

**Suspend the Rules and Pass the Bill, H.R. 4531, with an Amendment**

**(The amendment strikes all after the enacting clause and inserts a new text)**

118TH CONGRESS  
1ST SESSION

# H. R. 4531

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

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## IN THE HOUSE OF REPRESENTATIVES

JULY 11, 2023

Mr. GUTHRIE (for himself and Ms. KUSTER) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on the Judiciary, and Education and the Workforce, 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 reauthorize certain programs that provide for opioid use disorder prevention, recovery, and treatment, 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.**

4 This Act may be cited as the “Support for Patients  
5 and Communities Reauthorization Act”.

**1 SEC. 2. TABLE OF CONTENTS.**

2 The table of contents for this Act is as follows:

- Sec. 1. Short title.
- Sec. 2. Table of contents.

TITLE I—PUBLIC HEALTH

- Sec. 101. Prenatal and postnatal health.
- Sec. 102. Monitoring and education regarding infections associated with illicit drug use and other risk factors.
- Sec. 103. Preventing overdoses of controlled substances.
- Sec. 104. Residential treatment programs for pregnant and postpartum women.
- Sec. 105. Youth prevention and recovery.
- Sec. 106. First responder training.
- Sec. 107. Building communities of recovery.
- Sec. 108. National Peer-Run Training and Technical Assistance Center for Addiction Recovery Support.
- Sec. 109. Comprehensive opioid recovery centers.
- Sec. 110. Grants to address the problems of persons who experience violence related stress.
- Sec. 111. Mental and behavioral health education and training grants.
- Sec. 112. Loan repayment program for the substance use disorder treatment workforce.
- Sec. 113. Pilot program for public health laboratories to detect fentanyl and other synthetic opioids.
- Sec. 114. Monitoring and reporting of child, youth, and adult trauma.
- Sec. 115. Task force to develop best practices for trauma-informed identification, referral, and support.
- Sec. 116. Treatment, recovery, and workforce support grants.
- Sec. 117. Grant program for State and Tribal response to opioid use disorders.
- Sec. 118. References to opioid overdose reversal agents in HHS grant programs.
- Sec. 119. Addressing other concurrent substance use disorders through grant program for State and Tribal response to opioid use disorders.
- Sec. 120. Providing for a study on the effects of remote monitoring on individuals who are prescribed opioids.

TITLE II—CONTROLLED SUBSTANCES

- Sec. 201. Delivery of certain substances by a pharmacy to an administering practitioner.
- Sec. 202. Reviewing the scheduling of approved products containing a combination of buprenorphine and naloxone.
- Sec. 203. Combating illicit xylazine.
- Sec. 204. Technical corrections.
- Sec. 205. Required training for prescribers of controlled substances.

TITLE III—MEDICAID

- Sec. 301. Extending requirement for State Medicaid plans to provide coverage for medication-assisted treatment.
- Sec. 302. Expanding required reports on T-MSIS substance use disorder data to include mental health condition data.
- Sec. 303. Monitoring prescribing of antipsychotic medications.

Sec. 304. Lifting the IMD exclusion for substance use disorder.

Sec. 305. Prohibition on termination of enrollment due to incarceration.

Sec. 306. State option relating to inmates who are pregnant women pending disposition of charges.

Sec. 307. Permitting access to medical assistance under the Medicaid program for foster youth.

#### TITLE IV—OFFSETS

Sec. 401. Promoting value in Medicaid managed care.

## 1           **TITLE I—PUBLIC HEALTH**

### 2   **SEC. 101. PRENATAL AND POSTNATAL HEALTH.**

3           Section 317L(d) of the Public Health Service Act (42  
4 U.S.C. 247b–13(d)) is amended by striking “such sums  
5 as may be necessary for each of the fiscal years 2019  
6 through 2023” and inserting “\$4,250,000 for each of fis-  
7 cal years 2024 through 2028”.

### 8   **SEC. 102. MONITORING AND EDUCATION REGARDING IN-** 9                           **FECTIONS ASSOCIATED WITH ILLICIT DRUG** 10                          **USE AND OTHER RISK FACTORS.**

11           Section 317N of the Public Health Service Act (42  
12 U.S.C. 247b–15) is amended—

13                   (1) in the section heading, by striking “**SUR-**  
14           **VEILLANCE AND**” and inserting “**MONITORING**  
15           **AND**” ; and

16                   (2) in subsection (d), by striking “fiscal years  
17           2019 through 2023” and inserting “fiscal years  
18           2024 through 2028”.

1 **SEC. 103. PREVENTING OVERDOSES OF CONTROLLED SUB-**  
2 **STANCES.**

3 (a) EVIDENCE-BASED PREVENTION GRANTS.—Sec-  
4 tion 392A(a)(2)(D) of the Public Health Service Act (42  
5 U.S.C. 280b–1(a)(2)(D)) is amended by inserting after  
6 “new and emerging public health crises” the following: “,  
7 such as the fentanyl crisis,”.

8 (b) USE OF GRANTS BY STATES, LOCALITIES, AND  
9 INDIAN TRIBES TO CONDUCT WASTEWATER SURVEIL-  
10 LANCE.—Section 392A(a)(3)(A) of the Public Health  
11 Service Act (42 U.S.C. 280b–1(a)(3)(A)) is amended by  
12 inserting “, including through the use of wastewater sur-  
13 veillance to identify trends associated with controlled sub-  
14 stance use if it is determined by appropriate evidence that  
15 wastewater surveillance is an effective way to survey con-  
16 trolled substance use within a community” before the  
17 semicolon.

18 (c) AUTHORIZATION OF APPROPRIATIONS.—Section  
19 392A(e) of the Public Health Service Act (42 U.S.C.  
20 280b–1(e)) is amended by striking “\$496,000,000 for  
21 each of fiscal years 2019 through 2023” and inserting  
22 “\$505,579,000 for each of fiscal years 2024 through  
23 2028”.

1 **SEC. 104. RESIDENTIAL TREATMENT PROGRAMS FOR**  
2 **PREGNANT AND POSTPARTUM WOMEN.**

3 Section 508(s) of the Public Health Service Act (42  
4 U.S.C. 290bb–1(s)) is amended by striking “\$29,931,000  
5 for each of fiscal years 2019 through 2023” and inserting  
6 “\$38,931,000 for each of fiscal years 2024 through  
7 2028”.

