows:

1           “(C) Raising awareness of suicide preven-  
2           tion resources, promoting help seeking among  
3           those at risk for suicide.”; and

4           (2) in subsection (d), by striking “\$30,000,000  
5           for the period of fiscal years 2018 through 2022”  
6           and inserting “\$30,000,000 for each of fiscal years  
7           2023 through 2027”.

8   **SEC. 123. TREATMENT OF SERIOUS MENTAL ILLNESS.**

9           (a) **ASSERTIVE COMMUNITY TREATMENT GRANT**  
10 **PROGRAM.—**

11           (1) **TECHNICAL AMENDMENT.—**Section  
12           520M(b) of the Public Health Service Act (42  
13           U.S.C. 290bb–44(b)) is amended by striking “Indian  
14           tribe or tribal organization” and inserting “Indian  
15           Tribe or Tribal organization”.

16           (2) **REPORT TO CONGRESS.—**Section  
17           520M(d)(1) of the Public Health Service Act (42  
18           U.S.C. 290bb–44(d)(1)) is amended by striking “not  
19           later than the end of fiscal year 2021” and inserting  
20           “not later than the end of fiscal year 2026”.

21           (3) **AUTHORIZATION OF APPROPRIATIONS.—**  
22           Section 520M(e)(1) of the Public Health Service Act  
23           (42 U.S.C. 290bb–44(d)(1)) is amended by striking  
24           “\$5,000,000 for the period of fiscal years 2018

1 through 2022” and inserting “\$15,000,000 for each  
2 of fiscal years 2023 through 2027”.

3 (b) ASSISTED OUTPATIENT TREATMENT.—Section  
4 224 of the Protecting Access to Medicare Act of 2014 (42  
5 U.S.C. 290aa note) is amended to read as follows:

6 **“SEC. 224. ASSISTED OUTPATIENT TREATMENT GRANT**  
7 **PROGRAM FOR INDIVIDUALS WITH SERIOUS**  
8 **MENTAL ILLNESS.**

9 “(a) IN GENERAL.—The Secretary shall carry out a  
10 program to award grants to eligible entities for assisted  
11 outpatient treatment programs for individuals with serious  
12 mental illness.

13 “(b) CONSULTATION.—The Secretary shall carry out  
14 this section in consultation with the Director of the Na-  
15 tional Institute of Mental Health, the Attorney General  
16 of the United States, the Administrator of the Administra-  
17 tion for Community Living, and the Assistant Secretary  
18 for Mental Health and Substance Use.

19 “(c) SELECTING AMONG APPLICANTS.—In awarding  
20 grants under this section, the Secretary—

21 “(1) may give preference to applicants that  
22 have not previously implemented an assisted out-  
23 patient treatment program; and

24 “(2) shall evaluate applicants based on their po-  
25 tential to reduce hospitalization, homelessness, incar-

1 ceration, and interaction with the criminal justice  
2 system while improving the health and social out-  
3 comes of the patient.

4 “(d) PROGRAM REQUIREMENTS.—An assisted out-  
5 patient treatment program funded with a grant awarded  
6 under this section shall include—

7 “(1) evaluating the medical and social needs of  
8 the patients who are participating in the program;

9 “(2) preparing and executing treatment plans  
10 for such patients that—

11 “(A) include criteria for completion of  
12 court-ordered treatment if applicable; and

13 “(B) provide for monitoring of the pa-  
14 tient’s compliance with the treatment plan, in-  
15 cluding compliance with medication and other  
16 treatment regimens;

17 “(3) providing for case management services  
18 that support the treatment plan;

19 “(4) ensuring appropriate referrals to medical  
20 and social services providers;

21 “(5) evaluating the process for implementing  
22 the program to ensure consistency with the patient’s  
23 needs and State law; and

1           “(6) measuring treatment outcomes, including  
2 health and social outcomes such as rates of incarcer-  
3 ation, health care utilization, and homelessness.

4           “(e) REPORT.—Not later than the end of fiscal year  
5 2027, the Secretary shall submit a report to the appro-  
6 priate congressional committees on the grant program  
7 under this section. Such report shall include an evaluation  
8 of the following:

9           “(1) Cost savings and public health outcomes  
10 such as mortality, suicide, substance abuse, hos-  
11 pitalization, and use of services.

12           “(2) Rates of incarceration of patients.

13           “(3) Rates of homelessness of patients.

14           “(4) Patient and family satisfaction with pro-  
15 gram participation.

16           “(5) Demographic information regarding par-  
17 ticipation of those served by the grant compared to  
18 demographic information in the population of the  
19 grant recipient.

20           “(f) DEFINITIONS.—In this section:

21           “(1) The term ‘assisted outpatient treatment’  
22 means medically prescribed mental health treatment  
23 that a patient receives while living in a community  
24 under the terms of a law authorizing a State or local  
25 civil court to order such treatment.

1           “(2) The term ‘eligible entity’ means a county,  
2           city, mental health system, mental health court, or  
3           any other entity with authority under the law of the  
4           State in which the entity is located to implement,  
5           monitor, and oversee an assisted outpatient treat-  
6           ment program.

7           “(g) FUNDING.—

8           “(1) AMOUNT OF GRANTS.—

9           “(A) MAXIMUM AMOUNT.—The amount of  
10           a grant under this section shall not exceed  
11           \$1,000,000 for any fiscal year.

12           “(B) DETERMINATION.—Subject to sub-  
13           paragraph (A), the Secretary shall determine  
14           the amount of each grant under this section  
15           based on the population of the area to be served  
16           through the grant and an estimate of the num-  
17           ber of patients to be served.

18           “(2) AUTHORIZATION OF APPROPRIATIONS.—

19           There is authorized to be appropriated to carry out  
20           this section \$22,000,000 for each of fiscal years  
21           2023 through 2027.”.

1     **Subtitle D—Anna Westin Legacy**

2     **SEC. 131. MAINTAINING EDUCATION AND TRAINING ON**  
 3                   **EATING DISORDERS.**

4           Subpart 3 of part B of title V of the Public Health  
 5     Service Act (42 U.S.C. 290bb–31 et seq.), as amended by  
 6     section 102, is further amended by adding at the end the  
 7     following:

8     **“SEC. 5200. CENTER OF EXCELLENCE FOR EATING DIS-**  
 9                   **ORDERS FOR EDUCATION AND TRAINING ON**  
 10                   **EATING DISORDERS.**

11           “(a) IN GENERAL.—The Secretary, acting through  
 12     the Assistant Secretary, shall maintain, by competitive  
 13     grant or contract, a Center of Excellence for Eating Dis-  
 14     orders (referred to in this section as the ‘Center’) to im-  
 15     prove the identification of, interventions for, and treat-  
 16     ment of eating disorders in a manner that is develop-  
 17     mentally, culturally, and linguistically appropriate.

18           “(b) SUBGRANTS AND SUBCONTRACTS.—The Center  
 19     shall coordinate and implement the activities under sub-  
 20     section (c), in whole or in part, by awarding competitive  
 21     subgrants or subcontracts—

22                   “(1) across geographical regions; and

23                   “(2) in a manner that is not duplicative.

24           “(c) ACTIVITIES.—The Center—

25                   “(1) shall—

1           “(A) provide training and technical assist-  
2           ance for—

3                   “(i) primary care and behavioral  
4                   health care providers to carry out screen-  
5                   ing, brief intervention, and referral to  
6                   treatment for individuals experiencing, or  
7                   at risk for, eating disorders; and

8                   “(ii) non-clinical community support  
9                   workers to identify and support individuals  
10                  with, or at disproportionate risk for, eating  
11                  disorders;

12                  “(B) develop and provide training mate-  
13                  rials to health care providers, including primary  
14                  care and behavioral health care providers, in  
15                  the effective treatment and ongoing support of  
16                  individuals with eating disorders, including chil-  
17                  dren and marginalized populations at dispropor-  
18                  tionate risk for eating disorders;

19                  “(C) provide collaboration and coordina-  
20                  tion to other centers of excellence, technical as-  
21                  sistance centers, and psychiatric consultation  
22                  lines of the Substance Abuse and Mental  
23                  Health Services Administration and the Health  
24                  Resources and Services Administration on the  
25                  identification, effective treatment, and ongoing



1 support of individuals with eating disorders;  
2 and

3 “(D) coordinate with the Director of the  
4 Centers for Disease Control and Prevention and  
5 the Administrator of the Health Resources and  
6 Services Administration to disseminate training  
7 to primary care and behavioral health care pro-  
8 viders; and

9 “(2) may—

10 “(A) coordinate with electronic health  
11 record systems for the integration of protocols  
12 pertaining to screening, brief intervention, and  
13 referral to treatment for individuals experi-  
14 encing, or at risk for, eating disorders;

15 “(B) develop and provide training mate-  
16 rials to health care providers, including primary  
17 care and behavioral health care providers, in  
18 the effective treatment and ongoing support for  
19 Members of the Armed Forces and veterans ex-  
20 periencing, or at risk for, eating disorders; and

21 “(C) consult with the Secretary of Defense  
22 and the Secretary of Veterans Affairs on pre-  
23 vention, identification, intervention for, and  
24 treatment of eating disorders.

1       “(d) AUTHORIZATION OF APPROPRIATIONS.—To  
2 carry out this section, there is authorized to be appro-  
3 priated \$1,000,000 for each of fiscal years 2023 through  
4 2027.”.

5       **Subtitle E—Community Mental**  
6       **Health Services Block Grant Re-**  
7       **authorization**

8       **SEC. 141. REAUTHORIZATION OF BLOCK GRANTS FOR COM-**  
9       **MUNITY MENTAL HEALTH SERVICES.**

10       (a) FUNDING.—Section 1920(a) of the Public Health  
11 Service Act (42 U.S.C. 300x–9(a)) is amended by striking  
12 “\$532,571,000 for each of fiscal years 2018 through  
13 2022” and inserting “\$857,571,000 for each of fiscal  
14 years 2023 through 2027”.

15       (b) SET-ASIDE FOR EVIDENCE-BASED CRISIS CARE  
16 SERVICES.—Section 1920 of the Public Health Service  
17 Act (42 U.S.C. 300x–9) is amended by adding at the end  
18 the following:

19       “(d) CRISIS CARE.—

20               “(1) IN GENERAL.—Except as provided in para-  
21 graph (3), a State shall expend at least 5 percent of  
22 the amount the State receives pursuant to section  
23 1911 for each fiscal year to support evidenced-based  
24 programs that address the crisis care needs of—

1           “(A) individuals, including children and  
2 adolescents, experiencing mental health crises,  
3 substance-related crises, or crises arising from  
4 co-occurring disorders; and

5           “(B) persons with intellectual and develop-  
6 mental disabilities.

7           “(2) CORE ELEMENTS.—At the discretion of  
8 the single State agency responsible for the adminis-  
9 tration of the program of the State under a grant  
10 under section 1911, funds expended pursuant to  
11 paragraph (1) may be used to fund some or all of  
12 the core crisis care service components, delivered ac-  
13 cording to evidence-based principles, including the  
14 following:

15           “(A) Crisis call centers.

16           “(B) 24/7 mobile crisis services.

17           “(C) Crisis stabilization programs offering  
18 acute care or subacute care in a hospital or ap-  
19 propriately licensed facility, as determined by  
20 the Substance Abuse and Mental Health Serv-  
21 ices Administration, with referrals to inpatient  
22 or outpatient care.

23           “(3) STATE FLEXIBILITY.—In lieu of expending  
24 5 percent of the amount the State receives pursuant  
25 to section 1911 for a fiscal year to support evidence-

1 based programs as required by paragraph (1), a  
2 State may elect to expend not less than 10 percent  
3 of such amount to support such programs by the  
4 end of two consecutive fiscal years.

5 “(4) RULE OF CONSTRUCTION.—With respect  
6 to funds expended pursuant to the set-aside in para-  
7 graph (1), section 1912(b)(1)(A)(vi) shall not  
8 apply.”.

9 (c) EARLY INTERVENTION.—

10 (1) STATE PLAN OPTION.—Section  
11 1912(b)(1)(A)(vii) of the Public Health Service Act  
12 (42 U.S.C. 300x-1(b)(1)(A)(vii)) is amended—

13 (A) in subclause (III), by striking “and” at  
14 the end;

15 (B) in subclause (IV), by striking the pe-  
16 riod at the end and inserting “; and”; and

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

18 “(V) a description of any evi-  
19 dence-based early intervention strate-  
20 gies and programs the State provides  
21 to prevent, delay, or reduce the sever-  
22 ity and onset of mental illness and be-  
23 havioral problems, including for chil-  
24 dren and adolescents, irrespective of  
25 experiencing a serious mental illness

1 or serious emotional disturbance, as  
2 defined under subsection (c)(1).”.

3 (2) ALLOCATION ALLOWANCE; REPORTS.—Sec-  
4 tion 1920 of the Public Health Service Act (42  
5 U.S.C. 300x–9), as amended by subsection (c), is  
6 further amended by adding at the end the following:  
7 “(e) EARLY INTERVENTION SERVICES.—In the case  
8 of a State with a State plan that provides for strategies  
9 and programs specified in section 1912(b)(1)(A)(vii)(VI),  
10 such State may expend not more than 5 percent of the  
11 amount of the allotment of the State pursuant to a fund-  
12 ing agreement under section 1911 for each fiscal year to  
13 support such strategies and programs.

14 “(f) REPORTS TO CONGRESS.—Not later than Sep-  
15 tember 30, 2025, and biennially thereafter, the Secretary  
16 shall provide a report to the Congress on the crisis care  
17 and early intervention strategies and programs pursued by  
18 States pursuant to subsections (d) and (e). Each such re-  
19 port shall include—

20 “(1) a description of the each State’s crisis care  
21 and early intervention activities;

22 “(2) the population served, including informa-  
23 tion on demographics, including age;

24 “(3) the outcomes of such activities, includ-  
25 ing—

1           “(A) how such activities reduced hos-  
2           pitalizations and hospital stays;

3           “(B) how such activities reduced incidents  
4           of suicidal ideation and behaviors; and

5           “(C) how such activities reduced the sever-  
6           ity of onset of serious mental illness and serious  
7           emotional disturbance; and

8           “(4) any other relevant information the Sec-  
9           retary deems necessary.”.

