

113TH CONGRESS
2D SESSION

H. R. 4783

To protect individuals by strengthening the Nation's mental health infrastructure, improving the understanding of violence, strengthening firearm prohibitions and protections for at-risk individuals, and improving and expanding the reporting of mental health records to the National Instant Criminal Background Check System.

IN THE HOUSE OF REPRESENTATIVES

MAY 30, 2014

Mr. THOMPSON of California (for himself, Mr. SERRANO, Mr. PERLMUTTER, Ms. SPEIER, Ms. ESTY, Mr. WAXMAN, Mr. FATAH, Ms. MATSUI, Mr. SCOTT of Virginia, Mrs. CAPPAS, Mrs. CAROLYN B. MALONEY of New York, Mrs. NAPOLITANO, Ms. DEGETTE, Mr. RICHMOND, Mr. CICILLINE, Mr. TIERNEY, Mr. CROWLEY, Ms. LEE of California, Ms. SHEA-PORTER, Mr. THOMPSON of Mississippi, Mrs. MCCARTHY of New York, Mrs. LOWEY, Mr. YARMUTH, and Ms. CLARKE of New York) introduced the following bill; which was referred to the Committee on the Judiciary, and in addition to the Committee on Energy and Commerce, 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

A BILL

To protect individuals by strengthening the Nation's mental health infrastructure, improving the understanding of violence, strengthening firearm prohibitions and protections for at-risk individuals, and improving and expanding the reporting of mental health records to the National Instant Criminal Background Check System.

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 “Promoting Healthy
5 Minds for Safer Communities Act of 2014”.

6 **SEC. 2. TABLE OF CONTENTS.**

7 The table of contents of this Act is as follows:

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

TITLE I—STRENGTHENING AND IMPROVING INTERVENTION
EFFORTS

- Sec. 101. Mental health crisis assessment, prevention, and education grant program.
- Sec. 102. School-based mental health programs.
- Sec. 103. Justice and mental health collaboration.

TITLE II—IMPROVING MENTAL HEALTH RESEARCH

- Sec. 201. Research with respect to violence.

TITLE III—UNDERSTANDING THE EPIDEMIC OF GUN VIOLENCE

- Sec. 301. National violent death reporting system.
- Sec. 302. Reaffirming Centers for Disease Control’s authority.
- Sec. 303. Protecting confidential doctor-patient relationship.

TITLE IV—MENTAL HEALTH AND ACCESS TO FIREARMS

- Sec. 401. Ban on firearm possession by person committed involuntarily to mental institution on an outpatient basis.
- Sec. 402. Ban on firearm possession by person convicted of misdemeanor stalking; expansion of scope of misdemeanor crime of domestic violence.
- Sec. 403. Expansion of definition of intimate partner.
- Sec. 404. Grant program regarding firearms.
- Sec. 405. Notification of State and local law enforcement authorities of attempt to purchase firearm by ineligible person.

TITLE V—RESTORATION

- Sec. 501. Federal agency relief program.
- Sec. 502. State relief programs.
- Sec. 503. General Federal relief.

TITLE VI—SUBMISSION OF MENTAL HEALTH RECORDS TO
NATIONAL INSTANT CRIMINAL BACKGROUND CHECK SYSTEM

- Sec. 601. Reports relating to submission of information to NICS.

Sec. 602. Reauthorization of the National Criminal History Records Improvement Program.

Sec. 603. Improvement of metrics and incentives.

Sec. 604. Grants to States to improve coordination and automation of NICS record reporting.

Sec. 605. Sharing of records by Federal departments and agencies with NICS.

Sec. 606. Rulemaking to permit submission of mental health records to the National Instant Criminal Background Check System pursuant to the Health Insurance Portability and Accountability Act.

1 **TITLE I—STRENGTHENING AND**
 2 **IMPROVING INTERVENTION**
 3 **EFFORTS**

4 **SEC. 101. MENTAL HEALTH CRISIS ASSESSMENT, PREVEN-**
 5 **TION, AND EDUCATION GRANT PROGRAM.**

6 (a) DEFINITIONS.—For purposes of this section, the
 7 following definitions shall apply:

8 (1) ELIGIBLE ENTITY.—The term “eligible enti-
 9 ty” means a State, political subdivision of a State,
 10 or nonprofit private entity.

11 (2) SECRETARY.—The term “Secretary” means
 12 the Secretary of Health and Human Services.

13 (3) STATE.—The term “State” means each
 14 State of the United States, the District of Columbia,
 15 each commonwealth, territory or possession of the
 16 United States, and each federally recognized Indian
 17 tribe.

18 (b) ESTABLISHMENT OF GRANT PROGRAM.—

19 (1) ESTABLISHMENT.—The Secretary shall es-
 20 tablish a program to award grants to eligible entities

1 to carry out the activities described in paragraph
2 (2).

3 (2) USE OF FUNDS.—

4 (A) IN GENERAL.—Grants under this sec-
5 tion may be used to carry out programs that—

6 (i) expand early invention and treat-
7 ment services to improve access to mental
8 health crisis assistance and address unmet
9 mental health care needs;

10 (ii) expand the continuum of services
11 to address crisis intervention and crisis
12 stabilization;

13 (iii) reduce recidivism due to mental
14 health crises and mitigate unnecessary ex-
15 penditures by local law enforcement; and

16 (iv) reduce unnecessary hospitaliza-
17 tions by appropriately utilizing community-
18 based services and improving access to
19 timely mental health crisis assistance.

20 (B) AUTHORIZED ACTIVITIES.—The pro-
21 grams described in subparagraph (A) may in-
22 clude any or all of the following activities:

23 (i) Mental health crisis intervention
24 and response training for law enforcement

1 (to increase officers' understanding and
2 recognition of mental illnesses).

3 (ii) Mobile support that provides field-
4 based behavioral health assistance to law
5 enforcement and members of the commu-
6 nity and links individuals in crisis to ap-
7 propriate services.

8 (iii) School and community-based
9 early intervention and prevention programs
10 that provide mobile response, screening
11 and assessment, training and education,
12 and peer-based and family services.

13 (3) APPLICATION.—To be considered for a
14 grant under this section, an eligible entity shall sub-
15 mit an application to the Secretary at such time, in
16 such manner, and containing such information as
17 the Secretary may require. At minimum, such appli-
18 cation shall include a description of—

19 (A) the activities to be funded with the
20 grant;

21 (B) community needs;

22 (C) the population to be served; and

23 (D) the interaction between the activities
24 described in subparagraph (A) and public sys-
25 tems of health and mental health care, law en-

1 forcement, social services, and related assist-
2 ance programs.

3 (4) SELECTING AMONG APPLICANTS.—

4 (A) IN GENERAL.—Grants shall be award-
5 ed to eligible entities on a competitive basis.

6 (B) SELECTION CRITERIA.—The Secretary
7 shall evaluate applicants based on such criteria
8 as the Secretary determines to be appropriate,
9 including the ability of an applicant to carry
10 out the activities described in paragraph (2).

11 (5) REPORTS.—

12 (A) ANNUAL REPORTS.—

13 (i) ELIGIBLE ENTITIES.—As a condi-
14 tion of receiving a grant under this section,
15 an eligible entity shall agree to submit a
16 report to the Secretary, on an annual
17 basis, describing the activities carried out
18 with the grant and assessing the effective-
19 ness of such activities.

20 (ii) SECRETARY.—The Secretary
21 shall, on an annual basis, and using the re-
22 ports received under clause (i), report to
23 Congress on the overall impact and effec-
24 tiveness of the grant program under this
25 section.

1 (B) FINAL REPORT.—Not later than Janu-
2 ary 15, 2019, the Secretary shall submit to
3 Congress a final report that includes rec-
4 ommendations with respect to the feasibility
5 and advisability of extending or expanding the
6 grant program.

7 (6) COLLECTION OF DATA.—

8 (A) IN GENERAL.—The Secretary shall col-
9 lect data on the grant program to determine its
10 effectiveness in reducing the social impact of
11 mental health crises and the feasibility and ad-
12 visability of extending the grant program.

13 (B) MANNER OF COLLECTION.—Data de-
14 scribed in subparagraph (A) shall be collected
15 and analyzed using a scientific peer-reviewed
16 system and valid and reliable results-based re-
17 search methodologies.

18 (c) FUNDING.—

19 (1) GRANT AMOUNT.—A grant under this sec-
20 tion shall be in an amount that is not more than
21 \$100,000 for each of fiscal years 2015 through
22 2019. Subject to the preceding sentence, the Sec-
23 retary shall determine the amount of each grant.