8 **SEC. 105. YOUTH PREVENTION AND RECOVERY.**

9 Section 7102(c)(9) of the SUPPORT for Patients  
10 and Communities Act (42 U.S.C. 290bb–7a(e)(9)) is  
11 amended by striking “fiscal years 2019 through 2023”  
12 and inserting “fiscal years 2024 through 2028”.

13 **SEC. 106. FIRST RESPONDER TRAINING.**

14 Section 546(h) of the Public Health Service Act (42  
15 U.S.C. 290ee–1(h)) is amending by striking “\$36,000,000  
16 for each of fiscal years 2019 through 2023” and inserting  
17 “\$56,000,000 for each of fiscal years 2024 through  
18 2028”.

19 **SEC. 107. BUILDING COMMUNITIES OF RECOVERY.**

20 Section 547(f) of the Public Health Service Act (42  
21 U.S.C. 290ee–2(f)) is amended by striking “\$5,000,000  
22 for each of fiscal years 2019 through 2023” and inserting  
23 “\$16,000,000 for each of fiscal years 2024 through  
24 2028”.

1 **SEC. 108. NATIONAL PEER-RUN TRAINING AND TECHNICAL**  
2 **ASSISTANCE CENTER FOR ADDICTION RE-**  
3 **COVERY SUPPORT.**

4 Section 547A(e) of the Public Health Service Act (42  
5 U.S.C. 290ee–2a(e)) is amended by striking “\$1,000,000  
6 for each of fiscal years 2019 through 2023” and inserting  
7 “\$2,000,000 for each of fiscal years 2024 through 2028”.

8 **SEC. 109. COMPREHENSIVE OPIOID RECOVERY CENTERS.**

9 (a) REAUTHORIZATION.—Section 552(j) of the Public  
10 Health Service Act (42 U.S.C. 290ee–7(j)) is amended by  
11 striking “2019 through 2023” and inserting “2024  
12 through 2028”.

13 (b) DOCUMENTATION FOR EVIDENCE OF CAPACITY  
14 TO CARRY OUT REQUIRED ACTIVITIES.—Section 552(d)  
15 of the Public Health Service Act (42 U.S.C. 290ee–7(d))  
16 is amended by adding at the end the following:

17 “(3) DOCUMENTATION.—

18 “(A) IN GENERAL.—Evidence required to  
19 be provided under paragraph (1) may be pro-  
20 vided through a letter of intent from partner  
21 agencies or other relevant documentation (as  
22 defined by the Secretary).

23 “(B) PARTNER AGENCY DEFINED.—In this  
24 paragraph, the term ‘partner agency’ means a  
25 non-governmental organization or other public  
26 or private entity—

1 “(i) the primary purpose of which is  
2 the delivery of mental health or substance  
3 use disorder treatment services; and

4 “(ii) with which the applicant coordi-  
5 nates to provide the full continuum of  
6 treatment services (as specified in sub-  
7 section (g)(1)(B)) that the applicant is un-  
8 able to offer on site.”.

9 (c) CENTER ACTIVITIES CARRIED OUT THROUGH  
10 THIRD PARTIES.—Section 552(g) of the Public Health  
11 Service Act (42 U.S.C. 290ee–7(g)) is amended in the  
12 matter preceding paragraph (1) by striking “Each Center  
13 shall” and all that follows through “subsection (f):” and  
14 inserting the following: “Each Center shall, at a minimum,  
15 carry out the activities specified in this subsection directly,  
16 through referral, or through contractual arrangements. If  
17 a Center elects to carry out such activities through con-  
18 tractual arrangements, the Secretary may issue guidance  
19 on best practices to ensure that the Center is capable of  
20 carrying out such activities, including carrying out such  
21 activities through technology-enabled collaborative learn-  
22 ing and capacity building models described in subsection  
23 (f) and coordinating the full continuum of treatment serv-  
24 ices specified in subparagraph (B). Such activities include  
25 the following:”.

1 **SEC. 110. GRANTS TO ADDRESS THE PROBLEMS OF PER-**  
2 **SONS WHO EXPERIENCE VIOLENCE RELATED**  
3 **STRESS.**

4 Section 582(j) of the Public Health Service Act (42  
5 U.S.C. 290hh–1(j)) is amended by striking “\$63,887,000  
6 for each of fiscal years 2019 through 2023” and inserting  
7 “\$93,887,000 for each of fiscal years 2024 through  
8 2028”.

9 **SEC. 111. MENTAL AND BEHAVIORAL HEALTH EDUCATION**  
10 **AND TRAINING GRANTS.**

11 Section 756(f) of the Public Health Service Act (42  
12 U.S.C. 294e–1(f)) is amended by striking “fiscal years  
13 2023 through 2027” and inserting “fiscal years 2024  
14 through 2028”.

15 **SEC. 112. LOAN REPAYMENT PROGRAM FOR THE SUB-**  
16 **STANCE USE DISORDER TREATMENT WORK-**  
17 **FORCE.**

18 Section 781(j) of the Public Health Service Act (42  
19 U.S.C. 295h(j)) is amended by striking “\$25,000,000 for  
20 each of fiscal years 2019 through 2023” and inserting  
21 “\$40,000,000 for each of fiscal years 2024 through  
22 2028”.



1 **SEC. 113. PILOT PROGRAM FOR PUBLIC HEALTH LABORA-**  
2 **TORIES TO DETECT FENTANYL AND OTHER**  
3 **SYNTHETIC OPIOIDS.**

4 (a) DETECTION ACTIVITIES.—Section 7011(b) of the  
5 SUPPORT for Patients and Communities Act (42 U.S.C.  
6 247d–10 note) is amended—

7 (1) in paragraph (2), by striking “and” at the  
8 end;

9 (2) in paragraph (3), by striking the period at  
10 the end and inserting “; and”; and

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

12 “(4) public, private, and academic entities with  
13 expertise in detection and testing activities, such as  
14 wastewater surveillance, with respect to synthetic  
15 opioids, including fentanyl and its analogues.”.

16 (b) AUTHORIZATION OF APPROPRIATIONS.—Section  
17 7011(d) of the SUPPORT for Patients and Communities  
18 Act (42 U.S.C. 247d–10(d)) is amended by striking “fiscal  
19 years 2019 through 2023” and inserting “fiscal years  
20 2024 through 2028”.

21 **SEC. 114. MONITORING AND REPORTING OF CHILD, YOUTH,**  
22 **AND ADULT TRAUMA.**

23 Section 7131(e) of the SUPPORT for Patients and  
24 Communities Act (42 U.S.C. 242t(e)) is amended by strik-  
25 ing “\$2,000,000 for each of fiscal years 2019 through

1 2023” and inserting “\$9,000,000 for each of fiscal years  
2 2024 through 2028”.