10 **TITLE II—SUBSTANCE USE DIS-**  
11 **ORDER PREVENTION, TREAT-**  
12 **MENT, AND RECOVERY SERV-**  
13 **ICES**

14 **Subtitle A—Native Behavioral**  
15 **Health Access Improvement**

16 **SEC. 201. BEHAVIORAL HEALTH AND SUBSTANCE USE DIS-**  
17 **ORDER SERVICES FOR AMERICAN INDIANS**  
18 **AND ALASKA NATIVES.**

19           Section 506A of the Public Health Service Act (42  
20 U.S.C. 290aa–5a) is amended to read as follows:

21 **“SEC. 506A. BEHAVIORAL HEALTH AND SUBSTANCE USE**  
22 **DISORDER SERVICES FOR AMERICAN INDI-**  
23 **ANS AND ALASKA NATIVES.**

24           “(a) DEFINITIONS.—In this section:

1           “(1) The term ‘eligible entity’ means an Indian  
2           Tribe, a Tribal organization, and Urban Indian or-  
3           ganizations.

4           “(2) The terms ‘Indian Tribe’, ‘Tribal organiza-  
5           tion’, and ‘Urban Indian organization’ have the  
6           meanings given to the terms ‘Indian tribe’, ‘tribal  
7           organization’, and ‘Urban Indian organization’ in  
8           section 4 of the Indian Health Care Improvement  
9           Act.

10          “(b) FORMULA GRANTS.—

11           “(1) IN GENERAL.—The Secretary shall award  
12           grants to eligible entities, in amounts determined  
13           pursuant to the formula described in paragraph (2),  
14           to be used by the eligible entity to provide culturally  
15           appropriate mental health and substance use dis-  
16           order prevention, treatment, and recovery services to  
17           American Indians and Alaska Natives.

18           “(2) FORMULA.—The Secretary, in consultation  
19           with the Director of the Indian Health Service, In-  
20           dian Tribes, Tribal Organizations, and Urban Indian  
21           Organizations, shall develop a formula to determine  
22           the amount of a grant under paragraph (1). Such  
23           formula shall take into account the populations of el-  
24           igible entities whose rates of overdose deaths or sui-  
25           cide are substantially higher relative to the popu-

1 lations of other Indian Tribes, Tribal organizations,  
2 or Urban Indian Organizations.

3 “(c) TECHNICAL ASSISTANCE AND PROGRAM EVAL-  
4 UATION.—

5 “(1) IN GENERAL.—The Secretary shall—

6 “(A) provide technical assistance to appli-  
7 cants and grantees under this section; and

8 “(B) collect and evaluate information on  
9 the program carried out under this section.

10 “(2) CONSULTATION ON EVALUATION MEAS-  
11 URES, AND DATA SUBMISSION AND REPORTING RE-  
12 QUIREMENTS.—The Secretary shall, in consultation  
13 with eligible entities, develop evaluation measures  
14 and data submission and reporting requirements for  
15 purposes of the collection and evaluation of informa-  
16 tion under paragraph (1)(B).

17 “(3) DATA SUBMISSION AND REPORTING.—As a  
18 condition on receipt of a grant under this section, an  
19 applicant shall agree to submit data and reports  
20 consistent with the evaluation measures and data  
21 submission and reporting requirements developed  
22 under paragraph (2).

23 “(d) APPLICATION.—An entity desiring a grant, con-  
24 tract, or cooperative agreement under subsection (b) shall  
25 submit an application to the Secretary at such time, in



1 such manner, and accompanied by such information as the  
2 Secretary may reasonably require.

3 “(e) REPORT.—Not later than 3 years after the date  
4 of the enactment of this section and annually thereafter,  
5 the Secretary shall prepare and submit, to the Committee  
6 on Health, Education, Labor, and Pensions of the Senate,  
7 and the Committee on Energy and Commerce of the  
8 House of Representatives, a report describing the services  
9 provided pursuant to this section.

10 “(f) AUTHORIZATION OF APPROPRIATIONS.—There  
11 are authorized to be appropriated to carry out this section,  
12 \$40,000,000 for each of fiscal years 2023 through 2027.”.

13 **Subtitle B—Summer Barrow Pre-**  
14 **vention, Treatment, and Recov-**  
15 **ery**

16 **SEC. 211. GRANTS FOR THE BENEFIT OF HOMELESS INDI-**  
17 **VIDUALS.**

18 Section 506(e) of the Public Health Service Act (42  
19 U.S.C. 290aa–5(e)) is amended by striking “2018 through  
20 2022” and inserting “2023 through 2027”.

21 **SEC. 212. PRIORITY SUBSTANCE ABUSE TREATMENT NEEDS**  
22 **OF REGIONAL AND NATIONAL SIGNIFICANCE.**

23 Section 509 of the Public Health Service Act (42  
24 U.S.C. 290bb–2) is amended—

1 (1) in the section heading, by striking  
2 “**ABUSE**” and inserting “**USE DISORDER**”;

3 (2) in subsection (a)—

4 (A) by striking “tribes and tribal organiza-  
5 tions” each place it appears and inserting  
6 “Tribes and Tribal organizations”; and

7 (B) in paragraph (3), by striking “in sub-  
8 stance abuse”;

9 (3) in subsection (b), in the subsection heading,  
10 by striking “**ABUSE**” and inserting “**USE DIS-**  
11 **ORDER**”; and

12 (4) in subsection (f), by striking “\$333,806,000  
13 for each of fiscal years 2018 through 2022” and in-  
14 serting “\$521,517,000 for each of fiscal years 2023  
15 through 2027”.

16 **SEC. 213. EVIDENCE-BASED PRESCRIPTION OPIOID AND**  
17 **HEROIN TREATMENT AND INTERVENTIONS**  
18 **DEMONSTRATION.**

19 Section 514B of the Public Health Service Act (42  
20 U.S.C. 290bb–10) is amended—

21 (1) in subsection (a)(1)—

22 (A) by striking “substance abuse” and in-  
23 serting “substance use disorder”;

1 (B) by striking “tribes and tribal organiza-  
2 tions” and inserting “Tribes and Tribal organi-  
3 zations”; and

4 (C) by striking “addiction” and inserting  
5 “substance use disorders”;

6 (2) in subsection (e)(3), by striking “tribes and  
7 tribal organizations” and inserting “Tribes and  
8 Tribal organizations”; and

9 (3) in subsection (f), by striking “2017 through  
10 2021” and inserting “2023 through 2027”.

11 **SEC. 214. PRIORITY SUBSTANCE USE DISORDER PREVEN-**  
12 **TION NEEDS OF REGIONAL AND NATIONAL**  
13 **SIGNIFICANCE.**

14 Section 516 of the Public Health Service Act (42  
15 U.S.C. 290bb–22) is amended—

16 (1) in subsection (a)—

17 (A) in paragraph (3), by striking “abuse”  
18 and inserting “use”; and

19 (B) in the matter following paragraph (3),  
20 by striking “tribes or tribal organizations” each  
21 place it appears and inserting “Tribes or Tribal  
22 organizations”;

23 (2) in subsection (b), in the subsection heading,  
24 by striking “ABUSE” and inserting “USE DIS-  
25 ORDER”; and

1           (3) in subsection (f), by striking “\$211,148,000  
2           for each of fiscal years 2018 through 2022” and in-  
3           serting “\$218,219,000 for each of fiscal years 2023  
4           through 2027”.

5 **SEC. 215. SOBER TRUTH ON PREVENTING (STOP) UNDER-**  
6 **AGE DRINKING REAUTHORIZATION.**

7           Section 519B of the Public Health Service Act (42  
8 U.S.C. 290bb–25b) is amended—

9           (1) by amending subsection (a) to read as fol-  
10          lows:

11          “(a) DEFINITIONS.—For purposes of this section:

12           “(1) The term ‘alcohol beverage industry’  
13           means the brewers, vintners, distillers, importers,  
14           distributors, and retail or online outlets that sell or  
15           serve beer, wine, and distilled spirits.

16           “(2) The term ‘school-based prevention’ means  
17           programs, which are institutionalized, and run by  
18           staff members or school-designated persons or orga-  
19           nizations in any grade of school, kindergarten  
20           through 12th grade.

21           “(3) The term ‘youth’ means persons under the  
22           age of 21.”; and

23           (2) by striking subsections (e) through (g) and  
24           inserting the following:

1       “(c) INTERAGENCY COORDINATING COMMITTEE; AN-  
2 NUAL REPORT ON STATE UNDERAGE DRINKING PREVEN-  
3 TION AND ENFORCEMENT ACTIVITIES.—

4               “(1) INTERAGENCY COORDINATING COMMITTEE  
5 ON THE PREVENTION OF UNDERAGE DRINKING.—

6               “(A) IN GENERAL.—The Secretary, in col-  
7 laboration with the Federal officials specified in  
8 subparagraph (B), shall continue to support  
9 and enhance the efforts of the interagency co-  
10 ordinating committee, that began operating in  
11 2004, focusing on underage drinking (referred  
12 to in this subsection as the ‘Committee’).

13               “(B) OTHER AGENCIES.—The officials re-  
14 ferred to in subparagraph (A) are the Secretary  
15 of Education, the Attorney General, the Sec-  
16 retary of Transportation, the Secretary of the  
17 Treasury, the Secretary of Defense, the Sur-  
18 geon General, the Director of the Centers for  
19 Disease Control and Prevention, the Director of  
20 the National Institute on Alcohol Abuse and Al-  
21 coholism, the Assistant Secretary for Mental  
22 Health and Substance Use, the Director of the  
23 National Institute on Drug Abuse, the Assist-  
24 ant Secretary for Children and Families, the  
25 Director of the Office of National Drug Control

1 Policy, the Administrator of the National High-  
2 way Traffic Safety Administration, the Admin-  
3 istrator of the Office of Juvenile Justice and  
4 Delinquency Prevention, the Chairman of the  
5 Federal Trade Commission, and such other  
6 Federal officials as the Secretary of Health and  
7 Human Services determines to be appropriate.

8 “(C) CHAIR.—The Secretary of Health  
9 and Human Services shall serve as the chair of  
10 the Committee.

11 “(D) DUTIES.—The Committee shall guide  
12 policy and program development across the  
13 Federal Government with respect to underage  
14 drinking, provided, however, that nothing in  
15 this section shall be construed as transferring  
16 regulatory or program authority from an Agen-  
17 cy to the Coordinating Committee.

18 “(E) CONSULTATIONS.—The Committee  
19 shall actively seek the input of and shall consult  
20 with all appropriate and interested parties, in-  
21 cluding States, public health research and inter-  
22 est groups, foundations, and alcohol beverage  
23 industry trade associations and companies.

24 “(F) ANNUAL REPORT.—

1           “(i) IN GENERAL.—The Secretary, on  
2           behalf of the Committee, shall annually  
3           submit to the Congress a report that sum-  
4           marizes—

5                   “(I) all programs and policies of  
6                   Federal agencies designed to prevent  
7                   and reduce underage drinking, focus-  
8                   ing particularly on programs and poli-  
9                   cies that support the adoption and en-  
10                  forcement of State policies designed to  
11                  prevent and reduce underage drinking  
12                  as specified in paragraph (2);

13                  “(II) the extent of progress in  
14                  preventing and reducing underage  
15                  drinking at State and national levels;

16                  “(III) data that the Secretary  
17                  shall collect with respect to the infor-  
18                  mation specified in clause (ii); and

19                  “(IV) such other information re-  
20                  garding underage drinking as the Sec-  
21                  retary determines to be appropriate.

22           “(ii) CERTAIN INFORMATION.—The  
23           report under clause (i) shall include infor-  
24           mation on the following:

1           “(I) Patterns and consequences  
2 of underage drinking as reported in  
3 research and surveys such as, but not  
4 limited to, Monitoring the Future,  
5 Youth Risk Behavior Surveillance  
6 System, the National Survey on Drug  
7 Use and Health, and the Fatality  
8 Analysis Reporting System.

9           “(II) Measures of the availability  
10 of alcohol from commercial and non-  
11 commercial sources to underage popu-  
12 lations.

13           “(III) Measures of the exposure  
14 of underage populations to messages  
15 regarding alcohol in advertising, social  
16 media, and the entertainment media.

17           “(IV) Surveillance data, includ-  
18 ing information on the onset and  
19 prevalence of underage drinking, con-  
20 sumption patterns, beverage pref-  
21 erences, prevalence of drinking among  
22 students at institutions of higher edu-  
23 cation, correlations between adult and  
24 youth drinking, and the means of un-  
25 derage access, including trends over



1 time for these surveillance data. The  
2 Secretary shall develop a plan to im-  
3 prove the collection, measurement,  
4 and consistency of reporting Federal  
5 underage alcohol data.

6 “(V) Any additional findings re-  
7 sulting from research conducted or  
8 supported under subsection (f).

9 “(VI) Evidence-based best prac-  
10 tices to prevent and reduce underage  
11 drinking including a review of the re-  
12 search literature related to State laws,  
13 regulations, and policies designed to  
14 prevent and reduce underage drink-  
15 ing, as described in paragraph  
16 (2)(B)(i).

17 “(2) ANNUAL REPORT ON STATE UNDERAGE  
18 DRINKING PREVENTION AND ENFORCEMENT ACTIVI-  
19 TIES.—

20 “(A) IN GENERAL.—The Secretary shall,  
21 with input and collaboration from other appro-  
22 priate Federal agencies, States, Indian Tribes,  
23 territories, and public health, consumer, and al-  
24 cohol beverage industry groups, annually issue  
25 a report on each State’s performance in enact-

1 ing, enforcing, and creating laws, regulations,  
2 and policies to prevent or reduce underage  
3 drinking based on an assessment of best prac-  
4 tices developed pursuant to paragraph  
5 (1)(F)(ii)(VI) and subparagraph (B)(i). For  
6 purposes of this paragraph, each such report,  
7 with respect to a year, shall be referred to as  
8 the ‘State Report’. Each State Report shall be  
9 designed as a resource tool for Federal agencies  
10 assisting States in the their underage drinking  
11 prevention efforts, State public health and law  
12 enforcement agencies, State and local policy-  
13 makers, and underage drinking prevention coa-  
14 litions including those receiving grants pursuant  
15 to subsection (e).

