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2D SESSION

H. R. 2646

IN THE SENATE OF THE UNITED STATES

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Received

AN ACT

To make available needed psychiatric, psychological, and supportive services for individuals with mental illness and families in mental health crisis, 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,*

1 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

2 (a) SHORT TITLE.—This Act may be cited as the
3 "Helping Families in Mental Health Crisis Act of 2016".
4 (b) TABLE OF CONTENTS.—The table of contents for
5 this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—ASSISTANT SECRETARY FOR MENTAL HEALTH AND SUBSTANCE USE

Sec. 101. Assistant Secretary for Mental Health and Substance Use.
Sec. 102. Improving oversight of mental health and substance use programs.
Sec. 103. National Mental Health and Substance Use Policy Laboratory.
Sec. 104. Peer-support specialist programs.
Sec. 105. Prohibition against lobbying using Federal funds by systems accepting Federal funds to protect and advocate the rights of individuals with mental illness.
Sec. 106. Reporting for protection and advocacy organizations.
Sec. 107. Grievance procedure.
Sec. 108. Center for Behavioral Health Statistics and Quality.
Sec. 109. Strategic plan.
Sec. 110. Authorities of centers for mental health services and substance abuse treatment.
Sec. 111. Advisory councils.
Sec. 112. Peer review.

TITLE II—MEDICAID MENTAL HEALTH COVERAGE

Sec. 201. Rule of construction related to Medicaid coverage of mental health services and primary care services furnished on the same day.
Sec. 202. Optional limited coverage of inpatient services furnished in institutions for mental diseases.
Sec. 203. Study and report related to Medicaid managed care regulation.
Sec. 204. Guidance on opportunities for innovation.
Sec. 205. Study and report on Medicaid emergency psychiatric demonstration project.
Sec. 206. Providing EPSDT services to children in IMDs.
Sec. 207. Electronic visit verification system required for personal care services and home health care services under Medicaid.

TITLE III—INTERDEPARTMENTAL SERIOUS MENTAL ILLNESS COORDINATING COMMITTEE

Sec. 301. Interdepartmental Serious Mental Illness Coordinating Committee.

TITLE IV—COMPASSIONATE COMMUNICATION ON HIPAA

Sec. 401. Sense of Congress.
Sec. 402. Confidentiality of records.
Sec. 403. Clarification of circumstances under which disclosure of protected health information is permitted.

Sec. 404. Development and dissemination of model training programs.

TITLE V—INCREASING ACCESS TO TREATMENT FOR SERIOUS MENTAL ILLNESS

Sec. 501. Assertive community treatment grant program for individuals with serious mental illness.
Sec. 502. Strengthening community crisis response systems.
Sec. 503. Increased and extended funding for assisted outpatient grant program for individuals with serious mental illness.
Sec. 504. Liability protections for health professional volunteers at community health centers.

TITLE VI—SUPPORTING INNOVATIVE AND EVIDENCE-BASED PROGRAMS

Subtitle A—Encouraging the Advancement, Incorporation, and Development of Evidence-Based Practices

Sec. 601. Encouraging innovation and evidence-based programs.
Sec. 602. Promoting access to information on evidence-based programs and practices.
Sec. 603. Sense of Congress.

Subtitle B—Supporting the State Response to Mental Health Needs

Sec. 611. Community Mental Health Services Block Grant.

Subtitle C—Strengthening Mental Health Care for Children and Adolescents

Sec. 621. Tele-mental health care access grants.
Sec. 622. Infant and early childhood mental health promotion, intervention, and treatment.
Sec. 623. National Child Traumatic Stress Initiative.

TITLE VII—GRANT PROGRAMS AND PROGRAM REAUTHORIZATION

Subtitle A—Garrett Lee Smith Memorial Act Reauthorization

Sec. 701. Youth interagency research, training, and technical assistance centers.
Sec. 702. Youth suicide early intervention and prevention strategies.
Sec. 703. Mental health and substance use disorder services on campus.

Subtitle B—Other Provisions

Sec. 711. National Suicide Prevention Lifeline Program.
Sec. 712. Workforce development studies and reports.
Sec. 713. Minority Fellowship Program.
Sec. 714. Center and program repeals.
Sec. 715. National violent death reporting system.
Sec. 716. Sense of Congress on prioritizing Native American youth and suicide prevention programs.
Sec. 717. Peer professional workforce development grant program.
Sec. 718. National Health Service Corps.
Sec. 719. Adult suicide prevention.
Sec. 720. Crisis intervention grants for police officers and first responders.

Sec. 721. Demonstration grant program to train health service psychologists in community-based mental health.
Sec. 722. Investment in tomorrow's pediatric health care workforce.
Sec. 723. CUTGO compliance.

TITLE VIII—MENTAL HEALTH PARITY

Sec. 801. Enhanced compliance with mental health and substance use disorder coverage requirements.
Sec. 802. Action plan for enhanced enforcement of mental health and substance use disorder coverage.
Sec. 803. Report on investigations regarding parity in mental health and substance use disorder benefits.
Sec. 804. GAO study on parity in mental health and substance use disorder benefits.
Sec. 805. Information and awareness on eating disorders.
Sec. 806. Education and training on eating disorders.
Sec. 807. GAO study on preventing discriminatory coverage limitations for individuals with serious mental illness and substance use disorders.
Sec. 808. Clarification of existing parity rules.

1 # TITLE I—ASSISTANT SECRETARY
2 # FOR MENTAL HEALTH AND
3 # SUBSTANCE USE

4 **SEC. 101. ASSISTANT SECRETARY FOR MENTAL HEALTH**
5 **AND SUBSTANCE USE.**

6 (a) ASSISTANT SECRETARY.—Section 501(c) of the
7 Public Health Service Act (42 U.S.C. 290aa) is amended
8 to read as follows:

9 "(c) ASSISTANT SECRETARY AND DEPUTY ASSIST-
10 ANT SECRETARY.—

11 "(1) ASSISTANT SECRETARY.—

12 "(A) APPOINTMENT.—The Administration
13 shall be headed by an official to be known as
14 the Assistant Secretary for Mental Health and
15 Substance Use (hereinafter in this title referred
16 to as the 'Assistant Secretary') who shall be ap-

1 pointed by the President, by and with the ad-
2 vice and consent of the Senate.
3 ''(B) QUALIFICATIONS.—In selecting the
4 Assistant Secretary, the President shall give
5 preference to individuals who have—
6 ''(i) a doctoral degree in medicine, os-
7 teopathic medicine, or psychology;
8 ''(ii) clinical and research experience
9 regarding mental health and substance use
10 disorders; and
11 ''(iii) an understanding of biological,
12 psychosocial, and pharmaceutical treat-
13 ments of mental illness and substance use
14 disorders.
15 ''(2) DEPUTY ASSISTANT SECRETARY.—The As-
16 sistant Secretary, with the approval of the Secretary,
17 may appoint a Deputy Assistant Secretary and may
18 employ and prescribe the functions of such officers
19 and employees, including attorneys, as are necessary
20 to administer the activities to be carried out through
21 the Administration.''.
22 (b) TRANSFER OF AUTHORITIES.—The Secretary of
23 Health and Human Services shall delegate to the Assist-
24 ant Secretary for Mental Health and Substance Use all
25 duties and authorities that—

1 (1) as of the day before the date of enactment
2 of this Act, were vested in the Administrator of the
3 Substance Abuse and Mental Health Services Ad-
4 ministration; and
5 (2) are not terminated by this Act.
6 (c) EVALUATION.—Section 501(d) of the Public
7 Health Service Act (42 U.S.C. 290aa(d)) is amended—
8 (1) in paragraph (17), by striking ''and'' at the
9 end;
10 (2) in paragraph (18), by striking the period at
11 the end and inserting a semicolon; and
12 (3) by adding at the end the following:
13 ''(19) evaluate, in consultation with the Assist-
14 ant Secretary for Financial Resources, the informa-
15 tion used for oversight of grants under programs re-
16 lated to mental illness and substance use disorders,
17 including co-occurring illness or disorders, adminis-
18 tered by the Center for Mental Health Services;
19 ''(20) periodically review Federal programs and
20 activities relating to the diagnosis or prevention of,
21 or treatment or rehabilitation for, mental illness and
22 substance use disorders to identify any such pro-
23 grams or activities that have proven to be effective
24 or efficient in improving outcomes or increasing ac-
25 cess to evidence-based programs;

1 “(21) establish standards for the appointment
2 of peer-review panels to evaluate grant applications
3 and recommend standards for mental health grant
4 programs; and”.

5 (d) STANDARDS FOR GRANT PROGRAMS.—Section
6 501(d) of the Public Health Service Act (42 U.S.C.
7 290aa(d)), as amended by subsection (c), is further
8 amended by adding at the end the following:

9 “(22) in consultation with the National Mental
10 Health and Substance Use Policy Laboratory, and
11 after providing an opportunity for public input, set
12 standards for grant programs under this title for
13 mental health and substance use services, which may
14 address—

15 “(A) the capacity of the grantee to imple-
16 ment the award;

17 “(B) requirements for the description of
18 the program implementation approach;

19 “(C) the extent to which the grant plan
20 submitted by the grantee as part of its applica-
21 tion must explain how the grantee will reach
22 the population of focus and provide a statement
23 of need, including to what extent the grantee
24 will increase the number of clients served and
25 the estimated percentage of clients receiving

1 services who report positive functioning after 6
2 months or no past-month substance use, as ap-
3 plicable;

4 ‘‘(D) the extent to which the grantee must
5 collect and report on required performance
6 measures; and

7 ‘‘(E) the extent to which the grantee is
8 proposing evidence-based practices and the ex-
9 tent to which—

10 ‘‘(i) those evidence-based practices
11 must be used with respect to a population
12 similar to the population for which the evi-
13 dence-based practices were shown to be ef-
14 fective; or

15 ‘‘(ii) if no evidence-based practice ex-
16 ists for a population of focus, the way in
17 which the grantee will implement adapta-
18 tions of evidence-based practices, prom-
19 ising practices, or cultural practices.’’.

20 (e) EMERGENCY RESPONSE.—Section 501(m) of the
21 Public Health Service Act (42 U.S.C. 290aa(m)) is
22 amended by adding at the end the following:

23 ‘‘(4) AVAILABILITY OF FUNDS THROUGH FOL-
24 LOWING FISCAL YEAR.—Amounts made available for
25 carrying out this subsection shall remain available

1 through the end of the fiscal year following the fiscal
2 year for which such amounts are appropriated.''.

3 (f) MEMBER OF COUNCIL ON GRADUATE MEDICAL
4 EDUCATION.—Section 762 of the Public Health Service
5 Act (42 U.S.C. 290o) is amended—

6 (1) in subsection (b)—

7 (A) by redesignating paragraphs (4), (5),
8 and (6) as paragraphs (5), (6), and (7), respec-
9 tively; and

10 (B) by inserting after paragraph (3) the
11 following:

12 ''(4) the Assistant Secretary for Mental Health
13 and Substance Use;''; and

14 (2) in subsection (c), by striking ''(4), (5), and
15 (6)'' each place it appears and inserting ''(5), (6),
16 and (7)''.

17 (g) CONFORMING AMENDMENTS.—Title V of the
18 Public Health Service Act (42 U.S.C. 290aa et seq.), as
19 amended by the previous provisions of this section, is fur-
20 ther amended—

21 (1) by striking ''Administrator of the Substance
22 Abuse and Mental Health Services Administration''
23 each place it appears and inserting ''Assistant Sec-
24 retary for Mental Health and Substance Use''; and

1 (2) by striking "Administrator" each place it
2 appears (including in any headings) and inserting
3 "Assistant Secretary", except where the term "Ad-
4 ministrator" appears—
5 (A) in each of subsections (e) and (f) of
6 section 501 of such Act (42 U.S.C. 290aa), in-
7 cluding the headings of such subsections, within
8 the term "Associate Administrator";
9 (B) in section 507(b)(6) of such Act (42
10 U.S.C. 290bb(b)(6)), within the term "Adminis-
11 trator of the Health Resources and Services Ad-
12 ministration";
13 (C) in section 507(b)(6) of such Act (42
14 U.S.C. 290bb(b)(6)), within the term "Adminis-
15 trator of the Centers for Medicare & Medicaid
16 Services";
17 (D) in section 519B(c)(1)(B) of such Act
18 (42 U.S.C. 290bb–25b(c)(1)(B)), within the
19 term "Administrator of the National Highway
20 Traffic Safety Administration"; or
21 (E) in each of sections 519B(c)(1)(B),
22 520C(a), and 520D(a) of such Act (42 U.S.C.
23 290bb–25b(c)(1)(B), 290bb–34(a), 290bb–
24 35(a)), within the term "Administrator of the

1 Office of Juvenile Justice and Delinquency Pre-
2 vention''.
3 (h) REFERENCES.—After executing subsections (a),
4 (b), and (f), any reference in statute, regulation, or guid-
5 ance to the Administrator of the Substance Abuse and
6 Mental Health Services Administration shall be construed
7 to be a reference to the Assistant Secretary for Mental
8 Health and Substance Use.

9 **SEC. 102. IMPROVING OVERSIGHT OF MENTAL HEALTH**
10 **AND SUBSTANCE USE PROGRAMS.**

11 Title V of the Public Health Service Act is amended
12 by inserting after section 501 of such Act (42 U.S.C.
13 290aa) the following:

14 **''SEC. 501A. IMPROVING OVERSIGHT OF MENTAL HEALTH**
15 **AND SUBSTANCE USE PROGRAMS.**

16 ''(a) ACTIVITIES.—For the purpose of ensuring effi-
17 cient and effective planning and evaluation of mental ill-
18 ness and substance use disorder programs and related ac-
19 tivities, the Assistant Secretary for Planning and Evalua-
20 tion, in consultation with the Assistant Secretary for Men-
21 tal Health and Substance Use, shall—
22 ''(1) collect and organize relevant data on
23 homelessness, involvement with the criminal justice
24 system, hospitalizations, mortality outcomes, and

1 other measures the Secretary deems appropriate
2 from across Federal departments and agencies;
3 "(2) evaluate programs related to mental illness
4 and substance use disorders, including co-occurring
5 illness or disorders, across Federal departments and
6 agencies, as appropriate, including programs related
7 to—
8 "(A) prevention, intervention, treatment,
9 and recovery support services, including such
10 services for individuals with a serious mental ill-
11 ness or serious emotional disturbance;
12 "(B) the reduction of homelessness and in-
13 volvement with the criminal justice system
14 among individuals with a mental illness or sub-
15 stance use disorder; and
16 "(C) public health and health services; and
17 "(3) consult, as appropriate, with the Assistant
18 Secretary, the Behavioral Health Coordinating
19 Council of the Department of Health and Human
20 Services, other agencies within the Department of
21 Health and Human Services, and other relevant
22 Federal departments.
23 "(b) RECOMMENDATIONS.—The Assistant Secretary
24 for Planning and Evaluation shall develop an evaluation
25 strategy that identifies priority programs to be evaluated

1 by the Assistant Secretary and priority programs to be
2 evaluated by other relevant agencies within the Depart-
3 ment of Health and Human Services. The Assistant Sec-
4 retary for Planning and Evaluation shall provide rec-
5 ommendations on improving programs and activities based
6 on the evaluation described in subsection (a)(2) as needing
7 improvement.''.

8 **SEC. 103. NATIONAL MENTAL HEALTH AND SUBSTANCE**
9 **USE POLICY LABORATORY.**

10 Title V of the Public Health Service Act (42 U.S.C.
11 290aa et seq.) is amended by inserting after section 501A,
12 as added by section 102 of this Act, the following:

13 **''SEC. 501B. NATIONAL MENTAL HEALTH AND SUBSTANCE**
14 **USE POLICY LABORATORY.**

15 ''(a) IN GENERAL.—There shall be established within
16 the Administration a National Mental Health and Sub-
17 stance Use Policy Laboratory (referred to in this section
18 as the 'Laboratory').

