



**Dallas County Behavioral Health Leadership Team**  
**Thursday, May 9, 2024**  
**9:30am -11:00am**  
**In-Person & Virtual Meetings via Microsoft Teams**

- I. Welcome and Call to Order
  - Review/Approval of April 11, 2024, Meeting Minutes
- II. Introductions
- III. North Texas Behavioral Health Authority (NTBHA) Update
- IV. Meadows Mental Health Policy Institute (MMHPI) Update
- V. Dallas County Behavioral Health Housing Workgroup Update
- VI. Dallas County Mental Health Advisory Committee Update
- VII. Legislative Update
- VIII. Funding Opportunities
  - SAMHSA Residential Treatment Grant Update
  - Community Courts Grant Update – Public Defender’s Office (PD)
  - Restorative Justice Division Update – District Attorney’s Office (RJD)
- IX. Upcoming Events and Notifications
- X. Public Comments
- XI. Adjournment

\* Indicates items requiring approval from Dallas County Behavioral Health Leadership Team  
The following reports from BHLT Committees are included for your records: *ACOT, BHSC, PD Mental Health Stats, North Texas Behavioral Health Authority, FUSE, The Cottages and RJD Stats*. Unless action is required, there will be no verbal updates from those committees.





**DALLAS COUNTY, TEXAS**  
**Minutes of the Behavioral Health Leadership Team Meeting**  
**Thursday, April 11, 2024**  
**<https://www.dallascounty.org/departments/criminal-justice/bhlt/>**

**Welcome and Call to Order**

Commissioner John Wiley Price called the Behavioral Health Leadership Team (BHLT) meeting to order at 9:32 AM. Commissioner Price welcomed everyone and announced that the meeting was being recorded and those who continued in attendance were consenting to being recorded as a part of the open records.

The Commissioner present was Commissioner John Wiley Price. Commissioner Price entertained a motion for opening the meeting. A motion was made and seconded by another participant. The motion was unanimously passed by the committee members.

**Review/Approval of Minutes**

The minutes of the BHLT meeting held on Thursday, March 14, 2024, were included in the meeting packet. Commissioner Price offered an opportunity for the minutes to be reviewed and approved. The minutes were approved as submitted.

**Introductions**

Commissioner Price welcomed everyone to the meeting and asked first-time attendees to introduce themselves.

- Alma Lopez- Dallas County Criminal Justice Department
- Dr. Chelsea Fidducia- Steven A. Cohen Military Family Clinic at Metrocare Services
- Justin Owens- Steven A. Cohen Military Family Clinic at Metrocare Services
- Caitlin Wilkinson- Ellis County Behavioral Health
- Dr. Raven Thousand- Regional C.A.R.E Team
- Lavette Domineck- Dallas County Veterans Services
- James Henderson- Dallas County Veterans Services

**Presentation: Steven A. Cohen Military Family Clinic at Metrocare Services**

**Dr. Chelsea Fiduccia** provided a presentation on Veterans Services at Metrocare. Established in 2016, Cohen Veterans Network (CVN) is a national nonprofit network of mental health clinics serving post-9/11 veterans, service members and military families through outpatient care. CVN partnered locally with Metrocare and has served nearly 5,000 veterans and family members in the North Texas area since opening the clinic. The Steven A. Cohen Military Family Clinic provides individual, couples and family therapy, short term medication management for those engaged in therapy, and ongoing support for employment, housing, finances, and education. The



Cohen Clinic also hosts community events for adults, families and children including those without military family affiliation. The Cohen Clinic is operated by a team of diverse and qualified individuals; 82% of employees are veterans or military family members, 55% identify as persons of color and among nine staff clinicians, four are male. Of the clients served, 54% are male, 45% are female and 1% identify as transgender or gender non-conforming. In regards to race and ethnicities of clients served, 46% are white, 24% Black or African America, 20% Hispanic or Latino, 5% Mixed or Other race and 5% Asian. The Cohen clinic is sustained through state grants, philanthropy (sponsorships, donations, and fundraising events) and client insurance such as Tricare. Individuals seeking more information about the Steven A. Cohen Military Family Clinic may contact the clinic at 469-680-3500 or email at [MFC@metrocareservices.org](mailto:MFC@metrocareservices.org).

#### **North Texas Behavioral Health Authority (NTBHA) Update**

**Carol Lucky**, NTBHA, provided the update. Ms. Lucky reported for the month of March, NTBHA served 24,966 adults and 8,310 children with a total of 33,276 individuals. Ms. Lucky reported, Ellis County will be the respite location for residential respite services, however the program will serve the entire NTBHA region. Ms. Lucky also reported NTBHA has received funding for additional Multisystemic Therapy Teams (MST) with the first team starting in Ellis County, one team in far east Dallas and the other in Kaufman. Ms. Lucky reported the Extended Observation Unit (EOU) contract with Parkland has also been extended. Lastly, Ms. Lucky reported that NTBHA has received a grant for an internship program with Texas A&M Commerce, Paul Quinn and University of North Texas at Dallas for eight interns starting in September.

#### **Meadows Mental Health Policy Institution (MMHPI)**

**Ron Stretcher**, MMHPI, referred to the Deflection Center report in the BHLT packet. Mr. Stretcher reports the Dallas Area Rapid Transit (DART) continues to be a good partner and utilizer of the Deflection Center. Mr. Stretcher stated he is looking at a few grants for incarcerated parents with minor children and will be reaching out to the committee members for assistance.

#### **Dallas County Behavioral Health Housing Workgroup (BHHWG)**

No report was provided during this meeting.

#### **Dallas County Mental Health Advisory Committee Update**

**Yordanos Melake**, Program Manager, Criminal Justice Department provided the update. Ms. Melake reported for the month of March, there were 2,748 magistrate orders for 16.22 screenings with 1,925 completed, 167 defendants refused screenings, 701 defendants unable to be located. Ms. Melake reported the Mental Health Advisory Committee met this past Tuesday and will continue to meet every other month on the 2<sup>nd</sup> Tuesday of the month with the next meeting scheduled for June 11<sup>th</sup>. Ms. Melake introduced Alma Lopez, the new Administrative Coordinator for the Dallas County Criminal Justice Department.

#### **Legislative Update**

**Janie Metzinger**, directed the committee to the budget items in the report. Ms. Metzinger states that the Consolidated Appropriations Act was passed and signed and is now Public Law 118-42. This act also passed the Tenant Based Rental Assistance (TBRA) program and \$195.5 million for Self Sufficiency and Supportive Services. Ms. Metzinger also discussed the SUPPORT for



Patients and Communities Act initially passed in 2018 and is now up for reauthorization. This Act increases funding for and reauthorizes expiring programs that support prevention, treatment and recovery. Lastly, Ms. Metzinger reported there are still no interim charges.

### **Funding Opportunities Updates**

- **SAMHSA Residential Treatment Grant Update**

**Marcus Turner**, Criminal Justice Department, provided the update. Mr. Turner reported that there were three SAMHSA admissions to Nexus Recovery Center with an average wait time of 30 days, Homeward Bound had one admission with an average wait time of 22 days. Mr. Turner reported that there were two total discharges for the month of March, one successful and one unsuccessful. Mr. Turner provided an update on the participant survey conducted in March, he stated based on this survey, 100% of participants are motivated for treatment, the most common reason was to improve their lives and relationship with their family members and loved ones, the second being, not wanting to be in custody. Mr. Turner also reported that 100% of participants have previously been in treatment.

**Deborah Hill**, Criminal Justice Department announced the departure of Shenna Oriabure, current program manager for the SAMHSA Grant and thanked her for her service.

- **Community Courts Grant Update-Public Defender's Office (PD)**

**Paul Blocker**, Interim Chief, Public Defender's Office, provided an update on a presentation hosted by the Public Defender's Office, presented by Becky White, mom, and advocate for Fentanyl awareness, who talked about her experience watching her son's battle with mental health and substance abuse, and his eventual death from Fentanyl poisoning. Mr. Blocker reported the PD's Office has received a grant from the Texas Indigent Defense Commission for four positions, these positions are designed to further competency efforts with regards to decreasing the wait list for hospitals.

- **Restorative Justice Division-District Attorney's Office (RJD)**

**Julie Turnbull**, District Attorney's Office referred to the report in the BHLT packet. Ms. Turnbull reports there is a meeting scheduled on April 23<sup>rd</sup> with the District Clerk's Office, the DA's Office, PD's Office, Private Defense Bar, Pre-Trial Specialty Court Judges and the Criminal Justice Department for implementation in Odyssey to input case events on individuals in and referred to a diversion program.

**Lee Pierson**, District Attorney's Office, stated there will be a Mental Health Symposium on November 14<sup>th</sup>. It will be hosted by NAMI and extended to Denton, Dallas and Collin County. Mr. Pierson reported there will be three tracks for Juvenile, Law Enforcement and Service Providers. Mr. Pierson stated he will also be asking for presentations from members of the committee to provide to the community at the symposium.

### **Upcoming Events and Notifications**

**Kristin Peterson**, Director of Social Work, Parkland Health welcomed Kurtis Young back to Parkland as he has returned to a senior director role.

### **Adjournment**

Commissioner Price thanked everyone for their service. The meeting was adjourned at 10:31 a.m.





**118<sup>th</sup> United States Congress**  
**Progress on Behavioral Health Bills**  
 Status as of April 26, 2024

Bill #	Sponsor	Subject	Committee	Hearing	Calendar	H/S Vote	To Other Chamber	Opposite Committee	Hearing	Calendar	H/S Vote	Conf. Comm.?	To Gov
<a href="#">HR 467</a>	Griffith	HALT Fentanyl Act	E&C			5-25-23	→S	S Judiciary					
<a href="#">S 1141</a>	Cassidy		Judiciary										
<a href="#">HR 472</a>	Joyce	Fighting PTSD Act	Judiciary										
<a href="#">S 645</a>	Grassley		HELP			3-2-23	→H						
<a href="#">HR 498</a>	Oberman	9-8-8 Cybersecurity	E&C	5-11-23 + am		3-6-24	→S	HELP					
<a href="#">S 1493</a>	Sinema		HELP										
<a href="#">HR 1639</a>	Lee	VA Zero Suicide Demonstration Project	Veterans' Affairs	7-18-23									
<a href="#">S 853</a>	Rosen		Veterans' Affairs	7-12-23									
<a href="#">HR 2577</a>	Thompson	9-8-8 Cybersecurity Responsibility Act	Homeland Security		10-20-23								
<a href="#">S 1137</a>	Peters		Homeland Security	5-17-23 +									
<a href="#">HR 3176</a>	Biggs	Veterans' Health Care Freedom Act	Veterans' Affairs										
<a href="#">S 1545</a>	Blackburn		Veterans' Affairs	7-12-23									
<a href="#">HR 3432</a>	Matsui	Telemental Health Care Access Act	E&C-Health	4-10-24									
<a href="#">S 3651</a>	Cassidy		Finance										
<a href="#">HR 3581</a>	Kiggans	COPE Act	Veterans' Affairs	7-16-23 CS+		12-4-23	→S	Veterans Affairs					
<a href="#">S 216</a>	Moran	RESPECT Act	Veterans' Affairs	2-16-23 + w/o am									
<a href="#">HR 4531</a>	Guthrie	SUPPORT For Patients and Communities Reauthorization Act	E&C	7-19-23 + w/am 49-0		12-12-23	→S	HELP					
<a href="#">S 3393</a>	Sanders		HELP	2-1-24+									
<a href="#">HR 4646</a>	Joyce	SIREN Act Reauthorization	E&C	3-20-24+									
<a href="#">S 265</a>	Durbin		HELP	7-26-23+		12-13-23	→H						
<a href="#">HR 7153</a>	Wild	Dr. Lorna Breen Provider Protection Act	E&C-Health	2-14-24+									
<a href="#">S 3679</a>	Kaine		HELP										