3 **SEC. 115. TASK FORCE TO DEVELOP BEST PRACTICES FOR**  
4 **TRAUMA-INFORMED IDENTIFICATION, RE-**  
5 **FERRAL, AND SUPPORT.**

6 Section 7132 of the SUPPORT for Patients and  
7 Communities Act (Public Law 115–271) is amended—

8 (1) in subsection (g)—

9 (A) in paragraph (1), by striking “and” at  
10 the end;

11 (B) in paragraph (2), by striking the pe-  
12 riod at the end and inserting “; and”; and

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

14 “(3) additional reports and updates to existing  
15 reports, as necessary.”; and

16 (2) by amending subsection (i) to read as fol-  
17 lows:

18 “(i) SUNSET.—The task force shall sunset on Sep-  
19 tember 30, 2026.”.

20 **SEC. 116. TREATMENT, RECOVERY, AND WORKFORCE SUP-**  
21 **PORT GRANTS.**

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

24 (1) in subsection (b), by inserting “each” before  
25 “for a period”;

1           (2) by amending subsection (c)(2) to read as  
2 follows:

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

5           “(A) The amount by which the average  
6 rate of drug overdose deaths in the State, ad-  
7 justed for age, for the period of 5 calendar  
8 years for which there is available data, includ-  
9 ing if necessary provisional data, immediately  
10 preceding the grant cycle (which shall be the  
11 period of calendar years 2018 through 2022 for  
12 the first grant cycle following the enactment of  
13 the Support for Patients and Communities Re-  
14 authorization Act) is above the average national  
15 overdose mortality rate, as determined by the  
16 Director of the Centers for Disease Control and  
17 Prevention, for the same period.

18           “(B) The amount by which the average  
19 rate of unemployment for the State, based on  
20 data provided by the Bureau of Labor Statis-  
21 tics, for the period of 5 calendar years for  
22 which there is available data, including if nec-  
23 essary provisional data, immediately preceding  
24 the grant cycle (which shall be the period of cal-  
25 endar years 2018 through 2022 for the first

1 grant cycle following the enactment of the Sup-  
2 port for Patients and Communities Reauthor-  
3 ization Act) is above the national average for  
4 the same period.

5 “(C) The amount by which the average  
6 rate of labor force participation in the State,  
7 based on data provided by the Bureau of Labor  
8 Statistics, for the period of 5 calendar years for  
9 which there is available data, including if nec-  
10 essary provisional data, immediately preceding  
11 the grant cycle (which shall be the period of cal-  
12 endar years 2018 through 2022 for the first  
13 grant cycle following the enactment of the Sup-  
14 port for Patients and Communities Reauthor-  
15 ization Act) is below the national average for  
16 the same period.”;

17 (3) in subsection (g)—

18 (A) in paragraphs (1) and (3), by redesign-  
19 ating subparagraphs (A) and (B) as clauses  
20 (i) and (ii), respectively, and adjusting the mar-  
21 gins accordingly;

22 (B) by redesignating paragraphs (1)  
23 through (3) as subparagraphs (A) through (C),  
24 respectively, and adjusting the margins accord-  
25 ingly;

1 (C) by striking “An entity” and inserting  
2 the following:

3 “(1) IN GENERAL.—An entity”; and

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

5 “(2) TRANSPORTATION SERVICES.—An entity  
6 receiving a grant under this section may use not  
7 more than 5 percent of the funds for providing  
8 transportation for individuals to participate in an ac-  
9 tivity supported by a grant under this section, which  
10 transportation shall be to or from a place of work  
11 or a place where the individual is receiving voca-  
12 tional education or job training services or receiving  
13 services directly linked to treatment of or recovery  
14 from a substance use disorder.

15 “(3) NO OTHER AUTHORIZED USES.—An entity  
16 receiving a grant under this section may not use the  
17 funds for any activity other than the activities listed  
18 in paragraphs (1) and (2).”;

19 (4) in subsection (i)(2), by inserting “, which  
20 shall include the employment and earnings outcomes  
21 as described in subclauses (I) and (III) of section  
22 116(b)(2)(A)(i) of the Workforce Innovation and  
23 Opportunity Act (29 U.S.C. 3141(b)(2)(A)(i))” after  
24 “subsection (g)”;

25 (5) in subsection (j)—

1 (A) in paragraph (1), by inserting “for  
2 each grant cycle” after “grant period”; and

3 (B) in paragraph (2)—

4 (i) in the matter preceding subpara-  
5 graph (A)—

6 (I) by striking “the preliminary  
7 report” and inserting “each prelimi-  
8 nary report”; and

9 (II) by inserting “for the grant  
10 cycle” after “final report”; and

11 (ii) in subparagraph (A), by striking  
12 “(g)(3)” and inserting “(g)(1)(C)”; and

13 (6) in subsection (k), by striking “\$5,000,000  
14 for each of fiscal years 2019 through 2023” and in-  
15 serting “\$12,000,000 for each of fiscal years 2024  
16 through 2028”.

17 **SEC. 117. GRANT PROGRAM FOR STATE AND TRIBAL RE-**  
18 **SPONSE TO OPIOID USE DISORDERS.**

19 Section 1003(b)(4)(A) of the 21st Century Cures Act  
20 (42 U.S.C. 290ee–3a(b)(4)(A)) is amended after “which  
21 may include drugs or devices approved, cleared, or other-  
22 wise legally marketed under the Federal Food, Drug, and  
23 Cosmetic Act” by inserting “or fentanyl or xylazine test  
24 strips”.

1 **SEC. 118. REFERENCES TO OPIOID OVERDOSE REVERSAL**  
2 **AGENTS IN HHS GRANT PROGRAMS.**

3 (a) IN GENERAL.—The Secretary of Health and  
4 Human Services shall ensure that, as appropriate, when-  
5 ever the Department of Health and Human Services  
6 issues a regulation or guidance for any grant program ad-  
7 dressing opioid misuse and use disorders, any reference  
8 to an opioid overdose reversal drug (such as a reference  
9 to naloxone) is inclusive of any opioid overdose reversal  
10 drug that has been approved under section 505 of the Fed-  
11 eral Food, Drug, and Cosmetic Act (21 U.S.C. 355) for  
12 emergency treatment of a known or suspected opioid over-  
13 dose.