19 ''(b) RESPONSIBILITIES.—The Laboratory shall—

20 ''(1) continue to carry out the authorities and
21 activities that were in effect for the Office of Policy,
22 Planning, and Innovation as such Office existed
23 prior to the date of enactment of the Helping Fami-
24 lies in Mental Health Crisis Act of 2016;

1 "(2) identify, coordinate, and facilitate the im-
2 plementation of policy changes likely to have a sig-
3 nificant effect on mental health, mental illness, and
4 the prevention and treatment of substance use dis-
5 order services;
6 "(3) collect, as appropriate, information from
7 grantees under programs operated by the Adminis-
8 tration in order to evaluate and disseminate infor-
9 mation on evidence-based practices, including cul-
10 turally and linguistically appropriate services, as ap-
11 propriate, and service delivery models;
12 "(4) provide leadership in identifying and co-
13 ordinating policies and programs, including evidence-
14 based programs, related to mental illness and sub-
15 stance use disorders;
16 "(5) recommend ways in which payers may im-
17 plement program and policy findings of the Adminis-
18 tration and the Laboratory to improve outcomes and
19 reduce per capita program costs;
20 "(6) in consultation with the Assistant Sec-
21 retary for Planning and Evaluation, as appropriate,
22 periodically review Federal programs and activities
23 relating to the diagnosis or prevention of, or treat-
24 ment or rehabilitation for, mental illness and sub-
25 stance use disorders, including by—

1 ''(A) identifying any such programs or ac-
2 tivities that are duplicative;
3 ''(B) identifying any such programs or ac-
4 tivities that are not evidence-based, effective, or
5 efficient; and
6 ''(C) formulating recommendations for co-
7 ordinating, eliminating, or improving programs
8 or activities identified under subparagraph (A)
9 or (B) and merging such programs or activities
10 into other successful programs or activities; and
11 ''(7) carry out other activities as deemed nec-
12 essary to continue to encourage innovation and dis-
13 seminate evidence-based programs and practices, in-
14 cluding programs and practices with scientific merit.
15 ''(c) EVIDENCE-BASED PRACTICES AND SERVICE
16 DELIVERY MODELS.—
17 ''(1) IN GENERAL.—In selecting evidence-based
18 best practices and service delivery models for evalua-
19 tion and dissemination, the Laboratory—
20 ''(A) shall give preference to models that
21 improve—
22 ''(i) the coordination between mental
23 health and physical health providers;

1 "(ii) the coordination among such providers and the justice and corrections system; and

4 "(iii) the cost effectiveness, quality, effectiveness, and efficiency of health care services furnished to individuals with serious mental illness or serious emotional disturbance, in mental health crisis, or at risk to themselves, their families, and the general public; and

11 "(B) may include clinical protocols and practices used in the Recovery After Initial Schizophrenia Episode (RAISE) project and the North American Prodrome Longitudinal Study (NAPLS) of the National Institute of Mental Health.

17 "(2) DEADLINE FOR BEGINNING IMPLEMENTATION.—The Laboratory shall begin implementation of the duties described in this section not later than January 1, 2018.

21 "(3) CONSULTATION.—In carrying out the duties under this section, the Laboratory shall consult with—

24 "(A) representatives of the National Institute of Mental Health, the National Institute

1 on Drug Abuse, and the National Institute on
2 Alcohol Abuse and Alcoholism, on an ongoing
3 basis;
4 ‘‘(B) other appropriate Federal agencies;
5 ‘‘(C) clinical and analytical experts with
6 expertise in psychiatric medical care and clinical
7 psychological care, health care management,
8 education, corrections health care, and mental
9 health court systems, as appropriate; and
10 ‘‘(D) other individuals and agencies as de-
11 termined appropriate by the Assistant Sec-
12 retary.’’.
13 **SEC. 104. PEER-SUPPORT SPECIALIST PROGRAMS.**
14 (a) IN GENERAL.—Not later than 2 years after the
15 date of enactment of this Act, the Comptroller General
16 of the United States shall conduct a study on peer-support
17 specialist programs in up to 10 States (to be selected by
18 the Comptroller General) that receive funding from the
19 Substance Abuse and Mental Health Services Administra-
20 tion and submit to the Committee on Health, Education,
21 Labor, and Pensions of the Senate and the Committee on
22 Energy and Commerce of the House of Representatives
23 a report containing the results of such study.
24 (b) CONTENTS OF STUDY.—In conducting the study
25 under subsection (a), the Comptroller General of the

1 United States shall examine and identify best practices in
2 the selected States related to training and credential re-
3 quirements for peer-support specialist programs, such
4 as—
5 (1) hours of formal work or volunteer experi-
6 ence related to mental illness and substance use dis-
7 orders conducted through such programs;
8 (2) types of peer-support specialist exams re-
9 quired for such programs in the States;
10 (3) codes of ethics used by such programs in
11 the States;
12 (4) required or recommended skill sets of such
13 programs in the State; and
14 (5) requirements for continuing education.

15 **SEC. 105. PROHIBITION AGAINST LOBBYING USING FED-**
16 **ERAL FUNDS BY SYSTEMS ACCEPTING FED-**
17 **ERAL FUNDS TO PROTECT AND ADVOCATE**
18 **THE RIGHTS OF INDIVIDUALS WITH MENTAL**
19 **ILLNESS.**

20 Section 105(a) of the Protection and Advocacy for
21 Individuals with Mental Illness Act (42 U.S.C. 10805(a))
22 is amended—
23 (1) in paragraph (9), by striking ''and'' at the
24 end;

1 (2) in paragraph (10), by striking the period at
2 the end and inserting ''; and''; and
3 (3) by adding at the end the following:
4 ''(11) agree to refrain, during any period for
5 which funding is provided to the system under this
6 part, from using Federal funds to pay the salary or
7 expenses of any grant or contract recipient, or agent
8 acting for such recipient, related to any activity de-
9 signed to influence the enactment of legislation, ap-
10 propriations, regulation, administrative action, or
11 Executive order proposed or pending before the Con-
12 gress or any State or local government, including
13 any legislative body, other than for normal and rec-
14 ognized executive-legislative relationships or partici-
15 pation by an agency or officer of a State, local, or
16 tribal government in policymaking and administra-
17 tive processes within the executive branch of that
18 government.''.

19 **SEC. 106. REPORTING FOR PROTECTION AND ADVOCACY**
20 **ORGANIZATIONS.**

21 (a) PUBLIC AVAILABILITY OF REPORTS.—Section
22 105(a)(7) of the Protection and Advocacy for Individuals
23 with Mental Illness Act (42 U.S.C. 10805(a)(7)) is
24 amended by striking ''is located a report'' and inserting
25 ''is located, and make publicly available, a report''.

1 (b) DETAILED ACCOUNTING.—Section 114(a) of the
2 Protection and Advocacy for Individuals with Mental Ill-
3 ness Act (42 U.S.C. 10824(a)) is amended—
4 (1) in paragraph (3), by striking "and" at the
5 end;
6 (2) in paragraph (4), by striking the period at
7 the end and inserting "; and"; and
8 (3) by adding at the end the following:
9 "(5) using data from the existing required an-
10 nual program progress reports submitted by each
11 system funded under this title, a detailed accounting
12 for each such system of how funds are spent,
13 disaggregated according to whether the funds were
14 received from the Federal Government, the State
15 government, a local government, or a private enti-
16 ty.".
17 **SEC. 107. GRIEVANCE PROCEDURE.**
18 Section 105 of the Protection and Advocacy for Indi-
19 viduals with Mental Illness Act (42 U.S.C. 10805), as
20 amended, is further amended by adding at the end the
21 following:
22 "(d) GRIEVANCE PROCEDURE.—The Secretary shall
23 establish an independent grievance procedure for persons
24 described in subsection (a)(9).".

1 **SEC. 108. CENTER FOR BEHAVIORAL HEALTH STATISTICS**
2 **AND QUALITY.**

3 Title V of the Public Health Service Act (42 U.S.C.
4 290aa et seq.) is amended—
5 (1) in section 501(b) (42 U.S.C. 290aa(b)), by
6 adding at the end the following:
7 ''(4) The Center for Behavioral Health Statis-
8 tics and Quality.'';
9 (2) in section 502(a)(1) (42 U.S.C. 290aa–
10 1(a)(1))—
11 (A) in subparagraph (C), by striking
12 ''and'' at the end;
13 (B) in subparagraph (D), by striking the
14 period at the end and inserting ''; and''; and
15 (C) by inserting after subparagraph (D)
16 the following:
17 ''(E) the Center for Behavioral Health
18 Statistics and Quality.''; and
19 (3) in part B (42 U.S.C. 290bb et seq.) by add-
20 ing at the end the following new subpart:

21 **''Subpart 4—Center for Behavioral Health Statistics**
22 **and Quality**

23 **''SEC. 520L. CENTER FOR BEHAVIORAL HEALTH STATISTICS**
24 **AND QUALITY.**

25 ''(a) ESTABLISHMENT.—There is established in the
26 Administration a Center for Behavioral Health Statistics

1 and Quality (in this section referred to as the 'Center').
2 The Center shall be headed by a Director (in this section
3 referred to as the 'Director') appointed by the Secretary
4 from among individuals with extensive experience and aca-
5 demic qualifications in research and analysis in behavioral
6 health care or related fields.

7 ''(b) DUTIES.—The Director of the Center shall—

8 ''(1) coordinate the Administration's integrated
9 data strategy by coordinating—

10 ''(A) surveillance and data collection (in-
11 cluding that authorized by section 505);

12 ''(B) evaluation;

13 ''(C) statistical and analytic support;

14 ''(D) service systems research; and

15 ''(E) performance and quality information
16 systems;

17 ''(2) recommend a core set of measurement
18 standards for grant programs administered by the
19 Administration; and

20 ''(3) coordinate evaluation efforts for the grant
21 programs, contracts, and collaborative agreements of
22 the Administration.

23 ''(c) BIANNUAL REPORT TO CONGRESS.—Not later
24 than 2 years after the date of enactment of this section,
25 and every 2 years thereafter, the Director of the Center

1 shall submit to Congress a report on the quality of services
2 furnished through grant programs of the Administration,
3 including applicable measures of outcomes for individuals
4 and public outcomes such as—

5 "(1) the number of patients screened positive
6 for unhealthy alcohol use who receive brief coun-
7 seling as appropriate; the number of patients
8 screened positive for tobacco use and receiving
9 smoking cessation interventions; the number of pa-
10 tients with a new diagnosis of major depressive epi-
11 sode who are assessed for suicide risk; the number
12 of patients screened positive for clinical depression
13 with a documented followup plan; and the number of
14 patients with a documented pain assessment that
15 have a followup treatment plan when pain is present;
16 and satisfaction with care;

17 "(2) the incidence and prevalence of mental ill-
18 ness and substance use disorders; the number of sui-
19 cide attempts and suicide completions; overdoses
20 seen in emergency rooms resulting from alcohol and
21 drug use; emergency room boarding; overdose
22 deaths; emergency psychiatric hospitalizations; new
23 criminal justice involvement while in treatment; sta-
24 ble housing; and rates of involvement in employ-
25 ment, education, and training; and

1 "(3) such other measures for outcomes of serv-
2 ices as the Director may determine.
3 "(d) STAFFING COMPOSITION.—The staff of the Cen-
4 ter may include individuals with advanced degrees and
5 field expertise as well as clinical and research experience
6 in mental illness and substance use disorders such as—
7 "(1) professionals with clinical and research ex-
8 pertise in the prevention and treatment of, and re-
9 covery from, mental illness and substance use dis-
10 orders;
11 "(2) professionals with training and expertise in
12 statistics or research and survey design and meth-
13 odologies; and
14 "(3) other related fields in the social and behav-
15 ioral sciences, as specified by relevant position de-
16 scriptions.
17 "(e) GRANTS AND CONTRACTS.—In carrying out the
18 duties established in subsection (b), the Director may
19 make grants to, and enter into contracts and cooperative
20 agreements with, public and nonprofit private entities.
21 "(f) DEFINITION.—In this section, the term 'emer-
22 gency room boarding' means the practice of admitting pa-
23 tients to an emergency department and holding such pa-
24 tients in the department until inpatient psychiatric beds
25 become available.".

1 **SEC. 109. STRATEGIC PLAN.**

2 Section 501 of the Public Health Service Act (42
3 U.S.C. 290aa) is further amended—

4 (1) by redesignating subsections (l) through (o)
5 as subsections (m) through (p), respectively; and

6 (2) by inserting after subsection (k) the fol-
7 lowing:

8 ‘‘(l) STRATEGIC PLAN.—

9 ‘‘(1) IN GENERAL.—Not later than December 1,
10 2017, and every 5 years thereafter, the Assistant
11 Secretary shall develop and carry out a strategic
12 plan in accordance with this subsection for the plan-
13 ning and operation of evidence-based programs and
14 grants carried out by the Administration.

15 ‘‘(2) COORDINATION.—In developing and car-
16 rying out the strategic plan under this section, the
17 Assistant Secretary shall take into consideration the
18 report of the Interdepartmental Serious Mental Ill-
19 ness Coordinating Committee under section 301 of
20 the Helping Families in Mental Health Crisis Act of
21 2016.

22 ‘‘(3) PUBLICATION OF PLAN.—Not later than
23 December 1, 2017, and every 5 years thereafter, the
24 Assistant Secretary shall—

1 "(A) submit the strategic plan developed
2 under paragraph (1) to the appropriate commit-
3 tees of Congress; and

4 "(B) post such plan on the Internet
5 website of the Administration.

6 "(4) CONTENTS.—The strategic plan developed
7 under paragraph (1) shall—

8 "(A) identify strategic priorities, goals, and
9 measurable objectives for mental illness and
10 substance use disorder activities and programs
11 operated and supported by the Administration,
12 including priorities to prevent or eliminate the
13 burden of mental illness and substance use dis-
14 orders;

15 "(B) identify ways to improve services for
16 individuals with a mental illness or substance
17 use disorder, including services related to the
18 prevention of, diagnosis of, intervention in,
19 treatment of, and recovery from, mental illness
20 or substance use disorders, including serious
21 mental illness or serious emotional disturbance,
22 and access to services and supports for individ-
23 uals with a serious mental illness or serious
24 emotional disturbance;

1 "(C) ensure that programs provide, as ap-
2 propriate, access to effective and evidence-based
3 prevention, diagnosis, intervention, treatment,
4 and recovery services, including culturally and
5 linguistically appropriate services, as appro-
6 priate, for individuals with a mental illness or
7 substance use disorder;

8 "(D) identify opportunities to collaborate
9 with the Health Resources and Services Admin-
10 istration to develop or improve—

11 "(i) initiatives to encourage individ-
12 uals to pursue careers (especially in rural
13 and underserved areas and populations) as
14 psychiatrists, psychologists, psychiatric
15 nurse practitioners, physician assistants,
16 occupational therapists, clinical social
17 workers, certified peer-support specialists,
18 licensed professional counselors, or other
19 licensed or certified mental health profes-
20 sionals, including such professionals spe-
21 cializing in the diagnosis, evaluation, or
22 treatment of individuals with a serious
23 mental illness or serious emotional disturb-
24 ance; and

1 “(ii) a strategy to improve the recruit-
2 ment, training, and retention of a work-
3 force for the treatment of individuals with
4 mental illness or substance use disorders,
5 or co-occurring illness or disorders;
6 “(E) identify opportunities to improve col-
7 laboration with States, local governments, com-
8 munities, and Indian tribes and tribal organiza-
9 tions (as such terms are defined in section 4 of
10 the Indian Self-Determination and Education
11 Assistance Act (25 U.S.C. 450b)); and
12 “(F) specify a strategy to disseminate evi-
13 denced-based and promising best practices re-
14 lated to prevention, diagnosis, early interven-
15 tion, treatment, and recovery services related to
16 mental illness, particularly for individuals with
17 a serious mental illness and children and ado-
18 lescents with a serious emotional disturbance,
19 and substance use disorders.”.