**Key:** E&C Health = House Energy and Commerce-Subcommittee on Health.

HELP=Senate Health, Education, Labor and Pensions Committee

*This document is intended for informational purposes only and is not intended to indicate a position for or against any legislation.*

*If you have questions, please contact Sabrina Conner at [sconner@ntbha.org](mailto:sconner@ntbha.org) or Janie Metzinger at [jmetzinger@ntbha.org](mailto:jmetzinger@ntbha.org)*



### U.S. House Bills

Bill #	Sponsor	Subject	Committee	Hearing	Calendar	H/S Vote	To Other Chamber	Opposite Committee	Hearing	Calendar	H/S Vote	Conf. Comm.?	To Gov
<a href="#">HR 134</a>	Buchanan	Remove geographic restrictions for telehealth	E&C	4-10-24									
<a href="#">HR 4366</a>	Carter	Consolidated Appropriations											PL 118-42
<a href="#">HR 6364</a>	Balderson	Medicare Telehealth	E&C	12-6-23+									
<a href="#">HR 7858</a>	James	Enhancement of Mental Health Act	E&C-Health	4-10-24									
<a href="#">HR 7863</a>	Steel, Bilirakis & Lee	Telehealth Guidance for Limited English Proficiency	E&C-Health	4-10-24									

### U.S. Senate Bills

Bill #	Sponsor	Subject	Committee	Hearing	Calendar	H/S Vote	To Other Chamber	Opposite Committee	Hearing	Calendar	H/S Vote	Conf. Comm.?	To Gov
<a href="#">S 600</a>	Johnson, Braun, Cotton & McConnell	Stopping Overdoses of Fentanyl Analogues Act	Judiciary										





### Texas Senate Finance Committee

- **Mental Health Services and Inpatient Facilities:**
  - Monitor the implementation of Senate Bill 30, 88th Legislature, Regular Session, with regard to appropriations made for expanding mental health services and inpatient facilities across the state.
  - Report on the progress of inpatient facility construction projects.
  - Assess and report on the effectiveness of spending on mental health services.

### Texas Senate Health and Human Services Committee

- **Children's Mental Health:**
  - Review care and services currently available to the growing population of Texas children with high acuity mental and behavioral health needs.
  - Make recommendations to improve access to care and services for these children that will support family preservation and prevent them from entering the child welfare system.
- **Access to Health Care:**
  - Evaluate current access to primary and mental health care.
  - Examine whether regulatory and licensing flexibilities could improve access to care, particularly in medically underserved areas of Texas.
  - Make recommendations, if any, to improve access to care while maintaining patient safety.
- **Health Insurance:**
  - Examine the Texas health insurance market and alternatives to employer-based insurance.
  - Identify barriers Texans face when navigating a complex health insurance market.
  - Make recommendations that help individuals obtain health care coverage.
- **Monitoring:**
  - Monitor the implementation of legislation addressed by the Senate Committee on Health and Human Services passed by the 88th Legislature, as well as relevant agencies and programs under the committee's jurisdiction. Specifically, make recommendations for any legislation needed to improve, enhance, or complete implementation of the following:
    - Senate Bill 26, relating to local mental health authority and local behavioral health authority audits and mental and behavioral health reporting, services, and programs.

### Texas Senate Veterans Affairs Committee

- **Veteran Mental Health:**
  - Review current programs that provide direct and indirect mental health services to veterans in Texas.
  - Identify barriers to accessing mental health resources for rural veterans.
  - Make recommendations to improve access to mental health support for all veterans.
- **Support Service Database for Texas Veterans**
  - Review and report on the progress toward the creation of a single database to facilitate the seamless provision of veteran benefits by state agencies.
  - Make recommendations to improve coordination among state, federal, and local agencies and others that provide benefits to veterans.



## Department of Criminal Justice FY2024 SAMHSA Grant Project

	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	FY2028 Total	FY2027 Total	FY2026 Total	FY2025 Total	FY2024 Total
<b>Nexus</b> New Admissions	0	2	2	1	1	3	6										15
<b>Nexus</b> Average Days in Jail from Referral to Admission		7.5	10	6	12	30	15										13.417
<b>Homeward Bound</b> New Admissions	0	3	2	2	2	1	5										15
<b>Homeward Bound</b> Average Days in Jail from Referral to Admission		18	36	36	21	22	19										25.333
<b>RESIDENTIAL TREATMENT DISCHARGES</b>																	
<b>Successful</b>	0	0	1	3	4	1	6										15
<b>Unsuccessful</b>	0	0	1	0	0	1	3										5
<b>REFERRING SPECIALTY COURTS FY2024</b>																	
<b>Number of Referrals by Specialty Courts</b>		AIM		3				DWI						STAR	1		
		ATLAS		3				IIP						Veterans			
		Competency		11				Legacy Family		2				4-C			
		DDC		1				MHJD/SET		8							
		DIVERT		5				STAC		8							

\*Homeward Bound Pending Admission: 1

\*Nexus Pending Admission: 1



HARRY INGRAM		FY2024 ATLAS STATISTICS												203rd			
MONTH	BEGINNING # OF PENDING CASES	+NEW CASES RECEIVED THIS MONTH	=TOTAL CASES	TBJ	TBC	PLEAS	REV	GRADUATES	PROBATION MODIFICATIONS	DISMISSALS	OTHERS	TOTAL DISPOSITIONS	ENDING # PENDING CASES **	CURRENT ATLAS PARTICIPANTS	CURRENT PARTICIPANTS IN CUSTODY	FORMER ATLAS PARTICIPANTS	BOND
April	40	3	43	0	0	0	0	0	0	0	0	0	43	20	0	0	20

HARRY INGRAM		FY2024 MISDEMEANOR DIVERT MENTAL HEALTH COURT STATS												CCCAP1/WADE			
MONTH	BEGINNING # OF PENDING CASES	Rediverts	+NEW CASES RECEIVED THIS MONTH	=TOTAL CASES	TBJ	TBC	PLEAS	DISMISSAL	OTHER	TOTAL DISPOSITIONS	ENDING # PENDING CASES **	CURRENT PARTICIPANTS	NUMBER OF GRADUATES	BOND***			
April	18	0	3	21	0	0	3	1	1	5	16	13	1	13			

HARRY INGRAM		FY2024 S.E.T. STATISTICS												291st			
MONTH	BEGINNING # OF PENDING CASES	+NEW CASES RECEIVED THIS MONTH	=TOTAL CASES	TBJ	TBC	PLEAS	REV	GRADUATES	PROBATION MODIFICATIONS	DISMISSALS	OTHERS	TOTAL DISPOSITIONS	ENDING # PENDING CASES **	CURRENT PARTICIPANTS	CURRENT PARTICIPANTS IN CUSTODY	FORMER PARTICIPANTS	BOND
April	45	10	55	0	0	0	0	0	0	1	8	9	46	0	0	0	0

April		FY2024 MHPD STATS											
	BEGINNING # OF PENDING CASES	+NEW CASES RECEIVED THIS MONTH	=TOTAL CASES	TRIALS	PLEAS	COND. DISM.	REVK	REVC	DISMISSALS	INCOMPETENT	REFERRALS	OTHER COUNSEL APPT.	TOTAL CLOSED
R. Lenox	294	35	329	0	10	0	0	2	20	6	3	13	54
L. Strather	377	26	403	0	4	1	0	0	7	1	1	12	26

April		FY2024 FELONY COMPETENCY STATISTICS														
MONTH	BEGINNING # OF CASES	NEW CASES THIS MONTH	TBJ	TBC	Alt. Trial Dispos.	PLEAS	REVO-CATIONS	DISMISSALS	PROBATION	COMP. HRG.	EXTENSIONS	CIVIL COMMIT.	MHMR REFERRAL	CONSULTS	OTHER	ENDING # OF PEOPLE IN OCR
M. Harden	220	7	0	0	0	7	2	15	0	13	0	0	0	0	0	16
R. Scott	30	3	0	0	0	3	0	0	0	3	0	0	0	0	0	3

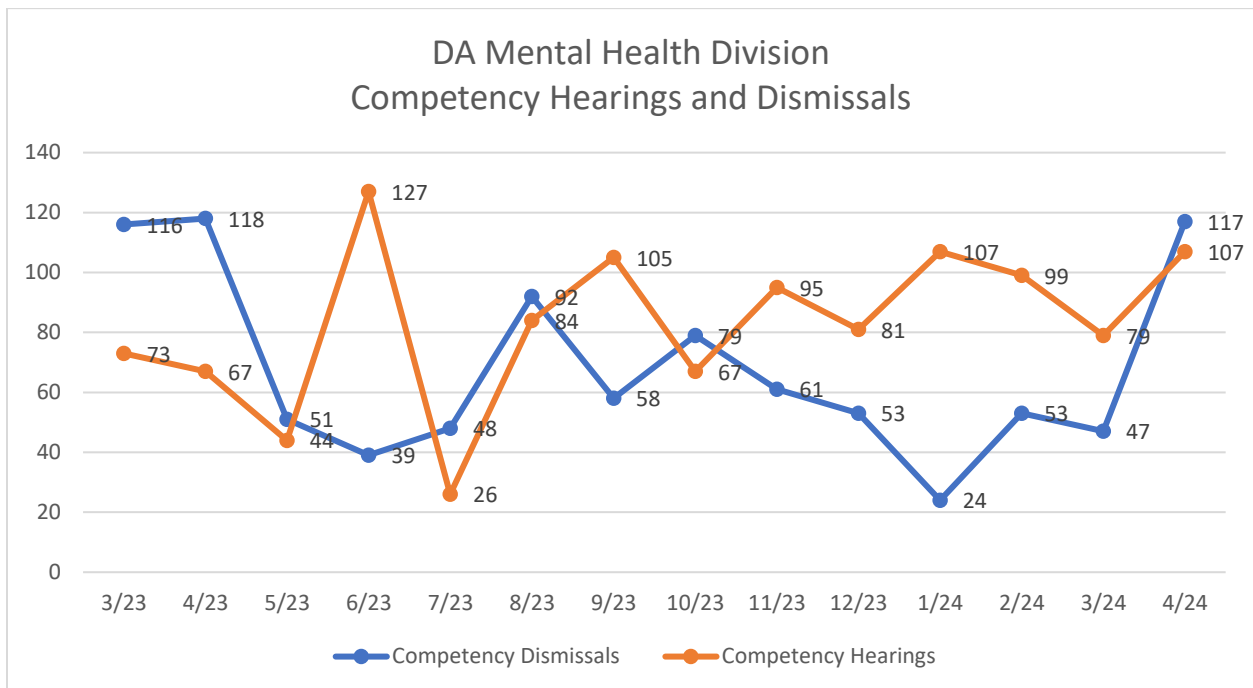
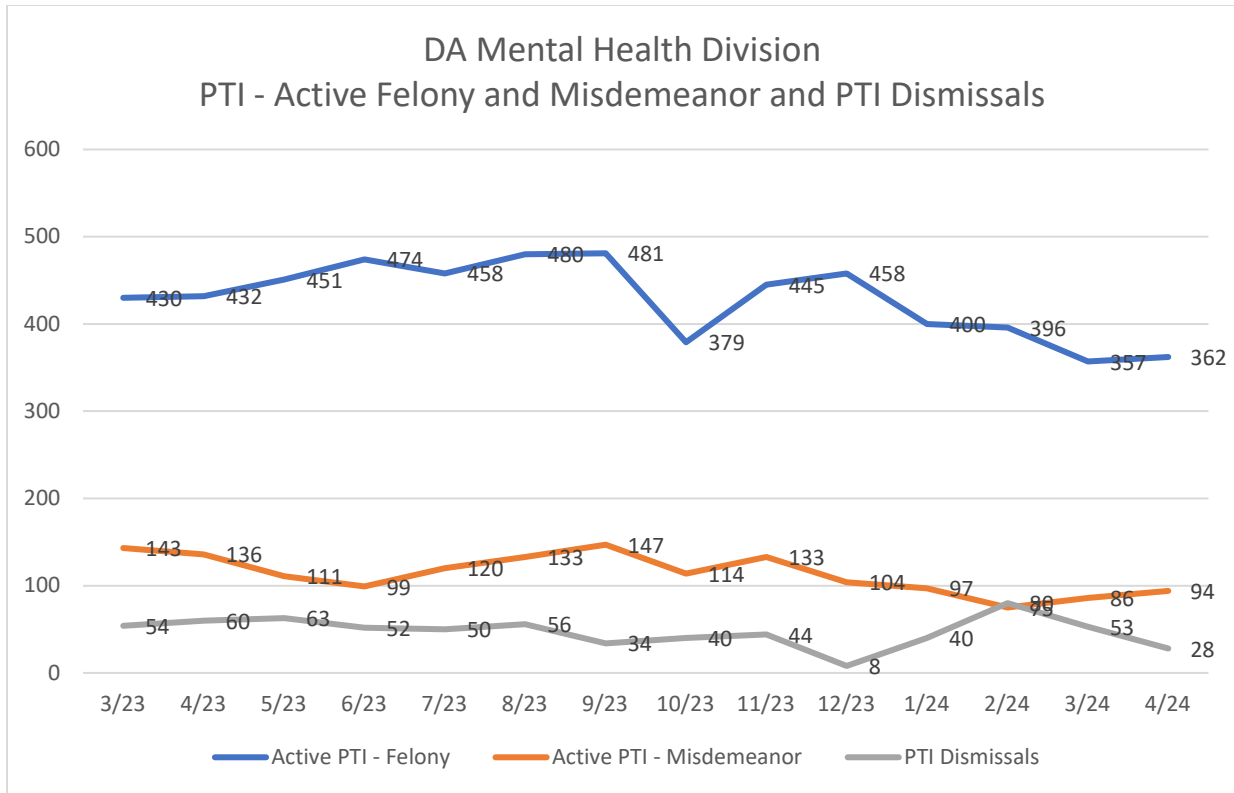
RANDALL SCOTT		FY2024 MISDEMEANOR COMPETENCY STATISTICS														
MONTH	BEGINNING # OF CASES	NEW CASES THIS MONTH	TBJ	TBC	Alt. Trial Dispos.	PLEAS	REVO-CATIONS	DISMISSALS	PROBATION	COMP. HRG.	EXTENSIONS	CIVIL COMMIT.	MHMR REFERRAL	CONSULTS	OTHER	ENDING # OF PEOPLE IN OCR
April	120	52	0	0	0	0	0	97	0	22	0	2	0	0	0	0