16 “(B) STATE PERFORMANCE MEASURES.—

17 “(i) IN GENERAL.—The Secretary  
18 shall develop, in consultation with the  
19 Committee, a set of measures to be used in  
20 preparing the State Report on best prac-  
21 tices as they relate to State laws, regula-  
22 tions, policies, and enforcement practices.

23 “(ii) STATE REPORT CONTENT.—The  
24 State Report shall include updates on  
25 State laws, regulations, and policies in-

1                   cluded in previous reports to Congress, in-  
2                   cluding with respect to the following:

3                   “(I) Whether or not the State  
4                   has comprehensive anti-underage  
5                   drinking laws such as for the illegal  
6                   sale, purchase, attempt to purchase,  
7                   consumption, or possession of alcohol;  
8                   illegal use of fraudulent ID; illegal  
9                   furnishing or obtaining of alcohol for  
10                  an individual under 21 years; the de-  
11                  gree of strictness of the penalties for  
12                  such offenses; and the prevalence of  
13                  the enforcement of each of these in-  
14                  fractions.

15                  “(II) Whether or not the State  
16                  has comprehensive liability statutes  
17                  pertaining to underage access to alco-  
18                  hol such as dram shop, social host,  
19                  and house party laws, and the preva-  
20                  lence of enforcement of each of these  
21                  laws.

22                  “(III) Whether or not the State  
23                  encourages and conducts comprehen-  
24                  sive enforcement efforts to prevent  
25                  underage access to alcohol at retail

1 outlets, such as random compliance  
2 checks and shoulder tap programs,  
3 and the number of compliance checks  
4 within alcohol retail outlets measured  
5 against the number of total alcohol re-  
6 tail outlets in each State, and the re-  
7 sult of such checks.

8 “(IV) Whether or not the State  
9 encourages training on the proper  
10 selling and serving of alcohol for all  
11 sellers and servers of alcohol as a con-  
12 dition of employment.

13 “(V) Whether or not the State  
14 has policies and regulations with re-  
15 gard to direct sales to consumers and  
16 home delivery of alcoholic beverages.

17 “(VI) Whether or not the State  
18 has programs or laws to deter adults  
19 from purchasing alcohol for minors;  
20 and the number of adults targeted by  
21 these programs.

22 “(VII) Whether or not the State  
23 has enacted graduated drivers licenses  
24 and the extent of those provisions.

1           “(iii) ADDITIONAL CATEGORIES.—In  
2 addition to the updates on State laws, reg-  
3 ulations, and policies listed in clause (ii),  
4 the Secretary shall consider the following:

5           “(I) Whether or not States have  
6 adopted laws, regulations, and policies  
7 that deter underage alcohol use, as  
8 described in ‘The Surgeon General’s  
9 Call to Action to Prevent and Reduce  
10 Underage Drinking’ issued in 2007  
11 and ‘Facing Addiction in America:  
12 The Surgeon General’s Report on Al-  
13cohol, Drugs and Health’ issued in  
14 2016, including restrictions on low-  
15 price, high-volume drink specials, and  
16 wholesaler pricing provisions.

17           “(II) Whether or not States have  
18 adopted laws, regulations, and policies  
19 designed to reduce alcohol advertising  
20 messages attractive to youth and  
21 youth exposure to alcohol advertising  
22 and marketing in measured and  
23 unmeasured media and digital and so-  
24 cial media.

1                   “(III) Whether or not States  
2                   have laws and policies that promote  
3                   underage drinking prevention policy  
4                   development by local jurisdictions.

5                   “(IV) Whether or not States  
6                   have adopted laws, regulations, and  
7                   policies to restrict youth access to al-  
8                   coholic beverages that may pose spe-  
9                   cial risks to youth, including but not  
10                  limited to alcoholic mists, gelatins,  
11                  freezer pops, premixed caffeinated al-  
12                  coholic beverages, and flavored malt  
13                  beverages.

14                  “(V) Whether or not States have  
15                  adopted uniform best practices proto-  
16                  cols for conducting compliance checks  
17                  and shoulder tap programs.

18                  “(VI) Whether or not States  
19                  have adopted uniform best practices  
20                  penalty protocols for violations of laws  
21                  prohibiting retail licensees from sell-  
22                  ing or furnishing of alcohol to minors.

23                  “(iv) UNIFORM DATA SYSTEM.—For  
24                  performance measures related to enforce-  
25                  ment of underage drinking laws as speci-

1           fied in clauses (ii) and (iii), the Secretary  
2           shall develop and test a uniform data sys-  
3           tem for reporting State enforcement data,  
4           including the development of a pilot pro-  
5           gram for this purpose. The pilot program  
6           shall include procedures for collecting en-  
7           forcement data from both State and local  
8           law enforcement jurisdictions.

9           “(3) AUTHORIZATION OF APPROPRIATIONS.—  
10          There is authorized to be appropriated to carry out  
11          this subsection \$1,000,000 for each of fiscal years  
12          2023 through 2027.

13          “(d) NATIONAL MEDIA CAMPAIGN TO PREVENT UN-  
14          DERAGE DRINKING.—

15                 “(1) IN GENERAL.—The Secretary, in consulta-  
16                 tion with the National Highway Traffic Safety Ad-  
17                 ministration, shall develop an intensive, multifaceted,  
18                 adult-oriented national media campaign to reduce  
19                 underage drinking by influencing attitudes regarding  
20                 underage drinking, increasing the willingness of  
21                 adults to take actions to reduce underage drinking,  
22                 and encouraging public policy changes known to de-  
23                 crease underage drinking rates.

1           “(2) PURPOSE.—The purpose of the national  
2 media campaign described in this section shall be to  
3 achieve the following objectives:

4           “(A) Instill a broad societal commitment to  
5 reduce underage drinking.

6           “(B) Increase specific actions by adults  
7 that are meant to discourage or inhibit under-  
8 age drinking.

9           “(C) Decrease adult conduct that tends to  
10 facilitate or condone underage drinking.

11           “(3) COMPONENTS.—When implementing the  
12 national media campaign described in this section,  
13 the Secretary shall—

14           “(A) educate the public about the public  
15 health and safety benefits of evidence-based  
16 policies to reduce underage drinking, including  
17 minimum legal drinking age laws, and build  
18 public and parental support for and cooperation  
19 with enforcement of such policies;

20           “(B) educate the public about the negative  
21 consequences of underage drinking;

22           “(C) promote specific actions by adults  
23 that are meant to discourage or inhibit under-  
24 age drinking, including positive behavior mod-



1 eling, general parental monitoring, and con-  
2 sistent and appropriate discipline;

3 “(D) discourage adult conduct that tends  
4 to facilitate underage drinking, including the  
5 hosting of underage parties with alcohol and  
6 the purchasing of alcoholic beverages on behalf  
7 of underage youth;

8 “(E) establish collaborative relationships  
9 with local and national organizations and insti-  
10 tutions to further the goals of the campaign  
11 and assure that the messages of the campaign  
12 are disseminated from a variety of sources;

13 “(F) conduct the campaign through multi-  
14 media sources; and

15 “(G) conduct the campaign with regard to  
16 changing demographics and cultural and lin-  
17 guistic factors.

18 “(4) CONSULTATION REQUIREMENT.—In devel-  
19 oping and implementing the national media cam-  
20 paign described in this section, the Secretary shall  
21 consult recommendations for reducing underage  
22 drinking published by the National Academy of  
23 Sciences and the Surgeon General. The Secretary  
24 shall also consult with interested parties including  
25 medical, public health, and consumer and parent

1 groups, law enforcement, institutions of higher edu-  
2 cation, community organizations and coalitions, and  
3 other stakeholders supportive of the goals of the  
4 campaign.

5 “(5) ANNUAL REPORT.—The Secretary shall  
6 produce an annual report on the progress of the de-  
7 velopment or implementation of the media campaign  
8 described in this subsection, including expenses and  
9 projected costs, and, as such information is avail-  
10 able, report on the effectiveness of such campaign in  
11 affecting adult attitudes toward underage drinking  
12 and adult willingness to take actions to decrease un-  
13 derage drinking.

14 “(6) RESEARCH ON YOUTH-ORIENTED CAM-  
15 PAIGN.—The Secretary may, based on the avail-  
16 ability of funds, conduct research on the potential  
17 success of a youth-oriented national media campaign  
18 to reduce underage drinking. The Secretary shall re-  
19 port any such results to Congress with policy rec-  
20 ommendations on establishing such a campaign.

21 “(7) ADMINISTRATION.—The Secretary may  
22 enter into a subcontract with another Federal agen-  
23 cy to delegate the authority for execution and ad-  
24 ministration of the adult-oriented national media  
25 campaign.

1           “(8) AUTHORIZATION OF APPROPRIATIONS.—

2           There is authorized to be appropriated to carry out  
3           this section \$2,500,000 for each of fiscal years 2023  
4           through 2027.

5           “(e) COMMUNITY-BASED COALITION ENHANCEMENT  
6 GRANTS TO PREVENT UNDERAGE DRINKING.—

7           “(1) AUTHORIZATION OF PROGRAM.—The As-  
8           sistant Secretary for Mental Health and Substance  
9           Use, in consultation with the Director of the Office  
10          of National Drug Control Policy, shall award en-  
11          hancement grants to eligible entities to design, im-  
12          plement, evaluate, and disseminate comprehensive  
13          strategies to maximize the effectiveness of commu-  
14          nity-wide approaches to preventing and reducing un-  
15          derage drinking. This subsection is subject to the  
16          availability of appropriations.

17          “(2) PURPOSES.—The purposes of this sub-  
18          section are to—

19                 “(A) prevent and reduce alcohol use among  
20                 youth in communities throughout the United  
21                 States;

22                 “(B) strengthen collaboration among com-  
23                 munities, the Federal Government, Tribal Gov-  
24                 ernments, and State and local governments;

1           “(C) enhance intergovernmental coopera-  
2           tion and coordination on the issue of alcohol  
3           use among youth;

4           “(D) serve as a catalyst for increased citi-  
5           zen participation and greater collaboration  
6           among all sectors and organizations of a com-  
7           munity that first demonstrates a long-term  
8           commitment to reducing alcohol use among  
9           youth;

10          “(E) implement state-of-the-art science-  
11          based strategies to prevent and reduce underage  
12          drinking by changing local conditions in com-  
13          munities; and

14          “(F) enhance, not supplant, effective local  
15          community initiatives for preventing and reduc-  
16          ing alcohol use among youth.

17          “(3) APPLICATION.—An eligible entity desiring  
18          an enhancement grant under this subsection shall  
19          submit an application to the Assistant Secretary at  
20          such time, and in such manner, and accompanied by  
21          such information and assurances, as the Assistant  
22          Secretary may require. Each application shall in-  
23          clude—

24                 “(A) a complete description of the entity’s  
25                 current underage alcohol use prevention initia-

1           tives and how the grant will appropriately en-  
2           hance the focus on underage drinking issues; or

3           “(B) a complete description of the entity’s  
4           current initiatives, and how it will use this  
5           grant to enhance those initiatives by adding a  
6           focus on underage drinking prevention.

7           “(4) USES OF FUNDS.—Each eligible entity  
8           that receives a grant under this subsection shall use  
9           the grant funds to carry out the activities described  
10          in such entity’s application submitted pursuant to  
11          paragraph (3) and obtain specialized training and  
12          technical assistance by the entity funded under sec-  
13          tion 4 of Public Law 107–82, as amended (21  
14          U.S.C. 1521 note). Grants under this subsection  
15          shall not exceed \$60,000 per year and may not ex-  
16          ceed four years.

17          “(5) SUPPLEMENT NOT SUPPLANT.—Grant  
18          funds provided under this subsection shall be used to  
19          supplement, not supplant, Federal and non-Federal  
20          funds available for carrying out the activities de-  
21          scribed in this subsection.

22          “(6) EVALUATION.—Grants under this sub-  
23          section shall be subject to the same evaluation re-  
24          quirements and procedures as the evaluation re-

1 requirements and procedures imposed on recipients of  
2 drug-free community grants.

3 “(7) DEFINITIONS.—For purposes of this sub-  
4 section, the term ‘eligible entity’ means an organiza-  
5 tion that is currently receiving or has received grant  
6 funds under the Drug-Free Communities Act of  
7 1997.

8 “(8) ADMINISTRATIVE EXPENSES.—Not more  
9 than 6 percent of a grant under this subsection may  
10 be expended for administrative expenses.

11 “(9) AUTHORIZATION OF APPROPRIATIONS.—  
12 There is authorized to be appropriated to carry out  
13 this subsection \$11,500,000 for each of fiscal years  
14 2023 through 2027.

15 “(f) GRANTS TO PROFESSIONAL PEDIATRIC PRO-  
16 VIDER ORGANIZATIONS TO REDUCE UNDERAGE DRINK-  
17 ING THROUGH SCREENING AND BRIEF INTERVEN-  
18 TIONS.—

19 “(1) IN GENERAL.—The Secretary, acting  
20 through the Assistant Secretary for Mental Health  
21 and Substance Use, shall make one or more grants  
22 to professional pediatric provider organizations to in-  
23 crease among the members of such organizations ef-  
24 fective practices to reduce the prevalence of alcohol

1 use among individuals under the age of 21, including  
2 college students.

