

111<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 5392

To establish a Council on Integration of Health Care Education, to provide for implementation of the recommendations of the Council, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

MAY 25, 2010

Mr. KENNEDY (for himself and Mr. SULLIVAN) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and Labor, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To establish a Council on Integration of Health Care Education, to provide for implementation of the recommendations of the Council, 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 “Council on Integration  
5       of Health Care Education Act of 2010”.

6       **SEC. 2. DEFINITIONS.**

7       In this Act:

1           (1) BEHAVIORAL HEALTH PROVIDER.—The  
2 term “behavioral health provider”—

3           (A) means an individual who provides clin-  
4 ical care (in accordance with applicable State  
5 law) specializing in the diagnosis or treatment  
6 of behavioral health, including such an indi-  
7 vidual specializing in substance use, addiction,  
8 and dependence disorders; and

9           (B) includes a psychiatrist, nurse practi-  
10 tioner (as defined in section 1861(aa)(5)(A) of  
11 the Social Security Act), physician assistant (as  
12 defined in section 1861(aa)(5)(A) of such Act),  
13 clinical psychologist (as used in section 1861(ii)  
14 of such Act), clinical social worker (as defined  
15 in section 1861(hh) of such Act), psychiatric  
16 nurse, licensed professional counselor, marriage  
17 and family therapist, pastoral counselor, psy-  
18 chosocial rehabilitation specialist, and any other  
19 individual determined to be appropriate by the  
20 Secretary.

21           (2) COUNCIL.—The term “Council” means the  
22 Council on Integration of Health Care Education.

23           (3) HEALTH CARE PROFESSIONAL.—The term  
24 “health care professional”—

1 (A) means an individual who provides clin-  
2 ical health care (in accordance with applicable  
3 State law) other than a behavioral health pro-  
4 vider; and

5 (B) includes (other than a behavioral  
6 health provider) a physician (as defined in sec-  
7 tion 1861(r) of the Social Security Act), nurse  
8 practitioner (as defined in section  
9 1861(aa)(5)(A) of the Social Security Act),  
10 physician assistant (as defined in section  
11 1861(aa)(5)(A) of the Social Security Act),  
12 clinical nurse specialist (as defined in section  
13 1861(aa)(5)(B) of the Social Security Act), cer-  
14 tified nurse-midwife (as defined in section  
15 1861(gg) of the Social Security Act), and any  
16 other individual determined to be appropriate  
17 by the Secretary.

18 (4) INSTITUTION OF HIGHER EDUCATION.—The  
19 term “institution of higher education” has the same  
20 meaning given such term in section 101 of the High-  
21 er Education Act of 1965 (20 U.S.C. 1001).

22 (5) SECRETARY.—The term “Secretary” means  
23 the Secretary of Health and Human Services.

1 **SEC. 3. COUNCIL ON INTEGRATION OF HEALTH CARE EDU-**  
2 **CATION.**

3 (a) ESTABLISHMENT.—There is established in the  
4 Office of the Secretary the Council on Integration of  
5 Health Care Education.

6 (b) RECOMMENDATIONS.—The Council shall develop  
7 and publish not later than 1 year after the date of the  
8 enactment of this section, and may periodically revise as  
9 appropriate thereafter, recommendations for the purpose  
10 of strengthening the capacity of health care professionals  
11 and behavioral health providers to deliver integrated, com-  
12 prehensive health care. The recommendations shall iden-  
13 tify—

14 (1) the core competencies to be required of each  
15 type of health care professional and behavioral  
16 health provider with respect to mental health and  
17 substance use prevention and treatment services in  
18 order to carry out their respective scope of practice;

19 (2) the appropriate methods for incorporating  
20 such competencies into the curricula of institutions  
21 of higher education, and of continuing education, for  
22 health care professionals and behavioral health pro-  
23 viders;

24 (3) the appropriate methods for incorporating  
25 such competencies into the licensure and certifi-

1 cation requirements for health care professionals and  
2 behavioral health providers; and

3 (4) the appropriate methods for incorporating  
4 such competencies into the accreditation process for  
5 institutions of higher education providing terminal  
6 education for health care professionals and behav-  
7 ioral health providers.

8 (c) REPORTING.—

9 (1) BY THE COUNCIL.—Not later than 1 year  
10 after the date of the enactment of this Act, and an-  
11 nually thereafter, the Council shall submit to the  
12 Secretary and the appropriate committees of the  
13 Congress, and to the Council on Graduate Medical  
14 Education when appropriate, and make publicly  
15 available, a report on the recommendations under  
16 subsection (b) and the implementation of such rec-  
17 ommendations. Each such report shall include—

18 (A) a description of current and future  
19 needs related to the successful integration core  
20 competencies for mental health and substance  
21 use disorders into health care professional and  
22 behavioral health provider education and edu-  
23 cation curricula beyond medical education;

1 (B) an identification of goals, outcome  
2 measures, and timeframes for addressing the  
3 needs described in subparagraph (A);

4 (C) a detailed plan for implementing the  
5 recommendations under subsection (b); and

6 (D) an evaluation of the extent to which  
7 such plan has been implemented.