20 **SEC. 110. AUTHORITIES OF CENTERS FOR MENTAL HEALTH**
21 **SERVICES AND SUBSTANCE ABUSE TREAT-**
22 **MENT.**

23 (a) CENTER FOR MENTAL HEALTH SERVICES.—Sec-
24 tion 520(b) of the Public Health Service Act (42 U.S.C.
25 290bb–31(b)) is amended—

1 (1) by redesignating paragraphs (3) through
2 (15) as paragraphs (4) through (16), respectively;
3 (2) by inserting after paragraph (2) the fol-
4 lowing:
5 ''(3) collaborate with the Director of the Na-
6 tional Institute of Mental Health to ensure that, as
7 appropriate, programs related to the prevention and
8 treatment of mental illness and the promotion of
9 mental health are carried out in a manner that re-
10 flects the best available science and evidence-based
11 practices, including culturally and linguistically ap-
12 propriate services;'';
13 (3) in paragraph (5), as so redesignated, by in-
14 serting ''through policies and programs that reduce
15 risk and promote resiliency'' before the semicolon;
16 (4) in paragraph (6), as so redesignated, by in-
17 serting ''in collaboration with the Director of the
18 National Institute of Mental Health,'' before ''de-
19 velop'';
20 (5) in paragraph (8), as so redesignated, by in-
21 serting '', increase meaningful participation of indi-
22 viduals with mental illness in programs and activi-
23 ties of the Administration,'' before ''and protect the
24 legal'';

1 (6) in paragraph (10), as so redesignated, by
2 striking "professional and paraprofessional per-
3 sonnel pursuant to section 303" and inserting
4 "paraprofessional personnel and health profes-
5 sionals";
6 (7) in paragraph (11), as so redesignated, by
7 inserting "and telemental health," after "rural men-
8 tal health,";
9 (8) in paragraph (12), as so redesignated, by
10 striking "establish a clearinghouse for mental health
11 information to assure the widespread dissemination
12 of such information" and inserting "disseminate
13 mental health information, including evidenced-based
14 practices,";
15 (9) in paragraph (15), as so redesignated, by
16 striking "and" at the end;
17 (10) in paragraph (16), as so redesignated, by
18 striking the period and inserting "; and"; and
19 (11) by adding at the end the following:
20 "(17) consult with other agencies and offices of
21 the Department of Health and Human Services to
22 ensure, with respect to each grant awarded by the
23 Center for Mental Health Services, the consistent
24 documentation of the application of criteria when

1 awarding grants and the ongoing oversight of grant-
2 ees after such grants are awarded.''.
3 (b) DIRECTOR OF THE CENTER FOR SUBSTANCE
4 ABUSE TREATMENT.—Section 507 of the Public Health
5 Service Act (42 U.S.C. 290bb) is amended—
6 (1) in subsection (a)—
7 (A) by striking ''treatment of substance
8 abuse'' and inserting ''treatment of substance
9 use disorders''; and
10 (B) by striking ''abuse treatment systems''
11 and inserting ''use disorder treatment systems'';
12 and
13 (2) in subsection (b)—
14 (A) in paragraph (3), by striking ''abuse''
15 and inserting ''use disorder'';
16 (B) in paragraph (4), by striking ''individ-
17 uals who abuse drugs'' and inserting ''individ-
18 uals who use drugs'';
19 (C) in paragraph (9), by striking ''carried
20 out by the Director'';
21 (D) by striking paragraph (10);
22 (E) by redesignating paragraphs (11)
23 through (14) as paragraphs (10) through (13),
24 respectively;

(F) in paragraph (12), as so redesignated, by striking "; and" and inserting a semicolon; and

(G) by striking paragraph (13), as so redesignated, and inserting the following:

"(13) ensure the consistent documentation of the application of criteria when awarding grants and the ongoing oversight of grantees after such grants are awarded; and

"(14) work with States, providers, and individuals in recovery, and their families, to promote the expansion of recovery support services and systems of care oriented towards recovery.".

SEC. 111. ADVISORY COUNCILS.

Section 502(b) of the Public Health Service Act (42 U.S.C. 290aa–1(b)) is amended—

(1) in paragraph (2)—

(A) in subparagraph (E), by striking "and" after the semicolon;

(B) by redesignating subparagraph (F) as subparagraph (I); and

(C) by inserting after subparagraph (E), the following:

"(F) for the advisory councils appointed under subsections (a)(1)(A) and (a)(1)(D), the

1 Director of the National Institute of Mental
2 Health;
3 "(G) for the advisory councils appointed
4 under subsections (a)(1)(A), (a)(1)(B), and
5 (a)(1)(C), the Director of the National Institute
6 on Drug Abuse;
7 "(H) for the advisory councils appointed
8 under subsections (a)(1)(A), (a)(1)(B), and
9 (a)(1)(C), the Director of the National Institute
10 on Alcohol Abuse and Alcoholism; and"; and
11 (2) in paragraph (3), by adding at the end the
12 following:
13 "(C) Not less than half of the members of
14 the advisory council appointed under subsection
15 (a)(1)(D)—
16 "(i) shall have—
17 "(I) a medical degree;
18 "(II) a doctoral degree in psy-
19 chology; or
20 "(III) an advanced degree in
21 nursing or social work from an ac-
22 credited graduate school or be a cer-
23 tified physician assistant; and
24 "(ii) shall specialize in the mental
25 health field.".

1 **SEC. 112. PEER REVIEW.**

2 Section 504(b) of the Public Health Service Act (42
3 U.S.C. 290aa–3(b)) is amended by adding at the end the
4 following: ''In the case of any such peer review group that
5 is reviewing a grant, cooperative agreement, or contract
6 related to mental illness treatment, not less than half of
7 the members of such peer review group shall be licensed
8 and experienced professionals in the prevention, diagnosis,
9 or treatment of, or recovery from, mental illness or sub-
10 stance use disorders and have a medical degree, a doctoral
11 degree in psychology, or an advanced degree in nursing
12 or social work from an accredited program.''.

13 TITLE II—MEDICAID MENTAL 14 HEALTH COVERAGE

15 **SEC. 201. RULE OF CONSTRUCTION RELATED TO MEDICAID**
16 **COVERAGE OF MENTAL HEALTH SERVICES**
17 **AND PRIMARY CARE SERVICES FURNISHED**
18 **ON THE SAME DAY.**

19 Nothing in title XIX of the Social Security Act (42
20 U.S.C. 1396 et seq.) shall be construed as prohibiting sep-
21 arate payment under the State plan under such title (or
22 under a waiver of the plan) for the provision of a mental
23 health service or primary care service under such plan,
24 with respect to an individual, because such service is—

25 (1) a primary care service furnished to the indi-
26 vidual by a provider at a facility on the same day

1 a mental health service is furnished to such indi-
2 vidual by such provider (or another provider) at the
3 facility; or
4 (2) a mental health service furnished to the in-
5 dividual by a provider at a facility on the same day
6 a primary care service is furnished to such individual
7 by such provider (or another provider) at the facil-
8 ity.

9 **SEC. 202. OPTIONAL LIMITED COVERAGE OF INPATIENT**
10 **SERVICES FURNISHED IN INSTITUTIONS FOR**
11 **MENTAL DISEASES.**

12 (a) IN GENERAL.—Section 1903(m)(2) of the Social
13 Security Act (42 U.S.C. 1396b(m)(2)) is amended by add-
14 ing at the end the following new subparagraph:
15 ''(I)(i) Notwithstanding the limitation specified in the
16 subdivision (B) following paragraph (29) of section
17 1905(a) and subject to clause (ii), a State may, under a
18 risk contract entered into by the State under this title (or
19 under section 1115) with a medicaid managed care organi-
20 zation or a prepaid inpatient health plan (as defined in
21 section 438.2 of title 42, Code of Federal Regulations (or
22 any successor regulation)), make a monthly capitation
23 payment to such organization or plan for enrollees with
24 the organization or plan who are over 21 years of age and
25 under 65 years of age and are receiving inpatient treat-

1 ment in an institution for mental diseases (as defined in
2 section 1905(i)), so long as each of the following condi-
3 tions is met:

4 ''(I) The institution is a hospital providing in-
5 patient psychiatric or substance use disorder services
6 or a sub-acute facility providing psychiatric or sub-
7 stance use disorder crisis residential services.

8 ''(II) The length of stay in such an institution
9 for such treatment is for a short-term stay of no
10 more than 15 days during the period of the monthly
11 capitation payment.

12 ''(III) The provision of such treatment meets
13 the following criteria for consideration as services or
14 settings that are provided in lieu of services or set-
15 tings covered under the State plan:

16 ''(aa) The State determines that the alter-
17 native service or setting is a medically appro-
18 priate and cost-effective substitute for the serv-
19 ice or setting covered under the State plan.

20 ''(bb) The enrollee is not required by the
21 managed care organization or prepaid inpatient
22 health plan to use the alternative service or set-
23 ting.

24 ''(cc) Such treatment is authorized and
25 identified in such contract, and will be offered

1 to such enrollees at the option of the managed
2 care organization or prepaid inpatient health
3 plan.

4 ''(ii) For purposes of setting the amount of such a
5 monthly capitation payment, a State may use the utiliza-
6 tion of services provided to an individual under this sub-
7 paragraph when developing the inpatient psychiatric or
8 substance use disorder component of such payment, but
9 the amount of such payment for such services may not
10 exceed the cost of the same services furnished through
11 providers included under the State plan.''.

12 (b) EFFECTIVE DATE.—The amendment made by
13 subsection (a) shall apply beginning on July 5, 2016, or
14 the date of the enactment of this Act, whichever is later.

15 **SEC. 203. STUDY AND REPORT RELATED TO MEDICAID**
16 **MANAGED CARE REGULATION.**

17 (a) STUDY.—The Secretary of Health and Human
18 Services, acting through the Administrator of the Centers
19 for Medicare & Medicaid Services, shall conduct a study
20 on coverage under the Medicaid program under title XIX
21 of the Social Security Act (42 U.S.C. 1396 et seq.) of serv-
22 ices provided through a medicaid managed care organiza-
23 tion (as defined in section 1903(m) of such Act (42 U.S.C.
24 1396b(m)) or a prepaid inpatient health plan (as defined
25 in section 438.2 of title 42, Code of Federal Regulations

1 (or any successor regulation)) with respect to individuals
2 over the age of 21 and under the age of 65 for the treat-
3 ment of a mental health disorder in institutions for mental
4 diseases (as defined in section 1905(i) of such Act (42
5 U.S.C. 1396d(i))). Such study shall include information
6 on the following:

7 (1) The extent to which States, including the
8 District of Columbia and each territory or possession
9 of the United States, are providing capitated pay-
10 ments to such organizations or plans for enrollees
11 who are receiving services in institutions for mental
12 diseases.

13 (2) The number of individuals receiving medical
14 assistance under a State plan under such title XIX,
15 or a waiver of such plan, who receive services in in-
16 stitutions for mental diseases through such organiza-
17 tions and plans.

18 (3) The range of and average number of
19 months, and the length of stay during such months,
20 that such individuals are receiving such services in
21 such institutions.

22 (4) How such organizations or plans determine
23 when to provide for the furnishing of such services
24 through an institution for mental diseases in lieu of
25 other benefits (including the full range of commu-

1 nity-based services) under their contract with the
2 State agency administering the State plan under
3 such title XIX, or a waiver of such plan, to address
4 psychiatric or substance use disorder treatment.
5 (5) The extent to which the provision of serv-
6 ices within such institutions has affected the
7 capitated payments for such organizations or plans.
8 (b) REPORT.—Not later than 3 years after the date
9 of the enactment of this Act, the Secretary shall submit
10 to Congress a report on the study conducted under sub-
11 section (a).

12 **SEC. 204. GUIDANCE ON OPPORTUNITIES FOR INNOVATION.**

13 Not later than 1 year after the date of the enactment
14 of this Act, the Administrator of the Centers for Medicare
15 & Medicaid Services shall issue a State Medicaid Director
16 letter regarding opportunities to design innovative service
17 delivery systems, including systems for providing commu-
18 nity-based services, for individuals with serious mental ill-
19 ness or serious emotional disturbance who are receiving
20 medical assistance under title XIX of the Social Security
21 Act (42 U.S.C. 1396 et seq.). The letter shall include op-
22 portunities for demonstration projects under section 1115
23 of such Act (42 U.S.C. 1315), to improve care for such
24 individuals.

SEC. 205. STUDY AND REPORT ON MEDICAID EMERGENCY PSYCHIATRIC DEMONSTRATION PROJECT.

(a) COLLECTION OF INFORMATION.—The Secretary of Health and Human Services, acting through the Administrator of the Centers for Medicare & Medicaid Services, shall, with respect to each State that has participated in the demonstration project established under section 2707 of the Patient Protection and Affordable Care Act (42 U.S.C. 1396a note), collect from each such State information on the following:

(1) The number of institutions for mental diseases (as defined in section 1905(i) of the Social Security Act (42 U.S.C. 1396d(i))) and beds in such institutions that received payment for the provision of services to individuals who receive medical assistance under a State plan under the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) (or under a waiver of such plan) through the demonstration project in each such State as compared to the total number of institutions for mental diseases and beds in the State.

(2) The extent to which there is a reduction in expenditures under the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) or other spending on the full continuum of physical or mental health care for individuals who

1 receive treatment in an institution for mental dis-
2 eases under the demonstration project, including
3 outpatient, inpatient, emergency, and ambulatory
4 care, that is attributable to such individuals receiv-
5 ing treatment in institutions for mental diseases
6 under the demonstration project.

7 (3) The number of forensic psychiatric hos-
8 pitals, the number of beds in such hospitals, and the
9 number of forensic psychiatric beds in other hos-
10 pitals in such State, based on the most recent data
11 available, to the extent practical, as determined by
12 such Administrator.

13 (4) The amount of any disproportionate share
14 hospital payments under section 1923 of the Social
15 Security Act (42 U.S.C. 1396r–4) that institutions
16 for mental diseases in the State received during the
17 period beginning on July 1, 2012, and ending on
18 June 30, 2015, and the extent to which the dem-
19 onstration project reduced the amount of such pay-
20 ments.

21 (5) The most recent data regarding all facilities
22 or sites in the State in which any individuals with
23 serious mental illness who are receiving medical as-
24 sistance under a State plan under the Medicaid pro-
25 gram under title XIX of the Social Security Act (42

1 U.S.C. 1396 et seq.) (or under a waiver of such
2 plan) are treated during the period referred to in
3 paragraph (4), to the extent practical, as determined
4 by the Administrator, including—
5 (A) the types of such facilities or sites
6 (such as an institution for mental diseases, a
7 hospital emergency department, or other inpa-
8 tient hospital);
9 (B) the average length of stay in such a
10 facility or site by such an individual,
11 disaggregated by facility type; and
12 (C) the payment rate under the State plan
13 (or a waivers of such plan) for services fur-
14 nished to such an individual for that treatment,
15 disaggregated by facility type, during the period
16 in which the demonstration project is in oper-
17 ation.
18 (6) The extent to which the utilization of hos-
19 pital emergency departments during the period in
20 which the demonstration project was is in operation
21 differed, with respect to individuals who are receiv-
22 ing medical assistance under a State plan under the
23 Medicaid program under title XIX of the Social Se-
24 curity Act (42 U.S.C. 1396 et seq.) (or under a
25 waiver of such plan), between—

1 (A) those individuals who received treatment in an institution for mental diseases under the demonstration project;

4 (B) those individuals who met the eligibility requirements for the demonstration project but who did not receive treatment in an institution for mental diseases under the demonstration project; and

9 (C) those individuals with serious mental illness who did not meet such eligibility requirements and did not receive treatment for such illness in an institution for mental diseases.

13 (b) REPORT.—Not later than 2 years after the date of the enactment of this Act, the Secretary of Health and Human Services shall submit to Congress a report that summarizes and analyzes the information collected under subsection (a). Such report may be submitted as part of the report required under section 2707(f) of the Patient Protection and Affordable Care Act (42 U.S.C. 1396a note) or separately.

21 SEC. 206. PROVIDING EPSDT SERVICES TO CHILDREN IN IMDS.

23 (a) IN GENERAL.—Section 1905(a)(16) of the Social Security Act (42 U.S.C. 1396d(a)(16)) is amended—

1 (1) by striking ‘‘effective January 1, 1973’’ and
2 inserting ‘‘(A) effective January 1, 1973’’; and
3 (2) by inserting before the semicolon at the end
4 the following: ‘‘, and, (B) for individuals receiving
5 services described in subparagraph (A), early and
6 periodic screening, diagnostic, and treatment serv-
7 ices (as defined in subsection (r)), whether or not
8 such screening, diagnostic, and treatment services
9 are furnished by the provider of the services de-
10 scribed in such subparagraph’’.
11 (b) EFFECTIVE DATE.—The amendment made by
12 subsection (a) shall apply with respect to items and serv-
13 ices furnished in calendar quarters beginning on or after
14 January 1, 2019.

