

109TH CONGRESS
1ST SESSION

S. 537

To increase the number of well-trained mental health service professionals (including those based in schools) providing clinical mental health care to children and adolescents, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MARCH 7, 2005

Mr. BINGAMAN introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To increase the number of well-trained mental health service professionals (including those based in schools) providing clinical mental health care to children and adolescents, 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 “Child Health Care Cri-
5 sis Relief Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) The Center for Mental Health Services esti-
2 mates that 20 percent or 13,700,000 of the Nation’s
3 children and adolescents have a diagnosable mental
4 health disorder, and about $\frac{2}{3}$ of these children and
5 adolescents do not receive mental health care.

6 (2) According to “Mental Health: A Report of
7 the Surgeon General” in 1999, there are approxi-
8 mately 6,000,000 to 9,000,000 children and adoles-
9 cents in the United States (accounting for 9 to 13
10 percent of all children and adolescents in the United
11 States) who meet the definition for having a serious
12 emotional disturbance.

13 (3) According to the Center for Mental Health
14 Services, approximately 5 to 9 percent of children
15 and adolescents in the United States meet the defi-
16 nition for extreme functional impairment.

17 (4) According to the Surgeon General’s Report,
18 there are particularly acute shortages in the num-
19 bers of mental health service professionals serving
20 children and adolescents with serious emotional dis-
21 orders.

22 (5) According to the National Center for Edu-
23 cation Statistics in the Department of Education,
24 there are approximately 513 students for each school
25 counselor in United States schools, which ratio is

1 more than double the recommended ratio of 250 stu-
2 dents for each school counselor.

3 (6) According to a year 2000 estimate of the
4 Bureau of Health Professions, the demand for the
5 services of child and adolescent psychiatry is pro-
6 jected to increase by 100 percent by 2020.

7 (7) The development and application of knowl-
8 edge about the impact of disasters on children, ado-
9 lescents, and their families has been impeded by crit-
10 ical shortages of qualified researchers and practi-
11 tioners specializing in this work.

12 (8) According to the Bureau of the Census, the
13 population of children and adolescents in the United
14 States under the age of 18 is projected to grow by
15 more than 40 percent, from 70,000,000 to more
16 than 100,000,000 by 2050.

17 **SEC. 3. LOAN REPAYMENTS, SCHOLARSHIPS, AND GRANTS**
18 **TO IMPROVE CHILD AND ADOLESCENT MEN-**
19 **TAL HEALTH CARE.**

20 Subpart 2 of part E of title VII of the Public Health
21 Service Act (42 U.S.C. 295 et seq.) is amended by adding
22 at the end the following:

1 **“SEC. 771. LOAN REPAYMENTS, SCHOLARSHIPS, AND**
2 **GRANTS TO IMPROVE CHILD AND ADOLES-**
3 **CENT MENTAL HEALTH CARE.**

4 “(a) LOAN REPAYMENTS FOR CHILD AND ADOLES-
5 CENT MENTAL HEALTH SERVICE PROFESSIONALS.—

6 “(1) ESTABLISHMENT.—The Secretary, acting
7 through the Administrator of the Health Resources
8 and Services Administration, may establish a pro-
9 gram of entering into contracts on a competitive
10 basis with eligible individuals (as defined in para-
11 graph (2)) under which—

12 “(A) the eligible individual agrees to be
13 employed full-time for a specified period of at
14 least 2 years in providing mental health services
15 to children and adolescents; and

16 “(B) the Secretary agrees to make, during
17 the period of employment described in subpara-
18 graph (A), partial or total payments on behalf
19 of the individual on the principal and interest
20 due on the undergraduate and graduate edu-
21 cational loans of the eligible individual.