24 (2) AUTHORIZATION OF APPROPRIATIONS.—

25 There is authorized to be appropriated to carry out

1 this section \$10,000,000 for each of fiscal years
2 2015 through 2019.

3 **SEC. 102. SCHOOL-BASED MENTAL HEALTH PROGRAMS.**

4 (a) TECHNICAL AMENDMENTS.—The second part G
5 (relating to services provided through religious organiza-
6 tions) of title V of the Public Health Service Act (42
7 U.S.C. 290kk et seq.) is amended—

8 (1) by redesignating such part as part J; and

9 (2) by redesignating sections 581 through 584
10 as sections 596 through 596C, respectively.

11 (b) SCHOOL-BASED MENTAL HEALTH AND CHIL-
12 DREN AND VIOLENCE.—Section 581 of the Public Health
13 Service Act (42 U.S.C. 290hh) is amended to read as fol-
14 lows:

15 **“SEC. 581. SCHOOL-BASED MENTAL HEALTH AND CHIL-**
16 **DREN AND VIOLENCE.**

17 “(a) IN GENERAL.—The Secretary, in collaboration
18 with the Secretary of Education and in consultation with
19 the Attorney General, shall, directly or through grants,
20 contracts, or cooperative agreements awarded to public en-
21 tities and local education agencies, assist local commu-
22 nities and schools in applying a public health approach
23 to mental health services both in schools and in the com-
24 munity. Such approach should provide comprehensive age-
25 appropriate services and supports, be linguistically and

1 culturally appropriate, be trauma-informed, and incor-
2 porate age-appropriate strategies of positive behavioral
3 interventions and supports. A comprehensive school men-
4 tal health program funded under this section shall assist
5 children in dealing with trauma and violence.

6 “(b) ACTIVITIES.—Under the program under sub-
7 section (a), the Secretary may—

8 “(1) provide financial support to enable local
9 communities to implement a comprehensive cul-
10 turally and linguistically appropriate, trauma-in-
11 formed, and age-appropriate, school mental health
12 program that incorporates positive behavioral inter-
13 ventions, client treatment, and supports to foster the
14 health and development of children;

15 “(2) provide technical assistance to local com-
16 munities with respect to the development of pro-
17 grams described in paragraph (1);

18 “(3) provide assistance to local communities in
19 the development of policies to address child and ado-
20 lescent trauma and mental health issues and violence
21 when and if it occurs;

22 “(4) facilitate community partnerships among
23 families, students, law enforcement agencies, edu-
24 cation systems, mental health and substance use dis-
25 order service systems, family-based mental health

1 service systems, welfare agencies, health care service
2 systems (including physicians), faith-based pro-
3 grams, trauma networks, and other community-
4 based systems; and

5 “(5) establish mechanisms for children and ado-
6 lescents to report incidents of violence or plans by
7 other children, adolescents, or adults to commit vio-
8 lence.

9 “(c) REQUIREMENTS.—

10 “(1) IN GENERAL.—To be eligible for a grant,
11 contract, or cooperative agreement under subsection
12 (a), an entity shall—

13 “(A) be a partnership between a local edu-
14 cation agency and at least one community pro-
15 gram or agency that is involved in mental
16 health; and

17 “(B) submit an application, that is en-
18 dorsed by all members of the partnership, that
19 contains the assurances described in paragraph
20 (2).

21 “(2) REQUIRED ASSURANCES.—An application
22 under paragraph (1) shall contain assurances as fol-
23 lows:

24 “(A) That the applicant will ensure that,
25 in carrying out activities under this section, the

1 local educational agency involved will enter into
2 a memorandum of understanding—

3 “(i) with at least one public or private
4 mental health entity, health care entity,
5 law enforcement or juvenile justice entity,
6 child welfare agency, family-based mental
7 health entity, family or family organiza-
8 tion, trauma network, or other community-
9 based entity; and

10 “(ii) that clearly states—

11 “(I) how school-employed mental
12 health professionals (such as school
13 psychologists, school counselors, and
14 school social workers) will be utilized
15 in the comprehensive school mental
16 health program;

17 “(II) the responsibilities of each
18 partner with respect to the activities
19 to be carried out;

20 “(III) how each such partner will
21 be accountable for carrying out such
22 responsibilities; and

23 “(IV) the amount of non-Federal
24 funding or in-kind contributions that

1 each such partner will contribute in
2 order to sustain the program.

3 “(B) That the comprehensive school-based
4 mental health program carried out under this
5 section supports the flexible use of funds to ad-
6 dress—

7 “(i) the promotion of the social, emo-
8 tional, mental, and behavioral health and
9 wellness of all students in an environment
10 that is conducive to learning;

11 “(ii) the reduction in the likelihood of
12 at risk students developing social, emo-
13 tional, mental, and behavioral health prob-
14 lems, or substance use disorders;

15 “(iii) the early identification of social,
16 emotional, mental, and behavioral prob-
17 lems, or substance use disorders and the
18 provision of early intervention services;

19 “(iv) the treatment or referral for
20 treatment of students with existing social,
21 emotional, mental, and behavioral health
22 problems, or substance use disorders; and

23 “(v) the development and implementa-
24 tion of programs to assist children in deal-
25 ing with trauma and violence.

1 “(C) That the comprehensive school-based
2 mental health program carried out under this
3 section will provide for in-service training of all
4 school personnel, including ancillary staff and
5 volunteers, in—

6 “(i) the techniques and supports need-
7 ed to identify early children with trauma
8 histories and children with, or at risk of,
9 mental illness;

10 “(ii) the use of referral mechanisms
11 that effectively link such children to appro-
12 priate treatment and intervention services
13 in the school and in the community and to
14 follow-up when services are not available;

15 “(iii) strategies that promote the so-
16 cial, emotional, mental, and behavioral
17 health and wellness of all students;

18 “(iv) strategies for promoting the so-
19 cial, emotional, mental, and behavioral
20 health of all students; and

21 “(v) strategies to increase the knowl-
22 edge and skills of school and community
23 leaders about the impact of trauma and vi-
24 olence and on the application of a public

1 health approach to comprehensive school-
2 based mental health programs.

3 “(D) That the comprehensive school-based
4 mental health program carried out under this
5 section will include comprehensive training for
6 parents, siblings, and other family members of
7 children with mental health disorders, and for
8 concerned members of the community in—

9 “(i) the techniques and supports need-
10 ed to identify early children with trauma
11 histories, and children with, or at risk of,
12 mental illness;

13 “(ii) the use of referral mechanisms
14 that effectively link such children to appro-
15 priate treatment and intervention services
16 in the school and in the community and
17 follow-up when such services are not avail-
18 able; and

19 “(iii) strategies that promote a school-
20 wide positive environment.

21 “(E) That the comprehensive school-based
22 mental health program carried out under this
23 section will demonstrate the measures to be
24 taken to sustain the program after funding
25 under this section terminates.

1 “(F) That the local education agency part-
2 nership involved is supported by the State edu-
3 cational and mental health system to ensure
4 that the sustainability of the programs is estab-
5 lished after funding under this section termi-
6 nates.

7 “(G) That the comprehensive school-based
8 mental health program carried out under this
9 section will be based on trauma-informed and
10 evidence-based practices.

11 “(H) That the comprehensive school-based
12 mental health program carried out under this
13 section will be coordinated with early inter-
14 vening activities carried out under the Individ-
15 uals with Disabilities Education Act.

16 “(I) That the comprehensive school-based
17 mental health program carried out under this
18 section will be trauma-informed and culturally
19 and linguistically appropriate.

20 “(J) That the comprehensive school-based
21 mental health program carried out under this
22 section will include a broad needs assessment of
23 youth who drop out of school due to policies of
24 ‘zero tolerance’ with respect to drugs, alcohol,

1 or weapons and an inability to obtain appro-
2 priate services.

3 “(K) That the mental health services pro-
4 vided through the comprehensive school-based
5 mental health program carried out under this
6 section will be provided by qualified mental and
7 behavioral health professionals who are certified
8 or licensed by the State involved and practicing
9 within their area of expertise.

10 “(3) COORDINATOR.—Any entity that is a
11 member of a partnership described in paragraph
12 (1)(A) may serve as the coordinator of funding and
13 activities under the grant if all members of the part-
14 nership agree.

15 “(4) COMPLIANCE WITH HIPAA.—A grantee
16 under this section shall be deemed to be a covered
17 entity for purposes of compliance with the regula-
18 tions promulgated under section 264(c) of the
19 Health Insurance Portability and Accountability Act
20 of 1996 with respect to any patient records devel-
21 oped through activities under the grant.