14 (b) EXISTING REFERENCES.—

15 (1) UPDATE.—Not later than one year after the  
16 date of enactment of this Act, the Secretary of  
17 Health and Human Services shall update all ref-  
18 erences described in paragraph (2) to be inclusive of  
19 any opioid overdose reversal drug that has been ap-  
20 proved or otherwise authorized for use by the Food  
21 and Drug Administration.

22 (2) REFERENCES.—A reference described in  
23 this paragraph is any reference to an opioid overdose  
24 reversal drug (such as naloxone) in any regulation or  
25 guidance of the Department of Health and Human  
26 Services that—

1 (A) was issued before the date of enact-  
2 ment of this Act; and

3 (B) is included in—

4 (i) the grant program for State and  
5 Tribal response to opioid use disorders  
6 under section 1003 of the 21st Century  
7 Cures Act (42 U.S.C. 290ee–3 note) (com-  
8 monly referred to as “State Opioid Re-  
9 sponse Grants” and “Tribal Opioid Re-  
10 sponse Grants”); or

11 (ii) the grant program for priority  
12 substance use disorder prevention needs of  
13 regional and national significance under  
14 section 516 of the Public Health Service  
15 Act (42 U.S.C. 290bb–22).

16 **SEC. 119. ADDRESSING OTHER CONCURRENT SUBSTANCE**  
17 **USE DISORDERS THROUGH GRANT PROGRAM**  
18 **FOR STATE AND TRIBAL RESPONSE TO**  
19 **OPIOID USE DISORDERS.**

20 (a) **ADDITIONAL USE OF FUNDS.**—Section 1003(b)  
21 of the 21st Century Cures Act (42 U.S.C. 290ee–3 note)  
22 is amended by adding at the end the following:

23 “(5) **OTHER CONCURRENT SUBSTANCE USE**  
24 **DISORDERS.**—The Secretary may authorize the re-  
25 cipient of a grant under this subsection, in addition



1 to using the grant for activities described in para-  
2 graph (4) with respect to opioid misuse and use dis-  
3 orders and stimulant misuse and use disorders, to  
4 use the grant for similar activities with respect to  
5 other concurrent substance use disorders.”.

6 (b) ANNUAL REPORT TO CONGRESS.—Section  
7 1003(f) of the 21st Century Cures Act (42 U.S.C. 290ee–  
8 3 note) is amended—

9 (1) in paragraph (2), strike “and” at the end;

10 (2) in paragraph (3), strike the period at the  
11 end and insert a semicolon; and

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

13 “(4) the amount of funds each State that re-  
14 ceived a grant under subsection (b) received for the  
15 12-month grant cycle covered by the report;

16 “(5) the amount of grant funds each such State  
17 spent for such grant cycle, disaggregated by the uses  
18 for which such funds were spent, including each al-  
19 lowable use under paragraphs (4) and (5) of sub-  
20 section (b);

21 “(6) how many such States for such grant cycle  
22 did not spend all of the grant funds before such  
23 grant cycle expired;

1           “(7) how many such States for such grant cycle  
2 requested no-cost extensions to extend the grant  
3 cycle; and

4           “(8) challenges for such States to spend all of  
5 the funds allocated and the reason for such chal-  
6 lenges, including to what extent reporting require-  
7 ments or other requirements placed an increased  
8 burden on the ability of such States to spend all of  
9 the funds.”.

10       (c) OTHER CONCURRENT SUBSTANCE USE DIS-  
11 ORDERS DEFINED.—Section 1003(h) of the 21st Century  
12 Cures Act (42 U.S.C. 290ee–3 note) is amended—

13           (1) by redesignating paragraphs (2) through  
14 (4) as paragraphs (3) through (5); and

15           (2) by inserting before paragraph (3), as redес-  
16 igned, the following:

17           “(2) OTHER CONCURRENT SUBSTANCE USE  
18 DISORDERS.—The term ‘other concurrent substance  
19 use disorders’ means—

20           “(A) alcohol use disorders co-occurring  
21 with opioid misuse and use disorders as a pri-  
22 mary disorder; or

23           “(B) alcohol use disorders co-occurring  
24 with stimulant misuse and use disorders as a  
25 primary disorder.”.

1 (d) RULE OF CONSTRUCTION.—Nothing in this Act  
2 or the amendments made by this Act shall be construed  
3 to change the allocation of funds among grantees pursuant  
4 to the minimum allocations and formula methodology  
5 under section 1003 of the 21st Century Cures Act (42  
6 U.S.C. 290ee–3 note).

7 **SEC. 120. PROVIDING FOR A STUDY ON THE EFFECTS OF**  
8 **REMOTE MONITORING ON INDIVIDUALS WHO**  
9 **ARE PRESCRIBED OPIOIDS.**

10 (a) IN GENERAL.—Not later than 18 months after  
11 the date of enactment of this Act, the Comptroller General  
12 of the United States shall conduct a study and submit to  
13 the Committee on Energy and Commerce of the House  
14 of Representatives and the Committee on Health, Edu-  
15 cation, Labor, and Pensions and the Committee on Fi-  
16 nance of the Senate a report on the use of remote moni-  
17 toring with respect to individuals who are prescribed  
18 opioids.

19 (b) REPORT.—The report described in subsection (a)  
20 shall include to the extent information is available and re-  
21 liable—

22 (1) an assessment of scientific evidence related  
23 to the efficacy, individual outcomes, and potential  
24 cost savings associated with remote monitoring for

1 individuals who are prescribed opioids compared to  
2 such individuals who are not so monitored;

3 (2) an assessment of the current prevalence of  
4 remote monitoring for individuals who are prescribed  
5 opioids, including the use of such monitoring for  
6 such individuals in other countries; and

7 (3) information, including recommendations as  
8 appropriate, to improve availability, access, and cov-  
9 erage for remote monitoring for individuals who are  
10 prescribed opioids, including through changes to  
11 Federal health care programs (as defined in section  
12 1128B of the Social Security Act (42 U.S.C. 1320a-  
13 7b)).

## 14 **TITLE II—CONTROLLED** 15 **SUBSTANCES**

### 16 **SEC. 201. DELIVERY OF CERTAIN SUBSTANCES BY A PHAR-** 17 **MACY TO AN ADMINISTERING PRACTI-** 18 **TIONER.**

19 Paragraph (2) of section 309A(a) of the Controlled  
20 Substances Act (21 U.S.C. 829a(a)) is amended to read  
21 as follows:

22 “(2) the controlled substance is a drug in  
23 schedule III, IV, or V that is, pursuant to the ap-  
24 proval or licensure of such drug under the Federal  
25 Food, Drug, and Cosmetic Act or section 351 of the

1 Public Health Service Act, to be administered by, or  
2 under the supervision of, the prescribing practi-  
3 tioner;”.