22 “(2) ELIGIBLE INDIVIDUAL.—For purposes of
23 this section, the term ‘eligible individual’ means an
24 individual who—

25 “(A) is receiving specialized training or
26 clinical experience in child and adolescent men-

1 tal health in psychiatry, psychology, school psy-
2 chology, psychiatric nursing, social work, school
3 social work, marriage and family therapy,
4 school counseling, or professional counseling
5 and has less than 1 year remaining before com-
6 pletion of such training or clinical experience;
7 or

8 “(B)(i) has a license in a State to practice
9 allopathic medicine, osteopathic medicine, psy-
10 chology, school psychology, psychiatric nursing,
11 social work, school social work, marriage and
12 family therapy, school counseling, or profes-
13 sional counseling; and

14 “(ii)(I) is a mental health service profes-
15 sional who completed (but not before the end of
16 the calendar year in which this section is en-
17 acted) specialized training or clinical experience
18 in child and adolescent mental health services
19 described in subparagraph (A); or

20 “(II) is a physician who graduated from
21 (but not before the end of the calendar year in
22 which this section is enacted) an accredited
23 child and adolescent psychiatry residency or fel-
24 lowship program in the United States.

1 “(3) ADDITIONAL ELIGIBILITY REQUIRE-
2 MENTS.—The Secretary may not enter into a con-
3 tract under this subsection with an eligible indi-
4 vidual unless the individual—

5 “(A) is a United States citizen or a perma-
6 nent legal United States resident; and

7 “(B) if enrolled in a graduate program (in-
8 cluding a medical residency or fellowship), has
9 an acceptable level of academic standing as de-
10 termined by the Secretary.

11 “(4) PRIORITY.—In entering into contracts
12 under this subsection, the Secretary shall give pri-
13 ority to applicants who—

14 “(A) are or will be working with high pri-
15 ority populations;

16 “(B) have familiarity with evidence-based
17 methods in child and adolescent mental health
18 services;

19 “(C) demonstrate financial need; and

20 “(D) are or will be—

21 “(i) working in the publicly funded
22 sector;

23 “(ii) working in organizations that
24 serve underserved populations; or

1 “(iii) willing to provide patient serv-
2 ices—

3 “(I) regardless of the ability of a
4 patient to pay for such services; or

5 “(II) on a sliding payment scale
6 if a patient is unable to pay the total
7 cost of such services.

8 “(5) MEANINGFUL LOAN REPAYMENT.—If the
9 Secretary determines that funds appropriated for a
10 fiscal year to carry out this subsection are not suffi-
11 cient to allow a meaningful loan repayment to all ex-
12 pected applicants, the Secretary shall limit the num-
13 ber of contracts entered into under paragraph (1) to
14 ensure that each such contract provides for a mean-
15 ingful loan repayment.

16 “(6) AMOUNT.—

17 “(A) MAXIMUM.—For each year of the em-
18 ployment period described in paragraph (1)(A),
19 the Secretary shall not, under a contract de-
20 scribed in paragraph (1), pay more than
21 \$35,000 on behalf of an individual.

22 “(B) CONSIDERATION.—In determining
23 the amount of payments to be made on behalf
24 of an eligible individual under a contract de-
25 scribed in paragraph (1), the Secretary shall

1 consider the income and debt load of the eligi-
2 ble individual.

3 “(7) APPLICABILITY OF CERTAIN PROVI-
4 SIONS.—The provisions of sections 338E and 338F
5 shall apply to the program established under para-
6 graph (1) to the same extent and in the same man-
7 ner as such provisions apply to the National Health
8 Service Corps Loan Repayment Program established
9 in subpart III of part D of title III.

10 “(8) AUTHORIZATION OF APPROPRIATIONS.—
11 There is authorized to be appropriated to carry out
12 this subsection \$10,000,000 for each of fiscal years
13 2006 through 2010.

14 “(b) SCHOLARSHIPS FOR STUDENTS STUDYING TO
15 BECOME CHILD AND ADOLESCENT MENTAL HEALTH
16 SERVICE PROFESSIONALS.—

17 “(1) ESTABLISHMENT.—The Secretary, acting
18 through the Administrator of the Health Resources
19 and Services Administration, may establish a pro-
20 gram to award scholarships on a competitive basis to
21 eligible students who agree to enter into full-time
22 employment (as described in paragraph (4)(C)) as a
23 child and adolescent mental health service profes-
24 sional after graduation or completion of a residency
25 or fellowship.