15 **SEC. 207. ELECTRONIC VISIT VERIFICATION SYSTEM RE-**
16 **QUIRED FOR PERSONAL CARE SERVICES AND**
17 **HOME HEALTH CARE SERVICES UNDER MED-**
18 **ICAID.**

19 (a) IN GENERAL.—Section 1903 of the Social Secu-
20 rity Act (42 U.S.C. 1396b) is amended by inserting after
21 subsection (k) the following new subsection:
22 ‘‘(l)(1) Subject to paragraphs (3) and (4), with re-
23 spect to any amount expended for personal care services
24 or home health care services requiring an in-home visit
25 by a provider that are provided under a State plan under

1 this title (or under a waiver of the plan) and furnished
2 in a calendar quarter beginning on or after January 1,
3 2019 (or, in the case of home health care services, on or
4 after January 1, 2023), unless a State requires the use
5 of an electronic visit verification system for such services
6 furnished in such quarter under the plan or such waiver,
7 the Federal medical assistance percentage shall be re-
8 duced—

9 ''(A) in the case of personal care services—

10 ''(i) for calendar quarters in 2019 and
11 2020, by .25 percentage points;

12 ''(ii) for calendar quarters in 2021, by .5
13 percentage points;

14 ''(iii) for calendar quarters in 2022, by .75
15 percentage points; and

16 ''(iv) for calendar quarters in 2023 and
17 each year thereafter, by 1 percentage point; and

18 ''(B) in the case of home health care services—

19 ''(i) for calendar quarters in 2023 and
20 2024, by .25 percentage points;

21 ''(ii) for calendar quarters in 2025, by .5
22 percentage points;

23 ''(iii) for calendar quarters in 2026, by .75
24 percentage points; and

1 “(iv) for calendar quarters in 2027 and
2 each year thereafter, by 1 percentage point.
3 “(2) Subject to paragraphs (3) and (4), in imple-
4 menting the requirement for the use of an electronic visit
5 verification system under paragraph (1), a State shall—
6 “(A) consult with agencies and entities that
7 provide personal care services, home health care
8 services, or both under the State plan (or under a
9 waiver of the plan) to ensure that such system—
10 “(i) is minimally burdensome;
11 “(ii) takes into account existing best prac-
12 tices and electronic visit verification systems in
13 use in the State; and
14 “(iii) is conducted in accordance with the
15 requirements of HIPAA privacy and security
16 law (as defined in section 3009 of the Public
17 Health Service Act);
18 “(B) take into account a stakeholder process
19 that includes input from beneficiaries, family care-
20 givers, individuals who furnish personal care services
21 or home health care services, and other stakeholders,
22 as determined by the State in accordance with guid-
23 ance from the Secretary; and
24 “(C) ensure that individuals who furnish per-
25 sonal care services, home health care services, or

1 both under the State plan (or under a waiver of the
2 plan) are provided the opportunity for training on
3 the use of such system.

4 ''(3) Paragraphs (1) and (2) shall not apply in the
5 case of a State that, as of the date of the enactment of
6 this subsection, requires the use of any system for the elec-
7 tronic verification of visits conducted as part of both per-
8 sonal care services and home health care services, so long
9 as the State continues to require the use of such system
10 with respect to the electronic verification of such visits.

11 ''(4)(A) In the case of a State described in subpara-
12 graph (B), the reduction under paragraph (1) shall not
13 apply—

14 ''(i) in the case of personal care services, for
15 calendar quarters in 2019; and

16 ''(ii) in the case of home health care services,
17 for calendar quarters in 2023.

18 ''(B) For purposes of subparagraph (A), a State de-
19 scribed in this subparagraph is a State that demonstrates
20 to the Secretary that the State—

21 ''(i) has made a good faith effort to comply
22 with the requirements of paragraphs (1) and (2) (in-
23 cluding by taking steps to adopt the technology used
24 for an electronic visit verification system); or

1 "(ii) in implementing such a system, has en-
2 countered unavoidable system delays.
3 "(5) In this subsection:
4 "(A) The term 'electronic visit verification sys-
5 tem' means, with respect to personal care services or
6 home health care services, a system under which vis-
7 its conducted as part of such services are electroni-
8 cally verified with respect to—
9 "(i) the type of service performed;
10 "(ii) the individual receiving the service;
11 "(iii) the date of the service;
12 "(iv) the location of service delivery;
13 "(v) the individual providing the service;
14 and
15 "(vi) the time the service begins and ends.
16 "(B) The term 'home health care services'
17 means services described in section 1905(a)(7) pro-
18 vided under a State plan under this title (or under
19 a waiver of the plan).
20 "(C) The term 'personal care services' means
21 personal care services provided under a State plan
22 under this title (or under a waiver of the plan), in-
23 cluding services provided under section 1905(a)(24),
24 1915(c), 1915(i), 1915(j), or 1915(k) or under a
25 wavier under section 1115.

1 ''(6)(A) In the case in which a State requires personal
2 care service and home health care service providers to uti-
3 lize an electronic visit verification system operated by the
4 State or a contractor on behalf of the State, the Secretary
5 shall pay to the State, for each quarter, an amount equal
6 to 90 per centum of so much of the sums expended during
7 such quarter as are attributable to the design, develop-
8 ment, or installation of such system, and 75 per centum
9 of so much of the sums for the operation and maintenance
10 of such system.

11 ''(B) Subparagraph (A) shall not apply in the case
12 in which a State requires personal care service and home
13 health care service providers to utilize an electronic visit
14 verification system that is not operated by the State or
15 a contractor on behalf of the State.''.

16 (b) COLLECTION AND DISSEMINATION OF BEST
17 PRACTICES.—Not later than January 1, 2018, the Sec-
18 retary of Health and Human Services shall, with respect
19 to electronic visit verification systems (as defined in sub-
20 section (l)(5) of section 1903 of the Social Security Act
21 (42 U.S.C. 1396b), as inserted by subsection (a)), collect
22 and disseminate best practices to State Medicaid Directors
23 with respect to—

24 (1) training individuals who furnish personal
25 care services, home health care services, or both

1 under the State plan under title XIX of such Act (or
2 under a waiver of the plan) on such systems and the
3 operation of such systems and the prevention of
4 fraud with respect to the provision of personal care
5 services or home health care services (as defined in
6 such subsection (l)(5)); and

7 (2) the provision of notice and educational ma-
8 terials to family caregivers and beneficiaries with re-
9 spect to the use of such electronic visit verification
10 systems and other means to prevent such fraud.

11 (c) RULES OF CONSTRUCTION.—

12 (1) NO EMPLOYER-EMPLOYEE RELATIONSHIP
13 ESTABLISHED.—Nothing in the amendment made by
14 this section may be construed as establishing an em-
15 ployer-employee relationship between the agency or
16 entity that provides for personal care services or
17 home health care services and the individuals who,
18 under a contract with such an agency or entity, fur-
19 nish such services for purposes of part 552 of title
20 29, Code of Federal Regulations (or any successor
21 regulations).

22 (2) NO PARTICULAR OR UNIFORM ELECTRONIC
23 VISIT VERIFICATION SYSTEM REQUIRED.—Nothing
24 in the amendment made by this section shall be con-
25 strued to require the use of a particular or uniform

1 electronic visit verification system (as defined in sub-
2 section (l)(5) of section 1903 of the Social Security
3 Act (42 U.S.C. 1396b), as inserted by subsection
4 (a)) by all agencies or entities that provide personal
5 care services or home health care under a State plan
6 under title XIX of the Social Security Act (or under
7 a waiver of the plan) (42 U.S.C. 1396 et seq.).
8 (3) NO LIMITS ON PROVISION OF CARE.—Noth-
9 ing in the amendment made by this section may be
10 construed to limit, with respect to personal care
11 services or home health care services provided under
12 a State plan under title XIX of the Social Security
13 Act (or under a waiver of the plan) (42 U.S.C. 1396
14 et seq.), provider selection, constrain beneficiaries'
15 selection of a caregiver, or impede the manner in
16 which care is delivered.
17 (4) NO PROHIBITION ON STATE QUALITY MEAS-
18 URES REQUIREMENTS.—Nothing in the amendment
19 made by this section shall be construed as prohib-
20 iting a State, in implementing an electronic visit
21 verification system (as defined in subsection (l)(5) of
22 section 1903 of the Social Security Act (42 U.S.C.
23 1396b), as inserted by subsection (a)), from estab-
24 lishing requirements related to quality measures for
25 such system.

TITLE III—INTERDEPARTMENTAL SERIOUS MENTAL ILLNESS COORDINATING COMMITTEE

SEC. 301. INTERDEPARTMENTAL SERIOUS MENTAL ILLNESS COORDINATING COMMITTEE.

(a) ESTABLISHMENT.—

(1) IN GENERAL.—Not later than 3 months after the date of enactment of this Act, the Secretary of Health and Human Services, or the designee of the Secretary, shall establish a committee to be known as the ''Interdepartmental Serious Mental Illness Coordinating Committee'' (in this section referred to as the ''Committee'').

(2) FEDERAL ADVISORY COMMITTEE ACT.—Except as provided in this section, the provisions of the Federal Advisory Committee Act (5 U.S.C. App.) shall apply to the Committee.

(b) MEETINGS.—The Committee shall meet not fewer than two times each year.

(c) RESPONSIBILITIES.—Not later than 1 year after the date of enactment of this Act, and 5 years after such date of enactment, the Committee shall submit to Congress a report including—

1 (1) a summary of advances in serious mental
2 illness and serious emotional disturbance research
3 related to the prevention of, diagnosis of, interven-
4 tion in, and treatment and recovery of, serious men-
5 tal illnesses, serious emotional disturbances, and ad-
6 vances in access to services and support for individ-
7 uals with a serious mental illness or serious emo-
8 tional disturbance;
9 (2) an evaluation of the effect on public health
10 of Federal programs related to serious mental illness
11 or serious emotional disturbance, including measure-
12 ments of public health outcomes such as—
13 (A) rates of suicide, suicide attempts, prev-
14 alence of serious mental illness, serious emo-
15 tional disturbances, and substance use dis-
16 orders, overdose, overdose deaths, emergency
17 hospitalizations, emergency room boarding, pre-
18 ventable emergency room visits, involvement
19 with the criminal justice system, crime, home-
20 lessness, and unemployment;
21 (B) increased rates of employment and en-
22 rollment in educational and vocational pro-
23 grams;
24 (C) quality of mental illness and substance
25 use disorder treatment services; and

1 (D) any other criteria as may be deter-
2 mined by the Secretary;
3 (3) a plan to improve outcomes for individuals
4 with serious mental illness or serious emotional dis-
5 turbances, including reducing incarceration for such
6 individuals, reducing homelessness, and increasing
7 employment; and
8 (4) specific recommendations for actions that
9 agencies can take to better coordinate the adminis-
10 tration of mental health services for people with seri-
11 ous mental illness or serious emotional disturbances.
12 (d) COMMITTEE EXTENSION.—Upon the submission
13 of the second report under subsection (c), the Secretary
14 shall submit a recommendation to Congress on whether
15 to extend the operation of the Committee.
16 (e) MEMBERSHIP.—
17 (1) FEDERAL MEMBERS.—The Committee shall
18 be composed of the following Federal representa-
19 tives, or their designees:
20 (A) The Secretary of Health and Human
21 Services, who shall serve as the Chair of the
22 Committee.
23 (B) The Director of the National Institutes
24 of Health.

1 (C) The Assistant Secretary for Health of
2 the Department of Health and Human Services.
3 (D) The Assistant Secretary for Mental
4 Health and Substance Use.
5 (E) The Attorney General of the United
6 States.
7 (F) The Secretary of Veterans Affairs.
8 (G) The Secretary of Defense.
9 (H) The Secretary of Housing and Urban
10 Development.
11 (I) The Secretary of Education.
12 (J) The Secretary of Labor.
13 (K) The Commissioner of Social Security.
14 (L) The Administrator of the Centers for
15 Medicare & Medicaid Services.
16 (2) NON-FEDERAL MEMBERS.—The Committee
17 shall also include not less than 14 non-Federal pub-
18 lic members appointed by the Secretary of Health
19 and Human Services, of which—
20 (A) at least two members shall be individ-
21 uals with lived experience with serious mental
22 illness or serious emotional disturbance;
23 (B) at least one member shall be a parent
24 or legal guardian of an individual with a history

1 of a serious mental illness or serious emotional
2 disturbance;
3 (C) at least one member shall be a rep-
4 resentative of a leading research, advocacy, or
5 service organization for individuals with serious
6 mental illness or serious emotional disturbance;
7 (D) at least two members shall be—
8 (i) a licensed psychiatrist with experi-
9 ence treating serious mental illnesses or se-
10 rious emotional disturbances;
11 (ii) a licensed psychologist with expe-
12 rience treating serious mental illnesses or
13 serious emotional disturbances;
14 (iii) a licensed clinical social worker
15 with experience treating serious mental ill-
16 ness or serious emotional disturbances; or
17 (iv) a licensed psychiatric nurse, nurse
18 practitioner, or physician assistant with ex-
19 perience treating serious mental illnesses
20 or serious emotional disturbances;
21 (E) at least one member shall be a licensed
22 mental health professional with a specialty in
23 treating children and adolescents with serious
24 emotional disturbances;

1 (F) at least one member shall be a mental
2 health professional who has research or clinical
3 mental health experience working with minori-
4 ties;
5 (G) at least one member shall be a mental
6 health professional who has research or clinical
7 mental health experience working with medi-
8 cally underserved populations;
9 (H) at least one member shall be a State
10 certified mental health peer-support specialist;
11 (I) at least one member shall be a judge
12 with experience adjudicating cases within a
13 mental health court;
14 (J) at least one member shall be a law en-
15 forcement officer or corrections officer with ex-
16 tensive experience in interfacing with individ-
17 uals with a serious mental illness or serious
18 emotional disturbance, or in a mental health
19 crisis; and
20 (K) at least one member shall be a home-
21 less services provider with experience working
22 with individuals with serious mental illness,
23 with serious emotional disturbance, or having
24 mental health crisis.

(3) TERMS.—A member of the Committee appointed under paragraph (2) shall serve for a term of 3 years, and may be reappointed for one or more additional 3-year terms. Any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of such term. A member may serve after the expiration of the member's term until a successor has been appointed.

(f) WORKING GROUPS.—In carrying out its functions, the Committee may establish working groups. Such working groups shall be composed of Committee members, or their designees, and may hold such meetings as are necessary.

(g) SUNSET.—The Committee shall terminate on the date that is 6 years after the date on which the Committee is established under subsection (a)(1).

TITLE IV—COMPASSIONATE COMMUNICATION ON HIPAA

SEC. 401. SENSE OF CONGRESS.

(a) FINDINGS.—Congress finds the following:

(1) The vast majority of individuals with mental illness are capable of understanding their illness and caring for themselves.

(2) Persons with serious mental illness (in this section referred to as ''SMI''), including schizo-

phrenia spectrum, bipolar disorders, and major depressive disorder, may be significantly impaired in their ability to understand or make sound decisions for their care and needs. By nature of their illness, cognitive impairments in reasoning and judgment, as well as the presence of hallucinations, delusions, and severe emotional distortions, they may lack the awareness they even have a mental illness (a condition known as anosognosia), and thus may be unable to make sound decisions regarding their care, nor follow through consistently and effectively on their care needs.

(3) Persons with mental illness or SMI may require and benefit from mental health treatment in order to recover to the fullest extent of their ability; these beneficial interventions may include psychiatric care, psychological care, medication, peer support, educational support, employment support, and housing support.

(4) Persons with SMI who are provided with professional and supportive services may still experience times when their symptoms may greatly impair their abilities to make sound decisions for their personal care or may discontinue their care as a result of this impaired decisionmaking resulting in a fur-

1 ther deterioration of their condition. They may expe-
2 rience a temporary or prolonged impairment as a re-
3 sult of their diminished capacity to care for them-
4 selves.
5 (5) Episodes of psychiatric crises among those
6 with SMI can result in neurological harm to the in-
7 dividual's brain.
8 (6) Persons with SMI—
9 (A) are at high risk for other chronic phys-
10 ical illnesses, with approximately 50 percent
11 having two or more co-occurring chronic phys-
12 ical illnesses such as cardiac, pulmonary, can-
13 cer, and endocrine disorders; and
14 (B) have three times the odds of having
15 chronic bronchitis, five times the odds of having
16 emphysema, and four times the odds of having
17 COPD, are more than four times as likely to
18 have fluid and electrolyte disorders, and are
19 nearly three times as likely to be nicotine de-
20 pendent.
21 (7) Some psychotropic medications, such as sec-
22 ond generation antipsychotics, significantly increase
23 risk for chronic illnesses such as diabetes and car-
24 diovascular disease.