3 “(2) PURPOSES.—Grants under this subsection  
4 shall be made to promote the practices of—

5 “(A) screening adolescents for alcohol use;

6 “(B) offering brief interventions to adoles-  
7 cents to discourage such use;

8 “(C) educating parents about the dangers  
9 of and methods of discouraging such use;

10 “(D) diagnosing and treating alcohol use  
11 disorders; and

12 “(E) referring patients, when necessary, to  
13 other appropriate care.

14 “(3) USE OF FUNDS.—A professional pediatric  
15 provider organization receiving a grant under this  
16 section may use the grant funding to promote the  
17 practices specified in paragraph (2) among its mem-  
18 bers by—

19 “(A) providing training to health care pro-  
20 viders;

21 “(B) disseminating best practices, includ-  
22 ing culturally and linguistically appropriate best  
23 practices, and developing, printing, and distrib-  
24 uting materials; and

1           “(C) supporting other activities approved  
2           by the Assistant Secretary.

3           “(4) APPLICATION.—To be eligible to receive a  
4           grant under this subsection, a professional pediatric  
5           provider organization shall submit an application to  
6           the Assistant Secretary at such time, and in such  
7           manner, and accompanied by such information and  
8           assurances as the Secretary may require. Each ap-  
9           plication shall include—

10           “(A) a description of the pediatric provider  
11           organization;

12           “(B) a description of the activities to be  
13           completed that will promote the practices speci-  
14           fied in paragraph (2);

15           “(C) a description of the organization’s  
16           qualifications for performing such practices;  
17           and

18           “(D) a timeline for the completion of such  
19           activities.

20           “(5) DEFINITIONS.—For the purpose of this  
21           subsection:

22           “(A) BRIEF INTERVENTION.—The term  
23           ‘brief intervention’ means, after screening a pa-  
24           tient, providing the patient with brief advice  
25           and other brief motivational enhancement tech-



1           niques designed to increase the insight of the  
2           patient regarding the patient’s alcohol use, and  
3           any realized or potential consequences of such  
4           use to effect the desired related behavioral  
5           change.

6           “(B) ADOLESCENTS.—The term ‘adoles-  
7           cents’ means individuals under 21 years of age.

8           “(C) PROFESSIONAL PEDIATRIC PROVIDER  
9           ORGANIZATION.—The term ‘professional pedi-  
10          atric provider organization’ means an organiza-  
11          tion or association that—

12                 “(i) consists of or represents pediatric  
13                 health care providers; and

14                 “(ii) is qualified to promote the prac-  
15                 tices specified in paragraph (2).

16          “(D) SCREENING.—The term ‘screening’  
17          means using validated patient interview tech-  
18          niques to identify and assess the existence and  
19          extent of alcohol use in a patient.

20          “(6) AUTHORIZATION OF APPROPRIATIONS.—  
21          There is authorized to be appropriated to carry out  
22          this subsection \$3,000,000 for each of fiscal years  
23          2023 through 2027.

24          “(g) DATA COLLECTION AND RESEARCH.—

1           “(1) ADDITIONAL RESEARCH ON UNDERAGE  
2 DRINKING.—

3           “(A) IN GENERAL.—The Secretary shall,  
4 subject to the availability of appropriations, col-  
5 lect data, and conduct or support research that  
6 is not duplicative of research currently being  
7 conducted or supported by the Department of  
8 Health and Human Services, on underage  
9 drinking, with respect to the following:

10           “(i) Improve data collection in sup-  
11 port of evaluation of the effectiveness of  
12 comprehensive community-based programs  
13 or strategies and statewide systems to pre-  
14 vent and reduce underage drinking, across  
15 the underage years from early childhood to  
16 age 21, such as programs funded and im-  
17 plemented by governmental entities, public  
18 health interest groups and foundations,  
19 and alcohol beverage companies and trade  
20 associations, through the development of  
21 models of State-level epidemiological sur-  
22 veillance of underage drinking by funding  
23 in States or large metropolitan areas new  
24 epidemiologists focused on excessive drink-  
25 ing including underage alcohol use.

1           “(ii) Obtain and report more precise  
2 information than is currently collected on  
3 the scope of the underage drinking prob-  
4 lem and patterns of underage alcohol con-  
5 sumption, including improved knowledge  
6 about the problem and progress in pre-  
7 venting, reducing, and treating underage  
8 drinking, as well as information on the  
9 rate of exposure of youth to advertising  
10 and other media messages encouraging and  
11 discouraging alcohol consumption.

12           “(iii) Synthesize, expand on, and  
13 widely disseminate existing research on ef-  
14 fective strategies for reducing underage  
15 drinking, including translational research,  
16 and make this research easily accessible to  
17 the general public.

18           “(iv) Improve and conduct public  
19 health surveillance on alcohol use and alco-  
20 hol-related conditions in States by increas-  
21 ing the use of surveys, such as the Behav-  
22 ioral Risk Factor Surveillance System, to  
23 monitor binge and excessive drinking and  
24 related harms among individuals who are  
25 at least 18 years of age, but not more than

1           20 years of age, including harm caused to  
2           self or others as a result of alcohol use  
3           that is not duplicative of research currently  
4           being conducted or supported by the De-  
5           partment of Health and Human Services.

6           “(B) AUTHORIZATION OF APPROPRIA-  
7           TIONS.—There is authorized to be appropriated  
8           to carry out this paragraph \$5,000,000 for each  
9           of fiscal years 2023 through 2027.

10          “(2) NATIONAL ACADEMY OF SCIENCES  
11          STUDY.—

12                 “(A) IN GENERAL.—Not later than 12  
13                 months after the enactment of the Restoring  
14                 Hope for Mental Health and Well-Being Act of  
15                 2022, the Secretary shall—

16                         “(i) contract with the National Acad-  
17                         emy of Sciences to study developments in  
18                         research on underage drinking and the  
19                         public policy implications of these develop-  
20                         ments; and

21                         “(ii) report to the Congress on the re-  
22                         sults of such review.

23           “(B) AUTHORIZATION OF APPROPRIA-  
24           TIONS.—There is authorized to be appropriated

1 to carry out this paragraph \$500,000 for fiscal  
2 year 2023.”.

3 **SEC. 216. GRANTS FOR JAIL DIVERSION PROGRAMS.**

4 Section 520G of the Public Health Service Act (42  
5 U.S.C. 290bb–38) is amended—

6 (1) in subsection (a)—

7 (A) by striking “up to 125”; and

8 (B) by striking “tribes and tribal organiza-  
9 tions” and inserting “Tribes and Tribal organi-  
10 zations”;

11 (2) in subsection (b)(2), by striking “tribes, and  
12 tribal organizations” and inserting “Tribes, and  
13 Tribal organizations”;

14 (3) in subsection (c)—

15 (A) in paragraph (1), by striking “tribe or  
16 tribal organization” and inserting “Tribe or  
17 Tribal organization, health facility or program  
18 described in subsection (a), or public or non-  
19 profit entity referred to in subsection (a)”;

20 (B) in paragraph (2)(A)(iii), by striking  
21 “tribe, or tribal organization” and inserting  
22 “Tribe, or Tribal organization”;

23 (4) in subsection (e)—

1 (A) in the matter preceding paragraph (1),  
2 by striking “tribe, or tribal organization” and  
3 inserting “Tribe, or Tribal organization”; and

4 (B) in paragraph (5), by striking “or ar-  
5 rest” and inserting “, arrest, or release”;

6 (5) in subsection (f), by striking “tribe, or trib-  
7 al organization” each place it appears and inserting  
8 “Tribe, or Tribal organization”;

9 (6) in subsection (h), by striking “tribe, or trib-  
10 al organization” and inserting “Tribe, or Tribal or-  
11 ganization”; and

12 (7) in subsection (j), by striking “\$4,269,000  
13 for each of fiscal years 2018 through 2022” and in-  
14 serting “\$14,000,000 for each of fiscal years 2023  
15 through 2027”.

16 **SEC. 217. FORMULA GRANTS TO STATES.**

17 Section 521 of the Public Health Service Act (42  
18 U.S.C. 290cc–21) is amended by striking “2018 through  
19 2022” and inserting “2023 through 2027”.

20 **SEC. 218. PROJECTS FOR ASSISTANCE IN TRANSITION**  
21 **FROM HOMELESSNESS.**

22 Section 535(a) of the Public Health Service Act (42  
23 U.S.C. 290cc–35(a)) is amended by striking “2018  
24 through 2022” and inserting “2023 through 2027”.

1 **SEC. 219. GRANTS FOR REDUCING OVERDOSE DEATHS.**

2 Section 544 of the Public Health Service Act (42  
3 U.S.C. 290dd–3) is amended—

4 (1) in subsection (b)(1), by striking “abuse”  
5 and inserting “use disorder”; and

6 (2) in subsection (f), by striking “2017 through  
7 2021” and inserting “2023 through 2027”.

8 **SEC. 220. OPIOID OVERDOSE REVERSAL MEDICATION AC-**  
9 **CESS AND EDUCATION GRANT PROGRAMS.**

10 Section 545 of the Public Health Service Act (42  
11 U.S.C. 290ee) is amended—

12 (1) in subsection (c)(2), by striking “abuse”  
13 and inserting “use disorder”; and

14 (2) in subsection (h)(1), by striking “2017  
15 through 2019” and inserting “2023 through 2027”.

16 **SEC. 221. STATE DEMONSTRATION GRANTS FOR COM-**  
17 **PREHENSIVE OPIOID ABUSE RESPONSE.**

18 Section 548 of the Public Health Service Act (42  
19 U.S.C. 290ee–3) is amended—

20 (1) in the section heading, by striking  
21 “**ABUSE**” and inserting “**USE DISORDER**”;

22 (2) in subsection (b)—

23 (A) in the subsection heading, by striking  
24 “**ABUSE**” and inserting “**USE DISORDER**”;

25 (B) in paragraph (1), by striking “abuse”  
26 and inserting “use disorder”;

1 (C) in paragraph (2)—

2 (i) in the matter preceding subpara-  
3 graph (A), by striking “abuse” and insert-  
4 ing “use disorder”;

5 (ii) in subparagraph (A), by striking  
6 “opioid use, treatment, and addiction re-  
7 covery” and inserting “opioid use dis-  
8 orders, and treatment for, and recovery  
9 from opioid use disorders”;

10 (iii) in subparagraph (C), by striking  
11 “addiction” each place it appears and in-  
12 sserting “use disorder”;

13 (iv) by amending subparagraph (D) to  
14 read as follows:

15 “(D) developing, implementing, and ex-  
16 panding efforts to prevent overdose death from  
17 opioid or other prescription medication use dis-  
18 orders; and”;

19 (v) in subparagraph (E), by striking  
20 “abuse” and inserting “use disorders”;  
21 and

22 (D) in paragraph (4), by striking “abuse”  
23 each place it appears and inserting “use dis-  
24 orders”; and



1           (3) by striking “2017 through 2021” and in-  
2           serting “2023 through 2027”.

3 **SEC. 222. EMERGENCY DEPARTMENT ALTERNATIVES TO**  
4 **OPIOIDS.**

5           Section 7091 of the SUPPORT for Patients and  
6 Communities Act (Public Law 115–271) is amended—

7           (1) in the section heading, by striking “**DEM-**  
8 **ONSTRATION**”;

9           (2) in subsection (a)—

10           (A) by amending the subsection heading to  
11 read as follows: “GRANT PROGRAM”; and

12           (B) in paragraph (1), by striking “dem-  
13 onstration”;

14           (3) in subsection (b), in the subsection heading,  
15 by striking “DEMONSTRATION”;

16           (4) in subsection (d)(4), by striking “tribal”  
17 and inserting “Tribal”;

18           (5) in subsection (f), by striking “Not later  
19 than 1 year after completion of the demonstration  
20 program under this section, the Secretary shall sub-  
21 mit a report to the Congress on the results of the  
22 demonstration program” and inserting “Not later  
23 than the end of each of fiscal years 2024 and 2027,  
24 the Secretary shall submit to the Congress a report  
25 on the results of the program”; and

1 (6) in subsection (g), by striking “2019 through  
2 2021” and inserting “2023 through 2027”.

3 **Subtitle C—Excellence in Recovery**  
4 **Housing**

5 **SEC. 231. CLARIFYING THE ROLE OF SAMHSA IN PRO-**  
6 **MOTING THE AVAILABILITY OF HIGH-QUAL-**  
7 **ITY RECOVERY HOUSING.**

8 Section 501(d) of the Public Health Service Act (42  
9 U.S.C. 290aa) is amended—

10 (1) in paragraph (24)(E), by striking “and” at  
11 the end;

12 (2) in paragraph (25), by striking the period at  
13 the end and inserting “; and”; and

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

15 “(26) collaborate with national accrediting enti-  
16 ties, reputable providers, organizations or individuals  
17 with established expertise in delivery of recovery  
18 housing services, States, Federal agencies (including  
19 the Department of Health and Human Services, the  
20 Department of Housing and Urban Development,  
21 and the agencies listed in section 550(e)(2)(B)), and  
22 other relevant stakeholders, to promote the avail-  
23 ability of high-quality recovery housing and services  
24 for individuals with a substance use disorder.”.

1 **SEC. 232. DEVELOPING GUIDELINES FOR STATES TO PRO-**  
2 **MOTE THE AVAILABILITY OF HIGH-QUALITY**  
3 **RECOVERY HOUSING.**

4 Section 550(a) of the Public Health Service Act (42  
5 U.S.C. 290ee-5(a)) (relating to national recovery housing  
6 best practices) is amended—

7 (1) by amending paragraph (1) to read as fol-  
8 lows:

9 “(1) IN GENERAL.—The Secretary, in consulta-  
10 tion with the individuals and entities specified in  
11 paragraph (2), shall build on existing best practices  
12 and previously developed guidelines to develop and  
13 periodically update consensus-based best practices,  
14 which may include model laws for implementing sug-  
15 gested minimum standards for operating, and pro-  
16 moting the availability of, high-quality recovery  
17 housing.”;

18 (2) in paragraph (2)—

19 (A) by striking subparagraphs (A) and (B)  
20 and inserting the following:

21 “(A) Officials representing the agencies de-  
22 scribed in subsection (e)(2).”; and

23 (B) by redesignating subparagraphs (C)  
24 through (G) as subparagraphs (B) through (F),  
25 respectively; and

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

1           “(3) AVAILABILITY.—The best practices re-  
2           ferred to in paragraph (1) shall be—

3                   “(A) made publicly available; and

4                   “(B) published on the public website of the  
5           Substance Abuse and Mental Health Services  
6           Administration.