1 “(2) ELIGIBLE STUDENT.—For purposes of
2 this subsection, the term ‘eligible student’ means a
3 United States citizen or a permanent legal United
4 States resident who—

5 “(A) is enrolled or accepted to be enrolled
6 in a graduate program that includes specialized
7 training or clinical experience in child and ado-
8 lescent mental health in psychology, school psy-
9 chology, psychiatric nursing, social work, school
10 social work, marriage and family therapy,
11 school counseling, or professional counseling; or

12 “(B) is enrolled or accepted to be enrolled
13 in an accredited graduate training program of
14 allopathic or osteopathic medicine in the United
15 States and intends to complete an accredited
16 residency or fellowship in child and adolescent
17 psychiatry.

18 “(3) PRIORITY.—In awarding scholarships
19 under this subsection, the Secretary shall give—

20 “(A) highest priority to applicants who
21 previously received a scholarship under this
22 subsection and satisfy the criteria described in
23 subparagraph (B); and

24 “(B) second highest priority to applicants
25 who—

1 “(i) demonstrate a commitment to
2 working with high priority populations;

3 “(ii) have familiarity with evidence-
4 based methods in child and adolescent
5 mental health services;

6 “(iii) demonstrate financial need; and

7 “(iv) are or will be—

8 “(I) working in the publicly fund-
9 ed sector;

10 “(II) working in organizations
11 that serve underserved populations; or

12 “(III) willing to provide patient
13 services—

14 “(aa) regardless of the abil-
15 ity of a patient to pay for such
16 services; or

17 “(bb) on a sliding payment
18 scale if a patient is unable to pay
19 the total cost of such services.

20 “(4) REQUIREMENTS.—The Secretary may
21 award a scholarship to an eligible student under this
22 subsection only if the eligible student agrees—

23 “(A) to complete any graduate training
24 program, internship, residency, or fellowship

1 applicable to that eligible student under para-
2 graph (2);

3 “(B) to maintain an acceptable level of
4 academic standing (as determined by the Sec-
5 retary) during the completion of such graduate
6 training program, internship, residency, or fel-
7 lowship; and

8 “(C) to be employed full-time after gradua-
9 tion or completion of a residency or fellowship,
10 for at least the number of years for which a
11 scholarship is received by the eligible student
12 under this subsection, in providing mental
13 health services to children and adolescents.

14 “(5) USE OF SCHOLARSHIP FUNDS.—A scholar-
15 ship awarded to an eligible student for a school year
16 under this subsection may be used to pay for only
17 tuition expenses of the school year, other reasonable
18 educational expenses (including fees, books, and lab-
19 oratory expenses incurred by the eligible student in
20 the school year), and reasonable living expenses, as
21 such tuition expenses, reasonable educational ex-
22 penses, and reasonable living expenses are deter-
23 mined by the Secretary.

24 “(6) AMOUNT.—The amount of a scholarship
25 under this subsection shall not exceed the total

1 amount of the tuition expenses, reasonable edu-
2 cational expenses, and reasonable living expenses de-
3 scribed in paragraph (5).

4 “(7) APPLICABILITY OF CERTAIN PROVI-
5 SIONS.—The provisions of sections 338E and 338F
6 shall apply to the program established under para-
7 graph (1) to the same extent and in the same man-
8 ner as such provisions apply to the National Health
9 Service Corps Scholarship Program established in
10 subpart III of part D of title III.

11 “(8) AUTHORIZATION OF APPROPRIATIONS.—
12 There is authorized to be appropriated to carry out
13 this subsection \$5,000,000 for each of fiscal years
14 2006 through 2010.

15 “(c) CLINICAL TRAINING GRANTS FOR PROFES-
16 SIONALS.—

17 “(1) ESTABLISHMENT.—The Secretary, acting
18 through the Administrator of the Health Resources
19 and Services Administration, and in cooperation
20 with the Administrator of the Substance Abuse and
21 Mental Health Services Administration, may estab-
22 lish a program to award grants on a competitive
23 basis to accredited institutions of higher education
24 to establish or expand internships or other field
25 placement programs for students receiving special-

1 ized training or clinical experience in child and ado-
2 lescent mental health in the fields of psychiatry, psy-
3 chology, school psychology, psychiatric nursing, so-
4 cial work, school social work, marriage and family
5 therapy, school counseling, or professional coun-
6 seling.

