

SUPPORT Act of 2025: Section-by-Section Summary

TITLE I: PREVENTION

Sec. 101. Prenatal and postnatal health

Reauthorizes the Centers for Disease Control and Prevention (CDC)'s authority to collect and analyze data on prenatal smoking, alcohol use and other substance use categories, as well as the related impacts on children's health, including conditions like neonatal abstinence syndrome.

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

Reauthorizes a CDC program that helps state and federal partners prevent and address infections frequently linked to illicit drug use, including viral hepatitis and HIV.

Sec. 103. Preventing overdoses of controlled substances

Reauthorizes grant funding for states to strengthen their prescription drug monitoring programs (PDMPs) and improve data collection on controlled substance overdoses.

Sec. 104. Support for individuals and families impacted by Fetal Alcohol Spectrum Disorder

Reauthorizes federal Fetal Alcohol Spectrum Disorder (FASD) programs under the Department of Health and Human Services (HHS) that support prevention, identification, intervention and research. The provisions of this section largely mirror those found in the [FASD Respect Act](#).

Sec. 105. Promoting state choice in PDMP systems

Clarifies that states cannot be required to use a particular PDMP or interstate data-sharing system, nor can they be restricted or prevented from using the system of their choice."

Sec. 106. First responder training program

Reauthorizes grant funding to train and equip first responders on safely handling known or suspected opioid overdoses.

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

Reauthorizes grant funding for the National Child Traumatic Stress Initiative, which supports efforts to prevent long-term effects of child trauma and provide early intervention and treatment services.

Sec. 108. Protecting suicide prevention lifeline from cybersecurity incidents

Requires HHS to take measures to protect the 988 Suicide and Crisis Lifeline (Lifeline) program from cybersecurity threats. Requires the program administrator, along with local

and regional call centers, to report known vulnerabilities and incidents to HHS. Also requires the comptroller general to conduct a study and report on cybersecurity risks and vulnerabilities related to the Lifeline.

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

Reauthorizes CDC's authority to assist states in gathering and reporting data on adverse childhood experiences using existing public health surveys.

Sec. 110. Bruce's Law

Requires the creation of an interagency work group to coordinate and improve federal efforts to reduce and prevent overdoses involving fentanyl contamination in illicit drugs. Work group members include state, Tribal and local subject matter experts in reducing, preventing and responding to drug overdose caused by fentanyl contamination of illicit drugs, as well as family members of both adults and youth who have experienced overdoses.

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

Directs the Food and Drug Administration (FDA), in coordination with the Drug Enforcement Agency (DEA), to publish guidance outlining how makers of at-home drug disposal products should comply with applicable statutory requirements.

Sec. 112. Assessment of opioid drugs and actions

Requires HHS to publish a report that outlines a plan for assessing FDA-approved opioid analgesic drugs. The report must address the public health effects of such drugs as part of the benefit-risk assessment and the activities of the FDA that relate to facilitating the development of nonaddictive medical products intended to treat pain or addiction.

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

Clarifies that grant programs for state and Tribal response to opioid use disorders developed under the 21st Century Cures Act may include facilitating access to products used to prevent overdose deaths by detecting the presence of one or more substances, such as fentanyl and xylazine test strips.

TITLE II: TREATMENT

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

Reauthorizes grant programs to deliver comprehensive treatment for pregnant and postpartum women experiencing substance use challenges in residential or outpatient programs.

Sec. 202. Improving access to addiction medicine providers

Clarifies that addiction medicine professionals are eligible to receive awards under the Minority Fellowship Program.

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

Reauthorizes the Behavioral Health and Wellness Education Training (BHWET) grant program. The purpose of the BHWET program is to increase the supply of behavioral health professionals and improve the distribution of a well-trained behavioral health workforce.

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

Reauthorizes the Substance Use Disorder Treatment and Recovery Loan Repayment Program. This program provides loan repayment for individuals working in a full-time substance use disorder (SUD) treatment job that involves direct patient care in a local region where the average drug overdose death rate exceeds the most current national average or a Mental Health Professional Shortage Area.