22 “(d) GEOGRAPHICAL DISTRIBUTION.—The Secretary
23 shall ensure that grants, contracts, or cooperative agree-
24 ments under subsection (a) will be distributed equitably

1 among the regions of the country and among urban and
2 rural areas.

3 “(e) DURATION OF AWARDS.—With respect to a
4 grant, contract, or cooperative agreement under sub-
5 section (a), the period during which payments under such
6 an award will be made to the recipient shall be 6 years.
7 An entity may receive only one award under this section,
8 except that an entity that is providing services and sup-
9 ports on a regional basis may receive additional funding
10 after the expiration of the preceding grant period.

11 “(f) EVALUATION AND MEASURES OF OUTCOMES.—

12 “(1) DEVELOPMENT OF PROCESS.—The Ad-
13 ministrators shall develop a fiscally appropriate proc-
14 ess for evaluating activities carried out under this
15 section. Such process shall include—

16 “(A) the development of guidelines for the
17 submission of program data by grant, contract,
18 or cooperative agreement recipients;

19 “(B) the development of measures of out-
20 comes (in accordance with paragraph (2)) to be
21 applied by such recipients in evaluating pro-
22 grams carried out under this section; and

23 “(C) the submission of annual reports by
24 such recipients concerning the effectiveness of
25 programs carried out under this section.

1 “(2) MEASURES OF OUTCOMES.—

2 “(A) IN GENERAL.—The Administrator
3 shall develop measures of outcomes to be ap-
4 plied by recipients of assistance under this sec-
5 tion, and the Administrator, in evaluating the
6 effectiveness of programs carried out under this
7 section. Such measures shall include student
8 and family measures as provided for in sub-
9 paragraph (B) and local educational measures
10 as provided for under subparagraph (C).

11 “(B) STUDENT AND FAMILY MEASURES OF
12 OUTCOMES.—The measures of outcomes devel-
13 oped under paragraph (1)(B) relating to stu-
14 dents and families shall, with respect to activi-
15 ties carried out under a program under this
16 section, at a minimum include provisions to
17 evaluate whether the program is effective in—

18 “(i) improving social, emotional, men-
19 tal, and behavioral health and wellness;

20 “(ii) increasing academic competency
21 (as defined by Secretary);

22 “(iii) reducing disruptive and aggres-
23 sive behaviors;

24 “(iv) improving child functioning;

25 “(v) reducing substance use disorders;

1 “(vi) reducing suspensions, truancy,
2 expulsions and violence;

3 “(vii) increasing graduation rates (as
4 defined in section 1111(b)(2)(C)(vi) of the
5 Elementary and Secondary Education Act
6 of 1965); and

7 “(viii) improving access to care for
8 mental health disorders.

9 “(C) LOCAL EDUCATIONAL OUTCOMES.—

10 The outcome measures developed under para-
11 graph (1)(B) relating to local educational sys-
12 tems shall, with respect to activities carried out
13 under a program under this section, at a min-
14 imum include provisions to evaluate—

15 “(i) the effectiveness of comprehensive
16 school mental health programs established
17 under this section;

18 “(ii) the effectiveness of formal part-
19 nership linkages among child and family
20 serving institutions, community support
21 systems, and the educational system;

22 “(iii) the progress made in sustaining
23 the program once funding under the grant
24 has expired;

1 “(iv) the effectiveness of training and
2 professional development programs for all
3 school personnel that incorporate indica-
4 tors that measure cultural and linguistic
5 competencies under the program in a man-
6 ner that incorporates appropriate cultural
7 and linguistic training;

8 “(v) the improvement in perception of
9 a safe and supportive learning environment
10 among school staff, students, and parents;

11 “(vi) the improvement in case-finding
12 of students in need of more intensive serv-
13 ices and referral of identified students to
14 early intervention and clinical services;

15 “(vii) the improvement in the imme-
16 diate availability of clinical assessment and
17 treatment services within the context of
18 the local community to students posing a
19 danger to themselves or others;

20 “(viii) the increased successful matric-
21 ulation to postsecondary school; and

22 “(ix) reduced referrals to juvenile jus-
23 tice.

24 “(3) SUBMISSION OF ANNUAL DATA.—An entity
25 that receives a grant, contract, or cooperative agree-

1 ment under this section shall annually submit to the
2 Administrator a report that includes data to evalu-
3 ate the success of the program carried out by the en-
4 tity based on whether such program is achieving the
5 purposes of the program. Such reports shall utilize
6 the measures of outcomes under paragraph (2) in a
7 reasonable manner to demonstrate the progress of
8 the program in achieving such purposes.

9 “(4) EVALUATION BY ADMINISTRATOR.—Based
10 on the data submitted under paragraph (3), the Ad-
11 ministrator shall annually submit to Congress a re-
12 port concerning the results and effectiveness of the
13 programs carried out with assistance received under
14 this section.

15 “(5) LIMITATION.—A grantee shall use not to
16 exceed 10 percent of amounts received under a grant
17 under this section to carry out evaluation activities
18 under this subsection.

19 “(g) INFORMATION AND EDUCATION.—The Sec-
20 retary shall establish comprehensive information and edu-
21 cation programs to disseminate the findings of the knowl-
22 edge development and application under this section to the
23 general public and to health care professionals.

24 “(h) AMOUNT OF GRANTS AND AUTHORIZATION OF
25 APPROPRIATIONS.—

1 “(1) AMOUNT OF GRANTS.—A grant under this
2 section shall be in an amount that is not more than
3 \$1,000,000 for each of grant years 2013 through
4 2017. The Secretary shall determine the amount of
5 each such grant based on the population of children
6 up to age 21 of the area to be served under the
7 grant.

8 “(2) AUTHORIZATION OF APPROPRIATIONS.—
9 There is authorized to be appropriated to carry out
10 this section, \$200,000,000 for each of fiscal years
11 2013 through 2017.”.

12 (c) CONFORMING AMENDMENT.—Part G of title V of
13 the Public Health Service Act (42 U.S.C. 290hh et seq.),
14 as amended by this section, is further amended by striking
15 the part heading and inserting the following:

16 **“PART G—SCHOOL-BASED MENTAL HEALTH”.**

17 **SEC. 103. JUSTICE AND MENTAL HEALTH COLLABORATION.**

18 (a) ASSISTING VETERANS.—

19 (1) REDESIGNATION.—Section 2991 of the Om-
20 nibus Crime Control and Safe Streets Act of 1968
21 (42 U.S.C. 3797aa) is amended by redesignating
22 subsection (i) as subsection (l).

23 (2) ASSISTING VETERANS.—Section 2991 of the
24 Omnibus Crime Control and Safe Streets Act of

1 1968 (42 U.S.C. 3797aa) is amended by inserting
2 after subsection (h) the following:

3 “(i) ASSISTING VETERANS.—

4 “(1) DEFINITIONS.—In this subsection:

5 “(A) PEER TO PEER SERVICES OR PRO-
6 GRAMS.—The term ‘peer to peer services or
7 programs’ means services or programs that con-
8 nect qualified veterans with other veterans for
9 the purpose of providing support and
10 mentorship to assist qualified veterans in ob-
11 taining treatment, recovery, stabilization, or re-
12 habilitation.

13 “(B) QUALIFIED VETERAN.—The term
14 ‘qualified veteran’ means a preliminarily quali-
15 fied offender who—

16 “(i) has served on active duty in any
17 branch of the Armed Forces, including the
18 National Guard and reserve components;
19 and

20 “(ii) was discharged or released from
21 such service under conditions other than
22 dishonorable.

23 “(C) VETERANS TREATMENT COURT PRO-
24 GRAM.—The term ‘veterans treatment court
25 program’ means a court program involving col-

1 laboration among criminal justice, veterans, and
2 mental health and substance abuse agencies
3 that provides qualified veterans with—

4 “(i) intensive judicial supervision and
5 case management, which may include ran-
6 dom and frequent drug testing where ap-
7 propriate;

8 “(ii) a full continuum of treatment
9 services, including mental health services,
10 substance abuse services, medical services,
11 and services to address trauma;

12 “(iii) alternatives to incarceration; or

13 “(iv) other appropriate services, which
14 may include housing, transportation, men-
15 toring, employment, job training, edu-
16 cation, and assistance in applying for and
17 obtaining available benefits.