4 **SEC. 202. REVIEWING THE SCHEDULING OF APPROVED**  
5 **PRODUCTS CONTAINING A COMBINATION OF**  
6 **BUPRENORPHINE AND NALOXONE.**

7 (a) SECRETARY OF HHS.—The Secretary of Health  
8 and Human Services shall, consistent with the require-  
9 ments and procedures set forth in sections 201 and 202  
10 of the Controlled Substances Act (21 U.S.C. 811; 812)—

11 (1) review the relevant data pertaining to the  
12 scheduling of products containing a combination of  
13 buprenorphine and naloxone that have been ap-  
14 proved under section 505 of the Federal Food,  
15 Drug, and Cosmetic Act (21 U.S.C. 355); and

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

19 (b) ATTORNEY GENERAL.—The Attorney General  
20 shall review any request made by the Secretary of Health  
21 and Human Services under subsection (a)(2) and deter-  
22 mine whether to initiate proceedings to revise the sched-  
23 ules in accordance with the criteria set forth in sections  
24 201 and 202 of the Controlled Substances Act (21 U.S.C.  
25 811; 812).

1 **SEC. 203. COMBATING ILLICIT XYLAZINE.**

2 (a) DEFINITIONS.—

3 (1) IN GENERAL.—In this section, the term  
4 “xylazine” has the meaning given the term in para-  
5 graph (60) of section 102 of the Controlled Sub-  
6 stances Act, as added by paragraph (2).

7 (2) CONTROLLED SUBSTANCES ACT.—Section  
8 102 of the Controlled Substances Act (21 U.S.C.  
9 802) is amended—

10 (A) by redesignating the second paragraph  
11 (57) (relating to serious drug felony) and para-  
12 graph (58) as paragraphs (58) and (59), re-  
13 spectively;

14 (B) by moving the margin of paragraph  
15 (57) 2 ems to the left;

16 (C) by moving the margins of paragraphs  
17 (58) and (59), as redesignated, 2 ems to the  
18 left; and

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

20 “(60)(A) The term ‘xylazine’ means the substance  
21 xylazine as well as its salts, isomers, and salts of isomers  
22 whenever the existence of such salts, isomers, and salts  
23 of isomers is possible.

24 “(B) Except as provided in subparagraph (E), such  
25 term does not include a substance described in subpara-  
26 graph (A) to the extent—

1           “(i) such substance is an animal drug that has  
2           been approved by the Secretary of Health and  
3           Human Services under section 512 of the Federal  
4           Food, Drug, and Cosmetic Act and such substance’s  
5           use or intended use conforms to the approved appli-  
6           cation, including the manufacturing, importation,  
7           holding, or distribution for such use; or

8           “(ii) such substance is used or intended for use  
9           in animals other than humans as permitted under  
10          section 512(a)(4) of the Federal Food, Drug, and  
11          Cosmetic Act.

12          “(C) If any person prescribes, dispenses, distributes,  
13          manufactures, or imports xylazine for human use, such  
14          person shall be considered to have prescribed, dispensed,  
15          distributed, manufactured, or imported xylazine not sub-  
16          ject to an exclusion under subparagraph (B).”.

17          (b) PLACEMENT OF XYLAZINE ON SCHEDULE III.—  
18          Schedule III in section 202(c) of the Controlled Sub-  
19          stances Act (21 U.S.C. 812(c)) is amended by adding at  
20          the end the following:

21          “(f) Xylazine.”.

22          (c) ARCOS TRACKING.—Section 307(i) of the Con-  
23          trolled Substances Act (21 U.S.C. 827(i)) is amended—

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

1 (A) by inserting “or xylazine” after  
2 “gamma hydroxybutyric acid”;

3 (B) by inserting “or 512” after “section  
4 505”; and

5 (C) by inserting “respectively,” after “the  
6 Federal Food, Drug, and Cosmetic Act,”; and

7 (2) in paragraph (6), by inserting “or xylazine”  
8 after “gamma hydroxybutyric acid”.

9 (d) REPORT TO CONGRESS ON XYLAZINE.—

10 (1) INITIAL REPORT.—Not later than 1 year  
11 after the date of enactment of this Act, the Attorney  
12 General, acting through the Administrator of the  
13 Drug Enforcement Administration and in coordina-  
14 tion with the Commissioner of Food and Drugs,  
15 shall submit to Congress a report on the prevalence  
16 of illicit use of xylazine in the United States and the  
17 impacts of such use, including—

18 (A) where the drug is being diverted;

19 (B) where the drug is originating;

20 (C) whether any analogues to such drug  
21 present a substantial risk of abuse;

22 (D) whether and to what extent the illicit  
23 supply of xylazine derives from the licit supply  
24 chain; and



1 (E) recommendations for Congress with re-  
2 spect to whether xylazine should be transferred  
3 to another schedule under section 202 of the  
4 Controlled Substances Act (21 U.S.C. 812).

5 (2) ADDITIONAL REPORT.—Not later than 3  
6 years after the date of enactment of this Act, the  
7 Attorney General, acting through the Administrator  
8 of the Drug Enforcement Administration and in co-  
9 ordination with the Commissioner of Food and  
10 Drugs, shall submit to Congress a report updating  
11 Congress on the prevalence of xylazine trafficking,  
12 misuse, and proliferation in the United States, in-  
13 cluding—

14 (A) the status and results of research on  
15 the impact xylazine has on human health; and

16 (B) the effects of the classification of  
17 xylazine under the Controlled Substances Act  
18 (21 U.S.C. 801 et seq.) on the prevalence of  
19 xylazine trafficking, misuse, and proliferation in  
20 the United States.

21 (3) OBTAINING OFFICIAL DATA.—The Attorney  
22 General, acting through the Administrator of the  
23 Drug Enforcement Administration and in coordina-  
24 tion with the Commissioner of Food and Drugs, may  
25 secure directly from any department or agency of

1 the United States documents, statistical data, and  
2 other information necessary to carry out paragraphs  
3 (1) and (2). Upon receipt of a request from the At-  
4 torney General for such documents, data, and infor-  
5 mation, the head of the department or agency shall,  
6 in accordance with applicable procedures for the ap-  
7 propriate handling of classified information, prompt-  
8 ly provide reasonable access to such documents,  
9 data, and information.