7 “(2) PRIORITY.—In awarding grants under this
8 subsection, the Secretary shall give priority to appli-
9 cants that—

10 “(A) have demonstrated the ability to col-
11 lect data on the number of students trained in
12 child and adolescent mental health and the pop-
13 ulations served by such students after gradua-
14 tion;

15 “(B) have demonstrated familiarity with
16 evidence-based methods in child and adolescent
17 mental health services; and

18 “(C) have programs designed to increase
19 the number of professionals serving high pri-
20 ority populations.

21 “(3) REQUIREMENTS.—The Secretary may
22 award a grant to an applicant under this subsection
23 only if the applicant agrees that—

1 “(A) any internship or other field place-
2 ment program assisted under the grant will
3 prioritize cultural competency;

4 “(B) students benefitting from any assist-
5 ance under this subsection will be United States
6 citizens or permanent legal United States resi-
7 dents;

8 “(C) the institution will provide to the Sec-
9 retary such data, assurances, and information
10 as the Secretary may require; and

11 “(D) with respect to any violation of the
12 agreement between the Secretary and the insti-
13 tution, the institution will pay such liquidated
14 damages as prescribed by the Secretary by reg-
15 ulation.

16 “(4) APPLICATION.—Each institution of higher
17 education desiring a grant under this section shall
18 submit to the Secretary an application at such time,
19 in such manner, and containing such information as
20 the Secretary may require including a description of
21 the experience of such institution in working with
22 child and adolescent mental health issues.

23 “(5) AUTHORIZATION OF APPROPRIATIONS.—
24 There is authorized to be appropriated to carry out

1 this subsection \$10,000,000 for each of fiscal years
2 2006 through 2010.

3 “(d) PROGRESSIVE EDUCATION GRANTS FOR PARA-
4 PROFESSIONALS.—

5 “(1) ESTABLISHMENT.—The Secretary, acting
6 through the Administrator of the Health Resources
7 and Services Administration, and in cooperation
8 with the Administrator of the Substance Abuse and
9 Mental Health Services Administration, may estab-
10 lish a program to award grants on a competitive
11 basis to State-licensed mental health nonprofit and
12 for-profit organizations, including accredited institu-
13 tions of higher education, (in this subsection re-
14 ferred to as ‘organizations’) to enable such organiza-
15 tions to pay for programs for preservice or in-service
16 training of paraprofessional child and adolescent
17 mental health workers.

18 “(2) DEFINITION.—For purposes of this sub-
19 section, the term ‘paraprofessional child and adoles-
20 cent mental health worker’ means an individual who
21 is not a mental health service professional, but who
22 works at the first stage of contact with children and
23 families who are seeking mental health services.

1 “(3) PRIORITY.—In awarding grants under this
2 subsection, the Secretary shall give priority to orga-
3 nizations that—

4 “(A) have demonstrated the ability to col-
5 lect data on the number of paraprofessional
6 child and adolescent mental health workers
7 trained by the applicant and the populations
8 served by these workers after the completion of
9 the training;

10 “(B) have familiarity with evidence-based
11 methods in child and adolescent mental health
12 services; and

13 “(C) have programs designed to increase
14 the number of paraprofessional child and ado-
15 lescent mental health workers serving high pri-
16 ority populations.

17 “(4) REQUIREMENTS.—The Secretary may
18 award a grant to an organization under this sub-
19 section only if the organization agrees that—

20 “(A) any training program assisted under
21 the grant will prioritize cultural competency;

22 “(B) the organization will provide to the
23 Secretary such data, assurances, and informa-
24 tion as the Secretary may require; and

1 “(C) with respect to any violation of the
2 agreement between the Secretary and the orga-
3 nization, the organization will pay such liq-
4 uidated damages as prescribed by the Secretary
5 by regulation.

6 “(5) APPLICATION.—Each organization desiring
7 a grant under this subsection shall submit to the
8 Secretary an application at such time, in such man-
9 ner, and containing such information as the Sec-
10 retary may require including a description of the ex-
11 perience of the organization in working with para-
12 professional child and adolescent mental health
13 workers.