18 “(2) VETERANS ASSISTANCE PROGRAM.—

19 “(A) IN GENERAL.—The Attorney General,
20 in consultation with the Secretary of Veterans
21 Affairs, may award grants under this sub-
22 section to applicants to establish or expand—

23 “(i) veterans treatment court pro-
24 grams;

1 “(ii) peer to peer services or programs
2 for qualified veterans;

3 “(iii) practices that identify and pro-
4 vide treatment, rehabilitation, legal, transi-
5 tional, and other appropriate services to
6 qualified veterans who have been incarcerated;
7 and

8 “(iv) training programs to teach
9 criminal justice, law enforcement, correc-
10 tions, mental health, and substance abuse
11 personnel how to identify and appro-
12 priately respond to incidents involving
13 qualified veterans.

14 “(B) PRIORITY.—In awarding grants
15 under this subsection, the Attorney General
16 shall give priority to applications that—

17 “(i) demonstrate collaboration be-
18 tween and joint investments by criminal
19 justice, mental health, substance abuse,
20 and veterans service agencies;

21 “(ii) promote effective strategies to
22 identify and reduce the risk of harm to
23 qualified veterans and public safety; and

1 “(iii) propose interventions with em-
2 pirical support to improve outcomes for
3 qualified veterans.”.

4 (b) CORRECTIONAL FACILITIES.—Section 2991 of
5 the Omnibus Crime Control and Safe Streets Act of 1968
6 (42 U.S.C. 3797aa) is amended by inserting after sub-
7 section (i), as so added by subsection (a), the following:

8 “(j) CORRECTIONAL FACILITIES.—

9 “(1) DEFINITIONS.—

10 “(A) CORRECTIONAL FACILITY.—The term
11 ‘correctional facility’ means a jail, prison, or
12 other detention facility used to house people
13 who have been arrested, detained, held, or con-
14 victed by a criminal justice agency or a court.

15 “(B) ELIGIBLE INMATE.—The term ‘eligi-
16 ble inmate’ means an individual who—

17 “(i) is being held, detained, or incar-
18 cerated in a correctional facility; and

19 “(ii) manifests obvious signs of a
20 mental illness or has been diagnosed by a
21 qualified mental health professional as hav-
22 ing a mental illness.

23 “(2) CORRECTIONAL FACILITY GRANTS.—The
24 Attorney General may award grants to applicants to
25 enhance the capabilities of a correctional facility—

1 “(A) to identify and screen for eligible in-
2 mates;

3 “(B) to plan and provide—

4 “(i) initial and periodic assessments of
5 the clinical, medical, and social needs of in-
6 mates; and

7 “(ii) appropriate treatment and serv-
8 ices that address the mental health and
9 substance abuse needs of inmates;

10 “(C) to develop, implement, and enhance—

11 “(i) post-release transition plans for
12 eligible inmates that, in a comprehensive
13 manner, coordinate health, housing, med-
14 ical, employment, and other appropriate
15 services and public benefits;

16 “(ii) the availability of mental health
17 care services and substance abuse treat-
18 ment services; and

19 “(iii) alternatives to solitary confine-
20 ment and segregated housing and mental
21 health screening and treatment for inmates
22 placed in solitary confinement or seg-
23 regated housing; and

24 “(D) to train each employee of the correc-
25 tional facility to identify and appropriately re-

1 spond to incidents involving inmates with men-
2 tal health or co-occurring mental health and
3 substance abuse disorders.”.

4 (c) HIGH UTILIZERS.—Section 2991 of the Omnibus
5 Crime Control and Safe Streets Act of 1968 (42 U.S.C.
6 3797aa) is amended by inserting after subsection (j), as
7 added by subsection (b), the following:

8 “(k) DEMONSTRATION GRANTS RESPONDING TO
9 HIGH UTILIZERS.—

10 “(1) DEFINITION.—In this subsection, the term
11 ‘high utilizer’ means an individual who—

12 “(A) manifests obvious signs of mental ill-
13 ness or has been diagnosed by a qualified men-
14 tal health professional as having a mental ill-
15 ness; and

16 “(B) consumes a significantly dispro-
17 portionate quantity of public resources, such as
18 emergency, housing, judicial, corrections, and
19 law enforcement services.

20 “(2) DEMONSTRATION GRANTS RESPONDING TO
21 HIGH UTILIZERS.—

22 “(A) IN GENERAL.—The Attorney General
23 may award not more than 6 grants per year
24 under this subsection to applicants for the pur-

1 pose of reducing the use of public services by
2 high utilizers.

3 “(B) USE OF GRANTS.—A recipient of a
4 grant awarded under this subsection may use
5 the grant—

6 “(i) to develop or support multidisci-
7 plinary teams that coordinate, implement,
8 and administer community-based crisis re-
9 sponses and long-term plans for high uti-
10 lizers;

11 “(ii) to provide training on how to re-
12 spond appropriately to the unique issues
13 involving high utilizers for public service
14 personnel, including criminal justice, men-
15 tal health, substance abuse, emergency
16 room, healthcare, law enforcement, correc-
17 tions, and housing personnel;

18 “(iii) to develop or support alter-
19 natives to hospital and jail admissions for
20 high utilizers that provide treatment, sta-
21 bilization, and other appropriate supports
22 in the least restrictive, yet appropriate, en-
23 vironment; or

24 “(iv) to develop protocols and systems
25 among law enforcement, mental health,

1 substance abuse, housing, corrections, and
2 emergency medical service operations to
3 provide coordinated assistance to high uti-
4 lizers.

5 “(C) REPORT.—Not later than the last
6 day of the first year following the fiscal year in
7 which a grant is awarded under this subsection,
8 the recipient of the grant shall submit to the
9 Attorney General a report that—

10 “(i) measures the performance of the
11 grant recipient in reducing the use of pub-
12 lic services by high utilizers; and

13 “(ii) provides a model set of practices,
14 systems, or procedures that other jurisdic-
15 tions can adopt to reduce the use of public
16 services by high utilizers.”.

17 (d) ACADEMY TRAINING.—Section 2991(h) of the
18 Omnibus Crime Control and Safe Streets Act of 1968 (42
19 U.S.C. 3797aa(h)) is amended—

20 (1) in paragraph (1), by adding at the end the
21 following:

22 “(F) ACADEMY TRAINING.—To provide
23 support for academy curricula, law enforcement
24 officer orientation programs, continuing edu-
25 cation training, and other programs that teach

1 law enforcement personnel how to identify and
2 respond to incidents involving individuals with
3 mental illness or co-occurring mental illness and
4 substance abuse disorders.”; and

5 (2) by adding at the end the following:

6 “(4) PRIORITY CONSIDERATION.—The Attorney
7 General, in awarding grants under this subsection,
8 shall give priority to programs that law enforcement
9 personnel and members of the mental health and
10 substance abuse professions develop and administer
11 cooperatively.”.

12 (e) EVIDENCE BASED PRACTICES.—Section 2991(c)
13 of the Omnibus Crime Control and Safe Streets Act of
14 1968 (42 U.S.C. 3797aa(c)) is amended—

15 (1) in paragraph (3), by striking “or” at the
16 end;

17 (2) by redesignating paragraph (4) as para-
18 graph (6); and

19 (3) by inserting after paragraph (3), the fol-
20 lowing:

21 “(4) propose interventions that have been
22 shown by empirical evidence to reduce recidivism;

23 “(5) when appropriate, use validated assess-
24 ment tools to target preliminarily qualified offenders

1 with a moderate or high risk of recidivism and a
2 need for treatment and services; or”.

3 (f) SAFE COMMUNITIES.—

4 (1) IN GENERAL.—Section 2991(a) of the Om-
5 nibus Crime Control and Safe Streets Act of 1968
6 (42 U.S.C. 3797aa(a)) is amended by striking para-
7 graph (9) and inserting the following:

8 “(9) PRELIMINARILY QUALIFIED OFFENDER.—

9 “(A) IN GENERAL.—The term ‘prelimi-
10 narily qualified offender’ means an adult or ju-
11 venile accused of an offense who—

12 “(i)(I) previously or currently has
13 been diagnosed by a qualified mental
14 health professional as having a mental ill-
15 ness or co-occurring mental illness and
16 substance abuse disorders;

17 “(II) manifests obvious signs of men-
18 tal illness or co-occurring mental illness
19 and substance abuse disorders during ar-
20 rest or confinement or before any court; or

21 “(III) in the case of a veterans treat-
22 ment court provided under subsection (i),
23 has been diagnosed with, or manifests ob-
24 vious signs of, mental illness or a sub-
25 stance abuse disorder or co-occurring men-

1 tal illness and substance abuse disorder;
2 and

3 “(ii) has been unanimously approved
4 for participation in a program funded
5 under this section by, when appropriate,
6 the relevant—

7 “(I) prosecuting attorney;

8 “(II) defense attorney;

9 “(III) probation or corrections
10 official;

11 “(IV) judge; and

12 “(V) a representative from the
13 relevant mental health agency de-
14 scribed in subsection (b)(5)(B)(i).