10 (4) VIEWS OF EXPERTS FROM NON-FEDERAL  
11 ENTITIES.—In developing the reports under para-  
12 graphs (1) and (2), the Attorney General, acting  
13 through the Administrator of the Drug Enforcement  
14 Administration and in coordination with the Com-  
15 missioner of Food and Drugs, shall consult with,  
16 and take into consideration the views of, experts  
17 from appropriate non-Federal entities, including  
18 such experts from—

19 (A) the scientific and medical research  
20 community;

21 (B) the State and local law enforcement  
22 community; and

23 (C) community-based organizations.

1 **SEC. 204. TECHNICAL CORRECTIONS.**

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

4 (1) section 1252(a) of division FF of Public  
5 Law 117–328 is amended, in the matter being in-  
6 serted into section 302(e) of the Controlled Sub-  
7 stances Act, by striking “303(g)” and inserting  
8 “303(h)”;

9 (2) section 1262 of division FF of Public Law  
10 117–328 is amended—

11 (A) in subsection (a)—

12 (i) in the matter preceding paragraph  
13 (1), by striking “303(g)” and inserting  
14 “303(h)”;

15 (ii) in the matter being stricken by  
16 subsection (a)(2), by striking “(g)(1)” and  
17 inserting “(h)(1)”;

18 (iii) in the matter being inserted by  
19 subsection (a)(2), by striking “(g) Practi-  
20 tioners” and inserting “(h) Practitioners”;  
21 and

22 (B) in subsection (b)—

23 (i) in the matter being stricken by  
24 paragraph (1), by striking “303(g)(1)”  
25 and inserting “303(h)(1)”;

1 (ii) in the matter being inserted by  
2 paragraph (1), by striking “303(g)” and  
3 inserting “303(h)”;

4 (iii) in the matter being stricken by  
5 paragraph (2)(A), by striking “303(g)(2)”  
6 and inserting “303(h)(2)”;

7 (iv) in the matter being stricken by  
8 paragraph (3), by striking “303(g)(2)(B)”  
9 and inserting “303(h)(2)(B)”;

10 (v) in the matter being stricken by  
11 paragraph (5), by striking “303(g)” and  
12 inserting “303(h)”;

13 (vi) in the matter being stricken by  
14 paragraph (6), by striking “303(g)” and  
15 inserting “303(h)”;

16 (3) section 1263(b) of division FF of Public  
17 Law 117–328 is amended—

18 (A) by striking “303(g)(2)” and inserting  
19 “303(h)(2)”;

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

22 **SEC. 205. REQUIRED TRAINING FOR PRESCRIBERS OF CON-**  
23 **TROLLED SUBSTANCES.**

24 Section 303 of the Controlled Substances Act (21  
25 U.S.C. 823) is amended—

1           (1) by redesignating the second subsection (l)  
2           (added by section 1263 of division FF of Public Law  
3           117–328) as subsection (m); and

4           (2) in subsection (m), as redesignated—

5           (A) in paragraph (1)(A)(iv)—

6           (i) in subclause (I), by striking “or  
7           the Commission for Continuing Education  
8           Provider Recognition (CCEPR)” and in-  
9           serting “the Commission for Continuing  
10          Education Provider Recognition (CCEPR),  
11          the American Podiatric Medical Associa-  
12          tion, the Council on Podiatric Medical  
13          Education (CPME), or the Academy of  
14          General Dentistry”;

15          (ii) by redesignating subclauses (II),  
16          (III), and (IV) as subclauses (III), (IV),  
17          and (V), respectively; and

18          (iii) by inserting after subclause (I)  
19          the following:

20                 “(II) the American Academy of  
21                 Family Physicians or any organization  
22                 whose continuing medical education  
23                 activity has been approved or accred-  
24                 ited by the American Academy of  
25                 Family Physicians;” and

1 (iv) in subclause (V), as redesignated,  
2 by striking “any organization approved by  
3 the Assistant Secretary for Mental Health  
4 and Substance Use, the ACCME, or the  
5 CCEPR” and inserting “any organization  
6 approved by the ACCME or the CCEPR”;  
7 (B) in paragraph (1)(A)(v)—

8 (i) by inserting “podiatric medicine,”  
9 after “allopathic medicine, osteopathic  
10 medicine,”; and

11 (ii) by striking “allopathic or osteo-  
12 pathic medicine curriculum” and inserting  
13 “allopathic, osteopathic, or podiatric medi-  
14 cine curriculum”;

15 (C) in paragraph (1)(B)(i), by striking “or  
16 any other organization approved or accredited  
17 by the Assistant Secretary for Mental Health  
18 and Substance Use or the Accreditation Council  
19 for Continuing Medical Education” and insert-  
20 ing “the American Podiatric Medical Associa-  
21 tion, the Council on Podiatric Medical Edu-  
22 cation (CPME), the American Pharmacists As-  
23 sociation, the Accreditation Council for Phar-  
24 macy Education, the American Optometric As-  
25 sociation, the Academy of General Dentistry,

1 the American Psychiatric Nurses Association,  
2 the American Academy of Nursing, the Amer-  
3 ican Academy of Family Physicians, or any  
4 other organization approved or accredited by  
5 the American Academy of Family Physicians or  
6 the Accreditation Council for Continuing Med-  
7 ical Education”; and

8 (D) in paragraph (1)(B)(ii), by striking  
9 “from an accredited physician assistant school  
10 or accredited school of advanced practice nurs-  
11 ing” and inserting “from an accredited physi-  
12 cian assistant school, an accredited school of  
13 advanced practice nursing, or an accredited  
14 school of pharmacy”.