14 “(6) AUTHORIZATION OF APPROPRIATIONS.—
15 There is authorized to be appropriated to carry out
16 this subsection \$5,000,000 for each of fiscal years
17 2006 through 2010.

18 “(e) CHILD AND ADOLESCENT MENTAL HEALTH
19 PROGRAM DEVELOPMENT GRANTS.—

20 “(1) ESTABLISHMENT.—The Secretary, acting
21 through the Administrator of the Health Resources
22 and Services Administration, may establish a pro-
23 gram to increase the number of well-trained child
24 and adolescent mental health service professionals in
25 the United States by awarding grants on a competi-

1 tive basis to accredited institutions of higher edu-
2 cation to enable such institutions to establish or ex-
3 pand accredited graduate child and adolescent men-
4 tal health programs.

5 “(2) PRIORITY.—In awarding grants under this
6 subsection, the Secretary shall give priority to appli-
7 cants that—

8 “(A) demonstrate familiarity with the use
9 of evidence-based methods in child and adoles-
10 cent mental health services;

11 “(B) provide experience in and collabora-
12 tion with community-based child and adolescent
13 mental health services;

14 “(C) have included normal child develop-
15 ment education in their curricula; and

16 “(D) demonstrate commitment to working
17 with high priority populations.

18 “(3) USE OF FUNDS.—Funds awarded under
19 this subsection may be used to establish or expand
20 any accredited graduate child and adolescent mental
21 health program in any manner deemed appropriate
22 by the Secretary, including improving the
23 coursework, related field placements, or faculty of
24 such program.

1 “(4) REQUIREMENTS.—The Secretary may
2 award a grant to an accredited institution of higher
3 education under this subsection only if the institu-
4 tion agrees that—

5 “(A) any child and adolescent mental
6 health program assisted under the grant will
7 prioritize cultural competency;

8 “(B) the institution will provide to the Sec-
9 retary such data, assurances, and information
10 as the Secretary may require; and

11 “(C) with respect to any violation of the
12 agreement between the Secretary and the insti-
13 tution, the institution will pay such liquidated
14 damages as prescribed by the Secretary by reg-
15 ulation.

16 “(5) AUTHORIZATION OF APPROPRIATIONS.—
17 There is authorized to be appropriated to carry out
18 this subsection \$15,000,000 for each of fiscal years
19 2006 through 2010.

20 “(f) DEFINITIONS.—In this section:

21 “(1) HIGH PRIORITY POPULATION.—The term
22 ‘high priority population’ means a population that
23 has a significantly greater incidence than the na-
24 tional average of children who have serious emo-
25 tional disturbances, children who are racial and eth-

1 nic minorities, or children who live in underserved
2 urban or rural areas.

3 “(2) MENTAL HEALTH SERVICE PROFES-
4 SIONAL.—The term ‘mental health service profes-
5 sional’ means an individual with a graduate or post-
6 graduate degree from an accredited institution of
7 higher education in psychiatry, psychology, school
8 psychology, psychiatric nursing, social work, school
9 social work, marriage and family counseling, school
10 counseling, or professional counseling.

11 “(3) SPECIALIZED TRAINING OR CLINICAL EX-
12 PERIENCE IN CHILD AND ADOLESCENT MENTAL
13 HEALTH.—The term ‘specialized training or clinical
14 experience in child and adolescent mental health’
15 means training and clinical experience that—

16 “(A) is part of or occurs after completion
17 of an accredited graduate program in the
18 United States for training mental health service
19 professionals;

20 “(B) consists of at least 500 hours of
21 training or clinical experience in treating chil-
22 dren and adolescents; and

23 “(C) is comprehensive, coordinated, devel-
24 opmentally appropriate, and of high quality to

1 address the unique ethnic and cultural diversity
2 of the United States population.”.