1 (8) When the individual fails to seek or main-
2 tain treatment for these physical conditions over a
3 long term, it can result in the individual becoming
4 gravely disabled, or developing life-threatening ill-
5 nesses. Early and consistent treatment can amelio-
6 rate or reduce symptoms or cure the disease.

7 (9) Persons with SMI die 7 to 24 years earlier
8 than their age cohorts primarily because of com-
9 plications from their chronic physical illness and fail-
10 ure to seek or maintain treatment resulting from
11 emotional and cognitive impairments from their
12 SMI.

13 (10) It is beneficial to the person with SMI and
14 chronic illness to seek and maintain continuity of
15 medical care and treatment for their mental illness
16 to prevent further deterioration and harm to their
17 own safety.

18 (11) When the individual with SMI is signifi-
19 cantly diminished in their capacity to care for them-
20 selves long term or acutely, other supportive inter-
21 ventions to assist their care may be necessary to
22 protect their health and safety.

23 (12) Prognosis for the physical and psychiatric
24 health of those with SMI may improve when respon-
25 sible caregivers facilitate and participate in care.

1 (13) When an individual with SMI is chron-
2 ically incapacitated in their ability to care for them-
3 selves, caregivers can pursue legal guardianship to
4 facilitate care in appropriate areas while being mind-
5 ful to allow the individual to make decisions for
6 themselves in areas where they are capable.

7 (14) Individuals with SMI who have prolonged
8 periods of being significantly functional can, during
9 such periods, design and sign an advanced directive
10 to predefine and choose medications, providers,
11 treatment plans, and hospitals, and provide care-
12 givers with guardianship the ability to help in those
13 times when a patient's psychiatric symptoms worsen
14 to the point of making them incapacitated or leaving
15 them with a severely diminished capacity to make in-
16 formed decisions about their care which may result
17 in harm to their physical and mental health.

18 (15) All professional and support efforts should
19 be made to help the individual with SMI and acute
20 or chronic physical illnesses to understand and fol-
21 low through on treatment.

22 (16) When individuals with SMI, even after ef-
23 forts to help them understand, have failed to care
24 for themselves, there exists confusion in the health
25 care community around what is currently permis-

1 sible under HIPAA rules. This confusion may hinder
2 communication with responsible caregivers who may
3 be able to facilitate care for the patient with SMI in
4 instances when the individual does not give permis-
5 sion for disclosure.

6 (b) SENSE OF CONGRESS.—It is the sense of the
7 Congress that, for the sake of the health and safety of
8 persons with serious mental illness, more clarity is needed
9 surrounding the existing HIPAA privacy rule promulgated
10 pursuant to section 264(c) of the Health Insurance Port-
11 ability and Accountability Act (42 U.S.C. 1320d–2 note)
12 to permit health care professionals to communicate, when
13 necessary, with responsible known caregivers of such per-
14 sons, the limited, appropriate protected health information
15 of such persons in order to facilitate treatment, but not
16 including psychotherapy notes.

17 **SEC. 402. CONFIDENTIALITY OF RECORDS.**

18 Not later than 1 year after the date on which the
19 Secretary of Health and Human Services first finalizes
20 regulations updating part 2 of title 42, Code of Federal
21 Regulations (relating to confidentiality of alcohol and drug
22 abuse patient records) after the date of enactment of this
23 Act, the Secretary shall convene relevant stakeholders to
24 determine the effect of such regulations on patient care,
25 health outcomes, and patient privacy. The Secretary shall

1 submit to the Committee on Energy and Commerce of the
2 House of Representatives and the Committee on Health,
3 Education, Labor, and Pensions of the Senate, and make
4 publicly available, a report on the findings of such stake-
5 holders.

6 **SEC. 403. CLARIFICATION OF CIRCUMSTANCES UNDER**
7 **WHICH DISCLOSURE OF PROTECTED HEALTH**
8 **INFORMATION IS PERMITTED.**

9 (a) IN GENERAL.—Not later than 1 year after the
10 date of enactment of this section, the Secretary of Health
11 and Human Services shall promulgate final regulations
12 clarifying the circumstances under which, consistent with
13 the provisions of subpart C of title XI of the Social Secu-
14 rity Act (42 U.S.C. 1320d et seq.) and regulations pro-
15 mulgated pursuant to section 264(c) of the Health Insur-
16 ance Portability and Accountability Act of 1996 (42
17 U.S.C. 1320d–2 note), a health care provider or covered
18 entity may disclose the protected health information of a
19 patient with a mental illness, including for purposes of—

20 (1) communicating (including with respect to
21 treatment, side effects, risk factors, and the avail-
22 ability of community resources) with a family mem-
23 ber of such patient, caregiver of such patient, or
24 other individual to the extent that such family mem-

1 ber, caregiver, or individual is involved in the care
2 of the patient;
3 (2) communicating with a family member of the
4 patient, caregiver of such patient, or other individual
5 involved in the care of the patient in the case that
6 the patient is an adult;
7 (3) communicating with the parent or caregiver
8 of a patient in the case that the patient is a minor;
9 (4) considering the patient's capacity to agree
10 or object to the sharing of the protected health in-
11 formation of the patient;
12 (5) communicating and sharing information
13 with the family or caregivers of the patient when—
14 (A) the patient consents;
15 (B) the patient does not consent, but the
16 patient lacks the capacity to agree or object and
17 the communication or sharing of information is
18 in the patient's best interest;
19 (C) the patient does not consent and the
20 patient is not incapacitated or in an emergency
21 circumstance, but the ability of the patient to
22 make rational health care decisions is signifi-
23 cantly diminished by reason of the physical or
24 mental health condition of the patient; and

1 (D) the patient does not consent, but such
2 communication and sharing of information is
3 necessary to prevent impending and serious de-
4 terioration of the patient's mental or physical
5 health;
6 (6) involving a patient's family members, care-
7 givers, or others involved in the patient's care or
8 care plan, including facilitating treatment and medi-
9 cation adherence, in dealing with patient failures to
10 adhere to medication or other therapy;
11 (7) listening to or receiving information with re-
12 spect to the patient from the family or caregiver of
13 such patient receiving mental illness treatment;
14 (8) communicating with family members of the
15 patient, caregivers of the patient, law enforcement,
16 or others when the patient presents a serious and
17 imminent threat of harm to self or others; and
18 (9) communicating to law enforcement and
19 family members of the patient or caregivers of the
20 patient about the admission of the patient to receive
21 care at a facility or the release of a patient who was
22 admitted to a facility for an emergency psychiatric
23 hold or involuntary treatment.
24 (b) COORDINATION.—The Secretary of Health and
25 Human Services shall carry out this section in coordina-

tion with the Director of the Office for Civil Rights within the Department of Health and Human Services.

(c) CONSISTENCY WITH GUIDANCE.—The Secretary of Health and Human Services shall ensure that the regulations under this section are consistent with the guidance entitled ''HIPAA Privacy Rule and Sharing Information Related to Mental Health'', issued by the Department of Health and Human Services on February 20, 2014.

SEC. 404. DEVELOPMENT AND DISSEMINATION OF MODEL TRAINING PROGRAMS.

(a) INITIAL PROGRAMS AND MATERIALS.—Not later than 1 year after the date of the enactment of this Act, the Secretary of Health and Human Services (in this section referred to as the ''Secretary'') shall develop and disseminate—

(1) a model program and materials for training health care providers (including physicians, emergency medical personnel, psychologists, counselors, therapists, behavioral health facilities and clinics, care managers, and hospitals) regarding the circumstances under which, consistent with the standards governing the privacy and security of individually identifiable health information promulgated by the Secretary under subpart C of title XI of the Social Security Act (42 U.S.C. 1320d et seq.) and reg-

1 ulations promulgated pursuant to section 264(c) of
2 the Health Insurance Portability and Accountability
3 Act of 1996 (42 U.S.C. 1320d–2 note), the pro-
4 tected health information of patients with a mental
5 illness may be disclosed with and without patient
6 consent;
7 (2) a model program and materials for training
8 lawyers and others in the legal profession on such
9 circumstances; and
10 (3) a model program and materials for training
11 patients and their families regarding their rights to
12 protect and obtain information under the standards
13 specified in paragraph (1).
14 (b) PERIODIC UPDATES.—The Secretary shall—
15 (1) periodically review and update the model
16 programs and materials developed under subsection
17 (a); and
18 (2) disseminate the updated model programs
19 and materials.
20 (c) CONTENTS.—The programs and materials devel-
21 oped under subsection (a) shall address the guidance enti-
22 tled ‘‘HIPAA Privacy Rule and Sharing Information Re-
23 lated to Mental Health’’, issued by the Department of
24 Health and Human Services on February 20, 2014.

1 (d) COORDINATION.—The Secretary shall carry out
2 this section in coordination with the Director of the Office
3 for Civil Rights within the Department of Health and
4 Human Services, the Assistant Secretary for Mental
5 Health and Substance Use, the Administrator of the
6 Health Resources and Services Administration, and the
7 heads of other relevant agencies within the Department
8 of Health and Human Services.

9 (e) INPUT OF CERTAIN ENTITIES.—In developing the
10 model programs and materials required by subsections (a)
11 and (b), the Secretary shall solicit the input of relevant
12 national, State, and local associations, medical societies,
13 and licensing boards.

14 (f) FUNDING.—There are authorized to be appro-
15 priated to carry out this section $4,000,000 for fiscal year
16 2018, $2,000,000 for each of fiscal years 2019 and 2020,
17 and $1,000,000 for each of fiscal years 2021 and 2022.

TITLE V—INCREASING ACCESS TO TREATMENT FOR SERIOUS MENTAL ILLNESS

SEC. 501. ASSERTIVE COMMUNITY TREATMENT GRANT PROGRAM FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS.

Part B of title V of the Public Health Service Act (42 U.S.C. 290bb et seq.) is amended by inserting after section 520L the following:

"SEC. 520M. ASSERTIVE COMMUNITY TREATMENT GRANT PROGRAM FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS.

"(a) IN GENERAL.—The Assistant Secretary shall award grants to eligible entities—

"(1) to establish assertive community treatment programs for individuals with serious mental illness; or

"(2) to maintain or expand such programs.

"(b) ELIGIBLE ENTITIES.—To be eligible to receive a grant under this section, an entity shall be a State, county, city, tribe, tribal organization, mental health system, health care facility, or any other entity the Assistant Secretary deems appropriate.

"(c) SPECIAL CONSIDERATION.—In selecting among applicants for a grant under this section, the Assistant

1 Secretary may give special consideration to the potential
2 of the applicant's program to reduce hospitalization,
3 homelessness, and involvement with the criminal justice
4 system while improving the health and social outcomes of
5 the patient.

6 "(d) ADDITIONAL ACTIVITIES.—The Assistant Sec-
7 retary shall—

8 "(1) not later than the end of fiscal year 2021,
9 submit a report to the appropriate congressional
10 committees on the grant program under this section,
11 including an evaluation of—

12 "(A) cost savings and public health out-
13 comes such as mortality, suicide, substance
14 abuse, hospitalization, and use of services;

15 "(B) rates of involvement with the criminal
16 justice system of patients;

17 "(C) rates of homelessness among patients;
18 and

19 "(D) patient and family satisfaction with
20 program participation; and

21 "(2) provide appropriate information, training,
22 and technical assistance to grant recipients under
23 this section to help such recipients to establish,
24 maintain, or expand their assertive community treat-
25 ment programs.

1 "(e) AUTHORIZATION OF APPROPRIATIONS.—
2 "(1) IN GENERAL.—To carry out this section,
3 there is authorized to be appropriated $5,000,000
4 for the period of fiscal years 2018 through 2022.
5 "(2) USE OF CERTAIN FUNDS.—Of the funds
6 appropriated to carry out this section in any fiscal
7 year, no more than 5 percent shall be available to
8 the Assistant Secretary for carrying out subsection
9 (d).".

10 **SEC. 502. STRENGTHENING COMMUNITY CRISIS RESPONSE**
11 **SYSTEMS.**

12 Section 520F of the Public Health Service Act (42
13 U.S.C. 290bb–37) is amended to read as follows:

14 **"SEC. 520F. STRENGTHENING COMMUNITY CRISIS RE-**
15 **SPONSE SYSTEMS.**

16 "(a) IN GENERAL.—The Secretary shall award com-
17 petitive grants—
18 "(1) to State and local governments and Indian
19 tribes and tribal organizations to enhance commu-
20 nity-based crisis response systems; or
21 "(2) to States to develop, maintain, or enhance
22 a database of beds at inpatient psychiatric facilities,
23 crisis stabilization units, and residential community
24 mental health and residential substance use disorder
25 treatment facilities, for individuals with serious men-

1 tal illness, serious emotional disturbance, or sub-
2 stance use disorders.
3 ‘‘(b) APPLICATION.—
4 ‘‘(1) IN GENERAL.—To receive a grant or coop-
5 erative agreement under subsection (a), an entity
6 shall submit to the Secretary an application, at such
7 time, in such manner, and containing such informa-
8 tion as the Secretary may require.
9 ‘‘(2) COMMUNITY-BASED CRISIS RESPONSE
10 PLAN.—An application for a grant under subsection
11 (a)(1) shall include a plan for—
12 ‘‘(A) promoting integration and coordina-
13 tion between local public and private entities
14 engaged in crisis response, including first re-
15 sponders, emergency health care providers, pri-
16 mary care providers, law enforcement, court
17 systems, health care payers, social service pro-
18 viders, and behavioral health providers;
19 ‘‘(B) developing a plan for entering into
20 memoranda of understanding with public and
21 private entities to implement crisis response
22 services;
23 ‘‘(C) expanding the continuum of commu-
24 nity-based services to address crisis intervention
25 and prevention; and

1 "(D) developing models for minimizing
2 hospital readmissions, including through appro-
3 priate discharge planning.
4 "(3) BEDS DATABASE PLAN.—An application
5 for a grant under subsection (a)(2) shall include a
6 plan for developing, maintaining, or enhancing a
7 real-time Internet-based bed database to collect, ag-
8 gregate, and display information about beds in inpa-
9 tient psychiatric facilities and crisis stabilization
10 units, and residential community mental health and
11 residential substance use disorder treatment facili-
12 ties, to facilitate the identification and designation of
13 facilities for the temporary treatment of individuals
14 in mental or substance use disorder crisis.
15 "(c) DATABASE REQUIREMENTS.—A bed database
16 described in this section is a database that—
17 "(1) includes information on inpatient psy-
18 chiatric facilities, crisis stabilization units, and resi-
19 dential community mental health and residential
20 substance use disorder facilities in the State in-
21 volved, including contact information for the facility
22 or unit;
23 "(2) provides real-time information about the
24 number of beds available at each facility or unit and,
25 for each available bed, the type of patient that may

1 be admitted, the level of security provided, and any
2 other information that may be necessary to allow for
3 the proper identification of appropriate facilities for
4 treatment of individuals in mental or substance use
5 disorder crisis; and

6 ‘‘(3) enables searches of the database to iden-
7 tify available beds that are appropriate for the treat-
8 ment of individuals in mental or substance use dis-
9 order crisis.

10 ‘‘(d) EVALUATION.—An entity receiving a grant
11 under subsection (a)(1) shall submit to the Secretary, at
12 such time, in such manner, and containing such informa-
13 tion as the Secretary may reasonably require, a report,
14 including an evaluation of the effect of such grant on—

15 ‘‘(1) local crisis response services and measures
16 of individuals receiving crisis planning and early
17 intervention supports;

18 ‘‘(2) individuals reporting improved functional
19 outcomes; and

20 ‘‘(3) individuals receiving regular followup care
21 following a crisis.

22 ‘‘(e) AUTHORIZATION OF APPROPRIATIONS.—There
23 is authorized to be appropriated to carry out this section,
24 $5,000,000 for the period of fiscal years 2018 through
25 2022.’’.