MI Court																									
MONTH	TOTAL NEW CASES RECEIVED	NEW CLIENTS AT TERRELL	NEW CLIENTS AT MEDICAL CENTER MCKINNEY	NEW CLIENTS AT GLEN OAKS	NEW CLIENTS AT TEXOMA	NEW CLIENTS AT PERIMETER BEHAVIORAL HEALTH CARE	NEW CLIENTS AT PARKLAND	NEW CLIENTS AT CLEMENTS (formerly ZALE LIPSHY)	NEW CLIENTS AT DALLAS PRESBYTERIAN	NEW CLIENTS AT DALLAS BEHAVIORAL HEALTH	NEW CLIENTS AT HICKORY TRAILS	NEW CLIENTS AT VA	NEW CLIENTS AT GREEN OAKS	NEW CLIENTS AT GARLAND BEHAVIORAL	NEW CLIENTS AT METHODIST RICHARDSON	NEW CLIENTS AT WELLBRIDGE	NEW CLIENTS AT THRLINGTON	MRM/ MLLW OOD/H AVEN	PROBABLE CAUSE HEARINGS HELD	NO CONTEST COMMIT	CONTESTED COMMIT	FORCED MEDS HEARING IN COURT	MODIFICATION HEARINGS	OUTPATIENT COMMIT	INPATIENT COMMIT
L. Roberts	123	8	13	34	0	6	0	0	0	62	0	0	0	0	0	0	0	0	0	0	14	19	0	0	0
C. Cox	115	0	0	0	0	0	91	8	16	0	0	0	0	0	0	0	0	0	1	1	9	8	0	1	9
K. Nelson	116	0	0	0	0	0	0	0	0	0	93	23	0	0	0	0	0	0	1	0	10	10	0	0	0
R. Black	105	0	0	0	0	0	0	0	0	0	0	0	45	0	32	28	0	0	7	0	1	1	0	0	0

DAN ECKSTEIN		MHPR BOND STATS										
MONTH	INITIAL ELIGIBILITY DAILY LIST (MH FLAGS)	MHPR BOND APPOINTMENTS FROM DAILY LIST (MH FLAGS MINUS THOSE SCREENED-OUT)	MHPR BOND HEARING- BOND GRANTED (# of clients)	MHPR BOND HEARING-BOND DENIED (# of clients)	TOTAL HEARING S (# of clients)	Total # of Cases	Total # of Felony Cases	# of Felonies Approved	# of Felonies Denied	Total # of Misd. Cases	# of Misd's Approved	# of Misd's Denied
April	2712	294	49	27	86	146	101	54	47	45	20	25

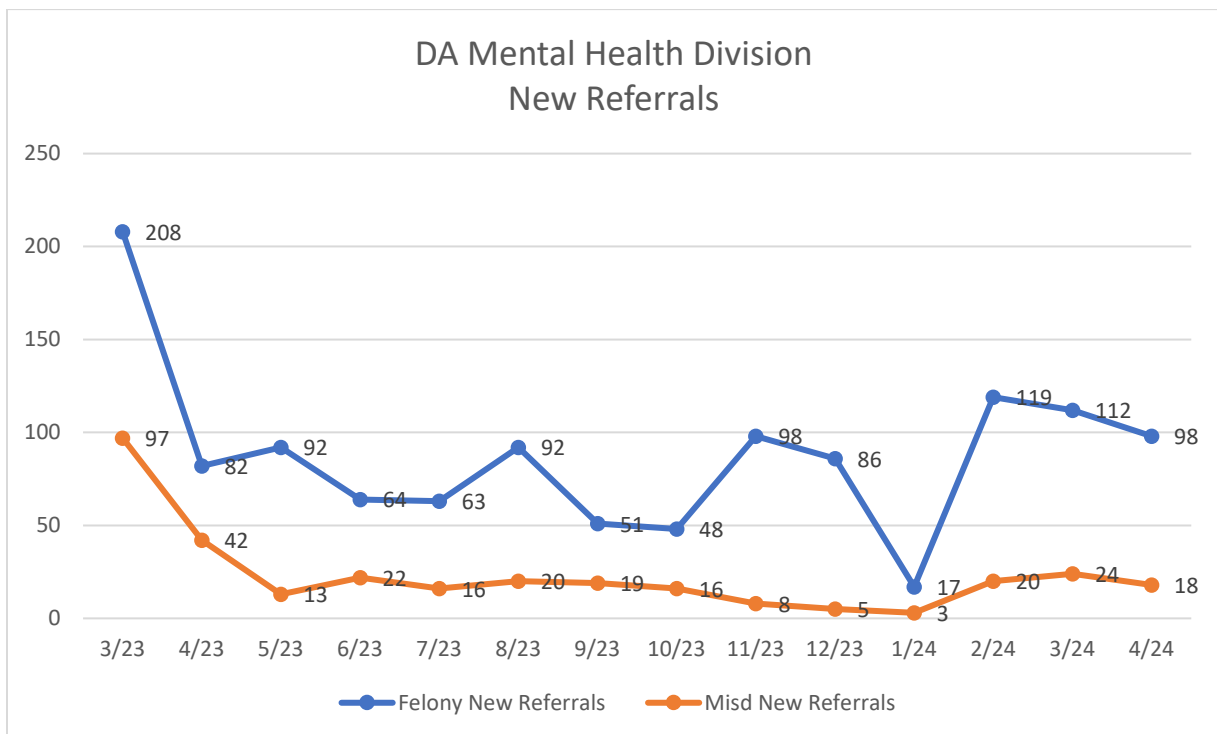
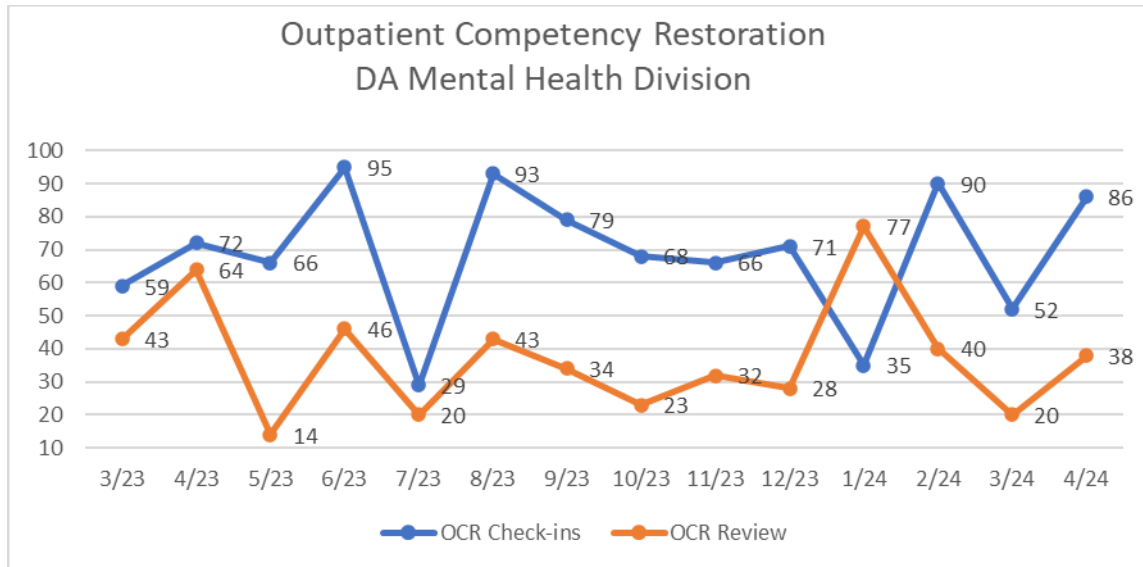