15 “(B) DETERMINATION.—In determining
16 whether to designate an individual as a prelimi-
17 narily qualified offender, the relevant pros-
18 ecuting attorney, defense attorney, probation or
19 corrections official, judge, and mental health or
20 substance abuse agency representative shall
21 take into account—

22 “(i) whether the participation of the
23 individual in the program would pose a
24 substantial risk of violence to the commu-
25 nity;

1 “(ii) the criminal history of the indi-
2 vidual and the nature and severity of the
3 offense for which the individual is charged;

4 “(iii) the views of any relevant victims
5 to the offense;

6 “(iv) the extent to which the indi-
7 vidual would benefit from participation in
8 the program;

9 “(v) the extent to which the commu-
10 nity would realize cost savings because of
11 the individual’s participation in the pro-
12 gram; and

13 “(vi) whether the individual satisfies
14 the eligibility criteria for program partici-
15 pation unanimously established by the rel-
16 evant prosecuting attorney, defense attor-
17 ney, probation or corrections official, judge
18 and mental health or substance abuse
19 agency representative.”.

20 (2) TECHNICAL AND CONFORMING AMEND-
21 MENT.—Section 2927(2) of the Omnibus Crime
22 Control and Safe Streets Act of 1968 (42 U.S.C.
23 3797s–6(2)) is amended by striking “has the mean-
24 ing given that term in section 2991(a).” and insert-
25 ing “means an offense that—

1 “(A) does not have as an element the use,
2 attempted use, or threatened use of physical
3 force against the person or property of another;
4 or

5 “(B) is not a felony that by its nature in-
6 volves a substantial risk that physical force
7 against the person or property of another may
8 be used in the course of committing the of-
9 fense.”.

10 (g) REAUTHORIZATION OF APPROPRIATIONS.—Sub-
11 section (l) of section 2991 of the Omnibus Crime Control
12 and Safe Streets Act of 1968 (42 U.S.C. 3797aa), as re-
13 designated in subsection (a)(1), is amended—

14 (1) in paragraph (1)—

15 (A) in subparagraph (B), by striking
16 “and” at the end;

17 (B) in subparagraph (C), by striking the
18 period and inserting “; and”; and

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

20 “(D) \$40,000,000 for each of fiscal years
21 2015 through 2019.”; and

22 (2) by adding at the end the following:

23 “(3) LIMITATION.—Not more than 20 percent
24 of the funds authorized to be appropriated under

1 this section may be used for purposes described in
2 subsection (i) (relating to veterans).”.

3 **TITLE II—IMPROVING MENTAL**
4 **HEALTH RESEARCH**

5 **SEC. 201. RESEARCH WITH RESPECT TO VIOLENCE.**

6 The Secretary of Health and Human Services, in con-
7 sultation with the Director of the National Institutes of
8 Health, shall expand and intensify research on self-di-
9 rected and other-directed violence associated with mental
10 illness.

11 **TITLE III—UNDERSTANDING**
12 **THE EPIDEMIC OF GUN VIO-**
13 **LENCE**

14 **SEC. 301. NATIONAL VIOLENT DEATH REPORTING SYSTEM.**

15 The Secretary of Health and Human Services, acting
16 through the Director of the Centers for Disease Control
17 and Prevention, shall improve the National Violent Death
18 Reporting System, as authorized by title III of the Public
19 Health Service Act (42 U.S.C. 241 et seq.), particularly
20 through the expansion of the application of such system
21 to include the 50 States. Participation in the system by
22 the States shall be voluntary.

1 **SEC. 302. REAFFIRMING CENTERS FOR DISEASE CON-**
2 **TROL'S AUTHORITY.**

3 (a) IN GENERAL.—Section 391 of the Public Health
4 Service Act (42 U.S.C. 280b) is amended—

5 (1) in subsection (a)(1), by striking “research
6 relating to the causes, mechanisms, prevention, diag-
7 nosis, treatment of injuries, and rehabilitation from
8 injuries;” and inserting “research, including data
9 collection, relating to—

10 “(A) the causes, mechanisms, prevention, diag-
11 nosis, and treatment of injuries, including with re-
12 spect to gun violence; and

13 “(B) rehabilitation from such injuries;”; and

14 (2) by adding at the end the following new sub-
15 section:

16 “(c) NO ADVOCACY OR PROMOTION OF GUN CON-
17 TROL.—Nothing in this section shall be construed to—

18 “(1) authorize the Secretary to give assistance,
19 make grants, or enter into cooperative agreements or
20 contracts for the purpose of advocating or promoting
21 gun control; or

22 “(2) permit a recipient of any assistance, grant,
23 cooperative agreement, or contract under this section
24 to use such assistance, grant, agreement, or contract
25 for the purpose of advocating or promoting gun con-
26 trol.”.

1 (b) AUTHORIZATION OF APPROPRIATIONS.—Section
2 394A of the Public Health Service Act (42 U.S.C. 280b–
3 3) is amended by striking “authorized to be appropriated”
4 and all that follows through the end and inserting the fol-
5 lowing: “authorized to be appropriated such sums as may
6 be necessary for each of fiscal years 2015 through 2019.”.

7 **SEC. 303. PROTECTING CONFIDENTIAL DOCTOR-PATIENT**
8 **RELATIONSHIP.**

9 Section 2717(c) of the Public Health Service Act (42
10 U.S.C. 300gg–17(c)) is amended by adding at the end the
11 following new paragraph:

12 “(6) RULE OF CONSTRUCTION.—Notwith-
13 standing the previous provisions of this subsection,
14 none of the authorities provided to the Secretary
15 under this subsection, Public Law 111–148, or an
16 amendment made by such Public Law shall be con-
17 strued to prohibit a physician or other health care
18 provider from—

19 “(A) asking a patient about the ownership,
20 possession, use, or storage of a firearm or am-
21 munition in the home of such patient;

22 “(B) speaking to a patient about gun safe-
23 ty; or

24 “(C) reporting to the authorities a pa-
25 tient’s threat of violence.”.

1 **TITLE IV—MENTAL HEALTH AND**
 2 **ACCESS TO FIREARMS**

3 **SEC. 401. BAN ON FIREARM POSSESSION BY PERSON COM-**
 4 **MITTED INVOLUNTARILY TO MENTAL INSTI-**
 5 **TUTION ON AN OUTPATIENT BASIS.**

6 Subsections (d)(4) and (g)(4) of section 922 of title
 7 18, United States Code, are each amended by inserting
 8 “on an involuntary inpatient or involuntary outpatient
 9 basis” before the semicolon.

10 **SEC. 402. BAN ON FIREARM POSSESSION BY PERSON CON-**
 11 **VICTED OF MISDEMEANOR STALKING; EX-**
 12 **PANSION OF SCOPE OF MISDEMEANOR**
 13 **CRIME OF DOMESTIC VIOLENCE.**

14 (a) BAN ON FIREARM POSSESSION BY PERSON CON-
 15 VICTED OF MISDEMEANOR STALKING.—Section 922 of
 16 title 18, United States Code, is amended—

17 (1) in the first sentence of subsection (d)—

18 (A) in paragraph (8)(ii), by striking “or”
 19 at the end;

20 (B) in paragraph (9), by striking the pe-
 21 riod and inserting “; or”; and

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

23 “(10) has been convicted in any court of a mis-
 24 demeanor crime of stalking.”; and

25 (2) in subsection (g)—

1 (A) in paragraph (8)(C)(ii), by striking
2 “or” at the end;

3 (B) in paragraph (9), by striking the
4 comma and inserting “; or”; and

5 (C) by inserting after paragraph (9) the
6 following:

7 “(10) who has been convicted in any court of
8 a misdemeanor crime of stalking,”.