1 **SEC. 503. INCREASED AND EXTENDED FUNDING FOR AS-**
2 **SISTED OUTPATIENT GRANT PROGRAM FOR**
3 **INDIVIDUALS WITH SERIOUS MENTAL ILL-**
4 **NESS.**

5 Section 224(g) of the Protecting Access to Medicare
6 Act of 2014 (42 U.S.C. 290aa note) is amended—
7 (1) in paragraph (1), by striking ''2018'' and
8 inserting ''2022''; and
9 (2) in paragraph (2), by striking ''is authorized
10 to be appropriated to carry out this section
11 $15,000,000 for each of fiscal years 2015 through
12 2018'' and inserting ''are authorized to be appro-
13 priated to carry out this section $15,000,000 for
14 each of fiscal years 2015 through 2017,
15 $20,000,000 for fiscal year 2018, $19,000,000 for
16 each of fiscal years 2019 and 2020, and
17 $18,000,000 for each of fiscal years 2021 and
18 2022''.

19 **SEC. 504. LIABILITY PROTECTIONS FOR HEALTH PROFES-**
20 **SIONAL VOLUNTEERS AT COMMUNITY**
21 **HEALTH CENTERS.**

22 Section 224 of the Public Health Service Act (42
23 U.S.C. 233) is amended by adding at the end the fol-
24 lowing:
25 ''(q)(1) For purposes of this section, a health profes-
26 sional volunteer at an entity described in subsection (g)(4)

1 shall, in providing a health professional service eligible for
2 funding under section 330 to an individual, be deemed to
3 be an employee of the Public Health Service for a calendar
4 year that begins during a fiscal year for which a transfer
5 was made under paragraph (4)(C). The preceding sen-
6 tence is subject to the provisions of this subsection.

7 ''(2) In providing a health service to an individual,
8 a health care practitioner shall for purposes of this sub-
9 section be considered to be a health professional volunteer
10 at an entity described in subsection (g)(4) if the following
11 conditions are met:

12 ''(A) The service is provided to the individual at
13 the facilities of an entity described in subsection
14 (g)(4), or through offsite programs or events carried
15 out by the entity.

16 ''(B) The entity is sponsoring the health care
17 practitioner pursuant to paragraph (3)(B).

18 ''(C) The health care practitioner does not re-
19 ceive any compensation for the service from the indi-
20 vidual or from any third-party payer (including re-
21 imbursement under any insurance policy or health
22 plan, or under any Federal or State health benefits
23 program), except that the health care practitioner
24 may receive repayment from the entity described in
25 subsection (g)(4) for reasonable expenses incurred

1 by the health care practitioner in the provision of
2 the service to the individual.

3 "(D) Before the service is provided, the health
4 care practitioner or the entity described in sub-
5 section (g)(4) posts a clear and conspicuous notice
6 at the site where the service is provided of the extent
7 to which the legal liability of the health care practi-
8 tioner is limited pursuant to this subsection.

9 "(E) At the time the service is provided, the
10 health care practitioner is licensed or certified in ac-
11 cordance with applicable law regarding the provision
12 of the service.

13 "(3) Subsection (g) (other than paragraphs (3) and
14 (5)) and subsections (h), (i), and (l) apply to a health care
15 practitioner for purposes of this subsection to the same
16 extent and in the same manner as such subsections apply
17 to an officer, governing board member, employee, or con-
18 tractor of an entity described in subsection (g)(4), subject
19 to paragraph (4) and subject to the following:

20 "(A) The first sentence of paragraph (1) ap-
21 plies in lieu of the first sentence of subsection
22 (g)(1)(A).

23 "(B) With respect to an entity described in sub-
24 section (g)(4), a health care practitioner is not a
25 health professional volunteer at such entity unless

1 the entity sponsors the health care practitioner. For
2 purposes of this subsection, the entity shall be con-
3 sidered to be sponsoring the health care practitioner
4 if—

5 ''(i) with respect to the health care practi-
6 tioner, the entity submits to the Secretary an
7 application meeting the requirements of sub-
8 section (g)(1)(D); and

9 ''(ii) the Secretary, pursuant to subsection
10 (g)(1)(E), determines that the health care prac-
11 titioner is deemed to be an employee of the
12 Public Health Service.

13 ''(C) In the case of a health care practitioner
14 who is determined by the Secretary pursuant to sub-
15 section (g)(1)(E) to be a health professional volun-
16 teer at such entity, this subsection applies to the
17 health care practitioner (with respect to services per-
18 formed on behalf of the entity sponsoring the health
19 care practitioner pursuant to subparagraph (B)) for
20 any cause of action arising from an act or omission
21 of the health care practitioner occurring on or after
22 the date on which the Secretary makes such deter-
23 mination.

24 ''(D) Subsection (g)(1)(F) applies to a health
25 care practitioner for purposes of this subsection only

1 to the extent that, in providing health services to an
2 individual, each of the conditions specified in para-
3 graph (2) is met.

4 ''(4)(A) Amounts in the fund established under sub-
5 section (k)(2) shall be available for transfer under sub-
6 paragraph (C) for purposes of carrying out this sub-
7 section.

8 ''(B) Not later May 1 of each fiscal year, the Attor-
9 ney General, in consultation with the Secretary, shall sub-
10 mit to the Congress a report providing an estimate of the
11 amount of claims (together with related fees and expenses
12 of witnesses) that, by reason of the acts or omissions of
13 health professional volunteers, will be paid pursuant to
14 this section during the calendar year that begins in the
15 following fiscal year. Subsection (k)(1)(B) applies to the
16 estimate under the preceding sentence regarding health
17 professional volunteers to the same extent and in the same
18 manner as such subsection applies to the estimate under
19 such subsection regarding officers, governing board mem-
20 bers, employees, and contractors of entities described in
21 subsection (g)(4).

22 ''(C) Not later than December 31 of each fiscal year,
23 the Secretary shall transfer from the fund under sub-
24 section (k)(2) to the appropriate accounts in the Treasury
25 an amount equal to the estimate made under subpara-

graph (B) for the calendar year beginning in such fiscal year, subject to the extent of amounts in the fund.

"(5)(A) This subsection takes effect on October 1, 2017, except as provided in subparagraph (B).

"(B) Effective on the date of the enactment of this subsection—

"(i) the Secretary may issue regulations for carrying out this subsection, and the Secretary may accept and consider applications submitted pursuant to paragraph (3)(B); and

"(ii) reports under paragraph (4)(B) may be submitted to the Congress.".

TITLE VI—SUPPORTING INNOVATIVE AND EVIDENCE-BASED PROGRAMS

Subtitle A—Encouraging the Advancement, Incorporation, and Development of Evidence-Based Practices

SEC. 601. ENCOURAGING INNOVATION AND EVIDENCE-BASED PROGRAMS.

Section 501B of the Public Health Service Act, as inserted by section 103, is further amended, by inserting after subsection (c) the following new subsection:

"(d) PROMOTING INNOVATION.—

1 “(1) IN GENERAL.—The Assistant Secretary, in
2 coordination with the Laboratory, may award grants
3 to States, local governments, Indian tribes or tribal
4 organizations (as such terms are defined in section
5 4 of the Indian Self-Determination and Education
6 Assistance Act), educational institutions, and non-
7 profit organizations to develop evidence-based inter-
8 ventions, including culturally and linguistically ap-
9 propriate services, as appropriate, for—
10 “(A) evaluating a model that has been sci-
11 entifically demonstrated to show promise, but
12 would benefit from further applied development,
13 for—
14 “(i) enhancing the prevention, diag-
15 nosis, intervention, treatment, and recovery
16 of mental illness, serious emotional dis-
17 turbance, substance use disorders, and co-
18 occurring illness or disorders; or
19 “(ii) integrating or coordinating phys-
20 ical health services and mental illness and
21 substance use disorder services; and
22 “(B) expanding, replicating, or scaling evi-
23 dence-based programs across a wider area to
24 enhance effective screening, early diagnosis,
25 intervention, and treatment with respect to

mental illness, serious mental illness, and serious emotional disturbance, primarily by—

"(i) applying delivery of care, including training staff in effective evidence-based treatment; or

"(ii) integrating models of care across specialties and jurisdictions.

"(2) CONSULTATION.—In awarding grants under this paragraph, the Assistant Secretary shall, as appropriate, consult with the advisory councils described in section 502, the National Institute of Mental Health, the National Institute on Drug Abuse, and the National Institute on Alcohol Abuse and Alcoholism, as appropriate.

"(3) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated—

"(A) to carry out paragraph (1)(A), $7,000,000 for the period of fiscal years 2018 through 2020; and

"(B) to carry out paragraph (1)(B), $7,000,000 for the period of fiscal years 2018 through 2020.".

1 **SEC. 602. PROMOTING ACCESS TO INFORMATION ON EVI-**
2 **DENCE-BASED PROGRAMS AND PRACTICES.**

3 Part D of title V of the Public Health Service Act
4 is amended by inserting after section 543 of such Act (42
5 U.S.C. 290dd–2) the following:

6 **"SEC. 544. PROMOTING ACCESS TO INFORMATION ON EVI-**
7 **DENCE-BASED PROGRAMS AND PRACTICES.**

8 "(a) IN GENERAL.—The Assistant Secretary shall
9 improve access to reliable and valid information on evi-
10 dence-based programs and practices, including informa-
11 tion on the strength of evidence associated with such pro-
12 grams and practices, related to mental illness and sub-
13 stance use disorders for States, local communities, non-
14 profit entities, and other stakeholders by posting on the
15 website of the National Registry of Evidence-Based Pro-
16 grams and Practices evidence-based programs and prac-
17 tices that have been reviewed by the Assistant Secretary
18 pursuant to the requirements of this section.

19 "(b) NOTICE.—

20 "(1) PERIODS.—In carrying out subsection (a),
21 the Assistant Secretary may establish an initial pe-
22 riod for the submission of applications for evidence-
23 based programs and practices to be posted publicly
24 in accordance with subsection (a) (and may establish
25 subsequent such periods). The Assistant Secretary

1 shall publish notice of such application periods in
2 the Federal Register.

3 "(2) ADDRESSING GAPS.—Such notice may so-
4 licit applications for evidence-based practices and
5 programs to address gaps in information identified
6 by the Assistant Secretary, the Assistant Secretary
7 for Planning and Evaluation, the Assistant Sec-
8 retary for Financial Resources, or the National Men-
9 tal Health and Substance Use Policy Laboratory, in-
10 cluding pursuant to priorities identified in the stra-
11 tegic plan established under section 501(l).

12 "(c) REQUIREMENTS.—The Assistant Secretary shall
13 establish minimum requirements for applications referred
14 to in this section, including applications related to the sub-
15 mission of research and evaluation.

16 "(d) REVIEW AND RATING.—The Assistant Secretary
17 shall review applications prior to public posting, and may
18 prioritize the review of applications for evidence-based
19 practices and programs that are related to topics included
20 in the notice established under subsection (b). The Assist-
21 ant Secretary shall utilize a rating and review system,
22 which shall include information on the strength of evidence
23 associated with such programs and practices and a rating
24 of the methodological rigor of the research supporting the
25 application. The Assistant Secretary shall make the

1 metrics used to evaluate applications and the resulting rat-
2 ings publicly available.''.

3 **SEC. 603. SENSE OF CONGRESS.**

4 It is the sense of the Congress that the National In-
5 stitute of Mental Health should conduct or support re-
6 search on the determinants of self-directed and other vio-
7 lence connected to mental illness.

8 Subtitle B—Supporting the State
9 Response to Mental Health Needs

10 **SEC. 611. COMMUNITY MENTAL HEALTH SERVICES BLOCK**
11 **GRANT.**

12 (a) FORMULA GRANTS.—Section 1911(b) of the Pub-
13 lic Health Service Act (42 U.S.C. 300x(b)) is amended—
14 (1) by redesignating paragraphs (1) through
15 (3) as paragraphs (2) through (4), respectively; and
16 (2) by inserting before paragraph (2) (as so re-
17 designated), the following:
18 ''(1) providing community mental health serv-
19 ices for adults with a serious mental illness and chil-
20 dren with a serious emotional disturbance as defined
21 in accordance with section 1912(c);''.
22 (b) STATE PLAN.—Subsection (b) of section 1912 of
23 the Public Health Service Act (42 U.S.C. 300x–1) is
24 amended to read as follows:

1 ‘‘(b) CRITERIA FOR PLAN.—The criteria specified in
2 this subsection are as follows:
3 ‘‘(1) SYSTEM OF CARE.—The plan provides a
4 description of the system of care of the State, in-
5 cluding as follows:
6 ‘‘(A) COMPREHENSIVE COMMUNITY-BASED
7 HEALTH SYSTEMS.—The plan shall—
8 ‘‘(i) identify the single State agency to
9 be responsible for the administration of the
10 program under the grant and any third
11 party with whom the agency will contract
12 (subject to such third party complying with
13 the requirements of this part) for admin-
14 istering mental health services through
15 such program;
16 ‘‘(ii) provide for an organized commu-
17 nity-based system of care for individuals
18 with mental illness, and describe available
19 services and resources in a comprehensive
20 system of care, including services for indi-
21 viduals with mental health and behavioral
22 health co-occurring illness or disorders;
23 ‘‘(iii) include a description of the
24 manner in which the State and local enti-
25 ties will coordinate services to maximize

1 the efficiency, effectiveness, quality, and
2 cost effectiveness of services and programs
3 to produce the best possible outcomes (in-
4 cluding health services, rehabilitation serv-
5 ices, employment services, housing services,
6 educational services, substance use dis-
7 order services, legal services, law enforce-
8 ment services, social services, child welfare
9 services, medical and dental care services,
10 and other support services to be provided
11 with Federal, State, and local public and
12 private resources) with other agencies to
13 enable individuals receiving services to
14 function outside of inpatient or residential
15 institutions, to the maximum extent of
16 their capabilities, including services to be
17 provided by local school systems under the
18 Individuals with Disabilities Education
19 Act;
20 ''(iv) include a description of how the
21 State—
22 ''(I) promotes evidence-based
23 practices, including those evidence-
24 based programs that address the
25 needs of individuals with early serious

1 mental illness regardless of the age of
2 the individual at onset;
3 ‘‘(II) provides comprehensive in-
4 dividualized treatment; or
5 ‘‘(III) integrates mental and
6 physical health services;
7 ‘‘(v) include a description of case
8 management services in the State;
9 ‘‘(vi) include a description of activities
10 that seek to engage individuals with seri-
11 ous mental illness or serious emotional dis-
12 turbance and their caregivers where appro-
13 priate in making health care decisions, in-
14 cluding activities that enhance communica-
15 tion between individuals, families, care-
16 givers, and treatment providers; and
17 ‘‘(vii) as appropriate to and reflective
18 of the uses the State proposes for the block
19 grant monies—
20 ‘‘(I) a description of the activities
21 intended to reduce hospitalizations
22 and hospital stays using the block
23 grant monies;
24 ‘‘(II) a description of the activi-
25 ties intended to reduce incidents of

1 suicide using the block grant monies;
2 and
3 "(III) a description of how the
4 State integrates mental health and
5 primary care using the block grant
6 monies.
7 "(B) MENTAL HEALTH SYSTEM DATA AND
8 EPIDEMIOLOGY.—The plan shall contain an es-
9 timate of the incidence and prevalence in the
10 State of serious mental illness among adults
11 and serious emotional disturbance among chil-
12 dren and presents quantitative targets and out-
13 come measures for programs and services pro-
14 vided under this subpart.
15 "(C) CHILDREN'S SERVICES.—In the case
16 of children with serious emotional disturbance
17 (as defined in accordance with subsection (c)),
18 the plan shall provide for a system of integrated
19 social services, educational services, child wel-
20 fare services, juvenile justice services, law en-
21 forcement services, and substance use disorder
22 services that, together with health and mental
23 health services, will be provided in order for
24 such children to receive care appropriate for
25 their multiple needs (such system to include

1 services provided under the Individuals with
2 Disabilities Education Act).
3 "(D) TARGETED SERVICES TO RURAL AND
4 HOMELESS POPULATIONS.—The plan shall de-
5 scribe the State's outreach to and services for
6 individuals who are homeless and how commu-
7 nity-based services will be provided to individ-
8 uals residing in rural areas.
9 "(E) MANAGEMENT SERVICES.—The plan
10 shall—
11 "(i) describe the financial resources
12 available, the existing mental health work-
13 force, and the workforce trained in treating
14 individuals with co-occurring mental illness
15 and substance use disorders;
16 "(ii) provide for the training of pro-
17 viders of emergency health services regard-
18 ing mental health;
19 "(iii) describe the manner in which
20 the State intends to expend the grant
21 under section 1911 for the fiscal year in-
22 volved; and
23 "(iv) describe the manner in which
24 the State intends to comply with each of