3 **SEC. 4. AMENDMENTS TO SOCIAL SECURITY ACT TO IM-**
4 **PROVE CHILD AND ADOLESCENT MENTAL**
5 **HEALTH CARE.**

6 (a) INCREASING NUMBER OF CHILD AND ADOLES-
7 CENT PSYCHIATRY RESIDENTS PERMITTED TO BE PAID
8 UNDER THE MEDICARE GRADUATE MEDICAL EDUCATION
9 PROGRAM.—Section 1886(h)(4)(F) of the Social Security
10 Act (42 U.S.C. 1395ww(h)(4)(F)) is amended by adding
11 at the end the following:

12 “(iii) INCREASE ALLOWED FOR TRAIN-
13 ING IN CHILD AND ADOLESCENT PSYCHI-
14 ATRY.—In applying clause (i), there shall
15 not be taken into account such additional
16 number of full-time equivalent residents in
17 the field of allopathic or osteopathic medi-
18 cine who are residents or fellows in child
19 and adolescent psychiatry as the Secretary
20 determines reasonable to meet the need for
21 such physicians as demonstrated by the
22 1999 report of the Department of Health
23 and Human Services entitled ‘Mental
24 Health: A Report of the Surgeon Gen-
25 eral’.”.

1 (b) EXTENSION OF MEDICARE BOARD ELIGIBILITY
2 PERIOD FOR RESIDENTS AND FELLOWS IN CHILD AND
3 ADOLESCENT PSYCHIATRY.—

4 (1) IN GENERAL.—Section 1886(h)(5)(G) of
5 the Social Security Act (42 U.S.C.
6 1395ww(h)(5)(G)) is amended—

7 (A) in clause (i), by striking “and (v)” and
8 inserting “(v), and (vi)”; and

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

10 “(vi) CHILD AND ADOLESCENT PSY-
11 CHIATRY TRAINING PROGRAMS.—In the
12 case of an individual enrolled in a child
13 and adolescent psychiatry residency or fel-
14 lowship program approved by the Sec-
15 retary, the period of board eligibility and
16 the initial residency period shall be the pe-
17 riod of board eligibility for the specialty of
18 general psychiatry, plus 2 years for the
19 subspecialty of child and adolescent psychi-
20 atry.”.

21 (2) CONFORMING AMENDMENT.—Section
22 1886(h)(5)(F) of the Social Security Act (42 U.S.C.
23 1395ww(h)(5)(F)) is amended by striking “subpara-
24 graph (G)(v)” and inserting “clauses (v) and (vi) of
25 subparagraph (G)”.

1 (3) **EFFECTIVE DATE.**—The amendments made
2 by paragraph (1) shall apply to residency training
3 years beginning on or after July 1, 2006.

4 **SEC. 5. CHILD MENTAL HEALTH PROFESSIONAL REPORT.**

5 (a) **STUDY.**—The Administrator of the Health Re-
6 sources and Services Administration (in this section re-
7 ferred to as the “Administrator”) shall study and make
8 findings and recommendations on the distribution and
9 need for child mental health service professionals, includ-
10 ing—

- 11 (1) the need for specialty certifications;
12 (2) the breadth of practice types;
13 (3) the adequacy of locations;
14 (4) the adequacy of education and training; and
15 (5) an evaluation of best practice characteris-
16 tics.

17 (b) **DISAGGREGATION.**—The results of the study re-
18 quired by subsection (a) shall be disaggregated by State.

19 (c) **REPORT.**—Not later than 2 years after the date
20 of enactment of this Act, the Administrator shall submit
21 to the appropriate committees of Congress and make pub-
22 licly available a report on the study, findings, and rec-
23 ommendations required by subsection (a).

1 **SEC. 6. REPORTS.**

2 (a) TRANSMISSION.—The Secretary of Health and
3 Human Services shall transmit a report described in sub-
4 section (b) to Congress—

5 (1) not later than 3 years after the date of the
6 enactment of this Act; and

7 (2) not later than 5 years after the date of the
8 enactment of this Act.

9 (b) CONTENTS.—The reports transmitted to Con-
10 gress under subsection (a) shall address each of the fol-
11 lowing:

12 (1) The effectiveness of the amendments made
13 by, and the programs carried out under, this Act in
14 increasing the number of child and adolescent men-
15 tal health service professionals and paraprofessional
16 child and adolescent mental health workers.

17 (2) The demographics of the individuals served
18 by such increased number of child and adolescent
19 mental health service professionals and paraprofes-
20 sional child and adolescent mental health workers.

○