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

Extends existing confidentiality protections for SUD records to the interchange of SUD patient records within the Uniformed Services.

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

Extends an interagency task force to provide recommendations on best practices for identifying, preventing and reducing the impact of trauma on infants, children and youth.

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

Reauthorizes a grant program under which HHS may make grants to accredited medical schools and teaching hospitals to support the development of substance use prevention and treatment curricula.

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

Requires the Substance Abuse and Mental Health Services Administration (SAMHSA) to review state activities addressing first episode psychosis and directs SAMHSA, the Centers for Medicare and Medicaid Services (CMS) and the National Institute of Mental Health (NIMH) to issue joint guidance to states on coverage recommendations for individuals with serious mental illness and children with serious emotional disturbance.

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

Requires HHS to review the relevant data pertaining to the scheduling of FDA-approved products containing a combination of buprenorphine and naloxone and, if appropriate, request that the attorney general initiate rulemaking proceedings to revise the schedules accordingly with respect to such products.

Sec. 210. References to opioid overdose reversal agents in HHS grant programs

Requires HHS to ensure that whenever the agency issues a regulation or guidance for any grant program addressing opioid use disorders, any reference to an opioid overdose reversal drug (such as a reference to naloxone) is inclusive of any FDA-approved opioid overdose reversal drug that has been approved for emergency treatment of a known or suspected opioid overdose.

Sec. 211. Roundtable on using health information technology to improve mental health and substance use care outcomes

Requires the Office of the National Coordinator for Health Information Technology to convene a public roundtable to examine how the expanded use of electronic health records among mental health and substance use service providers can improve outcomes for patients in mental health and substance use care settings, and how best to increase electronic health record adoption among such providers.

TITLE III: RECOVERY

Sec. 301. Building communities of recovery

Reauthorizes grants to fund recovery community organizations that provide long-term recovery support services.

Sec. 302. Peer support technical assistance center

Reauthorizes the National Peer-run Training and Technical Assistance Center for Addiction Recovery Support, which assists recovery community organizations and peer networks delivering SUD support services.

Sec. 303. Comprehensive opioid recovery centers

Reauthorizes grant funding to create or operate comprehensive opioid recovery centers that deliver integrated treatment and recovery support services.

Sec. 304. Youth prevention and recovery

Reauthorizes a grant program that supports prevention, treatment and recovery services for SUD among children, adolescents and young adults.

Sec. 305. CAREER Act

Reauthorizes grants funding SUD treatment centers that assist individuals in recovery with workforce reentry.

Sec. 306. Addressing economic and workforce impacts of the opioid crisis

Reauthorizes a grant program under the Workforce Innovation and Opportunity Act that aims to address economic and workforce impacts associated with SUD.

Sec. 307. Review of information related to funding opportunities under programs administered by SAMHSA

Requires HHS to convene a public meeting for purposes of improving awareness of and access to information related to current and future funding opportunities under programs administered by SAMHSA. Also requires HHS to publish a report detailing the findings of the meeting, and requires HHS to implement improvements to Grants.gov related to SAMHSA funding opportunities based on stakeholder feedback received at the public meeting.

TITLE IV: MISCELLANEOUS MATTERS

Sec. 401. Conferring protection under the Federal Tort Claims Act to clinicians in Certified Community Behavioral Health Clinics

Allows pharmacies to deliver self-administered controlled substances to practitioners when these substances are administered under supervision. Currently, pharmacies may only deliver practitioner-administered controlled substances.

Sec. 402. Required training for prescribers of controlled substances

Expands the list of organizations through which prescribers of controlled substances can receive eight hours of required training to include training provided by the American Academy of Family Physicians, the American Podiatric Medical Association, the Academy of General Dentistry and the American Optometric Association. The provisions of this section largely mirror the [MATE Improvement Act](#).