7           “(4) EXCLUSION OF GUIDELINE ON TREAT-  
8           MENT SERVICES.—In developing the guidelines  
9           under paragraph (1), the Secretary may not include  
10          any guidelines with respect to substance use disorder  
11          treatment services.”.

12 **SEC. 233. COORDINATION OF FEDERAL ACTIVITIES TO PRO-**  
13                   **MOTE THE AVAILABILITY OF RECOVERY**  
14                   **HOUSING.**

15          Section 550 of the Public Health Service Act (42  
16 U.S.C. 290ee–5) (relating to national recovery housing  
17 best practices) is amended—

18           (1) by redesignating subsections (e), (f), and  
19           (g) as subsections (g), (h), and (i), respectively; and

20           (2) by inserting after subsection (d) the fol-  
21          lowing:

22          “(e) COORDINATION OF FEDERAL ACTIVITIES TO  
23 PROMOTE THE AVAILABILITY OF HOUSING FOR INDIVID-  
24 UALS EXPERIENCING HOMELESSNESS, INDIVIDUALS

1 WITH A MENTAL ILLNESS, AND INDIVIDUALS WITH A  
2 SUBSTANCE USE DISORDER.—

3 “(1) IN GENERAL.—The Secretary, acting  
4 through the Assistant Secretary, and the Secretary  
5 of Housing and Urban Development shall convene  
6 an interagency working group for the following pur-  
7 poses:

8 “(A) To increase collaboration, coopera-  
9 tion, and consultation among the Department  
10 of Health and Human Services, the Department  
11 of Housing and Urban Development, and the  
12 Federal agencies listed in paragraph (2)(B),  
13 with respect to promoting the availability of  
14 housing, including recovery housing, for individ-  
15 uals experiencing homelessness, individuals with  
16 mental illnesses, and individuals with substance  
17 use disorder.

18 “(B) To align the efforts of such agencies  
19 and avoid duplication of such efforts by such  
20 agencies.

21 “(C) To develop objectives, priorities, and  
22 a long-term plan for supporting State, Tribal,  
23 and local efforts with respect to the operation  
24 of recovery housing that is consistent with the  
25 best practices developed under this section.

1           “(D) To coordinate enforcement of fair  
2           housing practices, as appropriate, among Fed-  
3           eral and State agencies.

4           “(E) To coordinate data collection on the  
5           quality of recovery housing.

6           “(2) COMPOSITION.—The interagency working  
7           group under paragraph (1) shall be composed of—

8           “(A) the Secretary, acting through the As-  
9           sistant Secretary, and the Secretary of Housing  
10          and Urban Development, who shall serve as the  
11          co-chairs; and

12          “(B) representatives of each of the fol-  
13          lowing Federal agencies:

14                 “(i) The Centers for Medicare & Med-  
15                 icaid Services.

16                 “(ii) The Substance Abuse and Men-  
17                 tal Health Services Administration.

18                 “(iii) The Health Resources and Serv-  
19                 ices Administration.

20                 “(iv) The Office of Inspector General.

21                 “(v) The Indian Health Service.

22                 “(vi) The Department of Agriculture.

23                 “(vii) The Department of Justice.

24                 “(viii) The Office of National Drug  
25                 Control Policy.

1                   “(ix) The Bureau of Indian Affairs.

2                   “(x) The Department of Labor.

3                   “(xi) Any other Federal agency as the  
4                   co-chairs determine appropriate.

5                   “(3) MEETINGS.—The working group shall  
6                   meet on a quarterly basis.

7                   “(4) REPORTS TO CONGRESS.—Not later than  
8                   4 years after the date of the enactment of this sec-  
9                   tion, the working group shall submit to the Com-  
10                  mittee on Energy and Commerce, the Committee on  
11                  Ways and Means, the Committee on Agriculture,  
12                  and the Committee on Financial Services of the  
13                  House of Representatives and the Committee on  
14                  Health, Education, Labor, and Pensions, the Com-  
15                  mittee on Agriculture, Nutrition, and Forestry, and  
16                  the Committee on Finance of the Senate a report  
17                  describing the work of the working group and any  
18                  recommendations of the working group to improve  
19                  Federal, State, and local coordination with respect  
20                  to recovery housing and other housing resources and  
21                  operations for individuals experiencing homelessness,  
22                  individuals with a mental illness, and individuals  
23                  with a substance use disorder.”.

1 **SEC. 234. NAS STUDY AND REPORT.**

2 (a) IN GENERAL.—Not later than 60 days after the  
3 date of enactment of this Act, the Secretary of Health and  
4 Human Services, acting through the Assistant Secretary  
5 for Mental Health and Substance Use shall—

6 (1) contract with the National Academies of  
7 Sciences, Engineering, and Medicine—

8 (A) to study the quality and effectiveness  
9 of recovery housing in the United States and  
10 whether the availability of such housing meets  
11 demand; and

12 (B) to identify recommendations to pro-  
13 mote the availability of high-quality recovery  
14 housing; and

15 (2) report to the Congress on the results of  
16 such review.

17 (b) AUTHORIZATION OF APPROPRIATIONS.—To carry  
18 out this section there is authorized to be appropriated  
19 \$1,500,000 for fiscal year 2023.

20 **SEC. 235. GRANTS FOR STATES TO PROMOTE THE AVAIL-**  
21 **ABILITY OF RECOVERY HOUSING AND SERV-**  
22 **ICES.**

23 Section 550 of the Public Health Service Act (42  
24 U.S.C. 290ee–5) (relating to national recovery housing  
25 best practices), as amended by sections 232 and 233, is



1 further amended by inserting after subsection (e) (as in-  
2 serted by section 233) the following:

3 “(f) GRANTS FOR IMPLEMENTING NATIONAL RECOV-  
4 ERY HOUSING BEST PRACTICES.—

5 “(1) IN GENERAL.—The Secretary shall award  
6 grants to States (and political subdivisions thereof),  
7 Tribes, and territories—

8 “(A) for the provision of technical assist-  
9 ance to implement the guidelines and rec-  
10 ommendations developed under subsection (a);  
11 and

12 “(B) to promote—

13 “(i) the availability of recovery hous-  
14 ing for individuals with a substance use  
15 disorder; and

16 “(ii) the maintenance of recovery  
17 housing in accordance with best practices  
18 developed under this section.

19 “(2) STATE PROMOTION PLANS.—Not later  
20 than 90 days after receipt of a grant under para-  
21 graph (1), and every 2 years thereafter, each State  
22 (or political subdivisions thereof,) Tribe, or territory  
23 receiving a grant under paragraph (1) shall submit  
24 to the Secretary, and publish on a publicly accessible

1 Internet website of the State (or political subdivi-  
2 sions thereof), Tribe, or territory—

3 “(A) the plan of the State (or political sub-  
4 divisions thereof), Tribe, or territory, with re-  
5 spect to the promotion of recovery housing for  
6 individuals with a substance use disorder lo-  
7 cated within the jurisdiction of such State (or  
8 political subdivisions thereof), Tribe, or terri-  
9 tory; and

10 “(B) a description of how such plan is con-  
11 sistent with the best practices developed under  
12 this section.”.

13 **SEC. 236. FUNDING.**

14 Subsection (i) of section 550 of the Public Health  
15 Service Act (42 U.S.C. 290ee–5) (relating to national re-  
16 covery housing best practices), as redesignated by section  
17 233, is amended by striking “\$3,000,000 for the period  
18 of fiscal years 2019 through 2021” and inserting  
19 “\$5,000,000 for the period of fiscal years 2023 through  
20 2027”.

21 **SEC. 237. TECHNICAL CORRECTION.**

22 Title V of the Public Health Service Act (42 U.S.C.  
23 290aa et seq.) is amended—

24 (1) by redesignating section 550 (relating to  
25 Sobriety Treatment and Recovery Teams) (42

1 U.S.C. 290ee–10), as added by section 8214 of Pub-  
2 lic Law 115–271, as section 550A; and

3 (2) by moving such section so it appears after  
4 section 550 (relating to national recovery housing  
5 best practices).

6 **Subtitle D—Substance Use Preven-**  
7 **tion, Treatment, and Recovery**  
8 **Services Block Grant**

9 **SEC. 241. ELIMINATING STIGMATIZING LANGUAGE RELAT-**  
10 **ING TO SUBSTANCE USE.**

11 (a) BLOCK GRANTS FOR PREVENTION AND TREAT-  
12 MENT OF SUBSTANCE USE.—Part B of title XIX of the  
13 Public Health Service Act (42 U.S.C. 300x et seq.) is  
14 amended—

15 (1) in the part heading, by striking “**SUB-**  
16 **STANCE ABUSE**” and inserting “**SUBSTANCE**  
17 **USE**”;

18 (2) in subpart II, by amending the subpart  
19 heading to read as follows: “**Block Grants for**  
20 **Substance Use Prevention, Treatment,**  
21 **and Recovery Services**”;

22 (3) in section 1922(a) (42 U.S.C. 300x–  
23 22(a))—

24 (A) in paragraph (1), in the matter pre-  
25 ceding subparagraph (A), by striking “sub-

1           stance abuse” and inserting “substance use dis-  
2           orders”; and

3           (B) by striking “such abuse” each place it  
4           appears in paragraphs (1) and (2) and insert-  
5           ing “such disorders”;

6           (4) in section 1923 (42 U.S.C. 300x-23)—

7           (A) in the section heading, by striking  
8           “**SUBSTANCE ABUSE**” and inserting “**SUB-**  
9           **STANCE USE**”; and

10          (B) in subsections (a) and (b), by striking  
11          “drug abuse” and inserting “substance use dis-  
12          orders”;

13          (5) in section 1925(a)(1) (42 U.S.C. 300x-  
14          25(a)(1)), by striking “alcohol or drug abuse” and  
15          inserting “alcohol or other substance use disorders”;

16          (6) in section 1926(b)(2)(B) (42 U.S.C. 300x-  
17          26(b)(2)(B)), by striking “substance abuse”;

18          (7) in section 1931(b)(2) (42 U.S.C. 300x-  
19          31(b)(2)), by striking “substance abuse” and insert-  
20          ing “substance use disorders”;

21          (8) in section 1933(d)(1) (42 U.S.C. 300x-  
22          33(d)), in the matter following subparagraph (B), by  
23          striking “abuse of alcohol and other drugs” and in-  
24          serting “use of substances”;

1           (9) by amending paragraph (4) of section 1934  
2           (42 U.S.C. 300x-34) to read as follows:

3           “(4) The term ‘substance use disorder’ means  
4           the recurrent use of alcohol or other drugs that  
5           causes clinically significant impairment.”;

6           (10) in section 1935 (42 U.S.C. 300x-35)—

7           (A) in subsection (a), by striking “sub-  
8           stance abuse” and inserting “substance use dis-  
9           orders”; and

10          (B) in subsection (b)(1), by striking “sub-  
11          stance abuse” each place it appears and insert-  
12          ing “substance use disorders”;

13          (11) in section 1949 (42 U.S.C. 300x-59), by  
14          striking “substance abuse” each place it appears in  
15          subsections (a) and (d) and inserting “substance use  
16          disorders”;

17          (12) in section 1954(b)(4) (42 U.S.C. 300x-  
18          64(b)(4))—

19          (A) by striking “substance abuse” each  
20          place it appears and inserting “substance use  
21          disorders”; and

22          (B) by striking “such abuse” and inserting  
23          “such disorders”;

1           (13) in section 1955 (42 U.S.C. 300x–65), by  
2           striking “substance abuse” each place it appears  
3           and inserting “substance use disorder”; and

4           (14) in section 1956 (42 U.S.C. 300x–66), by  
5           striking “substance abuse” each place it appears  
6           and inserting “substance use disorders”.

7           (b) CERTAIN PROGRAMS REGARDING MENTAL  
8 HEALTH AND SUBSTANCE ABUSE.—Part C of title XIX  
9 of the Public Health Service Act (42 U.S.C. 300y et seq.)  
10 is amended—

11           (1) in the part heading, by striking “**SUB-**  
12           **STANCE ABUSE**” and inserting “**SUBSTANCE**  
13           **USE**”;

14           (2) in section 1971 (42 U.S.C. 300y), by strik-  
15           ing “substance abuse” each place it appears in sub-  
16           sections (a), (b), and (f) and inserting “substance  
17           use”; and

18           (3) in section 1976 (42 U.S.C. 300y–11), by  
19           striking “intravenous abuse” and inserting “intra-  
20           venous use”.

21 **SEC. 242. AUTHORIZED ACTIVITIES.**

22           Section 1921(b) of the Public Health Service Act (42  
23 U.S.C. 300x–21(b)) is amended by striking “prevent and  
24 treat substance use disorders” and inserting “prevent,

1 treat, and provide recovery support services for substance  
2 use disorders”.

3 **SEC. 243. REQUIREMENTS RELATING TO CERTAIN INFEC-**  
4 **TIOUS DISEASES AND HUMAN IMMUNO-**  
5 **DEFICIENCY VIRUS.**

6 Section 1924 of the Public Health Service Act (42  
7 U.S.C. 300x-24) is amended—

8 (1) in the section heading, by striking “**TUBER-**  
9 **CULOSIS AND HUMAN IMMUNODEFICIENCY**  
10 **VIRUS**” and inserting “**TUBERCULOSIS, VIRAL**  
11 **HEPATITIS, AND HUMAN IMMUNODEFICIENCY**  
12 **VIRUS**”;

13 (2) by amending subsection (a)(2) to read as  
14 follows:

15 “(2) DESIGNATED STATES.—

16 “(A) FISCAL YEARS THROUGH FISCAL  
17 YEAR 2024.—For purposes of this subsection,  
18 through September 30, 2024, a State described  
19 in this paragraph is any State whose rate of  
20 cases of acquired immune deficiency syndrome  
21 is 10 or more such cases per 100,000 individ-  
22 uals (as indicated by the number of such cases  
23 reported to and confirmed by the Director of  
24 the Centers for Disease Control and Prevention

1 for the most recent calendar year for which  
2 such data are available).