## Restorative Justice Division



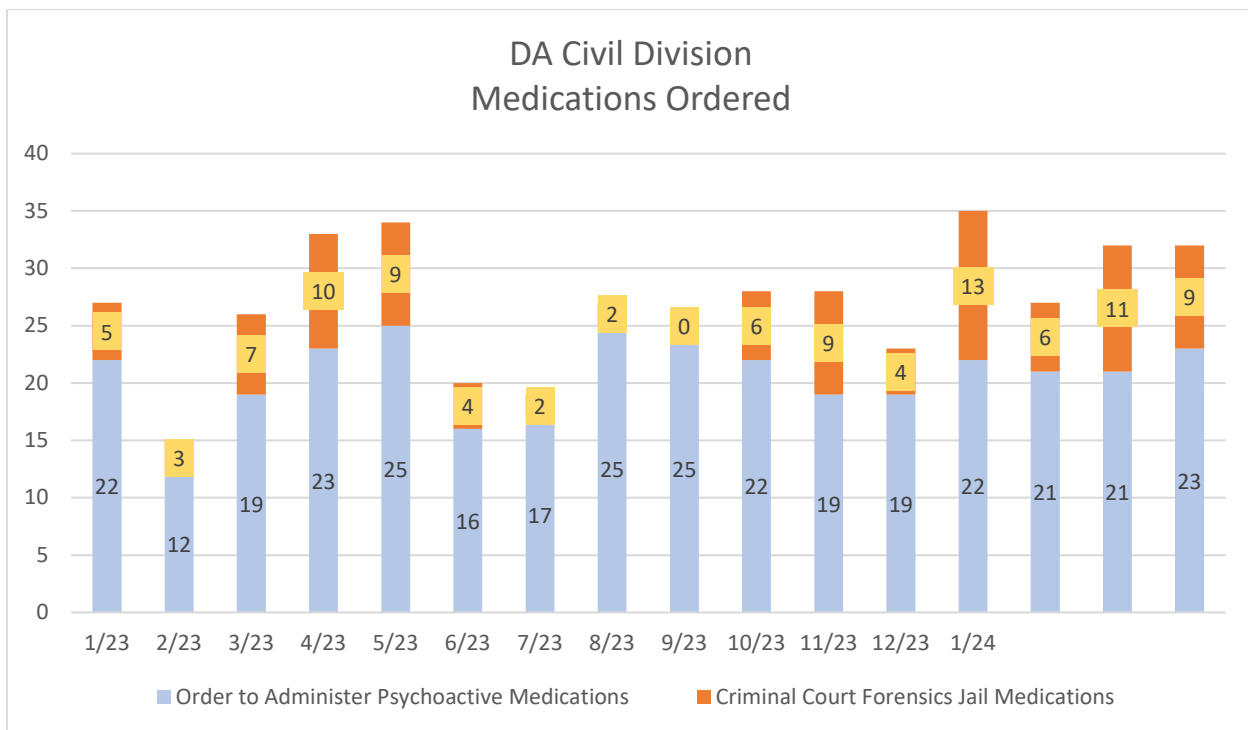
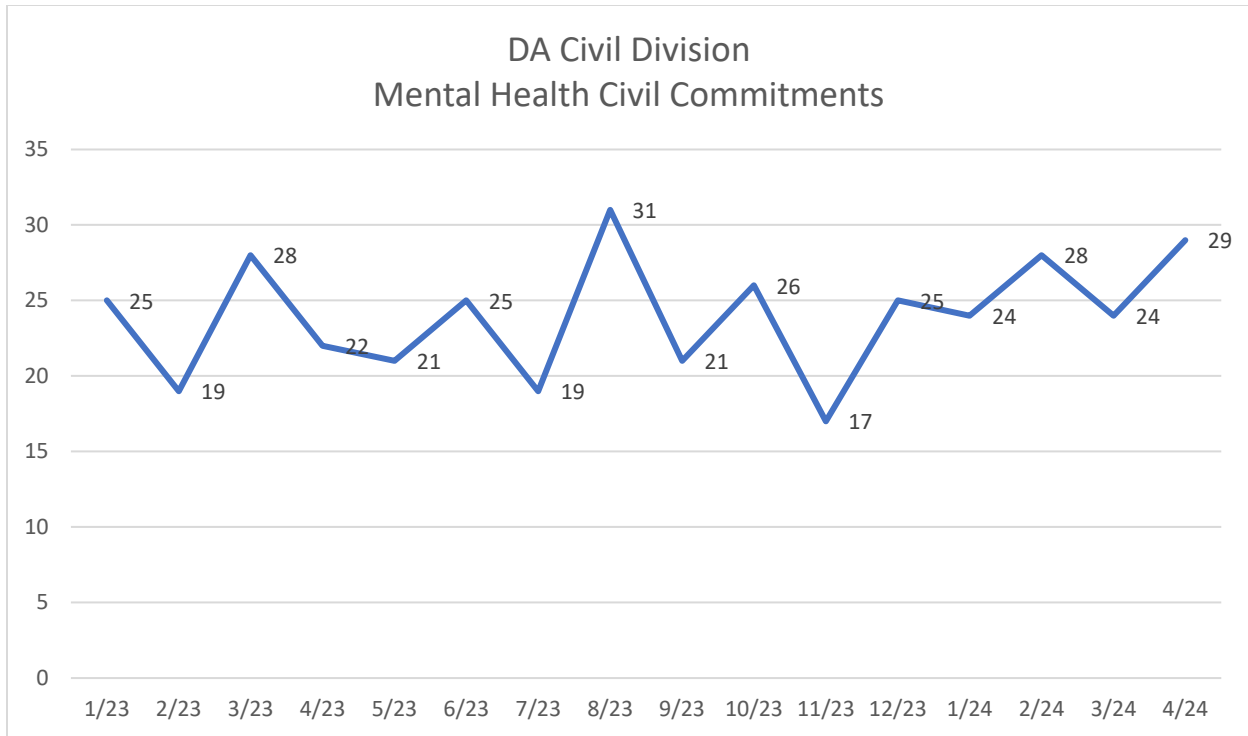


## Restorative Justice Division



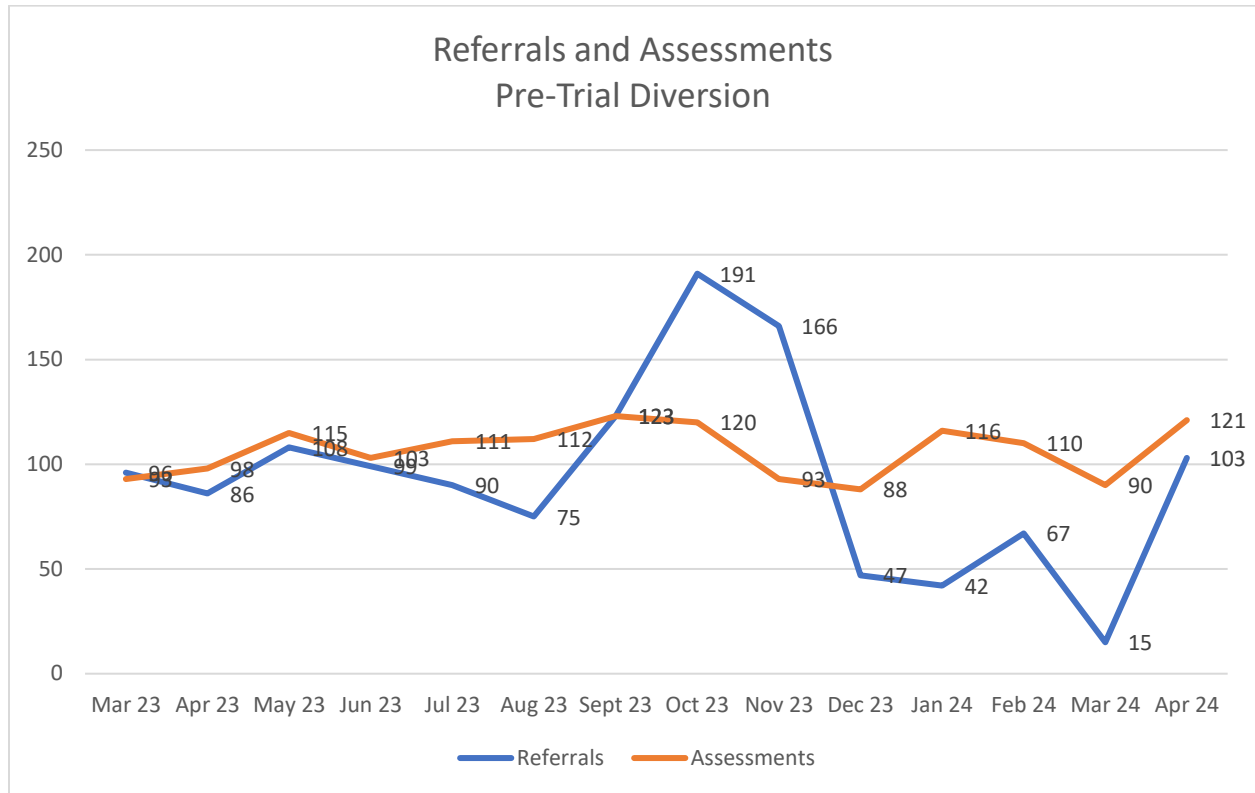


## Restorative Justice Division





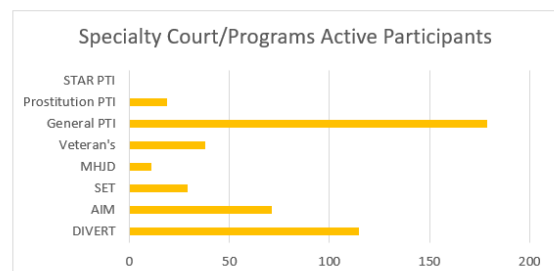
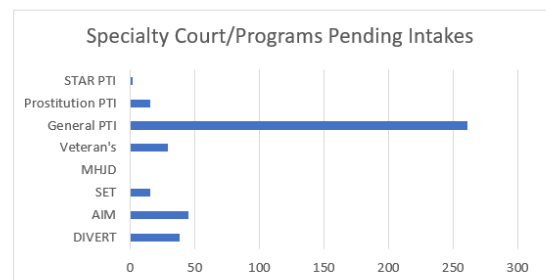
## Pre-Trial Diversion



Note: starting in March 2024, referrals are not counted until the signed Consent has been returned from the Attorney and Participant

### Specialty Court & Programs Monthly Statistics - April 2024

Specialty Court/Program	Pending Intake	Graduate	Failed	Active
DIVERT	38	12	3	115
AIM	45	6	0	71
SET	16	1	4	29
MHJD	0	2	2	11
Veteran's	29	3	0	38
General PTI	261	42	26	179
Prostitution PTI	16	2	1	19
STAR PTI	2	0	0	0

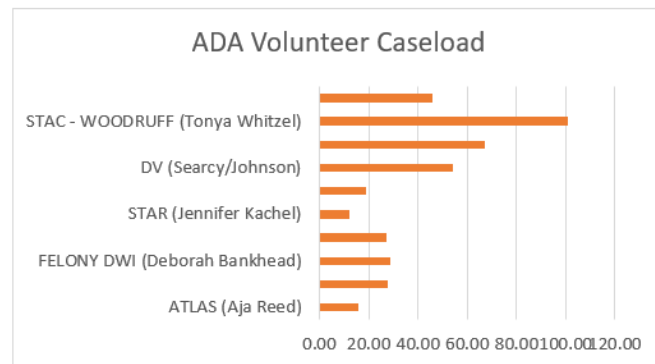
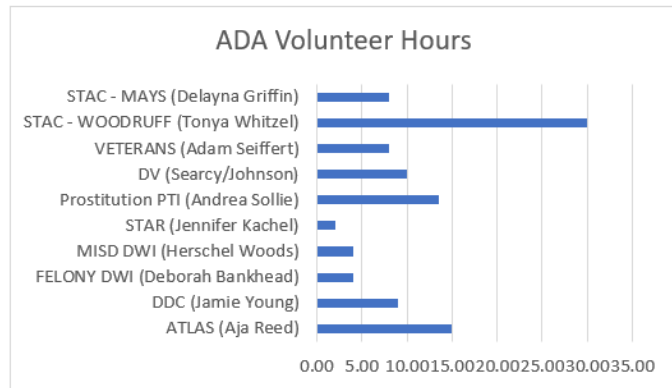