## 15 **TITLE III—MEDICAID**

### 16 **SEC. 301. EXTENDING REQUIREMENT FOR STATE MEDICAID**

#### 17 **PLANS TO PROVIDE COVERAGE FOR MEDICA-** 18 **TION-ASSISTED TREATMENT.**

19 (a) IN GENERAL.—Section 1905 of the Social Secu-  
20 rity Act (42 U.S.C. 1396d) is amended—

21 (1) in subsection (a)(29), by striking “for the  
22 period beginning October 1, 2020, and ending Sep-  
23 tember 30, 2025,” and inserting “beginning on Oc-  
24 tober 1, 2020,”; and





1 (B) in subparagraph (A), by inserting “,  
2 mental health condition, or a mental health con-  
3 dition co-occurring with substance use disorder”  
4 after “substance use disorder”;

5 (C) in subparagraph (B), by inserting  
6 “and mental health treatment services” after  
7 “substance use disorder treatment services”;

8 (D) in subparagraph (C)—

9 (i) by inserting “, mental health con-  
10 dition, or a mental health condition co-oc-  
11 curring with a substance use disorder diag-  
12 nosis” after “substance use disorder diag-  
13 nosis”; and

14 (ii) by inserting “or mental health  
15 treatment services, respectively,” after  
16 “substance use disorder treatment serv-  
17 ices”;

18 (E) in subparagraph (D), by inserting “,  
19 mental health condition, or a mental health con-  
20 dition co-occurring with substance use disorder”  
21 after “substance use disorder diagnosis”;

22 (F) in subparagraph (E), by inserting “or  
23 mental health treatment” after “substance use  
24 disorder treatment”; and

1 (G) in subparagraph (F), by inserting “,  
2 individuals with a mental health condition who  
3 receive mental health treatment services, and  
4 individuals with a co-occurring mental health  
5 condition and substance use disorder who re-  
6 ceive substance use disorder treatment services  
7 and mental health treatment services,” after  
8 “substance use disorder treatment services”;  
9 and  
10 (3) in paragraph (3), by striking “through  
11 2024”.

12 (b) APPLICATION.—The amendments made by sub-  
13 section (a)(1) shall apply beginning with respect to the  
14 first update made pursuant to section 1015(a)(3) of the  
15 SUPPORT for Patients and Communities Act (42 U.S.C.  
16 1320d–2 note) after the date that is 12 months after the  
17 date of enactment of this Act.

18 **SEC. 303. MONITORING PRESCRIBING OF ANTIPSYCHOTIC**  
19 **MEDICATIONS.**

20 Section 1902(oo)(1)(B) of the Social Security Act (42  
21 U.S.C. 1396a(oo)(1)(B)) is amended—

22 (1) in the subparagraph heading, by striking  
23 “BY CHILDREN”;

24 (2) by inserting “, and beginning on the date  
25 that is 24 months after the date of enactment of

1 Support for Patients and Communities Reauthoriza-  
2 tion Act, individuals over the age of 18, individuals  
3 receiving home and community-based services (as de-  
4 fined in section 9817(a)(2)(B) of Public Law 117-  
5 2), and individuals residing in institutional care set-  
6 tings (including nursing facilities, intermediate care  
7 facilities for individuals with intellectual disabilities,  
8 and other such institutional care settings) enrolled,”  
9 after “children enrolled”; and

10 (3) by striking “not more than the age of 18  
11 years” and inserting “subject to the program”.

12 **SEC. 304. LIFTING THE IMD EXCLUSION FOR SUBSTANCE**  
13 **USE DISORDER.**

14 (a) MAKING PERMANENT STATE PLAN AMENDMENT  
15 OPTION TO PROVIDE MEDICAL ASSISTANCE FOR CER-  
16 TAIN INDIVIDUALS WHO ARE PATIENTS IN CERTAIN IN-  
17 STITUTIONS FOR MENTAL DISEASES.—Section 1915(l)(1)  
18 of the Social Security Act (42 U.S.C. 1396n(l)(1)) is  
19 amended by striking “With respect to calendar quarters  
20 beginning during the period beginning October 1, 2019,  
21 and ending September 30, 2023,” and inserting “With re-  
22 spect to calendar quarters beginning on or after October  
23 1, 2019,”.

1 (b) MAINTENANCE OF EFFORT REVISION.—Section  
2 1915(l)(3) of the Social Security Act (42 U.S.C.  
3 1396n(l)(3)) is amended—

4 (1) in subparagraph (A)—

5 (A) in the matter preceding clause (i), by  
6 striking “other than under this title”; and

7 (B) in clause (i), by striking “or, if high-  
8 er,” and all that follows through “in accordance  
9 with this subsection”; and

10 (2) by adding at the end the following new sub-  
11 paragraph:

12 “(D) APPLICATION OF MAINTENANCE OF  
13 EFFORT REQUIREMENTS TO CERTAIN  
14 STATES.—In the case of a State with a State  
15 plan amendment in effect on the date of the en-  
16 actment of this subparagraph, for the 1-year  
17 period beginning on such date, the provisions of  
18 subparagraph (A) shall be applied as if the  
19 amendments to such subparagraph made by the  
20 Support for Patients and Communities Reau-  
21 thorization Act had never been made.”.

22 (c) ADDITIONAL REQUIREMENTS.—

23 (1) IN GENERAL.—

1 (A) GENERAL REQUIREMENTS.—Section  
2 1915(l)(4) of the Social Security Act (42  
3 U.S.C. 1396n(l)(4)) is amended—

4 (i) in subparagraph (A), by striking  
5 “through (D)” and inserting “through  
6 (F)”;

7 (ii) in subparagraph (D), in the mat-  
8 ter preceding clause (i), by inserting “have  
9 in place evidence-based, substance use dis-  
10 order-specific individual placement criteria  
11 and utilization management approach to  
12 ensure placement of such individual in an  
13 appropriate level of care and shall” after  
14 “State shall”; and

15 (iii) by adding at the end the fol-  
16 lowing new subparagraph:

17 “(E) REVIEW PROCESS.—The State shall  
18 have in place a process to review the compliance  
19 of eligible institutions for mental diseases with  
20 evidence-based, substance use disorder-specific  
21 program standards for eligible individuals speci-  
22 fied by the State.”.

23 (B) EFFECTIVE DATE.—The amendments  
24 made by subparagraph (A) shall apply with re-  
25 spect to medical assistance furnished in cal-

1           endar quarters beginning on or after October 1,  
2           2025.

3           (2)       ONE-TIME       ASSESSMENT.—Section  
4           1915(l)(4) of the Social Security Act (42 U.S.C.  
5           1396n(l)(4)), as amended by paragraph (1), is fur-  
6           ther amended by adding at the end the following  
7           new subparagraph:

8                   “(F) ASSESSMENT.—

9                           “(i) IN GENERAL.—The State shall,  
10                           not later than 12 months after the ap-  
11                           proval of a State plan amendment de-  
12                           scribed in this subsection (or, in the case  
13                           such State has such an amendment ap-  
14                           proved as of the date of the enactment of  
15                           this subparagraph, not later than 12  
16                           months after such date), commence an as-  
17                           sessment of—

18                                   “(I) the availability of treatment  
19                                   for individuals enrolled under a State  
20                                   plan under this title (or waiver of  
21                                   such plan) in each level of care de-  
22                                   scribed in subparagraph (C); and

23   “(II) the availability of medica-  
24   tion-assisted treatment and medically

1 supervised withdrawal management  
2 services for such individuals.