3 “(B) FISCAL YEAR 2025 AND SUCCEEDING  
4 FISCAL YEARS.—

5 “(i) IN GENERAL.—Beginning with  
6 fiscal year 2025, for purposes of this sub-  
7 section, a State described in this para-  
8 graph is any State whose rate of cases of  
9 human immunodeficiency virus is 10 or  
10 more such cases per 100,000 individuals  
11 (as indicated by the number of such cases  
12 newly reported to and confirmed by the Di-  
13 rector of the Centers for Disease Control  
14 and Prevention for the most recent cal-  
15 endar year for which such data are avail-  
16 able).

17 “(ii) CONTINUATION OF DESIGNATED  
18 STATE STATUS.—In the case of a State  
19 whose rate of cases of human immuno-  
20 deficiency virus falls below the threshold  
21 specified in clause (i) for a calendar year,  
22 such State shall, notwithstanding clause  
23 (i), continue to be described in this para-  
24 graph unless the rate of cases falls below



1           such threshold for three consecutive cal-  
2           endar years.”.

3           (3) by redesignating subsections (c) and (d) as  
4           subsections (d) and (e), respectively; and

5           (4) by inserting after subsection (b) the fol-  
6           lowing:

7           “(c) VIRAL HEPATITIS.—

8           “(1) IN GENERAL.—A funding agreement for a  
9           grant under section 1921 is that the State involved  
10          will require that any entity receiving amounts from  
11          the grant for operating a program of treatment for  
12          substance use disorders—

13                 “(A) will, directly or through arrangements  
14                 with other public or nonprofit private entities,  
15                 routinely make available viral hepatitis services  
16                 to each individual receiving treatment for such  
17                 disorders; and

18                 “(B) in the case of an individual in need  
19                 of such treatment who is denied admission to  
20                 the program on the basis of the lack of the ca-  
21                 pacity of the program to admit the individual,  
22                 will refer the individual to another provider of  
23                 viral hepatitis services.

1           “(2) VIRAL HEPATITIS SERVICES.—For pur-  
2           poses of paragraph (1), the term ‘viral hepatitis  
3           services’, with respect to an individual, means—

4                   “(A) screening the individual for viral hep-  
5                   atitis; and

6                   “(B) referring the individual to a provider  
7                   whose practice includes viral hepatitis vaccina-  
8                   tion and treatment.”.

9   **SEC. 244. STATE PLAN REQUIREMENTS.**

10          Section 1932(b)(1)(A) of the Public Health Service  
11   Act (42 U.S.C. 300x-32(b)(1)(A)) is amended—

12               (1) by redesignating clauses (vi) through (ix) as  
13               clauses (vii) through (x), respectively; and

14               (2) by inserting after clause (v) the following:

15                   “(vi) provides a description of—

16                           “(I) the State’s comprehensive  
17                           statewide recovery support services ac-  
18                           tivities, including the number of indi-  
19                           viduals being served, target popu-  
20                           lations, and priority needs; and

21                           “(II) the amount of funds re-  
22                           ceived under this subpart expended on  
23                           recovery           support           services,  
24                           disaggregated by the amount ex-  
25                           pended for type of service activity;”.

1 **SEC. 245. UPDATING CERTAIN LANGUAGE RELATING TO**  
2 **TRIBES.**

3 Section 1933(d) of the Public Health Service Act (42  
4 U.S.C. 300x-33(d)) is amended—

5 (1) in the subsection heading, by striking  
6 “TRIBES AND TRIBAL ORGANIZATIONS” and insert-  
7 ing “TRIBES AND TRIBAL ORGANIZATIONS”;

8 (2) in paragraph (1)—

9 (A) in subparagraph (A)—

10 (i) by striking “of an Indian tribe or  
11 tribal organization” and inserting “of an  
12 Indian Tribe or Tribal organization”; and

13 (ii) by striking “such tribe” and in-  
14 serting “such Tribe”;

15 (B) in subparagraph (B)—

16 (i) by striking “tribe or tribal organi-  
17 zation” and inserting “Tribe or Tribal or-  
18 ganization”; and

19 (ii) by striking “Secretary under this”  
20 and inserting “Secretary under this sub-  
21 part”; and

22 (C) in the matter following subparagraph  
23 (B), by striking “tribe or tribal organization”  
24 and inserting “Tribe or Tribal organization”;

25 (3) by amending paragraph (2) to read as fol-  
26 lows:

1           “(2) INDIAN TRIBE OR TRIBAL ORGANIZATION  
2 AS GRANTEE.—The amount reserved by the Sec-  
3 retary on the basis of a determination under this  
4 subsection shall be granted to the Indian Tribe or  
5 Tribal organization serving the individuals for whom  
6 such a determination has been made.”;

7           (4) in paragraph (3), by striking “tribe or trib-  
8 al organization” and inserting “Tribe or Tribal or-  
9 ganization”; and

10           (5) in paragraph (4)—

11           (A) in the paragraph heading, by striking  
12 “DEFINITION” and inserting “DEFINITIONS”;  
13 and

14           (B) by striking “The terms” and all that  
15 follows through “given such terms” and insert-  
16 ing the following: “The terms ‘Indian Tribe’  
17 and ‘Tribal organization’ have the meanings  
18 given the terms ‘Indian tribe’ and ‘tribal orga-  
19 nization’”.

20 **SEC. 246. BLOCK GRANTS FOR SUBSTANCE USE PREVEN-**  
21 **TION, TREATMENT, AND RECOVERY SERV-**  
22 **ICES.**

23           (a) IN GENERAL.—Section 1935(a) of the Public  
24 Health Service Act (42 U.S.C. 300x–35(a)), as amended  
25 by section 241, is further amended by striking “appro-

1 priated” and all that follows through “2022..” and insert-  
2 ing the following: “appropriated \$1,908,079,000 for each  
3 of fiscal years 2023 through 2027.”.

4 (b) TECHNICAL CORRECTIONS.—Section  
5 1935(b)(1)(B) of the Public Health Service Act (42  
6 U.S.C. 300x–35(b)(1)(B)) is amended by striking “the  
7 collection of data in this paragraph is”.

8 **SEC. 247. REQUIREMENT OF REPORTS AND AUDITS BY**  
9 **STATES.**

10 Section 1942(a) of the Public Health Service Act (42  
11 U.S.C. 300x–52(a)) is amended—

12 (1) in paragraph (1), by striking “and” at the  
13 end;

14 (2) in paragraph (2), by striking the period at  
15 the end and inserting “; and”; and

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

17 “(3) the amount provided to each recipient in  
18 the previous fiscal year.”.

19 **SEC. 248. STUDY ON ASSESSMENT FOR USE IN DISTRIBUTION**  
20 **OF LIMITED STATE RESOURCES.**

21 (a) IN GENERAL.—The Secretary of Health and  
22 Human Services, acting through the Assistant Secretary  
23 for Mental Health and Substance Use (in this section re-  
24 ferred to as the “Secretary”), shall, in consultation with  
25 States and other local entities providing prevention, treat-

1 ment, or recovery support services related to substance  
2 use, conduct a study to develop a model needs assessment  
3 process for States to consider to help determine how best  
4 to allocate block grant funding received under subpart II  
5 of part B of title XIX of the Public Health Service Act  
6 (42 U.S.C. 300x-21) to provide services to substance use  
7 disorder prevention, treatment, and recovery support. The  
8 study must include cost estimates with each model needs  
9 assessment process.

10 (b) REPORT.—Not later than 2 years after the date  
11 of the enactment of this Act, the Secretary shall submit  
12 to the Committee on Energy and Commerce of the House  
13 of Representatives and the Committee on Health, Edu-  
14 cation, Labor and Pensions of the Senate a report on the  
15 results of the study conducted under paragraph (1).

16 **Subtitle E—Timely Treatment for**  
17 **Opioid Use Disorder**

18 **SEC. 251. REVISE OPIOID TREATMENT PROGRAM ADMIS-**  
19 **SION CRITERIA TO ELIMINATE REQUIRE-**  
20 **MENT THAT PATIENTS HAVE AN OPIOID USE**  
21 **DISORDER FOR AT LEAST 1 YEAR.**

22 Not later than 180 days after the date of enactment  
23 of this Act, the Secretary of Health and Human Services  
24 shall revise section 8.12(e)(1) of title 42, Code of Federal  
25 Regulations (or successor regulations), to eliminate the re-

1 requirement that an opioid treatment program only admit  
2 an individual for treatment under the program if the indi-  
3 vidual has been addicted to opioids for at least 1 year be-  
4 fore being so admitted for treatment.

5 **SEC. 252. STUDY ON EXEMPTIONS FOR TREATMENT OF**  
6 **OPIOID USE DISORDER THROUGH OPIOID**  
7 **TREATMENT PROGRAMS DURING THE COVID-**  
8 **19 PUBLIC HEALTH EMERGENCY.**

9 (a) STUDY.—The Assistant Secretary for Mental  
10 Health and Substance Use shall conduct a study, in con-  
11 sultation with patients and other stakeholders, on activi-  
12 ties carried out pursuant to exemptions granted—

13 (1) to a State (including the District of Colum-  
14 bia or any territory of the United States) or an  
15 opioid treatment program;

16 (2) pursuant to section 8.11(h) of title 42, Code  
17 of Federal Regulations; and

18 (3) during the period—

19 (A) beginning on the declaration of the  
20 public health emergency for the COVID–19  
21 pandemic under section 319 of the Public  
22 Health Service Act (42 U.S.C. 274); and

23 (B) ending on the earlier of—

1 (i) the termination of such public  
2 health emergency, including extensions  
3 thereof pursuant to such section 319; and

4 (ii) the end of calendar year 2022.

5 (b) PRIVACY.—The section does not authorize the  
6 disclosure by the Department of Health and Human Serv-  
7 ices of individually identifiable information about patients.

8 (c) FEEDBACK.—In conducting the study under sub-  
9 section (a), the Assistant Secretary for Mental Health and  
10 Substance Use shall gather feedback from the States and  
11 opioid treatment programs on their experiences in imple-  
12 menting exemptions described in subsection (a).

13 (d) REPORT.—Not later than 180 days after the end  
14 of the period described in subsection (a)(3)(B), and sub-  
15 ject to subsection (c), the Assistant Secretary for Mental  
16 Health and Substance Use shall publish a report on the  
17 results of the study under this section.

18 **SEC. 253. CHANGES TO FEDERAL OPIOID TREATMENT**  
19 **STANDARDS.**

20 (a) MOBILE MEDICATION UNITS.—Section 302(e) of  
21 the Controlled Substances Act (21 U.S.C. 822(e)) is  
22 amended by adding at the end the following:

23 “(3) Notwithstanding paragraph (1), a registrant  
24 that is dispensing pursuant to section 303(g) narcotic  
25 drugs to individuals for maintenance treatment or detoxi-



1 fication treatment shall not be required to have a separate  
2 registration to incorporate one or more mobile medication  
3 units into the registrant's practice to dispense such nar-  
4 cotics at locations other than the registrant's principal  
5 place of business or professional practice described in  
6 paragraph (1), so long as the registrant meets such stand-  
7 ards for operation of a mobile medication unit as the At-  
8 torney General may establish.”.

9 (b) FINAL REGULATION ON PERIODS FOR TAKE-  
10 HOME SUPPLY REQUIREMENTS.—

11 (1) IN GENERAL.—Not later than two years  
12 after the date of enactment of this Act, the Sec-  
13 retary of Health and Human Services shall promul-  
14 gate a final regulation amending paragraphs (i)(3)(i)  
15 through (i)(3)(vi) of section 8.12 of title 42, Code of  
16 Federal Regulations, as appropriate based on the  
17 findings of the study under section 252 of this Act.

18 (2) CRITERIA.—The regulation under para-  
19 graph (1) shall establish relevant criteria for the  
20 medical director of an opioid treatment program, or  
21 a medical practitioner appropriately licensed by the  
22 State to prescribe or dispense controlled medica-  
23 tions, to determine whether a patient is stable and  
24 may qualify for unsupervised use, which criteria  
25 shall include each of the following:

1 (A) Whether the benefits of providing un-  
2 supervised doses to a patient outweigh the  
3 risks.

4 (B) The patient's demonstrated adherence  
5 to their treatment plan.

6 (C) The patient's history of negative toxicology tests.

8 (D) Whether there is an absence of serious  
9 behavioral problems.

10 (E) The patient's stability in living ar-  
11 rangements and social relationships.

12 (F) Whether there is an absence of sub-  
13 stance misuse-related behaviors.

14 (G) Whether there is an absence of recent  
15 diversion activity.

16 (H) Whether there is an assurance that  
17 the medication can be safely stored by the pa-  
18 tient.

19 (I) Any other criterion the Secretary of  
20 Health and Human Services determines appro-  
21 priate.

22 (3) PROHIBITED SOLE CONSIDERATION.—The  
23 regulation under paragraph (1) shall prohibit the  
24 medical director of an opioid treatment program  
25 from considering, as the sole consideration in deter-

1 mining whether a patient is sufficiently responsible  
2 in handling opioid drugs for unsupervised use,  
3 whether the patient has an absence of recent misuse  
4 of drugs (whether narcotic or nonnarcotic), including  
5 alcohol.