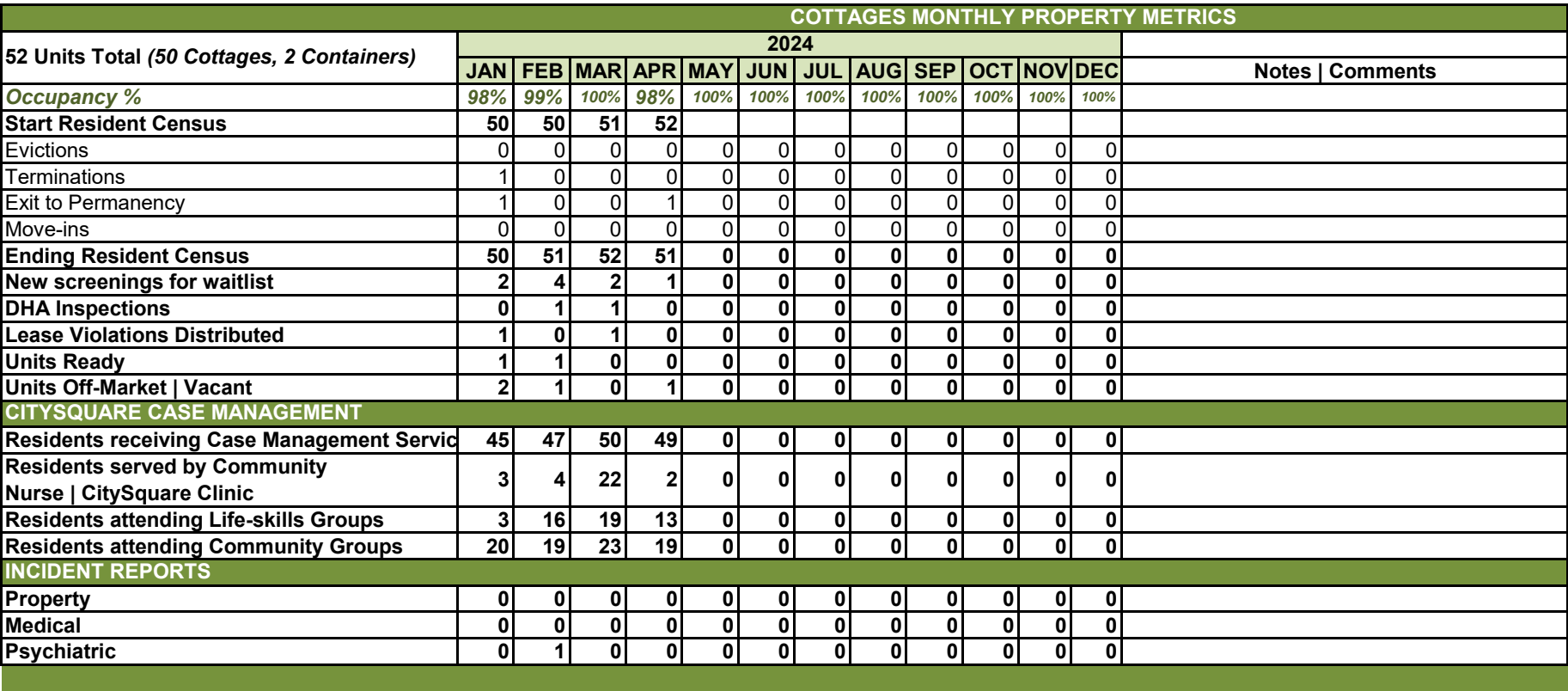
## Restorative Justice Division

### RJD SPECIALTY COURT/PROGRAMS ADA VOLUNTEER HOURS- April 2024

Specialty Court/Program	Hours	Caseload
ATLAS (Aja Reed)	15.00	16.00
DDC (Jamie Young)	9.00	28.00
FELONY DWI (Deborah Bankhead)	4.00	29.00
MISD DWI (Herschel Woods)	4.00	27.00
STAR (Jennifer Kachel)	2.00	12.00
Prostitution PTI (Andrea Sollie)	13.50	19.00
DV (Searcy/Johnson)	10.00	54.00
VETERANS (Adam Seiffert)	8.00	67.00
STAC - WOODRUFF (Tonya Whitzel)	30.00	101.00
STAC - MAYS (Delayna Griffin)	8.00	46.00











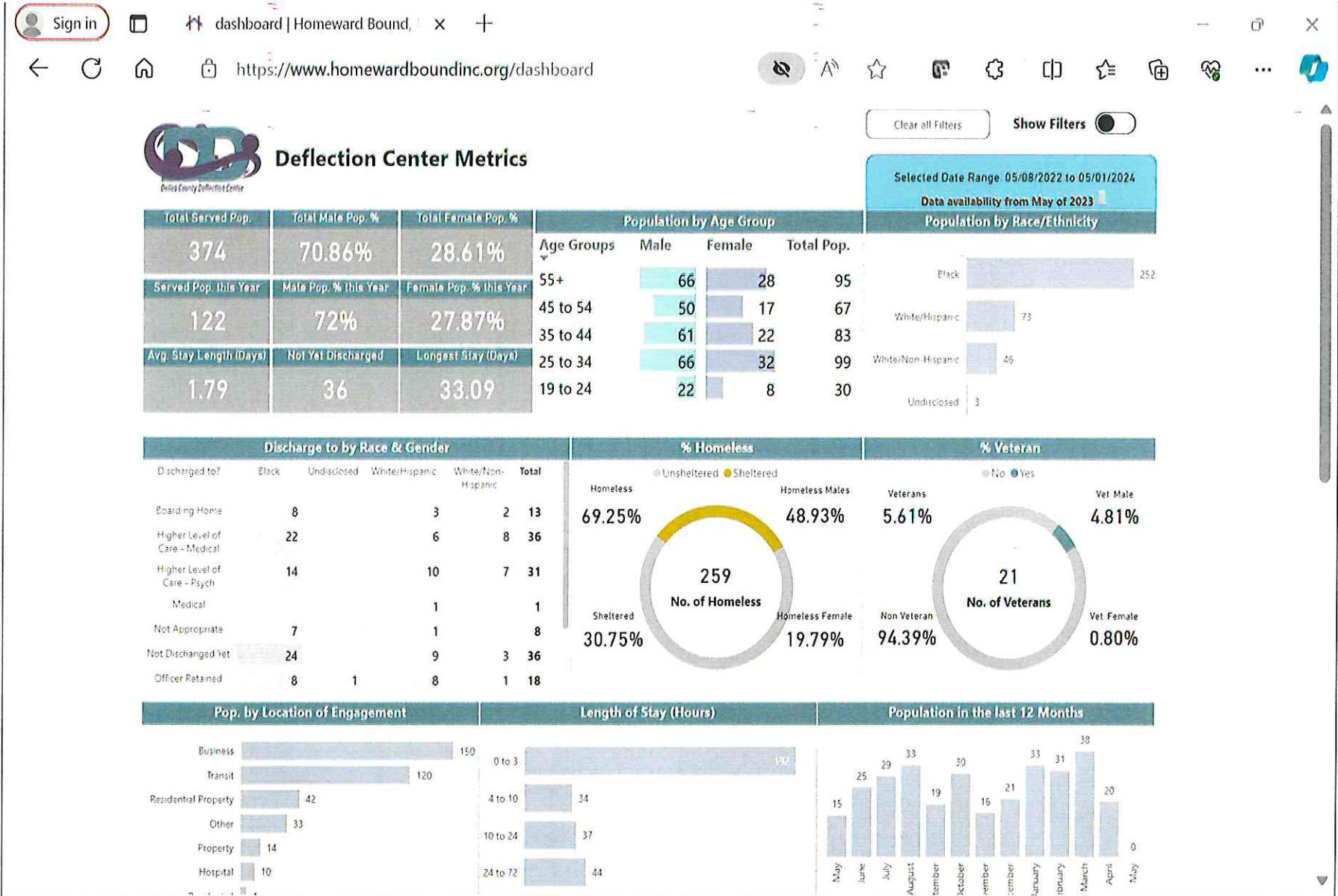
**Dallas County Behavioral Health Leadership Team**  
**Thursday, May 9, 2024**  
**Supplemental Packet**

**Includes:**

- Deflection Center Report
- US 118- SUPPORT Act Comparison Chart



# Deflection Center Dashboard







## Comparison of Proposed Changes for Reauthorization of the SUPPORT Act

Controlled Substances Act		
Current Law	HR 4531-Guthrie	S 3393-Sanders
	<p><u>Title II-Controlled Substances</u>  <u>Section 202-Reviewing the Scheduling of Approved Products Containing a Combination of Buprenorphine and Naloxone.</u>  <u>Amends</u>            (1) Directs HHS to review data re: scheduling products containing a combination of buprenorphine and naloxone that have been approved under 21 USC 355-New Drugs.            (2) Authorizes Attorney General to initiate rulemaking, if appropriate, in accordance with criteria in 21 USC 811 and 812.</p>	
		<p><u>Title I-Prevention</u>  <u>Section 114-Roundtable on Using Health Information Technology to Improve Mental Health and Substance Use Care Outcomes.</u>            -Public roundtable on expanded use of electronic health records for mental health and substance use service providers, and if outcomes improve.            -Roundtable to be 180 days after enactment.            -Report due 180 days after Roundtable.</p>
		<p><u>Title II-Treatment</u>  <u>Section 211-Mental Health Parity.</u>            Requires Inspectors General of US Department of Labor and HHS to report to Congress regarding:            -Non-quantitative treatment limits (NQTs).            -Analysis of guidance provided to insurers.            Review of enforcement processes            Review implementation of previous laws.            Report due by January 1, 2025.</p>
		<p><u>Title II-Treatment</u>  <u>Section 212-State Guidance Related to Individuals with Serious Mental Illness and Children with Serious Emotional Disturbance.</u>            -Directs HHS to review the use of Community MH Services Block Grant funds by states for First Episode Psychosis.            Report due one year after enactment.</p>
	<p><u>Title II-Controlled Substances</u>  <u>Section 203-Combating Illicit Xylazine</u>  <u>Amends 21 USC 802-Definitions-Section 102</u>            -Defines Xylazine.            -Places Xylazine on Schedule III.            -Directs Attorney General to collect data, consult with non-federal experts and report to Congress on: drug diversion, origination, risk of abuse of xylazine analogues, connection, if any, between licit and illicit supply chain.</p>	
	<p><u>Title II-Controlled Substances</u>  <u>Section 205-Required Training for Prescribers of Controlled Substances</u>  <u>Amends 21 USC 823-Registrations</u>            Adds:            -American Podiatric Medical Association            -Council on Podiatric Medical Education,            -American Pharmacists Association,            -Accreditation Council for Pharmacy Education,            -American Optometric Association,</p>	<p><u>Title IV-Technical Corrections</u>  <u>Section 403-Required Training for Prescribers of Controlled Substances.</u>  <u>Amends 21 USC 823-Registrations</u>            to make technical corrections related to the numbering of the various sections.</p>

*This document is intended for informational purposes only and is not intended to indicate a position for or against any legislation. If you have questions, please contact Sabrina Conner at [sconner@ntbha.org](mailto:sconner@ntbha.org) or Janie Metzinger at [jmetzinger@ntbha.org](mailto:jmetzinger@ntbha.org)*