9 (b) DEFINITION OF MISDEMEANOR CRIME OF
10 STALKING; EXPANSION OF SCOPE OF MISDEMEANOR
11 CRIME OF DOMESTIC VIOLENCE.—Section 921(a)(33) of
12 such title is amended by striking all that precedes sub-
13 paragraph (B) and inserting the following:

14 “(33)(A) Except as provided in subparagraph
15 (B):

16 “(i) The term ‘misdemeanor crime of do-
17 mestic violence’ means an offense that—

18 “(I) is a misdemeanor under Federal,
19 State, or tribal law; and

20 “(II) has, as an element, the use or
21 attempted use of physical force, or the
22 threatened use of a deadly weapon, com-
23 mitted by a current or former spouse, par-
24 ent, child, grandparent, grandchild, sibling,
25 or guardian of the victim, by a person with

1 whom the victim shares a child in common,
2 by a person who is cohabiting with or has
3 cohabited with the victim as a spouse, par-
4 ent, or guardian, by a dating partner (as
5 defined in section 40002(a)(9) of the Vio-
6 lence Against Women Act of 1994), or by
7 a person similarly situated to a spouse,
8 parent, dating partner, or guardian of the
9 victim.

10 “(ii) The term ‘misdemeanor crime of
11 stalking’ means an offense that—

12 “(I) is a misdemeanor under Federal,
13 State, territorial, or tribal law; and

14 “(II) has, as an element, conduct pro-
15 hibited by section 2261A or the threatened
16 use of a deadly weapon, committed by a
17 person against another person.”.

18 **SEC. 403. EXPANSION OF DEFINITION OF INTIMATE PART-**
19 **NER.**

20 Section 921(a)(32) of title 18, United States Code,
21 is amended by striking “the spouse” and all that follows
22 and inserting “a current or former spouse, parent, child,
23 grandparent, grandchild, sibling, or guardian of the per-
24 son, an individual with whom the person shares a child
25 in common, a person who is cohabiting with or has

1 cohabited with the person as a spouse, parent, or guard-
2 ian, a dating partner (as defined in section 40002(a)(9)
3 of the Violence Against Women Act of 1994) of the per-
4 son, or by a person similarly situated to a spouse, parent,
5 dating partner, sibling, or guardian of the person.”.

6 **SEC. 404. GRANT PROGRAM REGARDING FIREARMS.**

7 Section 506(b) of the Omnibus Crime Control and
8 Safe Streets Act of 1968 (42 U.S.C. 3756(b)) is amend-
9 ed—

10 (1) by striking “1 or more States or units of
11 local government, for 1 or more of the purposes
12 specified in section 501, pursuant to his determina-
13 tion that the same is necessary”;

14 (2) by inserting before paragraph (1) the fol-
15 lowing:

16 “(1) 1 or more States or units of local govern-
17 ment, for 1 or more of the purposes specified in sec-
18 tion 501, pursuant to his determination that the
19 same is necessary—”;

20 (3) by redesignating paragraph (1) as subpara-
21 graph (A);

22 (4) in paragraph (2)—

23 (A) by striking the period at the end and
24 inserting “; or”; and

1 (B) by redesignating paragraph (2) as sub-
2 paragraph (B); and

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

4 “(2) 1 or more States, if that State has dem-
5 onstrated, in the determination of the Attorney Gen-
6 eral, that the State has adopted policies, procedures,
7 protocols, laws or regulations pertaining to the pos-
8 session or transfer of firearms or ammunition that—

9 “(A)(i) give State and local law enforce-
10 ment the authority, to the extent allowable
11 under Federal laws and the United States Con-
12 stitution, to seize firearms or ammunition from
13 an individual pursuant to a warrant, where
14 there is probable cause to believe that the indi-
15 vidual in possession of such firearms or ammu-
16 nition poses an elevated risk of harm to himself
17 or herself or to another individual, which may
18 be determined by considering whether the indi-
19 vidual has caused harm to himself or herself or
20 another individual, has detailed plans to cause
21 harm to himself or herself or another indi-
22 vidual, has a history of substance abuse, or
23 lacks impulse control; and

24 “(ii) provide that not later than 14 days
25 after such a seizure, an individual from whom

1 a firearm or ammunition was so seized shall be
2 given an opportunity to contest such seizure in
3 court, and any firearm or ammunition so seized
4 shall be returned to the individual, unless a
5 State or local law enforcement officer dem-
6 onstrates in court by a preponderance of the
7 evidence that the individual from whom a fire-
8 arm or ammunition was seized poses an ele-
9 vated risk of harm to himself or herself or to
10 another individual; or

11 “(B) temporarily prohibit an individual
12 who has been involuntarily hospitalized for a
13 period of not less than 48 hours for mental ill-
14 ness on an emergency basis, from possessing a
15 firearm or ammunition;”.

16 **SEC. 405. NOTIFICATION OF STATE AND LOCAL LAW EN-**
17 **FORCEMENT AUTHORITIES OF ATTEMPT TO**
18 **PURCHASE FIREARM BY INELIGIBLE PER-**
19 **SON.**

20 (a) IN GENERAL.—The Attorney General shall estab-
21 lish a system for the prompt notification of the relevant
22 State and local enforcement agencies when the National
23 Instant Criminal Background Check System established
24 under section 103 of the Brady Handgun Violence Preven-
25 tion Act notifies a licensed dealer that the information

1 available to the system indicates that the possession of a
2 firearm by an individual attempting to obtain a firearm
3 from the licensed dealer would violate subsection (g) or
4 (n) of section 922 of title 18, United States Code, or State
5 law, except when it is determined, on a case-by-case basis,
6 that law enforcement purposes would best be served by
7 not providing such a notice.

8 (b) DEFINITIONS.—In this section, the terms “fire-
9 arm” and “licensed dealer” shall have the meanings given
10 such terms in section 921(a) of title 18, United States
11 Code.

12 **TITLE V—RESTORATION**

13 **SEC. 501. FEDERAL AGENCY RELIEF PROGRAM.**

14 Section 101(e) of the NICS Improvement Amend-
15 ments Act of 2007 (18 U.S.C. 922 note) is amended—

16 (1) in paragraph (2)(A)(i), by inserting after
17 “imposed by such subsections” the following: “if
18 such person is a person described in subparagraph
19 (C) and submits the opinion (and records and infor-
20 mation supporting the opinion) of a psychiatrist or
21 licensed clinical psychologist who has personally
22 evaluated the person”; and

23 (2) by adding at the end the following:

24 “(C) PERSON DESCRIBED.—A person is
25 described in this subparagraph if, beginning not

1 earlier than 1 year after the person is subject
2 to the disabilities imposed by subsection (d)(4)
3 or (g)(4) of section 922 of title 18, United
4 States Code, and after affording the Federal
5 department or agency the opportunity to re-
6 quest an additional evaluation, by a psychiatrist
7 or licensed clinical psychologist appointed by
8 the department or agency, the department or
9 agency determines by a preponderance of the
10 evidence received that—

11 “(i) the person no longer manifests
12 the symptoms of mental disorder that re-
13 sulted in that person’s adjudication as a
14 mental defective or involuntary commit-
15 ment or that otherwise significantly elevate
16 the risk of harm to self or others;

17 “(ii) the person has adhered consist-
18 ently to any prescribed treatment for a
19 substantial period of time preceding the
20 date of the application and has expressed
21 a willingness to continue treatment under
22 an appropriate mental health professional;

23 “(iii) if ongoing treatment is required,
24 that adherence to that treatment is likely
25 to minimize the risk that the person will

1 revert to a mental state that would present
2 a danger to self or others; and

3 “(iv) the granting of the relief would
4 not be contrary to the public interest.”.

5 **SEC. 502. STATE RELIEF PROGRAMS.**

6 (a) IN GENERAL.—Section 105 of the NICS Im-
7 provement Amendments Act of 2007 (18 U.S.C. 922 note)
8 is amended—

9 (1) in subsection (a)(2), by striking “if the cir-
10 cumstances regarding the disabilities referred to in
11 paragraph (1), and the person’s record and reputa-
12 tion, are such that the person will not be likely to
13 act in a manner dangerous to public safety and that
14 the granting of the relief would not be contrary to
15 the public interest; and” and inserting the following:
16 “beginning not earlier than 1 year after the person
17 is first adjudicated as described in subsection (g)(4)
18 of section 922 of title 18, United States Code, if the
19 person submits the opinion (and records and infor-
20 mation supporting the opinion) of a psychiatrist or
21 licensed clinical psychologist who has personally
22 evaluated the person, and after affording the State
23 the opportunity to request an additional evaluation,
24 by a psychiatrist or licensed clinical psychologist ap-
25 pointed by the court, board, commission, or other

1 lawful authority, only if the court, board, commis-
2 sion, or other lawful authority determines by a pre-
3 ponderance of the evidence received that the person
4 is a person described in subsection (c); and”;

5 (2) by adding at the end the following:

6 “(c) ELIGIBLE PERSON DESCRIBED.—A person de-
7 scribed in this subsection is any person who submits with
8 the application for relief under subsection (a)(1), the opin-
9 ion (and records and information supporting the opinion)
10 of a psychiatrist or licensed clinical psychologist who has
11 personally evaluated the petitioner and which attests
12 that—

13 “(1) the person no longer manifests the symp-
14 toms of mental disorder that resulted in that per-
15 son’s adjudication as a mental defective or involun-
16 tary commitment;

17 “(2) the person appears to have adhered con-
18 sistently to any prescribed treatment for a substan-
19 tial period of time preceding the date of the applica-
20 tion and has expressed a willingness to continue
21 treatment under an appropriate mental health pro-
22 fessional;

23 “(3) if ongoing treatment is required, that ad-
24 herence to that treatment is likely to minimize the

1 risk that the person will revert to a mental state
2 that would present a danger to self or others; and

3 “(4) the granting of the relief would not be con-
4 trary to the public interest.