6 **TITLE III—ACCESS TO MENTAL**  
7 **HEALTH CARE AND COVERAGE**  
8 **Subtitle A—Collaborate in an**  
9 **Orderly and Cohesive Manner**

10 **SEC. 301. INCREASING UPTAKE OF THE COLLABORATIVE**  
11 **CARE MODEL.**

12 Section 520K of the Public Health Service Act (42  
13 U.S.C. 290bb-42) is amended to read as follows:

14 **“SEC. 520K. INTEGRATION INCENTIVE GRANTS AND COOP-**  
15 **ERATIVE AGREEMENTS.**

16 “(a) DEFINITIONS.—In this section:

17 “(1) COLLABORATIVE CARE MODEL.—The term  
18 ‘collaborative care model’ means the evidence-based,  
19 integrated behavioral health service delivery method  
20 that—

21 “(A) is described on page 80230 of volume  
22 81 of the Federal Register (November 15,  
23 2016), which includes a formal collaborative ar-  
24 rangement among a primary care team con-

1           sisting of a primary care provider, a care man-  
2           ager, and a psychiatric consultant; and

3           “(B) includes the following elements:

4                   “(i) Care directed by the primary care  
5           team.

6                   “(ii) Structured care management.

7                   “(iii) Regular assessments of clinical  
8           status using developmentally appropriate,  
9           validated tools.

10                   “(iv) Modification of treatment as ap-  
11           propriate.

12           “(2) ELIGIBLE ENTITY.—The term ‘eligible en-  
13           tity’ means a State, or an appropriate State agency,  
14           in collaboration with—

15                   “(A) 1 or more qualified community pro-  
16           grams as described in section 1913(b)(1);

17                   “(B) 1 or more health centers as defined  
18           in section 330(a); or

19                   “(C) 1 or more primary health care prac-  
20           tices.

21           “(3) INTEGRATED CARE; BIDIRECTIONAL INTE-  
22           GRATED CARE.—

23                   “(A) The term ‘integrated care’ means  
24           models or practices for coordinating and jointly  
25           delivering behavioral and physical health serv-

1           ices, which may include practices that share the  
2           same space in the same facility.

3           “(B) The term ‘bidirectional integrated  
4           care’ means the integration of behavioral health  
5           care and specialty physical health care, and the  
6           integration of primary and physical health care  
7           into specialty behavioral health settings.

8           “(4) PRIMARY HEALTH CARE PHYSICIAN.—The  
9           term ‘primary health care physician’ means a physi-  
10          cian who—

11           “(A) provides health services related to  
12          family medicine, internal medicine, pediatrics,  
13          obstetrics, gynecology, or geriatrics; or

14           “(B) is a doctor of medicine or osteopathy  
15          who is licensed to practice medicine by the  
16          State in which such physician primarily prac-  
17          tices.

18           “(5) PRIMARY HEALTH CARE PRACTICE.—The  
19          term ‘primary health care practice’ means a medical  
20          practice of primary health care physicians, including  
21          a practice within a larger health care system.

22           “(6) SPECIAL POPULATION.—The term ‘special  
23          population’, for an eligible entity that is collabo-  
24          rating with an entity described in subparagraph (A)  
25          or (B) of paragraph (3), means—

1           “(A) adults with a mental illness who have  
2           a co-occurring physical health condition or  
3           chronic disease;

4           “(B) adults with a serious mental illness  
5           who have a co-occurring physical health condi-  
6           tion or chronic disease;

7           “(C) children and adolescents with a men-  
8           tal illness who have a co-occurring physical  
9           health condition or chronic disease;

10           “(D) individuals with a substance use dis-  
11           order; or

12           “(E) individuals with a mental illness who  
13           have a co-occurring substance use disorder.

14           “(b) GRANTS AND COOPERATIVE AGREEMENTS.—

15           “(1) IN GENERAL.—The Secretary may award  
16           grants and cooperative agreements to eligible entities  
17           to support the improvement of integrated care for  
18           physical and behavioral health care in accordance  
19           with paragraph (2).

20           “(2) USE OF FUNDS.—A grant or cooperative  
21           agreement awarded under this section shall be  
22           used—

23           “(A) in the case of an eligible entity that  
24           is collaborating with an entity described in sub-  
25           paragraph (A) or (B) of subsection (a)(2)—

1           “(i) to promote full integration and  
2           collaboration in clinical practices between  
3           physical and behavioral health care for spe-  
4           cial populations including each population  
5           listed in subsection (a)(7);

6           “(ii) to support the improvement of  
7           integrated care models for physical and be-  
8           havioral health care to improve the overall  
9           wellness and physical health status of—

10                   “(I) adults with a serious mental  
11                   illness or children with a serious emo-  
12                   tional disturbance; and

13                   “(II) individuals with a substance  
14                   use disorder; and

15           “(iii) to promote bidirectional inte-  
16           grated care services including screening,  
17           diagnosis, prevention, treatment, and re-  
18           covery of mental and substance use dis-  
19           orders, and co-occurring physical health  
20           conditions and chronic diseases; and

21           “(B) in the case of an eligible entity that  
22           is collaborating with a primary health care  
23           practice, to support the uptake of the collabo-  
24           rative care model, including by—

25                   “(i) hiring staff;

1           “(ii) identifying and formalizing con-  
2           tractual relationships with other health  
3           care providers, including providers who will  
4           function as psychiatric consultants and be-  
5           havioral health care managers in providing  
6           behavioral health integration services  
7           through the collaborative care model;

8           “(iii) purchasing or upgrading soft-  
9           ware and other resources needed to appro-  
10          priately provide behavioral health integra-  
11          tion services through the collaborative care  
12          model, including resources needed to estab-  
13          lish a patient registry and implement  
14          measurement-based care; and

15          “(iv) for such other purposes as the  
16          Secretary determines to be necessary.

17          “(c) APPLICATIONS.—

18                 “(1) IN GENERAL.—An eligible entity that is  
19                 collaborating with an entity described in subpara-  
20                 graph (A) or (B) of subsection (a)(2) seeking a  
21                 grant or cooperative agreement under subsection  
22                 (b)(2)(A) shall submit an application to the Sec-  
23                 retary at such time, in such manner, and accom-  
24                 panied by such information as the Secretary may re-



1       quire, including the contents described in paragraph  
2       (2).

3               “(2) CONTENTS.—Any such application of an  
4       eligible entity described in subparagraph (A) or (B)  
5       of subsection (a)(2) shall include—

6                       “(A) a description of a plan to achieve  
7       fully collaborative agreements to provide  
8       bidirectional integrated care to special popu-  
9       lations;

10                      “(B) a document that summarizes the poli-  
11       cies, if any, that are barriers to the provision of  
12       integrated care, and the specific steps, if appli-  
13       cable, that will be taken to address such bar-  
14       riers;

15                      “(C) a description of partnerships or other  
16       arrangements with local health care providers  
17       to provide services to special populations;

18                      “(D) an agreement and plan to report to  
19       the Secretary performance measures necessary  
20       to evaluate patient outcomes and facilitate eval-  
21       uations across participating projects;

22                      “(E) a description of how validated rating  
23       scales will be implemented to support the im-  
24       provement of patient outcomes using measure-  
25       ment-based care, including those related to de-

1           pression screening, patient follow-up, and symp-  
2           tom remission; and

3           “(F) a plan for sustainability beyond the  
4           grant or cooperative agreement period under  
5           subsection (e).

6           “(3) COLLABORATIVE CARE MODEL GRANTS.—  
7           An eligible entity that is collaborating with a pri-  
8           mary health care practice seeking a grant pursuant  
9           to subsection (b)(2)(B) shall submit an application  
10          to the Secretary at such time, in such manner, and  
11          accompanied by such information as the Secretary  
12          may require.

13          “(d) GRANT AND COOPERATIVE AGREEMENT  
14          AMOUNTS.—

15                 “(1) TARGET AMOUNT.—The target amount  
16                 that an eligible entity may receive for a year through  
17                 a grant or cooperative agreement under this section  
18                 shall be—

19                         “(A) \$2,000,000 for an eligible entity de-  
20                         scribed in subparagraph (A) or (B) of sub-  
21                         section (a)(2); or

22                         “(B) \$100,000 or less for an eligible entity  
23                         described in subparagraph (C) of subsection  
24                         (a)(2).

1           “(2) ADJUSTMENT PERMITTED.—The Sec-  
2           retary, taking into consideration the quality of an el-  
3           igible entity’s application and the number of eligible  
4           entities that received grants under this section prior  
5           to the date of enactment of the Restoring Hope for  
6           Mental Health and Well-Being Act of 2022, may ad-  
7           just the target amount that an eligible entity may  
8           receive for a year through a grant or cooperative  
9           agreement under this section.

10           “(3) LIMITATION.—An eligible entity that is  
11           collaborating with an entity described in subpara-  
12           graph (A) or (B) of subsection (a)(2) receiving fund-  
13           ing under this section—

14                   “(A) may not allocate more than 20 per-  
15                   cent of the funds awarded to such eligible entity  
16                   under this section to administrative functions;  
17                   and

18                   “(B) shall allocate the remainder of such  
19                   funding to health facilities that provide inte-  
20                   grated care.

21           “(e) DURATION.—A grant or cooperative agreement  
22           under this section shall be for a period not to exceed 5  
23           years.

1       “(f) REPORT ON PROGRAM OUTCOMES.—An eligible  
2 entity receiving a grant or cooperative agreement under  
3 this section—

4           “(1) that is collaborating with an entity de-  
5 scribed in subparagraph (A) or (B) of subsection  
6 (a)(2) shall submit an annual report to the Sec-  
7 retary that includes—

8           “(A) the progress made to reduce barriers  
9 to integrated care as described in the entity’s  
10 application under subsection (c); and

11           “(B) a description of outcomes with re-  
12 spect to each special population listed in sub-  
13 section (a)(7), including outcomes related to  
14 education, employment, and housing; or

15           “(2) that is collaborating with a primary health  
16 care practice shall submit an annual report to the  
17 Secretary that includes—

18           “(A) the progress made to improve access;

19           “(B) the progress made to improve patient  
20 outcomes; and

21           “(C) the progress made to reduce referrals  
22 to specialty care.

23       “(g) TECHNICAL ASSISTANCE FOR PRIMARY-BEHAV-  
24 IORAL HEALTH CARE INTEGRATION.—

1           “(1) CERTAIN RECIPIENTS.—The Secretary  
2           may provide appropriate information, training, and  
3           technical assistance to eligible entities that are col-  
4           laborating with an entity described in subparagraph  
5           (A) or (B) of subsection (a)(2) that receive a grant  
6           or cooperative agreement under this section, in order  
7           to help such entities meet the requirements of this  
8           section, including assistance with—

9                   “(A) development and selection of inte-  
10                  grated care models;

11                  “(B) dissemination of evidence-based inter-  
12                  ventions in integrated care;

13                  “(C) establishment of organizational prac-  
14                  tices to support operational and administrative  
15                  success; and

16                  “(D) other activities, as the Secretary de-  
17                  termines appropriate.

18           “(2) COLLABORATIVE CARE MODEL RECIPI-  
19           ENTS.—The Secretary shall provide appropriate in-  
20           formation, training, and technical assistance to eligi-  
21           ble entities that are collaborating with primary  
22           health care practices that receive funds under this  
23           section to help such entities implement the collabo-  
24           rative care model, including—

1           “(A) developing financial models and budg-  
2           ets for implementing and maintaining a collabo-  
3           rative care model, based on practice size;

4           “(B) developing staffing models for essen-  
5           tial staff roles;

6           “(C) providing strategic advice to assist  
7           practices seeking to utilize other clinicians for  
8           additional psychotherapeutic interventions;

9           “(D) providing information technology ex-  
10          pertise to assist with building the collaborative  
11          care model into electronic health records, in-  
12          cluding assistance with care manager tools, pa-  
13          tient registry, ongoing patient monitoring, and  
14          patient records;

15          “(E) training support for all key staff and  
16          operational consultation to develop practice  
17          workflows;

18          “(F) establishing methods to ensure the  
19          sharing of best practices and operational knowl-  
20          edge among primary health care physicians and  
21          primary health care practices that provide be-  
22          havioral health integration services through the  
23          collaborative care model; and

24          “(G) providing guidance and instruction to  
25          primary health care physicians and primary

1 health care practices on developing and main-  
2 taining relationships with community-based  
3 mental health and substance use disorder facili-  
4 ties for referral and treatment of patients  
5 whose clinical presentation or diagnosis is best  
6 suited for treatment at such facilities.

7 “(3) ADDITIONAL DISSEMINATION OF TECH-  
8 NICAL INFORMATION.—In addition to providing the  
9 assistance described in paragraphs (1) and (2) to re-  
10 cipients of a grant or cooperative agreement under  
11 this section, the Secretary may also provide such as-  
12 sistance to other States and political subdivisions of  
13 States, Indian Tribes and Tribal organizations (as  
14 defined in section 4 of the Indian Self-Determination  
15 and Education Assistance Act), outpatient mental  
16 health and addiction treatment centers, community  
17 mental health centers that meet the criteria under  
18 section 1913(c), certified community behavioral  
19 health clinics described in section 223 of the Pro-  
20 tecting Access to Medicare Act of 2014, primary  
21 care organizations such as Federally qualified health  
22 centers or rural health clinics as defined in section  
23 1861(aa) of the Social Security Act, primary health  
24 care practices, other community-based organizations,

1 and other entities engaging in integrated care activi-  
2 ties, as the Secretary determines appropriate.

3 “(h) AUTHORIZATION OF APPROPRIATIONS.—To  
4 carry out this section, there is authorized to be appro-  
5 priated \$60,000,000 for each of fiscal years 2023 through  
6 2027.”.

7 **Subtitle B—Helping Enable Access**  
8 **to Lifesaving Services**

9 **SEC. 311. REAUTHORIZATION AND PROVISION OF CERTAIN**  
10 **PROGRAMS TO STRENGTHEN THE HEALTH**  
11 **CARE WORKFORCE.**

12 (a) LIABILITY PROTECTIONS FOR HEALTH PROFES-  
13 SIONAL VOLUNTEERS.—Section 224(q)(6) of the Public  
14 Health Service Act (42 U.S.C. 233(q)(6)) is amended by  
15 striking “October 1, 2022” and inserting “October 1,  
16 2027”.