8 (2) BY THE SECRETARY.—Not later than 1  
9 year after the date of the enactment of this Act, and  
10 annually thereafter, the Secretary shall submit a re-  
11 port to the Congress on the activities of the Council.

12 (d) MEMBERS.—

13 (1) COMPOSITION; VOTING; CHAIR.—The Coun-  
14 cil shall be composed of the ex officio members spec-  
15 ified in paragraph (2) and the members appointed  
16 under paragraph (3). All of the members of the  
17 Council shall be voting members. The Council shall  
18 elect a chair from among its members.

19 (2) EX OFFICIO MEMBERS.—The Council shall  
20 include the following ex officio members (or their  
21 designees)—

22 (A) the Secretary;

23 (B) the Administrator of the Health Re-  
24 sources and Services Administration;

1 (C) the Administrator of the Centers for  
2 Medicare & Medicaid Services;

3 (D) the Administrator of the Substance  
4 Abuse and Mental Health Services Administra-  
5 tion; and

6 (E) the Director of the Office of National  
7 Drug Control Policy.

8 (3) APPOINTED MEMBERS.—

9 (A) IN GENERAL.—The Council shall in-  
10 clude members to be appointed by the Secretary  
11 (in consultation with the other ex officio mem-  
12 bers of the Council and without regard to the  
13 civil service laws) who are not employees of the  
14 Federal Government. The Secretary shall ap-  
15 point a sufficient number of members under  
16 this subparagraph to ensure that the Council is  
17 composed of not less than 20 members, includ-  
18 ing both ex officio members under paragraph  
19 (2) and members appointed under this para-  
20 graph.

21 (B) OTHER SELECTION CRITERIA.—In ap-  
22 pointing members of the Council under this  
23 paragraph, the Secretary shall ensure—

24 (i) inclusion of both urban and rural  
25 members;

1 (ii) adequate representation of men  
2 and women;

3 (iii) a range of members from a vari-  
4 ety of practice settings and having exper-  
5 tise in prevention and treatment across the  
6 lifespan;

7 (iv) adequate representation of racial,  
8 ethnic, religious, and economic diversity;

9 (v) an equal distribution of the mem-  
10 bers appointed under subparagraph (A) be-  
11 tween those specializing in mental health  
12 services and those specializing in substance  
13 use disorders;

14 (vi) diverse representation from addi-  
15 tion and psychiatry specialty sectors;

16 (vii) diverse representation of  
17 allopathic and osteopathic physicians;

18 (viii) adequate representation of  
19 health care professionals and behavioral  
20 health providers who provide direct patient  
21 care to individuals with co-occurring men-  
22 tal health or substance use disorders and  
23 physical health conditions;

24 (ix) adequate representation of health  
25 care and behavioral health (including sub-



1           stance use) faculty who have demonstrated  
2           expertise in curriculum development; and

3                   (x) inclusion of a health or behavioral  
4           health (including substance use) consumer.

5           (C) TERMS.—

6                   (i) IN GENERAL.—Subject to subpara-  
7           graph (D)(ii), each member of the Council  
8           under this paragraph shall be appointed  
9           for a term of 4 years.

10                   (ii) VACANCIES.—Any member of the  
11           Council appointed to fill a vacancy occur-  
12           ring before the expiration of the term for  
13           which the member’s predecessor was ap-  
14           pointed shall be appointed only for the re-  
15           mainder of that term. A member may  
16           serve after the expiration of that member’s  
17           term until a successor has taken office.

18           (D) INITIAL MEMBERS.—

19                   (i) APPOINTMENT.—The Secretary  
20           shall appoint the initial members of the  
21           Council under this paragraph not less than  
22           90 days after the date of the enactment of  
23           this Act.

24                   (ii) TERMS.—As designated by the  
25           Secretary at the time of appointment, of

1           the initial members of the Council under  
2           this paragraph,  $\frac{1}{4}$  shall be appointed for  
3           terms of 1 year,  $\frac{1}{4}$  shall be appointed for  
4           terms of 2 years,  $\frac{1}{4}$  shall be appointed for  
5           terms of 3 years, and  $\frac{1}{4}$  shall be appointed  
6           for terms of 4 years.

7           (e) STAFF.—The Secretary shall provide the Council  
8           with such professional and clerical staff, such information,  
9           and the services of such consultants as may be necessary  
10          to assist the Council in carrying out effectively its func-  
11          tions under this section.

12          (f) ADMINISTRATION.—

13               (1) TRAVEL EXPENSES.—Members shall receive  
14               travel expenses, including per diem in lieu of subsist-  
15               ence, in accordance with sections 5702 and 5703 of  
16               title 5, United States Code, while away from their  
17               homes or regular places of business in performance  
18               of services for the Council.