5 “(d) DEFINITIONS.—The Attorney General may, by
6 rule, define terms used in this section to ensure conformity
7 with Federal programs providing relief from disabilities
8 imposed under subsections (d) and (g) of section 922 of
9 title 18, United States Code.”.

10 (b) TRANSITION RULE.—The amendment made by
11 subsection (a) shall apply only beginning on the date that
12 is 5 years after the date of enactment of this Act, in the
13 case of any State that has a program described in section
14 105 of the NICS Improvement Amendments Act of 2007
15 (18 U.S.C. 922 note) in effect on the date of enactment
16 of this Act.

17 **SEC. 503. GENERAL FEDERAL RELIEF.**

18 Section 925 of title 18, United States Code, is
19 amended in subsection (c)—

20 (1) by striking “(c) A person” and inserting

21 “(c)(1) Except as otherwise provided in paragraph

22 (2), a person”; and

23 (2) by adding at the end the following:

24 “(2) In the case of a person who is subject to the
25 disability imposed under subsection (d)(4) or subsection

1 (g)(4) of section 922, such person may not receive relief
2 under this subsection unless—

3 “(A) the person submits an application not ear-
4 lier than 1 year after the person is first subject to
5 the disability imposed under subsection (d)(4) or
6 subsection (g)(4) of section 922;

7 “(B) the person submits, with the application
8 for relief, the opinion (and records and information
9 supporting the opinion) of a psychiatrist or licensed
10 clinical psychologist who has personally evaluated
11 the petitioner and which attests that—

12 “(i) the person no longer manifests the
13 symptoms of mental disorder that resulted in
14 that person’s adjudication as a mental defective
15 or involuntary commitment;

16 “(ii) the person appears to have adhered
17 consistently to any prescribed treatment for a
18 substantial period of time preceding the date of
19 the application; and

20 “(iii) if ongoing treatment is required, that
21 adherence to that treatment is likely to mini-
22 mize the risk that the person will revert to a
23 mental state that would present a danger to self
24 or others;

1 “(C) the Attorney General is afforded the op-
2 portunity to request an additional evaluation, by a
3 psychiatrist or licensed clinical psychologist ap-
4 pointed by the court; and

5 “(D) the Attorney General determines by a pre-
6 ponderance of the evidence received that—

7 “(i) the person no longer manifests the
8 symptoms of mental disorder that resulted in
9 that person’s adjudication as a mental defective
10 or involuntary commitment;

11 “(ii) the person appears to have adhered
12 consistently to any prescribed treatment for a
13 substantial period of time preceding the date of
14 the application and has expressed a willingness
15 to continue treatment under an appropriate
16 mental health professional;

17 “(iii) if ongoing treatment is required, that
18 adherence to that treatment is likely to mini-
19 mize the risk that the person will revert to a
20 mental state that would present a danger to self
21 or others; and

22 “(iv) the granting of the relief would not
23 be contrary to the public interest.”.

1 **TITLE VI—SUBMISSION OF MEN-**
2 **TAL HEALTH RECORDS TO**
3 **NATIONAL INSTANT CRIMI-**
4 **NAL BACKGROUND CHECK**
5 **SYSTEM**

6 **SEC. 601. REPORTS RELATING TO SUBMISSION OF INFOR-**
7 **MATION TO NICS.**

8 Section 201 of the NICS Improvement Amendments
9 Act of 2007 (18 U.S.C. 922 note) is amended—

10 (1) by amending subsection (b) to read as fol-
11 lows:

12 “(b) REPORT ON PERSONS PROHIBITED FROM OB-
13 TAINING FIREARMS AS A RESULT OF A CONVICTION OF
14 A MISDEMEANOR CRIME OF DOMESTIC VIOLENCE.—Not
15 later than January 31 of each year, the Director shall sub-
16 mit to Congress a report containing the number of persons
17 reported by each State to the National Instant Criminal
18 Background Check System who are prohibited from pos-
19 sessing or receiving a firearm under section 922(g)(9) of
20 title 18, United States Code.”;

21 (2) by redesignating subsection (d) as (e); and

22 (3) by inserting after subsection (c) the fol-
23 lowing:

24 “(d) REPORT ON PROMISING PRACTICES.—

1 “(1) IN GENERAL.—Not later than 180 days
2 after the date of enactment of the Promoting
3 Healthy Minds for Safer Communities Act of 2014,
4 and annually thereafter, the Director shall submit to
5 Congress and to each State participating in the Na-
6 tional Criminal History Improvement Program, a re-
7 port of the practices of the States that the Director
8 considers to be promising practices.

9 “(2) PROMISING PRACTICE DEFINED.—For
10 purposes of this subsection, the term ‘promising
11 practice’ means a program, activity, or strategy of a
12 State regarding the collection, maintenance, automa-
13 tion, and transmittal of information relevant to de-
14 termining whether a person is prohibited from pos-
15 sessing or receiving a firearm by Federal or State
16 law, by the State or any other agency, or any other
17 records relevant to the National Instant Criminal
18 Background Check System, that the Director deter-
19 mines—

20 “(A) has been used by a State or other
21 agency to successfully increase or expand its
22 ability to collect, maintain, automate, and
23 transmit the information described in the mat-
24 ter preceding this subparagraph;

1 “(B) shows promise in its early stages of
2 becoming a best practice under subsection (c),
3 with long-term sustainable impact; and

4 “(C) may be replicated by other States or
5 agencies.”.

6 **SEC. 602. REAUTHORIZATION OF THE NATIONAL CRIMINAL**
7 **HISTORY RECORDS IMPROVEMENT PRO-**
8 **GRAM.**

9 Section 106(b) of Public Law 103–159 (18 U.S.C.
10 922 note) is amended—

11 (1) in paragraph (1), in the matter preceding
12 subparagraph (A), by striking “of this Act” and in-
13 serting “of the Promoting Healthy Minds for Safer
14 Communities Act of 2014”; and

15 (2) by striking paragraph (2) and inserting the
16 following:

17 “(2) AUTHORIZATION OF APPROPRIATIONS.—
18 There are authorized to be appropriated for grants
19 under this subsection \$100,000,000 for each of fis-
20 cal years 2015 through 2018.”.

21 **SEC. 603. IMPROVEMENT OF METRICS AND INCENTIVES.**

22 Section 102(b) of the NICS Improvement Amend-
23 ments Act of 2007 (18 U.S.C. 922 note) is amended to
24 read as follows:

25 “(b) IMPLEMENTATION PLAN.—

1 “(1) IN GENERAL.—Not later than 1 year after
2 the date of enactment of the Promoting Healthy
3 Minds for Safer Communities Act of 2014, the At-
4 torney General, in coordination with the States, shall
5 establish for each State or Indian tribal government
6 desiring a grant under section 103 a 4-year imple-
7 mentation plan to ensure maximum coordination and
8 automation of the reporting of records or making
9 records available to the National Instant Criminal
10 Background Check System.

11 “(2) BENCHMARK REQUIREMENTS.—Each 4-
12 year plan established under paragraph (1) shall in-
13 clude annual benchmarks, including both qualitative
14 goals and quantitative measures, to assess imple-
15 mentation of the 4-year plan.