3 “(ii) REQUIRED COMPLETION.—The  
4 State compete an assessment described in  
5 clause (i) not later than 12 months after  
6 the date the State commences such assess-  
7 ment.”.

8 (3) CLARIFICATION OF LEVELS OF CARE.—Sec-  
9 tion 1915(l)(7)(A) of the Social Security Act (42  
10 U.S.C. 1396n(l)(7)(A)) is amended by inserting “(or  
11 any successor publication)” before the period.

12 **SEC. 305. PROHIBITION ON TERMINATION OF ENROLLMENT**  
13 **DUE TO INCARCERATION.**

14 (a) MEDICAID.—

15 (1) IN GENERAL.—Section 1902(a)(84)(A) of  
16 the Social Security Act (42 U.S.C.  
17 1396a(a)(86)(A)), as amended by section 5122(a)(2)  
18 of the Consolidated Appropriations Act, 2023 (Pub-  
19 lic Law 117–328), is further amended—

20 (A) by striking “under the State plan” and  
21 inserting “under the State plan (or waiver of  
22 such plan)”;

23 (B) by striking “who is an eligible juvenile  
24 (as defined in subsection (nn)(2))”;

1 (C) by striking “because the juvenile” and  
2 inserting “because the individual”;

3 (D) by striking “during the period the ju-  
4 venile” and inserting “during the period the in-  
5 dividual”; and

6 (E) by inserting “such an individual who is  
7 an eligible juvenile (as defined in subsection  
8 (nn)(2)) or a woman during pregnancy (and  
9 during the 60-day beginning on the last day of  
10 pregnancy) and” after “or in the case of”.

11 (2) EFFECTIVE DATE.—The amendments made  
12 by—

13 (A) subparagraph (A) of paragraph (1)  
14 shall take effect on the date of the enactment  
15 of this Act; and

16 (B) subparagraphs (B) through (E) of  
17 paragraph (1) shall take effect on January 1,  
18 2025.

19 (b) CHIP.—

20 (1) IN GENERAL.—Section 2102(d)(1)(A) of the  
21 Social Security Act (42 U.S.C. 1397bb(d)(1)(A)) is  
22 amended—

23 (A) by inserting “or pregnancy-related”  
24 after “child health”;



1 (B) by inserting “or targeted low-income  
2 pregnant woman” after “targeted low-income  
3 child”;

4 (C) by inserting “or pregnant woman”  
5 after “because the child”; and

6 (D) by inserting “or pregnant woman”  
7 after “during the period the child”.

8 (2) EFFECTIVE DATE.—The amendments made  
9 by paragraph (1) shall apply beginning January 1,  
10 2025.

11 (c) TECHNICAL CORRECTION.—Section  
12 1902(n)(2)(A) of the Social Security Act (42 U.S.C.  
13 1395a(a)(n)(2)(A)) is amended by striking “State plan”  
14 and inserting “State plan (or waiver of such plan)”.

15 **SEC. 306. STATE OPTION RELATING TO INMATES WHO ARE**  
16 **PREGNANT WOMEN PENDING DISPOSITION**  
17 **OF CHARGES.**

18 (a) STATE OPTION.—

19 (1) MEDICAID.—The subdivision (A) of section  
20 1905(a) of the Social Security Act (42 U.S.C.  
21 1396d(a)) following paragraph (31) of such section,  
22 as amended by section 5122 of the Consolidated Ap-  
23 propriations Act, 2023 (Public Law 117–328), is  
24 further amended by inserting “or a woman during  
25 pregnancy (and during the 60-day beginning on the

1 last day of pregnancy)” after “(as defined in section  
2 1902(nn)(2))”.

3 (2) CHIP.—Section 2110(b)(7) of the Social  
4 Security Act (42 U.S.C. 1397jj(b)(10)), as amended  
5 by section 5122 of the Consolidated Appropriations  
6 Act, 2023 (Public Law 117–328), is further amend-  
7 ed—

8 (A) by inserting “a woman during preg-  
9 nancy (and during the 60-day beginning on the  
10 last day of pregnancy) or” after “At the option  
11 of the State,”; and

12 (B) by striking “during the period that the  
13 child” and inserting “during the period that the  
14 woman or child”.

15 (3) EFFECTIVE DATE.—The amendments made  
16 by this subsection shall take effect on January 1,  
17 2025.

18 (b) TECHNICAL CORRECTION.—Section 5122(a)(1)  
19 of the Consolidated Appropriations Act, 2023 (Public Law  
20 117–328) is amended by striking “after” and all that fol-  
21 lows through the period at the end and inserting “after  
22 ‘or in the case of an eligible juvenile described in section  
23 1902(a)(84)(D) with respect to the screenings, diagnostic  
24 services, referrals, and targeted case management services  
25 required under such section’.”.

1 **SEC. 307. PERMITTING ACCESS TO MEDICAL ASSISTANCE**  
2 **UNDER THE MEDICAID PROGRAM FOR FOS-**  
3 **TER YOUTH.**

4 (a) **IN GENERAL.**—Section 1905(a) of the Social Se-  
5 curity Act (42 U.S.C. 1396d(a)) is amended by adding  
6 at the end the following new sentence: “In the case of an  
7 individual who is under the age of 21 and who is a patient  
8 in an institution for mental diseases that is a qualified  
9 residential treatment program (as defined in section  
10 472(k)(4)), the exclusion from the definition of medical  
11 assistance set forth in the subdivision (B) following the  
12 last numbered paragraph of this subsection shall not apply  
13 with respect to items and services furnished to such an  
14 individual when received outside of such program.”.

15 (b) **EFFECTIVE DATE.**—The amendment made by  
16 paragraph (1) shall apply with respect to medical assist-  
17 ance furnished in calendar quarters beginning on or after  
18 January 1, 2025.

19 **TITLE IV—OFFSETS**

20 **SEC. 401. PROMOTING VALUE IN MEDICAID MANAGED**  
21 **CARE.**

22 Section 1903(m)(9)(A) of the Social Security Act (42  
23 U.S.C. 1396b(m)(9)(A)) is amended by striking “(and be-  
24 fore fiscal year 2024)”.