## Controlled Substances Act-continued

	<p><u>Title II-Section 205-continued</u>            -Academy of General Dentistry,            -American Psychiatric Nurses Assn.,            -American Academy of Nursing,            -American Academy of Family Physicians or            any other organization approved and accredited by            the American Academy of Family Physicians or the            Accreditation Council for Continuing Medical            Education to the Commission for Continuing            Education Provider Recognition.</p>	
<p><u>SUPPORT Act</u>  <u>Title III-FDA and Controlled Substance Provisions</u>  <u>Subtitle B-Controlled Substance Provisions</u>  <u>Chapter 1-More Flexibility with Respect to</u>  <u>Medication-Assisted Treatment for Opioid Use</u>  <u>Disorders</u>  <u>Section 3203-Grants to Enhance Access to</u>  <u>Substance Use Disorder Treatment</u>            Amends the Controlled Substances Act's waivers for            medication-assisted treatment or detoxification to            include allopathic or osteopathic physicians in good            standing who have successfully completed a            comprehensive curriculum or accredited residency;            eight hours of training on treating and managing            opioid-dependent patients, opioid maintenance and            detoxification; appropriate clinical use of all drugs            approved by the Food and Drug Administration for            the treatment of opioid use disorder; initial and            periodic patient assessments (including substance            use monitoring); individualized treatment planning,            overdose reversal, and relapse prevention;            counseling and recovery support services; staffing            roles and considerations; diversion control and other            best practices. Directs HHS to consider ways to            ensure an adequate number of qualified            professionals in pediatrics to treat children and            adolescents with substance use disorders.            \$4,000,000 per fiscal year appropriated.</p>	<p><u>Title II-Controlled Substances</u>  <u>Section 204-Technical Corrections</u>            Revises numeration in            Consolidated Appropriations Act of 2023/            PL 117-328            and changes numeration in            21 USC 823(g)(2). Registration Requirements-            Research by Practitioners            to 21 USC 823 (h)(2).</p>	<p><u>Title II-Treatment</u>  <u>Section 205-Grants to Enhance Access to Substance</u>  <u>Use Disorder Treatment.</u>  <u>Amends 21 USC 823-Registration Requirements</u>            Minor wording changes related to the Secretary.</p>
	<p><u>Title II-Controlled Substances</u>  <u>Section 201-Delivery of Certain Substances by a</u>  <u>Pharmacy to an Administering Practitioner.</u>  <u>Amends Controlled Substances Act-21 USC 829a(a)</u>  <u>Registration Requirements</u>            Sec. 309A(a) Paragraph (2) "...the controlled            substance is a drug in a schedule III, IV, or V that is,            pursuant to the approval or licensure of such drug            under the Federal Food, Drug, and Cosmetic Act or            section 351 of the Public Health Service Act, to be            administered by, or under the supervision of, the            prescribing practitioner."</p>	<p><u>Title IV-Technical Amendments</u>  <u>Section 401-Delivery of a Controlled Substance by</u>  <u>a Pharmacy to an Administering Practitioner.</u>  <u>Amends 21 USC 829a(a) Registration Requirements</u>            to specify administration of Schedule III, IV, or V            drugs by injection or implantation for maintenance            or detoxification, or intranasally subject to risk            evaluation and mitigation with post-administration            monitoring by a health professional.</p>
		<p><u>Title II-Treatment</u>  <u>Section 210-Regulations Relating to Special</u>  <u>Registration for Telemedicine.</u>  <u>Amends 21 USC 831 (h)(2)-Additional</u>  <u>Requirements Relating to Online Pharmacies and</u>  <u>Telemedicine.</u>            Requires US Attorney General to promulgate final            regulations within one year of passage.</p>
		<p><u>Title IV-Technical Amendments</u>  <u>Section 402-Technical Correction on Controlled</u>  <u>Substances Dispensing.</u>            Amends Public Law 117-328-Consolidated            Appropriations Act of 2023 to make technical            corrections related to the numbering of the various            sections.</p>



Federal Education Code		
CURRENT LAW	HR 4531-Guthrie	S 3393-Sanders
		<p><u>Title II-Treatment</u>  <u>Section 215-Peer-to Peer Mental Health Support.</u>  Amends 20 USC 7801-Education-Elementary and Secondary Schools-Definitions.</p> <p>-Allows pilot programs and competitive grants for peer-to-peer mental health support activities for students in secondary schools overseen by a school-based mental health professional.  -Requires evaluation and report.  -Sunsets September 30, 2028.</p>



Food, Drug, and Cosmetic Act		
		<p><u>Title I-Prevention</u>  <u>Section 114-Guidance on At-Home Drug Disposal Systems.</u>  Directs HHS in consultation with DEA to publish guidance for at-home safe disposal systems for drugs.</p>
		<p><u>Title I-Prevention</u>  <u>Section 115-Review of Opioid Drugs and Actions.</u>  Directs HHS to publish a plan on the FDA website for a review of opioid analgesic drugs that considers</p> <ul style="list-style-type: none"> <li>-Public health effects of opioids.</li> <li>-Benefit-to-Risk assessment.</li> <li>-Increasing development of non-addictive medical products to treat pain or addiction.</li> <li>-Timeline for assessing need for labeling changes, post-marketing requirements, enforcement actions, withdrawals.</li> <li>-FDA's steps to support development/approval of non-addictive medical products to treat pain or addiction.</li> <li>-Overview of FDA clinical trial methodologies for analgesic drugs.</li> </ul>
		<p><u>Title I-Prevention</u>  <u>Section 116-Consideration of Enriched Enrollment Randomized Withdrawal Methodology (EERW).</u>  -Directs HHS, through FDA to convene a review of the EERW methodology in clinical trials of opioid analgesic drugs.  -Consider and make recommendations regarding alternative clinical study methodologies.  -Presentations must include equal time for critics of the EERW methodology.  -National Academy of Sciences shall conduct a study of EERW methodology  -Review labeling of all opioid analgesic drugs approved by FDA using EERW.</p>
<p>SUPPORT Act  <u>Title III-FDA and Controlled Substance Provisions</u>  <u>Subtitle A-FDA Provisions</u>  <u>Chapter 1-In General</u>  <u>Section 3001-Clarifying FDA Regulation of Non-Addictive Pain Products</u>  Requires HHS and US Food and Drug Administration (FDA) to hold at least one public meeting to address challenges and barriers of developing non-addictive products intended to treat acute or chronic pain or addiction. Requires HHS and FDA to issue or update guidance documents to address issues raised in above public meeting.  Due by October 2019.  21 USC 355-New Drugs Note</p>		
	<p><u>Title I-Public Health</u>  <u>Section 118-References to Opioid Overdose Reversal Agents in HHS Grant Programs.</u>  Amends 21 USC 355 , 21<sup>st</sup> Century Cures Act.  Grants must include references to naloxone and any opioid reversal drug approved by the FDA.</p>	
<p>SUPPORT Act  <u>Title III-FDA and Controlled Substances</u>  <u>Section 3001(b)</u>  "Not less than one year after the public meetings are conducted under subsection (a) the Secretary shall issue one or more final guidance documents, or update existing guidance documents, to help address challenges to developing non-addictive medical products to treat pain or addiction."</p>		<p><u>Title I-Prevention</u>  <u>Section 118-Guidance on Developing Non-Addictive Medical Products to Treat Pain or Addiction.</u>  Re: 21 USC 355-New Drugs  -Directs HHS to issue draft guidance to address non-addictive analgesics for chronic pain within 1 year of passage per SUPPORT Act Section 3001(b).</p>



Food, Drug, and Cosmetic Act—continued		
Current Law	HR 4531-Guthrie	S 393-Sanders
		<p><u>Title I-Prevention</u>  <u>Section 117-Approval of New Opioid Analgesic Drugs.</u>  Amends 21 USC 355(c)-Research Into Pediatric Uses for Drugs and Biological Products  Allows HHS to approve or deny an application for a new opioid analgesic drug considering if the drug “Provides a substantial improvement, in terms of greater safety or greater effectiveness, or major contribution to patient care, compared to an approved opioid analgesic drug”.</p>
<p>SUPPORT Act  <u>Title III-FDA and Controlled Substance Provisions</u>  <u>Subtitle B-Controlled Substance Provisions</u>  <u>Chapter 1-More Flexibility with Respect to Medication-Assisted Treatment for Opioid Use Disorders</u>  <u>Section 3203-Grants to Enhance Access to Substance Use Disorder Treatment</u>  Establishes grants to accredited medical schools and teaching hospitals to develop curricula for medication-assisted treatment. Appropriates \$4,000,000 per year for Fiscal Years 2019 through 2023.</p>		<p><u>Title II-Treatment</u>  <u>Section 205-Grants to Enhance Access to Substance Use Disorder Treatment.</u>  Amends 21 USC 823-Registration Requirements.  Minor wording change referring to the Secretary.</p>



Public Health		
Current Law	HR 4531-Guthrie	S 3393-Sanders
		<u>Title II-Treatment</u> <u>Section 216-Kid Proof Pilot</u> Allows grants to prevent or reduce the risk of suicide and drug overdose by children, adolescents and young adults. Sunsets September 30, 2028.
	<u>Title I-Public Health</u> <u>Section 120-Study Effects of Remote Monitoring on Individuals Who Are Prescribed Opioids</u> Requires the US Comptroller General to conduct and study evidence of efficacy, outcomes and cost savings of remote monitoring of individuals who are prescribed opioids. Also assess current prevalence, availability access, coverage of remote monitoring and provide a report with recommendations to Congress within 18 months of enactment.	
		<u>Title I-Prevention</u> <u>Section 120-Requirements for Electronic Prescribing for Controlled Substances Under Group Health Plans and Group and Individual Health Insurance Coverage.</u> <u>Amends 42 USC 300gg-117.</u> -Establishes requirements for Electronic prescribing for Schedule II, III, IV, or V controlled substances -Effective January 1, 2026.
SUPPORT Act <u>Title VII-Public Health Provisions</u> <u>Subtitle N-Trauma-Informed Care</u> <u>Section 7131(e)-</u> <u>Amends 42 USC 242t</u> CDC Surveillance and Data Collection for Child, Youth, and Adult Trauma Allows the Center for Disease Control and Prevention, in cooperation with States and Tribal Areas, collect data biennially on adverse childhood experiences (ACEs) through the Behavioral Risk Factor Surveillance System, the Youth Risk Behavior Surveillance System, and other relevant surveys, with special attention to rural and tribal areas. Appropriates \$2,000,000 per fiscal year for FY 2019 through FY 2023.	<u>Title I-Public Health</u> <u>Section 114-Monitoring and Reporting of Child, Youth, and Adult Trauma</u> <u>Amends 42 USC 242t(e)</u> Increases funding from \$2,000,000 per year to \$9,000,000 for 2024-2028.	<u>Title I-Prevention</u> <u>Section 107-Surveillance and Data Collection for Child, Youth, and Adult Trauma.</u> <u>Amends 42 USC 242t(e)</u> Authorizes CDC grants for States, Territories, Indian Tribes and Tribal Organizations to identify, implement, collect data, analyze and evaluate evidence-based public health activities to prevent or reduce adverse childhood experiences. -Requires report to Congress. -Increases funding from \$2,000,000 to \$7,000,000 per FY 2024-2028.
	<u>Title I-Public Health</u> <u>Section 101-Prenatal and Postnatal Health</u> <u>Amends 42 USC 247b-13(d)</u> Authorizes \$4,250,000 for prenatal and postnatal health for FY 2024-2028.	<u>Title I-Prevention</u> <u>Section 105-Prenatal and Postnatal Health</u> <u>Amends 42 USC 247b-13(d)</u> Continues authorization of “such sums a may be necessary for each fiscal year” for FY 2024-2028.
	<u>Title I-Public Health</u> <u>Section 102-Education re: Infections, Illicit Drugs</u> <u>Amends 42 USC 247b-15</u> Changes “Surveillance” to “Monitoring” in heading. Extends funding to FY 2024-2028.	<u>Title I-Prevention</u> <u>Sec. 102-Surveillance &amp; Education re: Infections Associated with Illicit Drug Use &amp; Other Risk Factors.</u> <u>Amends 42 USC 247b-15 (d)</u> Extends funding to FY 2024-2028.
SUPPORT Act <u>Title VII-Public Health Provisions</u> <u>Subtitle B-Pilot Program for Public Health Laboratories to Detect Fentanyl and Other Synthetic Opioids</u> <u>Section 7011-Pilot Program for Public Health Laboratories to Detect Fentanyl and Other Synthetic Opioids</u> <u>Amends 42 USC 247d-10</u> Authorizes grants for pilot programs in Federal, State and local agencies to improve detection and safety practices for synthetic opioids. Appropriates \$15,000,000 each fiscal year for FY 2019 through 2023.	<u>Title I-Public Health</u> <u>Section 113-Pilot Program for Public Health Labs to detect Fentanyl and Other Synthetic Opioids</u> <u>Amends 42 USC 247d-10</u> Adds public, private, and academic entities with expertise in detection and testing such as wastewater surveillance re: synthetic opioids including Fentanyl and analogues.	<u>Title I-Prevention</u> <u>Section 104-Pilot Program for Public Health Laboratories to Detect Fentanyl and Other Synthetic Opioids.</u> <u>Amends 42 USC 247d-10</u> by striking (d), which is the authorization of appropriations. Was \$15,000,000 per fiscal year.