1 the funding agreements in this subpart
2 and subpart III.
3 "(2) GOALS AND OBJECTIVES.—The plan estab-
4 lishes goals and objectives for the period of the plan,
5 including targets and milestones that are intended to
6 be met, and the activities that will be undertaken to
7 achieve those goals and objectives.".
8 (c) BEST PRACTICES IN CLINICAL CARE MODELS.—
9 Section 1920 of the Public Health Service Act (42 U.S.C.
10 300x–9) is amended by adding at the end the following:
11 "(c) BEST PRACTICES IN CLINICAL CARE MOD-
12 ELS.—A State shall expend not less than 10 percent of
13 the amount the State receives for carrying out this sub-
14 part in each fiscal year to support evidence-based pro-
15 grams that address the needs of individuals with early se-
16 rious mental illness, including psychotic disorders, regard-
17 less of the age of the individual at the onset of such ill-
18 ness.".
19 (d) ADDITIONAL PROVISIONS.—Section 1915(b) of
20 the Public Health Service Act (42 U.S.C. 300x–4(b)) is
21 amended—
22 (1) by amending paragraph (1) to read as fol-
23 lows:
24 "(1) IN GENERAL.—A funding agreement for a
25 grant under section 1911 is that the State involved

1 will maintain State expenditures for community
2 mental health services at a level that is not less than
3 the average of the amounts prescribed by this para-
4 graph (prior to any waiver under paragraph (3)) for
5 such expenditures by such State for each of the 2
6 fiscal years immediately preceding the fiscal year for
7 which the State is applying for the grant.'';
8 (2) in paragraph (2)—
9 (A) by striking ''under subsection (a)'' and
10 inserting ''specified in paragraph (1)''; and
11 (B) by striking ''principle'' and inserting
12 ''principal'';
13 (3) by amending paragraph (3) to read as fol-
14 lows:
15 ''(3) WAIVER.—
16 ''(A) IN GENERAL.—The Secretary may,
17 upon the request of a State, waive the require-
18 ment established in paragraph (1) in whole or
19 in part, if the Secretary determines that ex-
20 traordinary economic conditions in the State in
21 the fiscal year involved or in the previous fiscal
22 year justify the waiver.
23 ''(B) DATE CERTAIN FOR ACTION UPON
24 REQUEST.—The Secretary shall approve or
25 deny a request for a waiver under this para-

1 graph not later than 120 days after the date on
2 which the request is made.
3 "(C) APPLICABILITY OF WAIVER.—A waiv-
4 er provided by the Secretary under this para-
5 graph shall be applicable only to the fiscal year
6 involved."; and
7 (4) in paragraph (4)—
8 (A) by amending subparagraph (A) to read
9 as follows:
10 "(A) IN GENERAL.—
11 "(i) DETERMINATION AND REDUC-
12 TION.—The Secretary shall determine, in
13 the case of each State, and for each fiscal
14 year, whether the State maintained mate-
15 rial compliance with the agreement made
16 under paragraph (1). If the Secretary de-
17 termines that a State has failed to main-
18 tain such compliance for a fiscal year, the
19 Secretary shall reduce the amount of the
20 allotment under section 1911 for the State,
21 for the first fiscal year beginning after
22 such determination is final, by an amount
23 equal to the amount constituting such fail-
24 ure for the previous fiscal year about
25 which the determination was made.

1 "(ii) ALTERNATIVE SANCTION.—The
2 Secretary may by regulation provide for an
3 alternative method of imposing a sanction
4 for a failure by a State to maintain mate-
5 rial compliance with the agreement under
6 paragraph (1) if the Secretary determines
7 that such alternative method would be
8 more equitable and would be a more effec-
9 tive incentive for States to maintain such
10 material compliance."; and
11 (B) in subparagraph (B)—
12 (i) by inserting after the subpara-
13 graph designation the following: "SUBMIS-
14 SION OF INFORMATION TO THE SEC-
15 RETARY.—"; and
16 (ii) by striking "subparagraph (A)"
17 and inserting "subparagraph (A)(i)".
18 (e) APPLICATION FOR GRANT.—Section 1917(a) of
19 the Public Health Service Act (42 U.S.C. 300x–6(a)) is
20 amended—
21 (1) in paragraph (1), by striking "1941" and
22 inserting "1942(a)"; and
23 (2) in paragraph (5), by striking
24 "1915(b)(3)(B)" and inserting "1915(b)".

1 **Subtitle C—Strengthening Mental**
2 **Health Care for Children and**
3 **Adolescents**

4 **SEC. 621. TELE-MENTAL HEALTH CARE ACCESS GRANTS.**

5 Title III of the Public Health Service Act is amended
6 by inserting after section 330L of such Act (42 U.S.C.
7 254c–18) the following new section:

8 **"SEC. 330M. TELE-MENTAL HEALTH CARE ACCESS GRANTS.**

9 "(a) IN GENERAL.—The Secretary, acting through
10 the Administrator of the Health Resources and Services
11 Administration and in coordination with other relevant
12 Federal agencies, shall award grants to States, political
13 subdivisions of States, Indian tribes, and tribal organiza-
14 tions (for purposes of this section, as such terms are de-
15 fined in section 4 of the Indian Self-Determination and
16 Education Assistance Act (25 U.S.C. 450b)) to promote
17 behavioral health integration in pediatric primary care
18 by—

19 "(1) supporting the development of statewide
20 child mental health care access programs; and

21 "(2) supporting the improvement of existing
22 statewide child mental health care access programs.

23 "(b) PROGRAM REQUIREMENTS.—

24 "(1) IN GENERAL.—A child mental health care
25 access program referred to in subsection (a), with

1 respect to which a grant under such subsection may
2 be used, shall—
3 ‘‘(A) be a statewide network of pediatric
4 mental health teams that provide support to pe-
5 diatric primary care sites as an integrated
6 team;
7 ‘‘(B) support and further develop orga-
8 nized State networks of child and adolescent
9 psychiatrists and psychologists to provide con-
10 sultative support to pediatric primary care sites;
11 ‘‘(C) conduct an assessment of critical be-
12 havioral consultation needs among pediatric
13 providers and such providers’ preferred mecha-
14 nisms for receiving consultation and training
15 and technical assistance;
16 ‘‘(D) develop an online database and com-
17 munication mechanisms, including telehealth, to
18 facilitate consultation support to pediatric prac-
19 tices;
20 ‘‘(E) provide rapid statewide clinical tele-
21 phone or telehealth consultations when re-
22 quested between the pediatric mental health
23 teams and pediatric primary care providers;
24 ‘‘(F) conduct training and provide tech-
25 nical assistance to pediatric primary care pro-

1 viders to support the early identification, diag-
2 nosis, treatment, and referral of children with
3 behavioral health conditions or co-occurring in-
4 tellectual and other developmental disabilities;
5 ''(G) provide information to pediatric pro-
6 viders about, and assist pediatric providers in
7 accessing, child psychiatry and psychology con-
8 sultations and in scheduling and conducting
9 technical assistance;
10 ''(H) assist with referrals to specialty care
11 and community or behavioral health resources;
12 and
13 ''(I) establish mechanisms for measuring
14 and monitoring increased access to child and
15 adolescent psychiatric and psychology services
16 by pediatric primary care providers and ex-
17 panded capacity of pediatric primary care pro-
18 viders to identify, treat, and refer children with
19 mental health problems.
20 ''(2) PEDIATRIC MENTAL HEALTH TEAMS.—In
21 this subsection, the term 'pediatric mental health
22 team' means a team of case coordinators, child and
23 adolescent psychiatrists, and licensed clinical mental
24 health professionals, such as a psychologist, social
25 worker, or mental health counselor.

1 "(c) APPLICATION.—A State, political subdivision of
2 a State, Indian tribe, or tribal organization seeking a
3 grant under this section shall submit an application to the
4 Secretary at such time, in such manner, and containing
5 such information as the Secretary may require, including
6 a plan for the rigorous evaluation of activities that are
7 carried out with funds received under such grant.

8 "(d) EVALUATION.—A State, political subdivision of
9 a State, Indian tribe, or tribal organization that receives
10 a grant under this section shall prepare and submit an
11 evaluation of activities carried out with funds received
12 under such grant to the Secretary at such time, in such
13 manner, and containing such information as the Secretary
14 may reasonably require, including a process and outcome
15 evaluation.

16 "(e) MATCHING REQUIREMENT.—The Secretary may
17 not award a grant under this section unless the State, po-
18 litical subdivision of a State, Indian tribe, or tribal organi-
19 zation involved agrees, with respect to the costs to be in-
20 curred by the State, political subdivision of a State, Indian
21 tribe, or tribal organization in carrying out the purpose
22 described in this section, to make available non-Federal
23 contributions (in cash or in kind) toward such costs in
24 an amount that is not less than 20 percent of Federal
25 funds provided in the grant.

1 "(f) AUTHORIZATION OF APPROPRIATIONS.—To
2 carry this section, there are authorized to be appropriated
3 $9,000,000 for the period of fiscal years 2018 through
4 2020.".

5 **SEC. 622. INFANT AND EARLY CHILDHOOD MENTAL**
6 **HEALTH PROMOTION, INTERVENTION, AND**
7 **TREATMENT.**

8 Part Q of title III of the Public Health Service Act
9 (42 U.S.C. 290h et seq.) is amended by adding at the end
10 the following:

11 **"SEC. 399Z–2. INFANT AND EARLY CHILDHOOD MENTAL**
12 **HEALTH PROMOTION, INTERVENTION, AND**
13 **TREATMENT.**

14 "(a) GRANTS.—The Secretary shall—
15 "(1) award grants to eligible entities, including
16 human services agencies, to develop, maintain, or en-
17 hance infant and early childhood mental health pro-
18 motion, intervention, and treatment programs, in-
19 cluding—
20 "(A) programs for infants and children at
21 significant risk of developing, showing early
22 signs of, or having been diagnosed with mental
23 illness including serious emotional disturbance;
24 and

1 "(B) multigenerational therapy and other
2 services that support the caregiving relation-
3 ship; and
4 "(2) ensure that programs funded through
5 grants under this section are evidence-informed or
6 evidence-based models, practices, and methods that
7 are, as appropriate, culturally and linguistically ap-
8 propriate, and can be replicated in other appropriate
9 settings.
10 "(b) ELIGIBLE CHILDREN AND ENTITIES.—In this
11 section:
12 "(1) ELIGIBLE CHILD.—The term 'eligible
13 child' means a child from birth to not more than 5
14 years of age who—
15 "(A) is at risk for, shows early signs of, or
16 has been diagnosed with a mental illness, in-
17 cluding serious emotional disturbance; and
18 "(B) may benefit from infant and early
19 childhood intervention or treatment programs
20 or specialized preschool or elementary school
21 programs that are evidence-based or that have
22 been scientifically demonstrated to show prom-
23 ise but would benefit from further applied de-
24 velopment.

1 "(2) ELIGIBLE ENTITY.—The term 'eligible en-
2 tity' means a nonprofit institution that—
3 "(A) is accredited or approved by a State
4 mental health or education agency, as applica-
5 ble, to provide for children from infancy to 5
6 years of age mental health promotion, interven-
7 tion, or treatment services that are evidence-
8 based or that have been scientifically dem-
9 onstrated to show promise but would benefit
10 from further applied development; and
11 "(B) provides programs described in sub-
12 section (a) that are evidence-based or that have
13 been scientifically demonstrated to show prom-
14 ise but would benefit from further applied de-
15 velopment.
16 "(c) APPLICATION.—An eligible entity seeking a
17 grant under subsection (a) shall submit to the Secretary
18 an application at such time, in such manner, and con-
19 taining such information as the Secretary may require.
20 "(d) USE OF FUNDS FOR EARLY INTERVENTION AND
21 TREATMENT PROGRAMS.—An eligible entity may use
22 amounts awarded under a grant under subsection (a)(1)
23 to carry out the following:
24 "(1) Provide age-appropriate mental health pro-
25 motion and early intervention services or mental ill-

1 ness treatment services, which may include special-
2 ized programs, for eligible children at significant
3 risk of developing, showing early signs of, or having
4 been diagnosed with a mental illness, including seri-
5 ous emotional disturbance. Such services may in-
6 clude social and behavioral services as well as
7 multigenerational therapy and other services ?that
8 support the caregiving relationship.

9 ''(2) Provide training for health care profes-
10 sionals with expertise in infant and early childhood
11 mental health care with respect to appropriate and
12 relevant integration with other disciplines such as
13 primary care clinicians, early intervention specialists,
14 child welfare staff, home visitors, early care and edu-
15 cation providers, and others who work with young
16 children and families.

17 ''(3) Provide mental health consultation to per-
18 sonnel of early care and education programs (includ-
19 ing licensed or regulated center-based and home-
20 based child care, home visiting, preschool special
21 education, and early intervention programs) who
22 work with children and families.

23 ''(4) Provide training for mental health clini-
24 cians in infant and early childhood in promising and
25 evidence-based practices and models for infant and

1 early childhood mental health treatment and early
2 intervention, including with regard to practices for
3 identifying and treating mental illness and behav-
4 ioral disorders of infants and children resulting from
5 exposure or repeated exposure to adverse childhood
6 experiences or childhood trauma.

7 ''(5) Provide age-appropriate assessment, diag-
8 nostic, and intervention services for eligible children,
9 including early mental health promotion, interven-
10 tion, and treatment services.

11 ''(e) MATCHING FUNDS.—The Secretary may not
12 award a grant under this section to an eligible entity un-
13 less the eligible entity agrees, with respect to the costs to
14 be incurred by the eligible entity in carrying out the activi-
15 ties described in subsection (d), to make available non-
16 Federal contributions (in cash or in kind) toward such
17 costs in an amount that is not less than 10 percent of
18 the total amount of Federal funds provided in the grant.

19 ''(f) AUTHORIZATION OF APPROPRIATIONS.—To
20 carry this section, there are authorized to be appropriated
21 $20,000,000 for the period of fiscal years 2018 through
22 2022.''.

1 **SEC. 623. NATIONAL CHILD TRAUMATIC STRESS INITIA-**
2 **TIVE.**

3 Section 582 of the Public Health Service Act (42
4 U.S.C. 290hh–1; relating to grants to address the prob-
5 lems of persons who experience violence related stress) is
6 amended—

7 (1) in subsection (a), by striking ''developing
8 programs'' and all that follows and inserting the fol-
9 lowing: ''developing and maintaining programs that
10 provide for—

11 ''(1) the continued operation of the National
12 Child Traumatic Stress Initiative (referred to in this
13 section as the 'NCTSI'), which includes a coordi-
14 nating center that focuses on the mental, behavioral,
15 and biological aspects of psychological trauma re-
16 sponse; and

17 ''(2) the development of knowledge with regard
18 to evidence-based practices for identifying and treat-
19 ing mental illness, behavioral disorders, and physical
20 health conditions of children and youth resulting
21 from witnessing or experiencing a traumatic event.'';

22 (2) in subsection (b)—

23 (A) by striking ''subsection (a) related''
24 and inserting ''subsection (a)(2) (related'';

25 (B) by striking ''treating disorders associ-
26 ated with psychological trauma'' and inserting

1 "treating mental illness and behavioral and bio-
2 logical disorders associated with psychological
3 trauma)"; and
4 (C) by striking "mental health agencies
5 and programs that have established clinical and
6 basic research" and inserting "universities, hos-
7 pitals, mental health agencies, and other pro-
8 grams that have established clinical expertise
9 and research";
10 (3) by redesignating subsections (c) through (g)
11 as subsections (g) through (k), respectively;
12 (4) by inserting after subsection (b), the fol-
13 lowing:
14 "(c) CHILD OUTCOME DATA.—The NCTSI coordi-
15 nating center shall collect, analyze, report, and make pub-
16 licly available NCTSI-wide child treatment process and
17 outcome data regarding the early identification and deliv-
18 ery of evidence-based treatment and services for children
19 and families served by the NCTSI grantees.
20 "(d) TRAINING.—The NCTSI coordinating center
21 shall facilitate the coordination of training initiatives in
22 evidence-based and trauma-informed treatments, interven-
23 tions, and practices offered to NCTSI grantees, providers,
24 and partners.