16 “(3) PENALTIES FOR NON-COMPLIANCE.—

17 “(A) IN GENERAL.—During the 4-year pe-
18 riod covered by a 4-year plan established under
19 paragraph (1), the Attorney General shall with-
20 hold—

21 “(i) 10 percent of the amount that
22 would otherwise be allocated to a State
23 under section 505 of the Omnibus Crime
24 Control and Safe Streets Act of 1968 (42
25 U.S.C. 3755) if the State does not meet

1 the benchmark established under para-
2 graph (2) for the first year in the 4-year
3 period;

4 “(ii) 11 percent of the amount that
5 would otherwise be allocated to a State
6 under section 505 of the Omnibus Crime
7 Control and Safe Streets Act of 1968 (42
8 U.S.C. 3755) if the State does not meet
9 the benchmark established under para-
10 graph (2) for the second year in the 4-year
11 period;

12 “(iii) 13 percent of the amount that
13 would otherwise be allocated to a State
14 under section 505 of the Omnibus Crime
15 Control and Safe Streets Act of 1968 (42
16 U.S.C. 3755) if the State does not meet
17 the benchmark established under para-
18 graph (2) for the third year in the 4-year
19 period; and

20 “(iv) 15 percent of the amount that
21 would otherwise be allocated to a State
22 under section 505 of the Omnibus Crime
23 Control and Safe Streets Act of 1968 (42
24 U.S.C. 3755) if the State does not meet
25 the benchmark established under para-

1 graph (2) for the fourth year in the 4-year
2 period.

3 “(B) FAILURE TO ESTABLISH A PLAN.—A
4 State that fails to establish a plan under para-
5 graph (1) shall be treated as having not met
6 any benchmark established under paragraph
7 (2).”.

8 **SEC. 604. GRANTS TO STATES TO IMPROVE COORDINATION**
9 **AND AUTOMATION OF NICS RECORD REPORT-**
10 **ING.**

11 (a) IN GENERAL.—The NICS Improvement Amend-
12 ments Act of 2007 (18 U.S.C. 922 note) is amended—

13 (1) by striking section 103 and inserting the
14 following:

15 **“SEC. 103. GRANTS TO STATES FOR IMPROVEMENT OF CO-**
16 **ORDINATION AND AUTOMATION OF NICS**
17 **RECORD REPORTING.**

18 “(a) AUTHORIZATION.—From amounts made avail-
19 able to carry out this section, the Attorney General shall
20 make grants to States, Indian Tribal governments, and
21 State court systems, in a manner consistent with the Na-
22 tional Criminal History Improvement Program and con-
23 sistent with State plans for integration, automation, and
24 accessibility of criminal history records, for use by the
25 State, or units of local government of the State, Indian

1 Tribal government, or State court system to improve the
2 automation and transmittal of mental health records and
3 criminal history dispositions, records relevant to deter-
4 mining whether a person has been convicted of a mis-
5 demeanor crime of domestic violence, court orders, and
6 mental health adjudications or commitments to Federal
7 and State record repositories in accordance with section
8 102 and the National Criminal History Improvement Pro-
9 gram.

10 “(b) USE OF GRANT AMOUNTS.—Grants awarded to
11 States, Indian Tribal governments, or State court systems
12 under this section may only be used to—

13 “(1) carry out, as necessary, assessments of the
14 capabilities of the courts of the State or Indian Trib-
15 al government for the automation and transmission
16 of arrest and conviction records, court orders, and
17 mental health adjudications or commitments to Fed-
18 eral and State record repositories;

19 “(2) implement policies, systems, and proce-
20 dures for the automation and transmission of arrest
21 and conviction records, court orders, and mental
22 health adjudications or commitments to Federal and
23 State record repositories;

24 “(3) create electronic systems that provide ac-
25 curate and up-to-date information which is directly

1 related to checks under the National Instant Crimi-
2 nal Background Check System, including court dis-
3 position and corrections records;

4 “(4) assist States or Indian Tribal governments
5 in establishing or enhancing their own capacities to
6 perform background checks using the National In-
7 stant Criminal Background Check System; and

8 “(5) develop and maintain the relief from dis-
9 abilities program in accordance with section 105.

10 “(c) ELIGIBILITY.—

11 “(1) IN GENERAL.—To be eligible for a grant
12 under this section, a State, Indian Tribal govern-
13 ment, or State court system shall certify, to the sat-
14 isfaction of the Attorney General, that the State, In-
15 dian Tribal government, or State court system—

16 “(A) is not prohibited by State law or
17 court order from submitting mental health
18 records to the National Instant Criminal Back-
19 ground Check System; and

20 “(B) subject to paragraph (2), has imple-
21 mented a relief from disabilities program in ac-
22 cordance with section 105.

23 “(2) RELIEF FROM DISABILITIES PROGRAM.—

24 For purposes of obtaining a grant under this sec-
25 tion, a State, Indian Tribal government, or State

1 court system shall not be required to meet the eligi-
2 bility requirement described in paragraph (1)(B)
3 until the date that is 2 years after the date of enact-
4 ment of the Promoting Healthy Minds for Safer
5 Communities Act of 2014.

6 “(d) FEDERAL SHARE.—

7 “(1) STUDIES, ASSESSMENTS, NON-MATERIAL
8 ACTIVITIES.—The Federal share of a study, assess-
9 ment, creation of a task force, or other non-material
10 activity, as determined by the Attorney General, car-
11 ried out with a grant under this section shall be not
12 more than 25 percent.

13 “(2) INFRASTRUCTURE OR SYSTEM DEVELOP-
14 MENT.—The Federal share of an activity involving
15 infrastructure or system development, including
16 labor-related costs, for the purpose of improving
17 State or Indian Tribal government record reporting
18 to the National Instant Criminal Background Check
19 System carried out with a grant under this section
20 may amount to 100 percent of the cost of the activ-
21 ity.

22 “(e) GRANTS TO INDIAN TRIBES.—Up to 5 percent
23 of the grant funding available under this section may be
24 reserved for Indian tribal governments for use by Indian
25 tribal judicial systems.

1 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
 2 are authorized to be appropriated to carry out this section
 3 \$100,000,000 for each of fiscal years 2015 through
 4 2018.”;

5 (2) by striking title III; and

6 (3) in section 401(b), by inserting after “of this
 7 Act” the following: “and 18 months after the date
 8 of enactment of the Promoting Healthy Minds for
 9 Safer Communities Act of 2014”.

10 (b) TECHNICAL AND CONFORMING AMENDMENT.—
 11 The table of sections in section 1(b) of the NICS Improve-
 12 ment Amendments Act of 2007 (18 U.S.C. 922 note) is
 13 amended by striking the item relating to section 103 and
 14 inserting the following:

“Sec. 103. Grants to States for improvement of coordination and automation
 of NICS record reporting.”.

15 **SEC. 605. SHARING OF RECORDS BY FEDERAL DEPART-**
 16 **MENTS AND AGENCIES WITH NICS.**

17 Section 101(b) of the NICS Improvement Act of
 18 2007 (18 U.S.C. 922 note) is amended—

19 (1) in paragraph (2)—

20 (A) in subparagraph (B), by striking
 21 “and” at the end;

22 (B) in subparagraph (C), by striking the
 23 period at the end and inserting “; and”; and

24 (C) by inserting at the end the following:

1 “(D) not later than 180 days after the
2 date of the enactment of the Promoting
3 Healthy Minds for Safer Communities Act of
4 2014, and annually thereafter, submit a report
5 to Congress on the compliance of the heads of
6 Federal departments and agencies with the re-
7 quirements of paragraphs (1) and (3).”; and
8 (2) by adding at the end the following:

9 “(3) OTHER FEDERAL DEPARTMENTS AND
10 AGENCIES.—The head of each Federal department
11 or agency in possession of records which are relevant
12 to a determination of whether a person is disquali-
13 fied from possessing or receiving a firearm under
14 subsection (g) or (n) of section 922 of title 18,
15 United States Code, shall make available to the At-
16 torney General, such records, updated not less than
17 quarterly, for use in the background checks per-
18 formed by the National Instant Criminal Back-
19 ground Check System.”.

1 **SEC. 606. RULEMAKING TO PERMIT SUBMISSION OF MEN-**
2 **TAL HEALTH RECORDS TO THE NATIONAL IN-**
3 **STANT CRIMINAL BACKGROUND CHECK SYS-**
4 **TEM PURSUANT TO THE HEALTH INSURANCE**
5 **PORTABILITY AND ACCOUNTABILITY ACT.**

6 Not later than 1 year after the date of the enactment
7 of the Promoting Healthy Minds for Safer Communities
8 Act, the Secretary of Health and Human Services shall
9 issue a final rule, pursuant to section 264(c) of the Health
10 Insurance Portability and Accountability Act of 1996 (42
11 U.S.C. 1320d–2 note), to allow disclosures of information
12 described in section 102(c)(3) of the NICS Improvement
13 Amendments Act of 2007 (18 U.S.C. 922 note) to the Na-
14 tional Instant Criminal Background Check System to as-
15 sist the Attorney General in enforcing section 922(g)(4)
16 of title 18, United States Code.

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