Public Health-continued		
Current Law	HR 4531-Guthrie	S 3393-Sanders
	<p><u>Title I-Public Health</u>  <u>Section 103-Preventing Overdoses</u>  (a) Amends 42 USC 280b-1 (a)(2)(D) Purpose Adds “new and emerging public health crisis such as the fentanyl crisis” to grants for evidence-based prevention activities.  (b) 42 USC 280b-1(a)(3)(A) Use of Grants. Adds use of wastewater surveillance to survey controlled substance use in communities.  (c) 42 USC 280b-1(e) Prevention Grants. Increases funding from \$495,000,000 per fiscal year to \$505,579,000 for FY 2024-2028.</p>	<p><u>Title I-Prevention</u>  <u>Section 103-Preventing Overdoses of Controlled Substances.</u>  Amends 42 USC 280b-1  -Expands prevention activities to evaluating interventions to prevent controlled substance overdoses “and associated risks”.  -Expands projects for innovative prevention approaches by striking opioids and inserting “substances causing overdose”  -Expand grants to “rapidly identify substances causing overdose, respond to controlled substance misuse, abuse, and overdoses and associated risk factors, including changes in patterns of controlled substance use, an  -Adds overdose risk factors to grants for data collection  -Modernizes system for “eoding monitoring and identifying causes of death related to controlled substance overdoses.  -Expands support for entities “providing information on controlled substances overdoses such as coroners, medical examiners, and public health laboratories to improve accurate testing and standardized reporting of causes and contributing factors to controlled substances overdoses and analysis of various opioid analogs and other emerging substances to controlled substance overdoses.”  -Increases funding from \$496,000,000 per fiscal year to \$505,579,000 per FY 2024-2028.</p>
		<p><u>Title I-Prevention</u>  <u>Section 110-Support for Individuals and Families Impacted by Fetal Alcohol Spectrum Disorder.</u>  Amends 42 USC 280f et seq.  Changes heading to Fetal Alcohol Spectrum Disorders Prevention, Intervention.  -Adds culturally and linguistically appropriate evidence -based or -informed interventions and supports for preventing prenatal alcohol exposure, which may co-occur with exposure to other substances.  -Grants for States, Indian Tribes, Tribal Organization, local governments, scientific or academic institution or non-profit organization.</p>
		<p><u>Title I-Prevention</u>  <u>Section 119-National Chronic Pain Information System.</u>  Amends 42 USC 280g.  Adds National Chronic Pain Information System to the Public Health Service.</p>
		<p><u>Title I-Prevention</u>  <u>Section 111-Promoting State Choice in Prescription Drug Monitoring Programs (PDMPs).</u>  Amends 42 USC 280g-3(h)  Allows States to choose vendors for PDMP in accordance with recognized standards.</p>
<p>SUPPORT Act  <u>Title VII-Public Health Provisions</u>  <u>Subtitle N-Trauma-Informed Care</u>  Section 7134</p>		<p><u>Section 206-Grants to Improve Trauma Support Services and Mental Health Care for Children and Youth in Educational Settings</u>  Amends 42 USC 280(h)-7  -Adds early intervention services.  -Adds developmentally appropriate services.  -Extends program through 2024-2028.</p>



Public Health-continued		
Current Law	HR 4531-Guthrie	S 3393-Sanders
	<u>Title I-Public Health</u> <u>Section 104-Residential Treatment Programs for Pregnant and Postpartum Women</u> Amends 42 USC 290bb-1. Increases funding from \$29,931,000/year to \$38,931,000 for FY 2024-2028.	<u>Title II-Treatment</u> <u>Section 201-Residential Treatment Program for Pregnant and Postpartum Women.</u> Amends 42 USC 290bb-1 -Requires plans to describe outreach to women disproportionately impacted by maternal substance use disorder. -Increases funding from \$29,931,000 per fiscal year to \$38,931,000 for FY 2024-2028.
<u>Title VII-Public Health Provisions</u> <u>Subtitle K-Treatment, Education, and Community Help to Combat Addiction</u> <u>Section 7102 (c)(9)</u> Amends the Public Health Services Act 42 USC 290bb-7 to add the term <i>young adults</i> to <i>children and adolescents</i> to its substance abuse treatment services under Section 514. Establishes a resource center for technical assistance for recipients of 3-year Youth Prevention and Recovery Initiative grants. Defines grant eligibility for youth-serving agencies. Directs HHS to develop best practices for prevention, recovery support services and treatment referrals. Appropriates \$10,000,000 to HHS for each fiscal year for fiscal years 2019 through 2023.	<u>Title I-Public Health</u> <u>Section 105-Youth Prevention and Recovery</u> Amends SUPPORT for Patients and Communities Act Section 7102(c)(9)—USC 290bb-7a(c)(9) to extend current funding for FY 2024-2028.	<u>Title I-Prevention</u> <u>Section 113-Bruce's Law.</u> Amends 42 USC 290bb-7a(c) Youth Prevention and Recovery -Adds (3)(A)(i)–“Primary prevention, <i>which may include strategies to increase education and awareness of the potency and dangers of synthetic opioids (including drugs contaminated with fentanyl) and, as appropriate, other emerging drug use or misuse issues</i> ”. -Also adds the above definition to (4)(A) related to grants. Amends 42 USC 290aa -Eliminates the position of SAMHSA Chief Medical Officer. -Establishes an Interdepartmental Substance Use Disorders Coordinating Committee. -Authorizes Working Groups to carry out duties of the Associate Administrator for Alcohol Prevention and Treatment Policy. -Establishes a Federal Interagency Work Group on Fentanyl Contamination of Illegal Drugs...consisting of representatives from relevant Federal departments and agencies on the Committee. Requires annual report to HHS Secretary and Congress. Committee sunsets on September 30, 2028.
		<u>Title III-Recovery</u> <u>Section 301-Youth Prevention and Recovery</u> Amends 42 USC 290bb-7a(c) -Adds “consortia of local education agencies” to eligible agencies. -Increases appropriations to: 2024: \$10,000,000 2025: \$12,000,000 2026: \$14,000,000 2027: \$16,000,000 2028: \$18,000,000
		<u>Title I-Prevention</u> <u>Section 112-Protecting Suicide Prevention Lifeline from Cybersecurity Incidents.</u> Amends 42USC 290bb-36c(b) -Authorizes steps to protect suicide prevention hotline from cybersecurity incidents and eliminates known cybersecurity vulnerabilities. -Requires local and regional crisis centers participating in the suicide prevention hotline to: <ul style="list-style-type: none"> <li>• Make reports to the network administrator in a manner that protects personal privacy according to State and Federal laws.</li> <li>• Report vulnerabilities or incidents within a reasonable time.</li> <li>• Oversee technology each center employs in the provision of services as a participant in the program.</li> </ul> Network Administrator shall report incidents and vulnerabilities to the HHS Secretary within a reasonable time.



Public Health Service Act		
Current Law	HR 4531-Guthrie	S 3393-Sanders
		<p><u>Title I-Prevention</u>  <u>Section 112-Protecting Suicide Prevention Lifeline from Cybersecurity Incidents.</u>  Amends 42USC 290bb-36c(b)  -Authorizes steps to protect suicide prevention hotline from cybersecurity incidents and eliminates known cybersecurity vulnerabilities.  -Requires local and regional crisis centers participating in the suicide prevention hotline to:</p> <ul style="list-style-type: none"> <li>• Make reports to the network administrator in a manner that protects personal privacy according to State and Federal laws.</li> <li>• Report vulnerabilities or incidents within a reasonable time.</li> <li>• Oversee technology each center employs in the provision of services as a participant in the program.</li> </ul> <p>Network Administrator shall report incidents and vulnerabilities to the HHS Secretary within a reasonable time.</p>
<p>SUPPORT Act  <u>Title VII-Public Health Provisions</u>  <u>Subtitle F-Jessie's Law</u>  <u>Section 7053-Development and Dissemination of Model Training Programs for Substance Use Disorder Patient Records</u>  Requires HHS to identify, develop and disseminate model training programs for health care providers and their general counsels or compliance staff concerning permitted uses and disclosure of medical information of patients with SUD. Appropriates \$4,000,000 for FY 2019, \$2,000,000 each for 2020 and 2021 and \$1,000,000 each for 2022 and 2023</p>		<p><u>Title II-Treatment</u>  <u>Section 207- Development and Dissemination of Model Training Programs for Substance Use Disorder Patient Records.</u>  Amends 42 USC 290dd-2  Strikes Subsection (c), which authorized appropriations.</p>
	<p><u>Title I-Public Health</u>  <u>Section 106-First Responder Training</u>  Amends 42 USC 290ee-1(h)  Increases funding from \$36,000,000/year to \$56,000,000 for FY 2024-2028.</p>	<p><u>Title I-Prevention</u>  <u>Section 101-First Responder Training Program</u>  Amends 42 USC 290ee-1  Increases funding from \$36,000,000/year to \$56,000,000 for FY 2024-2028</p>
	<p><u>Title I-Public Health</u>  <u>Section 108-National Peer-Run Training and Technical Assistance Center for Addiction and Recovery Support</u>  Amends 42 USC 290ee-2a(e)  Increases funding from \$1,000,000 to \$2,000,000.</p>	<p><u>Title III-Recovery</u>  <u>Section 304-Peer Support Technical Assistance Center.</u>  Amends 42 USC 290ee-2a  Adds:  -Professional development of peer support specialists and  -Making recovery support services available in nonclinical settings.  -Establishes a regional technical assistance center pilot program  -Requires a report to Congress after 4 years.  -Increases appropriation from \$1,000,000 per year to \$2,000,000 for FY 2024 through 2028.</p>
	<p><u>Title I-Public Health</u>  <u>Section 107-Building Communities of Recovery</u>  Amends 42 USC 290ee-2(f)  Increases funding from \$5,000,000 to \$16,000,000 FY 2024-2028.</p>	<p><u>Title III-Recovery</u>  <u>Section 303-Guiding Communities of Recovery.</u>  Amends 42 USC 290ee-2(f)  Increases funding from \$ 5,000,000 per fiscal year to \$16,000,000 for FY 2024 through 2028.</p>