17 (b) MINORITY FELLOWSHIPS IN CRISIS CARE MAN-  
18 AGEMENT.—Section 597(b) of the Public Health Service  
19 Act (42 U.S.C. 290ll(b)) is amended by striking “in the  
20 fields of psychiatry,” and inserting “in the fields of crisis  
21 care management, psychiatry,”.

22 (c) MENTAL AND BEHAVIORAL HEALTH EDUCATION  
23 AND TRAINING GRANTS.—Section 756(f) of the Public  
24 Health Service Act (42 U.S.C. 294e–1(f)) is amended by



1 striking “For each of fiscal years 2019 through 2023” and  
2 inserting “For each of fiscal years 2023 through 2027”.

3 (d) TRAINING DEMONSTRATION PROGRAM.—Section  
4 760(g) of the Public Health Service Act (42 U.S.C.  
5 294k(g)) is amended by striking “for each of fiscal years  
6 2018 through 2022” and inserting “for each of fiscal  
7 years 2023 through 2027”.

8 **Subtitle C—Eliminating the Opt-**  
9 **Out for Nonfederal Govern-**  
10 **mental Health Plans**

11 **SEC. 321. ELIMINATING THE OPT-OUT FOR NONFEDERAL**  
12 **GOVERNMENTAL HEALTH PLANS.**

13 Section 2722(a)(2) of the Public Health Service Act  
14 (42 U.S.C. 300gg–21(a)(2)) is amended by adding at the  
15 end the following new subparagraph:

16 “(F) SUNSET OF ELECTION OPTION.—

17 “(i) IN GENERAL.—Notwithstanding  
18 the preceding provisions of this para-  
19 graph—

20 “(I) no election described in sub-  
21 paragraph (A) with respect to section  
22 2726 may be made on or after the  
23 date of the enactment of this subpara-  
24 graph; and

1                   “(II) except as provided in clause  
2                   (ii), no such election with respect to  
3                   section 2726 expiring on or after the  
4                   date that is 180 days after the date of  
5                   such enactment may be renewed.

6                   “(ii) EXCEPTION FOR CERTAIN COL-  
7                   LECTIVELY BARGAINED PLANS.—Notwith-  
8                   standing clause (i)(II), a plan described in  
9                   subparagraph (B)(ii) that is subject to  
10                  multiple agreements described in such sub-  
11                  paragraph of varying lengths and that has  
12                  an election described in subparagraph (A)  
13                  with respect to section 2726 in effect as of  
14                  the date of the enactment of this subpara-  
15                  graph that expires on or after the date  
16                  that is 180 days after the date of such en-  
17                  actment may extend such election until the  
18                  date on which the term of the last such  
19                  agreement expires.”.

1           **TITLE IV—CHILDREN AND**  
2                                   **YOUTH**

3       **Subtitle A—Supporting Children’s**  
4                   **Mental Health Care Access**

5       **SEC. 401. PEDIATRIC MENTAL HEALTH CARE ACCESS**  
6                                   **GRANTS.**

7           Section 330M of the Public Health Service Act (42  
8       U.S.C. 254c–19) is amended—

9                   (1) in the section enumerator, by striking  
10           **“330M”** and inserting **“330M.”**;

11                   (2) in subsection (a)—

12                                   (A) by striking “Indian tribes and tribal  
13                                   organizations” and inserting “Indian Tribes  
14                                   and Tribal organizations”; and

15                                   (B) by inserting “or, in the case of a State  
16                                   that does not submit an application, a nonprofit  
17                                   entity that has the support of the State” after  
18                                   “450b))”;

19                   (3) in subsection (b)—

20                                   (A) in paragraph (1)—

21   (i) in subparagraph (G), by inserting  
22   “developmental-behavioral pediatricians,”  
23   after “adolescent psychiatrists,”;

1 (ii) in subparagraph (H), by striking  
2 “; and” at the end and inserting a semi-  
3 colon;

4 (iii) by redesignating subparagraph  
5 (I) as subparagraph (J); and

6 (iv) by inserting after subparagraph  
7 (H) the following:

8 “(I) maintain an up-to-date list of commu-  
9 nity-based supports for children with mental  
10 health problems; and”;

11 (B) by redesignating paragraph (2) as  
12 paragraph (4);

13 (C) by inserting after paragraph (1) the  
14 following:

15 “(2) SUPPORT TO SCHOOLS AND EMERGENCY  
16 DEPARTMENTS.—In addition to the activities re-  
17 quired by paragraph (1), a pediatric mental health  
18 care telehealth access program referred to in sub-  
19 section (a), with respect to which a grant under such  
20 subsection may be used, may provide support to  
21 schools and emergency departments.

22 “(3) PRIORITY.—In awarding grants under this  
23 section, the Secretary shall give priority to appli-  
24 cants proposing to—

1           “(A) continue existing programs that meet  
2 the requirements of paragraph (1);

3           “(B) establish a pediatric mental health  
4 care telehealth access program in the jurisdic-  
5 tion of a State, Territory, Indian Tribe, or  
6 Tribal organization that does not yet have such  
7 a program; or

8           “(C) expand a pediatric mental health care  
9 telehealth access program to include one or  
10 more new sites of care, such as a school or  
11 emergency department.”; and

12           (D) in paragraph (4), as redesignated by  
13 subparagraph (B), by inserting “Such a team  
14 may include a developmental-behavioral pedia-  
15 trician.” after “mental health counselor.”;

16           (4) in subsections (c), (d), and (f), by striking  
17 “Indian tribe, or tribal organization” each place it  
18 appears and inserting “Indian Tribe, Tribal organi-  
19 zation, or nonprofit entity”; and

20           (5) by striking subsection (g) and inserting the  
21 following:

22           “(g) TECHNICAL ASSISTANCE.—The Secretary shall  
23 award grants or contracts to one or more eligible entities  
24 (as defined by the Secretary) for the purposes of providing

1 technical assistance and evaluation support to grantees  
2 under subsection (a).

3 “(h) AUTHORIZATION OF APPROPRIATIONS.—To  
4 carry out this section, there are authorized to be appro-  
5 priated—

6 “(1) \$14,000,000 for each of fiscal years 2023  
7 through 2025; and

8 “(2) \$30,000,000 for each of fiscal years 2026  
9 through 2027.”.

10 **SEC. 402. INFANT AND EARLY CHILDHOOD MENTAL**  
11 **HEALTH PROMOTION, INTERVENTION, AND**  
12 **TREATMENT.**

13 Section 399Z–2(f) of the Public Health Service Act  
14 (42 U.S.C. 280h–6(f)) is amended by striking  
15 “\$20,000,000 for the period of fiscal years 2018 through  
16 2022” and inserting “\$50,000,000 for the period of fiscal  
17 years 2023 through 2027”.

18 **Subtitle B—Continuing Systems of**  
19 **Care for Children**

20 **SEC. 411. COMPREHENSIVE COMMUNITY MENTAL HEALTH**  
21 **SERVICES FOR CHILDREN WITH SERIOUS**  
22 **EMOTIONAL DISTURBANCES.**

23 (a) DEFINITION OF FAMILY.—Section 565(d)(2)(B)  
24 of the Public Health Service Act (42 U.S.C. 290ff–  
25 4(d)(2)(B)) is amended by striking “as appropriate re-

1 regarding mental health services for the child, the parents  
2 of the child (biological or adoptive, as the case may be)  
3 and any foster parents of the child” and inserting “as ap-  
4 propriate regarding mental health services for the child  
5 and the parents or kinship caregivers of the child”.

6 (b) AUTHORIZATION OF APPROPRIATIONS.—Para-  
7 graph (1) of section 565(f) of the Public Health Service  
8 Act (42 U.S.C. 290ff–4(f)) is amended—

9 (1) by moving the margin of such paragraph 2  
10 ems to the left; and

11 (2) by striking “\$119,026,000 for each of fiscal  
12 years 2018 through 2022” and inserting  
13 “\$125,000,000 for each of fiscal years 2023 through  
14 2027”.

15 **SEC. 412. SUBSTANCE USE DISORDER TREATMENT AND**  
16 **EARLY INTERVENTION SERVICES FOR CHIL-**  
17 **DREN AND ADOLESCENTS.**

18 Section 514 of the Public Health Service Act (42  
19 U.S.C. 290bb–7) is amended—

20 (1) in subsection (a), by striking “Indian tribes  
21 or tribal organizations” and inserting “Indian Tribes  
22 or Tribal organizations”; and

23 (2) in subsection (f), by striking “2018 through  
24 2022” and inserting “2023 through 2027”.

1           **Subtitle C—Garrett Lee Smith**  
2           **Memorial Reauthorization**

3   **SEC. 421. SUICIDE PREVENTION TECHNICAL ASSISTANCE**  
4           **CENTER.**

5           (a) TECHNICAL AMENDMENT.—Section 520C of the  
6 Public Health Service Act (42 U.S.C. 290bb–34) is  
7 amended—

8           (1) by striking “tribes” each place it appears  
9           and inserting “Tribes”; and

10           (2) by striking “tribal” each place it appears  
11           and inserting “Tribal”.

12           (b) AUTHORIZATION OF APPROPRIATIONS.—Section  
13 520C(c) of the Public Health Service Act (42 U.S.C.  
14 290bb–34(e)) is amended by striking “\$5,988,000 for  
15 each of fiscal years 2018 through 2022” and inserting  
16 “\$9,000,000 for each of fiscal years 2023 through 2027”.

17           (c) ANNUAL REPORT.—Section 520C(d) of the Public  
18 Health Service Act (42 U.S.C. 290bb–34(d)) is amended  
19 by striking “Not later than 2 years after the date of enact-  
20 ment of this subsection” and inserting “Not later than  
21 2 years after the date of enactment of the Restoring Hope  
22 for Mental Health and Well-Being Act of 2022”.



1 **SEC. 422. YOUTH SUICIDE EARLY INTERVENTION AND PRE-**  
2 **VENTION STRATEGIES.**

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

5 (1) by striking “tribe” each place it appears  
6 and inserting “Tribe”;

7 (2) by striking “tribal” each place it appears  
8 and inserting “Tribal”;

9 (3) in subsection (a)(1), by inserting “pediatric  
10 health programs,” after “foster care systems,”;

11 (4) by amending subsection (b)(1)(B) to read  
12 as follows:

13 “(B) a public organization or private non-  
14 profit organization designated by a State or In-  
15 dian Tribe (as defined in the Indian Self-Deter-  
16 mination and Education Assistance Act) to de-  
17 velop or direct the State-sponsored statewide or  
18 Tribal youth suicide early intervention and pre-  
19 vention strategy; or”;

20 (5) in subsection (c)—

21 (A) in paragraph (1), by inserting “pedi-  
22 atric health programs,” after “foster care sys-  
23 tems,”;

24 (B) in paragraph (7), by inserting “pedi-  
25 atric health programs,” after “foster care sys-  
26 tems,”;

1 (C) in paragraph (9), by inserting “pedi-  
2 atric health programs,” after “educational insti-  
3 tutions,”;

4 (D) in paragraph (13), by striking “and”  
5 at the end;

6 (E) in paragraph (14), by striking the pe-  
7 riod at the end and inserting “; and”; and

8 (F) by adding at the end the following:

9 “(15) provide to parents, legal guardians, and  
10 family members of youth supplies to securely store  
11 means commonly used in suicide, if applicable, with-  
12 in the household.”;

13 (6) in subsection (d)—

14 (A) in the heading, by striking “DIRECT  
15 SERVICES” and inserting “SUICIDE PREVEN-  
16 TION ACTIVITIES”; and

17 (B) by striking “direct services, of which  
18 not less than 5 percent shall be used for activi-  
19 ties authorized under subsection (a)(3)” and in-  
20 serting “suicide prevention activities”;

21 (7) in subsection (e)(3)(A), by inserting “and  
22 Department of Education” after “Department of  
23 Health and Human Services”;

24 (8) in subsection (g)—

1 (A) in paragraph (1), by striking “18” and  
2 inserting “24”; and

3 (B) in paragraph (2), by striking “2 years  
4 after the date of enactment of Helping Families  
5 in Mental Health Crisis Reform Act of 2016”  
6 and inserting “3 years after December 31,  
7 2022”;

8 (9) in subsection (l)(4), by striking “between 10  
9 and 24 years of age” and inserting “up to age 24  
10 years of age”; and

11 (10) in subsection (m), by striking  
12 “\$30,000,000 for each of fiscal years 2018 through  
13 2022” and inserting “\$40,000,000 for each of fiscal  
14 years 2023 through 2027”.

15 **SEC. 423. MENTAL HEALTH AND SUBSTANCE USE DIS-**  
16 **ORDER SERVICES FOR STUDENTS IN HIGHER**  
17 **EDUCATION.**

18 Section 520E–2 of the Public Health Service Act (42  
19 U.S.C. 290bb–36b) is amended—

20 (1) in the heading, by striking “**ON CAMPUS**”  
21 and inserting “**FOR STUDENTS IN HIGHER EDU-**  
22 **CATION**”; and

23 (2) in subsection (i), by striking “2018 through  
24 2022” and inserting “2023 through 2027”.

1 **SEC. 424. MENTAL AND BEHAVIORAL HEALTH OUTREACH**  
2 **AND EDUCATION AT INSTITUTIONS OF HIGH-**  
3 **ER EDUCATION.**

4 Section 549 of the Public Health Service Act (42  
5 U.S.C. 290ee-4) is amended—

6 (1) in the heading, by striking “**ON COLLEGE**  
7 **CAMPUSES**” and inserting “**AT INSTITUTIONS OF**  
8 **HIGHER EDUCATION**”;

9 (2) in subsection (c)(2), by inserting “, includ-  
10 ing minority-serving institutions as described in sec-  
11 tion 371(a) of the Higher Education Act of 1965  
12 (20 U.S.C. 1067q) and community colleges” after  
13 “higher education”; and

14 (3) in subsection (f), by striking “2018 through  
15 2022” and inserting “2023 through 2027”.

○