19               (2) OTHER RESOURCES.—The Council shall  
20               have reasonable access to materials, resources, sta-  
21               tistical data, and other information such Council de-  
22               termines to be necessary to carry out its duties from  
23               agencies of the executive and legislative branches of  
24               the Federal Government. The chair of the Council

1 shall make requests for such access in writing when  
2 necessary.

3 (3) PROHIBITION AGAINST COMPENSATION OF  
4 FEDERAL EMPLOYEES.—Members of the Council  
5 who are officers or employees of the Federal Govern-  
6 ment shall not receive additional pay, allowances, or  
7 benefits by reason of their service on the Council.

8 (g) MEETINGS.—The Council shall conduct at least  
9 3 meetings each year.

10 (h) AUTHORIZATION OF APPROPRIATIONS.—To carry  
11 out this section, there are authorized to be appropriated  
12 such sums as may be necessary for each of fiscal years  
13 2011 through 2016.

14 **SEC. 4. IMPLEMENTATION OF RECOMMENDATIONS OF THE**  
15 **COUNCIL.**

16 (a) HEALTH CARE AND BEHAVIORAL HEALTH  
17 WORKFORCE CONTINUING EDUCATION.—

18 (1) IN GENERAL.—Beginning 1 year after sub-  
19 mission of the first report of the Council under sec-  
20 tion 3(c)(1), the Secretary may make grants, con-  
21 tracts, or cooperative agreements to public or private  
22 nonprofit entities for the purpose of implementing  
23 the recommendations of the Council on continuing  
24 education for health care professionals and behav-  
25 ioral health providers.

1           (2) ELIGIBILITY.—To receive a grant, contract,  
2 or cooperative agreement under this subsection, a  
3 public or private nonprofit entity shall demonstrate  
4 expertise in providing continuing education for  
5 health care professionals and behavioral health pro-  
6 viders.

7           (3) PRIORITY.—In awarding grants, contracts,  
8 and cooperative agreements under this subsection,  
9 the Secretary shall give priority to entities that pro-  
10 pose to implement continuing education—

11                   (A) in interdisciplinary settings; or

12                   (B) in collaboration with a diverse rep-  
13 resentation of health care professionals and be-  
14 havioral health providers who have no direct af-  
15 filiation with the receiving entity as determined  
16 by the Secretary.

17           (4) GEOGRAPHIC DISTRIBUTION.—The Sec-  
18 retary shall ensure that grants, contracts, and coop-  
19 erative agreements under this subsection are award-  
20 ed to entities throughout the United States to en-  
21 sure the availability of continuing education in men-  
22 tal health and substance abuse prevention and treat-  
23 ment services.

1           (5) DURATION OF AWARDS.—The period of a  
2           grant, contract, or cooperative agreement under this  
3           subsection shall not exceed 3 years.

4           (6) AUTHORIZATION OF APPROPRIATIONS.—  
5           There are authorized to be appropriated \$5,000,000  
6           for fiscal year 2012 and such sums as may be nec-  
7           essary for each of fiscal years 2013 through 2016.

8           (b) HEALTH CARE AND BEHAVIORAL HEALTH  
9           WORKFORCE EDUCATION CURRICULA.—

10           (1) IN GENERAL.—The Secretary shall make  
11           grants, contracts, or cooperative agreements to pub-  
12           lic or nonprofit private institutions of higher edu-  
13           cation for the purpose of implementing the rec-  
14           ommendations of the Council on education curricula  
15           for health care professionals and behavioral health  
16           providers.

17           (2) PRIORITY.—In awarding grants, contracts,  
18           and cooperative agreements under this subsection,  
19           the Secretary shall give priority to applicants that  
20           demonstrate willingness—

21                   (A) to integrate the recommendations of  
22                   the Council on curricula across academic dis-  
23                   ciplines;

1 (B) to coordinate the use of Federal and  
2 non-Federal resources for purposes of such in-  
3 tegration; or

4 (C) to incorporate other evidence-based  
5 recommendations that further the integration of  
6 behavioral health in health care.

7 (3) GEOGRAPHIC DISTRIBUTION.—The Sec-  
8 retary shall ensure that grants, contracts, and coop-  
9 erative agreements under this subsection are award-  
10 ed to institutions of higher education throughout the  
11 United States to ensure the availability and improve-  
12 ment of education curricula for health care profes-  
13 sionals and behavioral health providers.

14 (4) DURATION OF AWARDS.—The period of a  
15 grant, contract, or cooperative agreement under this  
16 subsection shall not exceed 3 years.

17 (5) AUTHORIZATION OF APPROPRIATIONS.—  
18 There are authorized to be appropriated \$5,000,000  
19 for fiscal year 2012 and such sums as may be nec-  
20 essary for each of fiscal years 2013 through 2016.

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