Public Health Service-continued		
Current Law	HR 4531-Guthrie	S 3393-Sanders
	<u>Title I-Public Health</u> <u>Section 119-Addressing Concurrent SUDs Through Grant Program for State &amp; Tribal Response to OUD</u> (b) Amends 42 USC 290ee-3 Requires report to Congress. (c) Amends 42 USC 290ee-3 Defines: <ul style="list-style-type: none"> <li>• Other Concurrent Substance Use Disorders.</li> <li>• Alcohol use disorders co-occurring with opioid misuse and use disorders as a primary disorder or</li> <li>• Alcohol disorders co-occurring with stimulant misuse and use disorders as a primary disorder.</li> </ul>	
	<u>Title I-Public Health</u> <u>Section 117-Grants for State and Tribal Response</u> Amends Section 1003(b)(4)(A) of the 21 <sup>st</sup> Century Cures Act—42 USC 290ee-3a(b)(4)(A). Adds fentanyl or xylazine test strips to FDA approved devices.	<u>Title I-Prevention</u> <u>Section 109-Clarification of Use of Funds for Products Used to Prevent Overdose Deaths.</u> Amends 42 USC 290ee-3a (b)(4)(A) to include in the in the 21 <sup>st</sup> Century Cures Act, “ <i>facilitating access to products used to prevent overdose deaths by detecting the presence of one or more substances</i> ”.
		<u>Title II-Treatment</u> <u>Section 203-Regional Centers of Excellence in Substance Use Disorder Education</u> Amends 42 USC 290ee-6 Strikes the funding clause, which was \$4,000,000 per fiscal year.
	<u>Title I-Public Health</u> <u>Section 109-Comprehensive Opioid Recovery Ctrs.</u> (a) Amends 42 USC 290ee-7(j) Reauthorizes for 2024-2028. (b) Amends 42 USC 290ee-7(d) Capacity -Requires letter of intent from partner agencies. -Partner agencies must primarily deliver mental health or SUD services to provide the full continuum of treatment services. (c) Amends 42 USC 290ee-7(g) -Allows centers to provide services directly, through referral, or by contractual arrangements.	<u>Title III-Recovery</u> <u>Section 302-Comprehensive Opioid Recovery Ctrs.</u> Amends 42 USC 290ee-7 Extend provisions through 2024-2028.
<u>Title VII-Public Health Provisions</u> <u>Subtitle S-Other Health Provisions</u> <u>Section 7183-CAREER Act</u> Amends 42 USC 290ee-8 Directs the U. S. HHS, consulting with the Department of Labor to continue or establish a program to support individuals in SUD treatment and recovery to live independently and participate in the workforce. Authorizes 5-year competitive grants with priority given in states in which drug overdose deaths, adjusted for age, is above the national overdose mortality rate (weighted 70%), the unemployment rate is above the national average (weighted 15%) or the labor force participation rate of the state is below the national average (weighted 15%). Agencies receiving grants should coordinate with State, Tribal and local boards. Funds can be used for case management, care coordinators, peer recovery support services or other professionals as appropriate to support recovery and prevent relapse. Also, telemedicine, prevocational training, links to local employment opportunities, etc. Preliminary report to Congress on outcomes due two years after the first year of the grant period (2021) and a final report due two years after that (2023). Authorizes \$5,000,000 for each fiscal year for FY 2019 through 2023.	<u>Title I-Public Health</u> <u>Section 116-Treatment, Recovery, and Workforce Support Grants</u> Amends 42 USC 290ee-8 Describes the state rates of: <ul style="list-style-type: none"> <li>-Drug overdose deaths adjusted for age.</li> <li>-Average unemployment rate.</li> <li>-Labor force participation.</li> </ul> For the purposes of awarding CAREER Act grants. Lists authorized uses of grant funds. (6) Increases funding from \$5,000,000 per year to <u>\$12,000,000 per FY 2024-2028.</u>	<u>Title III-Recovery</u> <u>Section 305-CAREER Act.</u> Amends 42 USC 290ee-8 -Changes heading to CAREER Act Treatment, Recovery and Workforce Grants. -Updates baseline years for age-adjusted rates of drug overdose deaths, unemployment rates, workforce participation rates used to determine grants. -Limits use of grant funds for transportation to 5%. -Increases appropriations from \$5,000,000 to \$12,000,000 per FY 2024 through 2028.



Public Health Services Act		
Current Law	HR 4531-Guthrie	S 3393-Sanders
	<u>Title I-Public Health</u> <u>Section 110-Grants for Violence-Related Stress</u> Amends 42 USC 290hh-1(j) Increases funding from \$63,887,000 per year to \$93,887,000 per year for FY 2024-2028.	<u>Title I-Prevention</u> <u>Section 106-Donald J. Cohen National Child Traumatic Stress Initiative</u> Amends 42 USC 290hh-1 -Changes heading to “Grants to Address the Problems of Persons who Experience Violence Related Stress- <i>Traumatic Events</i> .” -Expands use of grants to development “ <i>and dissemination</i> ” of knowledge regarding evidence-based practices. - Increases funding from \$63,887,000 per year to \$93,887,000 FY 2024 and FY 2025 \$104,000,000 for FY 2026 \$110,000,000 for FY 2027, and \$112,661,000 for FY 2028.
	<u>Title I-Public Health</u> <u>Section 111-Mental and Behavioral Health Education Training Grants</u> Amends 42 USC 294e-1(f) Reauthorizes grants through FY 2024-2028.	<u>Title II-Treatment</u> <u>Section 204-Mental and Behavioral Health Education and Training Program.</u> Amends 42 USC 294e-1f -Level funding of \$50,000,000 for grants FY 2024. \$55,000,000 for grants in FY 2025. \$60,000,000 for grants in FY 2026. \$65,000,000 for grants in FY 2027. \$75,000,000 for grants in FY 2028.
	<u>Title I-Public Health</u> <u>Section 112-Loan Repayment for SUD Workforce</u> Amends 42 USC 295h(j) to increase funding from \$25,000,000 per year to \$40,000,000 for FY 24-28.	<u>Title II-Treatment</u> <u>Section 202-Loan Repayment Program for Substance Use Disorder Treatment Workforce</u> Amends 42 USC 295h(j) Increases funding from \$25,000,000 per fiscal year to \$50,000,000 for FY 2024-2028.
SUPPORT Act <u>Title VII-Public Health Provisions</u> <u>Subtitle N-Trauma-Informed Care</u> <u>Section 7132-Task Force to Develop Best Practices for Trauma-Informed Identification, Referral, and Support.</u> Creates an Interagency Task Force on Trauma-Informed Care to study and make recommendations on best practices to prevent, identify, mitigate effects of trauma on infants, children, youth and families; improve coordination of federal response to families affected by trauma and SUD; improve trauma-informed practices in existing federal programs. Meetings must begin in early 2019, recommendations due October 2020.	<u>Title I-Public Health</u> <u>Section 115-Task Force to Develop Best Practices for Trauma</u> Amends PL 115-271, Section 7132 Changes sunset date of Task Force to 9-30-26.	<u>Title II-Treatment</u> <u>Section 208-Task Force to Develop Best Practices for Trauma-Informed Identification, Referral, and Support.</u> Amends PL 115-271, Section 7132 -Adds (CC) The Administration for Community Living. -Adds developmental disability service providers to the groups the guidelines shall include. -Extends provision to 2028.
SUPPORT Act <u>Title VII-Public Health Provisions</u> <u>Subtitle I-Preventing Overdoses While in Emergency Rooms. Section 7081- Program to Support Coordination and Continuation of Care for Drug Overdose Patients.</u> Directs HHS to develop best practices for emergency treatment for known/suspected overdoses, reversal medications, recovery coaches, and referrals to continuation of care. Authorizes \$10,000,000 per FY 2019 through 2023 for 5-year grants to implement best practices, and specifies use of peers, housing, mental health, recovery support.		<u>Title II-Treatment</u> <u>Section 209-Program to Support Coordination and Continuation of Care for Drug Overdose Patients.</u> Amends 42 USC 290dd-4 -Strikes Subsection (f), which is the authorization for appropriation of \$10,000,000 per fiscal year.
		<u>Title II-Treatment</u> <u>Section 213-Improving Access to Addiction Medicine Providers.</u> Amends 42 USC 290a to add Addiction Medicine.



Public Health Service		
Current Law	HR 4531-Guthrie	S 3393-Sanders
		<p><u>Title III-Recovery</u>  <u>Section 306-Research and Recommendations on Criminal Background Check Process for Peer Support Specialists.</u>          Requires HHS to work with the US Office of Attorney General to develop a report on research and recommendations on criminal background check processes for peer support specialists to include:          -Evidence-based research on effectiveness of peer support specialists.          -Survey of each State's laws re: background checks.</p> <ul style="list-style-type: none"> <li>o Offenses included.</li> <li>o States' Medicaid &amp; CHIP programs.</li> <li>o Formula grants.</li> <li>o States' exemptions.</li> <li>o States' amendments of background checks.</li> <li>o Recommendations to reduce barriers to becoming certified as peer support specialists.</li> <li>o Report due 1 year after enactment.</li> </ul> <p>-Definition of Peer Support Specialist:</p> <ul style="list-style-type: none"> <li>o Lived experience of recovery from a mental health condition or SUD who supports individuals with MH condition or SUD.</li> <li>o Lived experience as parent or caregiver of a person with MH condition or SUD who supports families navigating MH or SUD service systems.</li> <li>o Certified to furnish peer support services consistent with SAMHSA's National Practice Guidelines for Peer Supporters and Coor Competencies for Peer Workers in Behavioral Health Services.</li> </ul>
		<p><u>Title III-Recovery</u>  <u>Section 307-Office of Recovery</u>          Establishes Office of Recovery within SAMHSA to:          -Identify new and emerging recovery support challenges.          -Technical assistance.          -Coordination of identification, dissemination and evaluation of best practices for capacity, access, training, education, professional development and retention of peer support specialists.          -Report to Congress within four years of enactment</p>
		<p><u>Title III-Recovery</u>  <u>Section 308-Review of Grants.gov</u>          Requires HHS to convene a public meeting to improve awareness, access and information related to funding for mental health and SUD programs.          -Report to Congress within one year of meeting.</p>



Social Security Act		
Current Law	HR 4531-Guthrie	S 3393-Sanders
	<u>Title III-Medicaid</u> <u>Section 301-Extending Requirement for State Medicaid Plans to Provide Coverage for Medication-Assisted Treatment</u> Amends 42 USC 1396d Eliminates 2025 expiration.	
SUPPORT Act <u>Title I-Medicaid Provisions to Address the Opioid Crisis</u> <u>Section 1015(a)-Opioid Addiction Treatment Programs Enhancement</u> CMS shall publish a report on its website regarding the prevalence of SUD among Medicaid beneficiaries and services available for SUD treatment. Requires HHS to publish data from the Transformed Medicaid Statistical Information System (T-MSIS) in the Federal Register for States and other researchers will have access to data.	<u>Title III-Medicaid</u> <u>Section 302-Expanding Required Reports on T-MSIS Substance Use Disorder Data to Include Mental Health Condition Data.</u> -Amends 42 USC 1320d-2-Note Revises terminology to include “behavioral health”, mental health condition, mental health condition co-occurring with a substance use disorder. -Deletes 2024 expiration date.	
	<u>Title III-Medicaid</u> <u>Section 303-Monitoring Prescribing of Antipsychotic Medications.</u> Amends 42 USC 1396a(o)(1)(B) Deletes the words <del>in Children</del> and age delineations to make the monitoring required of States applicable to all Medicaid recipients, particularly individuals in: -Home and community-based services. -Institutional care settings including Nursing facilities and intermediate care facilities for people with IDD.	
	<u>Title III-Medicaid</u> <u>Section 304-Lifting the IMD Exclusion for Substance Use Disorder</u> -Amends 42 USC 1396n(l)(1) Makes permanent the State Medicaid amendment option for certain individuals who are patients in certain institutions for mental disease found in Social Security Act Section 1915 (l)(1). This amendment option was put into place during the COVID-19 Public Health Emergency. -Amends 42 USC 1396n(l)(4) --To require evidence based, substance use disorder placement criteria and utilization management approaches to ensure appropriate levels of care. --Requires States to review institutions for compliance. -Effective October 1, 2024. -State plan amendment requires federal approval.	
SUPPORT Act <u>Title I-Medicaid Provisions to Address the Opioid Crisis</u> <u>Section 1001-At-Risk Youth Medicaid Protection</u> Amends 42 USC 1396a to prohibit termination of Medicaid eligibility for a juvenile who is incarcerated.	<u>Title III-Medicaid</u> <u>Section 305-Prohibition on Termination of Enrollment Due to Incarceration.</u> Medicaid-Amends 42 USC 1396a(a)(86)(A) Allows State plan waivers to eliminate the practice of terminating enrollment in Medicaid due to incarceration. CHIP-Amends 42 USC 1397bb(d)(1)(A) Adds pregnancy-related services to CHIP Effective January 1, 2025.	
	<u>Title III-Medicaid</u> <u>Section 306-State Option Relating to Inmates who are Pregnant Women Pending Disposition of Charges.</u> Medicaid-Amends 42 USC 1396d(a) to add women for 60 days after pregnancy. CHIP-Amends 42 USC 1397(jj)(b)(10) to add women for 60 days after pregnancy.	



Social Security Administration		
	<u>Title III-Medicaid</u> <u>Section 307-Permitting Access to Medicaid for Foster Youth.</u> Amends USC 1396d(a) Effective January 1, 2025	
	<u>Title IV—Offsets</u> <u>Section 401-Promoting Value in Medicaid Managed Care.</u> Amends 42 USC 1396b(m)(9)(A) Strikes the 2024 expiration date for Medicaid and CHIP Managed Care Organizations.	