1 “(e) DISSEMINATION.—The NCTSI coordinating
2 center shall, as appropriate, collaborate with the Secretary
3 in the dissemination of evidence-based and trauma-in-
4 formed interventions, treatments, products, and other re-
5 sources to appropriate stakeholders.

6 “(f) REVIEW.—The Secretary shall, consistent with
7 the peer-review process, ensure that NCTSI applications
8 are reviewed by appropriate experts in the field as part
9 of a consensus review process. The Secretary shall include
10 review criteria related to expertise and experience in child
11 trauma and evidence-based practices.”;

12 (5) in subsection (g) (as so redesignated), by
13 striking “with respect to centers of excellence are
14 distributed equitably among the regions of the coun-
15 try” and inserting “are distributed equitably among
16 the regions of the United States”;

17 (6) in subsection (i) (as so redesignated), by
18 striking “recipient may not exceed 5 years” and in-
19 serting “recipient shall not be less than 4 years, but
20 shall not exceed 5 years”; and

21 (7) in subsection (j) (as so redesignated), by
22 striking “$50,000,000” and all that follows through
23 “2006” and inserting “$46,887,000 for each of fis-
24 cal years 2017 through 2021”.

TITLE VII—GRANT PROGRAMS AND PROGRAM REAUTHORIZATION

Subtitle A—Garrett Lee Smith Memorial Act Reauthorization

SEC. 701. YOUTH INTERAGENCY RESEARCH, TRAINING, AND TECHNICAL ASSISTANCE CENTERS.

Section 520C of the Public Health Service Act (42 U.S.C. 290bb–34) is amended—

(1) by striking the section heading and inserting "**SUICIDE PREVENTION TECHNICAL ASSISTANCE CENTER.**";

(2) in subsection (a), by striking "and in consultation with" and all that follows through the period at the end of paragraph (2) and inserting "shall establish a research, training, and technical assistance resource center to provide appropriate information, training, and technical assistance to States, political subdivisions of States, federally recognized Indian tribes, tribal organizations, institutions of higher education, public organizations, or private nonprofit organizations regarding the prevention of suicide among all ages, particularly among groups that are at high risk for suicide.";

(3) by striking subsections (b) and (c);

1 (4) by redesignating subsection (d) as sub-
2 section (b);
3 (5) in subsection (b), as so redesignated—
4 (A) by striking the subsection heading and
5 inserting ''RESPONSIBILITIES OF THE CEN-
6 TER.—'';
7 (B) in the matter preceding paragraph (1),
8 by striking ''The additional research'' and all
9 that follows through ''nonprofit organizations
10 for'' and inserting ''The center established
11 under subsection (a) shall conduct activities for
12 the purpose of'';
13 (C) by striking ''youth suicide'' each place
14 such term appears and inserting ''suicide'';
15 (D) in paragraph (1)—
16 (i) by striking ''the development or
17 continuation of'' and inserting ''developing
18 and continuing''; and
19 (ii) by inserting ''for all ages, particu-
20 larly among groups that are at high risk
21 for suicide'' before the semicolon at the
22 end;
23 (E) in paragraph (2), by inserting ''for all
24 ages, particularly among groups that are at

1 high risk for suicide'' before the semicolon at
2 the end;
3 (F) in paragraph (3), by inserting ''and
4 tribal'' after ''statewide'';
5 (G) in paragraph (5), by inserting ''and
6 prevention'' after ''intervention'';
7 (H) in paragraph (8), by striking ''in
8 youth'';
9 (I) in paragraph (9), by striking ''and be-
10 havioral health'' and inserting ''health and sub-
11 stance use disorder''; and
12 (J) in paragraph (10), by inserting ''con-
13 ducting'' before ''other''; and
14 (6) by striking subsection (e) and inserting the
15 following:
16 ''(c) AUTHORIZATION OF APPROPRIATIONS.—For the
17 purpose of carrying out this section, there are authorized
18 to be appropriated $5,988,000 for each of fiscal years
19 2017 through 2021.
20 ''(d) REPORT.—Not later than 2 years after the date
21 of enactment of the Helping Families in Mental Health
22 Crisis Act of 2016, the Secretary shall submit to Congress
23 a report on the activities carried out by the center estab-
24 lished under subsection (a) during the year involved, in-
25 cluding the potential effects of such activities, and the

States, organizations, and institutions that have worked with the center.''.

SEC. 702. YOUTH SUICIDE EARLY INTERVENTION AND PREVENTION STRATEGIES.

Section 520E of the Public Health Service Act (42 U.S.C. 290bb–36) is amended—

(1) in paragraph (1) of subsection (a) and in subsection (c), by striking ''substance abuse'' each place such term appears and inserting ''substance use disorder'';

(2) in subsection (b)(2)—

(A) by striking ''each State is awarded only 1 grant or cooperative agreement under this section'' and inserting ''a State does not receive more than one grant or cooperative agreement under this section at any one time''; and

(B) by striking ''been awarded'' and inserting ''received''; and

(3) by striking subsection (m) and inserting the following:

''(m) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $35,427,000 for each of fiscal years 2017 through 2021.''.

1 **SEC. 703. MENTAL HEALTH AND SUBSTANCE USE DIS-**
2 **ORDER SERVICES ON CAMPUS.**

3 Section 520E–2 of the Public Health Service Act (42
4 U.S.C. 290bb–36b) is amended—
5 (1) in the section heading, by striking ‘‘**AND**
6 **BEHAVIORAL HEALTH**’’ and inserting ‘‘**HEALTH**
7 **AND SUBSTANCE USE DISORDER**’’;
8 (2) in subsection (a)—
9 (A) by striking ‘‘Services,’’ and inserting
10 ‘‘Services and’’;
11 (B) by striking ‘‘and behavioral health
12 problems’’ and inserting ‘‘health or substance
13 use disorders’’; and
14 (C) by striking ‘‘substance abuse’’ and in-
15 serting ‘‘substance use disorders’’;
16 (3) in subsection (b)—
17 (A) in the matter preceding paragraph (1),
18 by striking ‘‘for—’’ and inserting ‘‘for one or
19 more of the following:’’; and
20 (B) by striking paragraphs (1) through (6)
21 and inserting the following:
22 ‘‘(1) Educating students, families, faculty, and
23 staff to increase awareness of mental health and
24 substance use disorders.
25 ‘‘(2) The operation of hotlines.
26 ‘‘(3) Preparing informational material.

1 “(4) Providing outreach services to notify stu-
2 dents about available mental health and substance
3 use disorder services.

4 “(5) Administering voluntary mental health and
5 substance use disorder screenings and assessments.

6 “(6) Supporting the training of students, fac-
7 ulty, and staff to respond effectively to students with
8 mental health and substance use disorders.

9 “(7) Creating a network infrastructure to link
10 colleges and universities with health care providers
11 who treat mental health and substance use dis-
12 orders.”;

13 (4) in subsection (c)(5), by striking “substance
14 abuse” and inserting “substance use disorder”;

15 (5) in subsection (d)—

16 (A) in the matter preceding paragraph (1),
17 by striking “An institution of higher education
18 desiring a grant under this section” and insert-
19 ing “To be eligible to receive a grant under this
20 section, an institution of higher education”;

21 (B) in paragraph (1)—

22 (i) by striking “and behavioral
23 health” and inserting “health and sub-
24 stance use disorder”; and

1 (ii) by inserting '', including veterans
2 whenever possible and appropriate,'' after
3 ''students''; and
4 (C) in paragraph (2), by inserting '', which
5 may include, as appropriate and in accordance
6 with subsection (b)(7), a plan to seek input
7 from relevant stakeholders in the community,
8 including appropriate public and private enti-
9 ties, in order to carry out the program under
10 the grant'' before the period at the end;
11 (6) in subsection (e)(1), by striking ''and behav-
12 ioral health problems'' and inserting ''health and
13 substance use disorders'';
14 (7) in subsection (f)(2)—
15 (A) by striking ''and behavioral health''
16 and inserting ''health and substance use dis-
17 order''; and
18 (B) by striking ''suicide and substance
19 abuse'' and inserting ''suicide and substance
20 use disorders''; and
21 (8) in subsection (h), by striking ''$5,000,000
22 for fiscal year 2005'' and all that follows through
23 the period at the end and inserting ''$6,488,000 for
24 each of fiscal years 2017 through 2021.''.

1 # Subtitle B—Other Provisions

2 **SEC. 711. NATIONAL SUICIDE PREVENTION LIFELINE PRO-**
3 **GRAM.**

4 Subpart 3 of part B of title V of the Public Health
5 Service Act (42 U.S.C. 290bb–31 et seq.) is amended by
6 inserting after section 520E–2 (42 U.S.C. 290bb–36b) the
7 following:

8 **"SEC. 520E–3. NATIONAL SUICIDE PREVENTION LIFELINE**
9 **PROGRAM.**

10 ''(a) IN GENERAL.—The Secretary, acting through
11 the Assistant Secretary, shall maintain the National Sui-
12 cide Prevention Lifeline Program (referred to in this sec-
13 tion as the 'Program'), authorized under section 520A and
14 in effect prior to the date of enactment of the Helping
15 Families in Mental Health Crisis Act of 2016.

16 ''(b) ACTIVITIES.—In maintaining the Program, the
17 activities of the Secretary shall include—

18 ''(1) coordinating a network of crisis centers
19 across the United States for providing suicide pre-
20 vention and crisis intervention services to individuals
21 seeking help at any time, day or night;

22 ''(2) maintaining a suicide prevention hotline to
23 link callers to local emergency, mental health, and
24 social services resources; and

1 "(3) consulting with the Secretary of Veterans
2 Affairs to ensure that veterans calling the suicide
3 prevention hotline have access to a specialized vet-
4 erans' suicide prevention hotline.

5 "(c) AUTHORIZATION OF APPROPRIATIONS.—To
6 carry out this section, there are authorized to be appro-
7 priated $7,198,000 for each of fiscal years 2017 through
8 2021.".

9 **SEC. 712. WORKFORCE DEVELOPMENT STUDIES AND RE-**
10 **PORTS.**

11 (a) IN GENERAL.—Not later than 2 years after the
12 date of enactment of this Act, the Assistant Secretary for
13 Mental Health and Substance Use, in consultation with
14 the Administrator of the Health Resources and Services
15 Administration, shall conduct a study, and publicly post
16 on the appropriate Internet website of the Department of
17 Health and Human Services a report, on the mental
18 health and substance use disorder workforce in order to
19 inform Federal, State, and local efforts related to work-
20 force enhancement.

21 (b) CONTENTS.—The report under this section shall
22 contain—

23 (1) national and State-level projections of the
24 supply and demand of mental health and substance
25 use disorder health workers, including the number of

1 individuals practicing in fields deemed relevant by
2 the Secretary;
3 (2) an assessment of the mental health and
4 substance use disorder workforce capacity, strengths,
5 and weaknesses as of the date of the report, includ-
6 ing the capacity of primary care to prevent, screen,
7 treat, or refer for mental health and substance use
8 disorders;
9 (3) information on trends within the mental
10 health and substance use disorder provider work-
11 force, including the number of individuals entering
12 the mental health workforce over the next 5 years;
13 (4) information on the gaps in workforce devel-
14 opment for mental health providers and profes-
15 sionals, including those who serve pediatric, adult,
16 and geriatric patients; and
17 (5) any additional information determined by
18 the Assistant Secretary for Mental Health and Sub-
19 stance Use, in consultation with the Administrator
20 of the Health Resources and Services Administra-
21 tion, to be relevant to the mental health and sub-
22 stance use disorder provider workforce.

1 SEC. 713. MINORITY FELLOWSHIP PROGRAM.

2 Title V of the Public Health Service Act (42 U.S.C.
3 290aa et seq.) is amended by adding at the end the fol-
4 lowing:

5 **"PART K—MINORITY FELLOWSHIP PROGRAM**

6 **"SEC. 597. FELLOWSHIPS.**

7 "(a) IN GENERAL.—The Secretary shall maintain a
8 program, to be known as the Minority Fellowship Pro-
9 gram, under which the Secretary awards fellowships,
10 which may include stipends, for the purposes of—

11 "(1) increasing behavioral health practitioners'
12 knowledge of issues related to prevention, treatment,
13 and recovery support for mental illness and sub-
14 stance use disorders among racial and ethnic minor-
15 ity populations;

16 "(2) improving the quality of mental illness and
17 substance use disorder prevention and treatment de-
18 livered to racial and ethnic minorities; and

19 "(3) increasing the number of culturally com-
20 petent behavioral health professionals and school
21 personnel who teach, administer, conduct services re-
22 search, and provide direct mental health or sub-
23 stance use services to racial and ethnic minority
24 populations.

25 "(b) TRAINING COVERED.—The fellowships under
26 subsection (a) shall be for postbaccalaureate training (in-

cluding for master's and doctoral degrees) for mental health professionals, including in the fields of psychiatry, nursing, social work, psychology, marriage and family therapy, mental health counseling, and substance use and addiction counseling.

"(c) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated $12,669,000 for each of fiscal years 2017, 2018, and 2019 and $13,669,000 for each of fiscal years 2020 and 2021.".

SEC. 714. CENTER AND PROGRAM REPEALS.

Part B of title V of the Public Health Service Act (42 U.S.C. 290bb et seq.) is amended by striking the second section 514 (42 U.S.C. 290bb–9), relating to methamphetamine and amphetamine treatment initiatives, and sections 514A, 517, 519A, 519C, 519E, 520D, and 520H (42 U.S.C. 290bb–8, 290bb–23, 290bb–25a, 290bb–25c, 290bb–25e, 290bb–35, and 290bb–39).

SEC. 715. NATIONAL VIOLENT DEATH REPORTING SYSTEM.

The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, is encouraged to improve, particularly through the inclusion of additional States, the National Violent Death Reporting System as authorized by title III of the Public Health Service Act (42 U.S.C. 241 et seq.).

1 Participation in the system by the States shall be vol-
2 untary.

3 **SEC. 716. SENSE OF CONGRESS ON PRIORITIZING NATIVE**
4 **AMERICAN YOUTH AND SUICIDE PREVEN-**
5 **TION PROGRAMS.**

6 (a) FINDINGS.—The Congress finds as follows:
7 (1) Suicide is the eighth leading cause of death
8 among American Indians and Alaska Natives across
9 all ages.
10 (2) Among American Indians and Alaska Na-
11 tives who are 10 to 34 years of age, suicide is the
12 second leading cause of death.
13 (3) The suicide rate among American Indian
14 and Alaska Native adolescents and young adults
15 ages 15 to 34 (19.5 per 100,000) is 1.5 times higher
16 than the national average for that age group (12.9
17 per 100,000).
18 (b) SENSE OF CONGRESS.—It is the sense of Con-
19 gress that the Secretary of Health and Human Services,
20 in carrying out programs for Native American youth and
21 suicide prevention programs for youth suicide interven-
22 tion, should prioritize programs and activities for individ-
23 uals who have a high risk or disproportional burden of
24 suicide, such as Native Americans.

1 **SEC. 717. PEER PROFESSIONAL WORKFORCE DEVELOP-**
2 **MENT GRANT PROGRAM.**

3 (a) IN GENERAL.—For the purposes described in
4 subsection (b), the Secretary of Health and Human Serv-
5 ices shall award grants to develop and sustain behavioral
6 health paraprofessional training and education programs,
7 including through tuition support.

8 (b) PURPOSES.—The purposes of grants under this
9 section are—

10 (1) to increase the number of behavioral health
11 paraprofessionals, including trained peers, recovery
12 coaches, mental health and addiction specialists, pre-
13 vention specialists, and pre-masters-level addiction
14 counselors; and

15 (2) to help communities develop the infrastruc-
16 ture to train and certify peers as behavioral health
17 paraprofessionals.

18 (c) ELIGIBLE ENTITIES.—To be eligible to receive a
19 grant under this section, an entity shall be a community
20 college or other entity the Secretary deems appropriate.

21 (d) GEOGRAPHIC DISTRIBUTION.—In awarding
22 grants under this section, the Secretary shall seek to
23 achieve an appropriate national balance in the geographic
24 distribution of such awards.

25 (e) SPECIAL CONSIDERATION.—In awarding grants
26 under this section, the Secretary may give special consid-

1 eration to proposed and existing programs targeting peer
2 professionals serving youth ages 16 to 25.
3 (f) AUTHORIZATION OF APPROPRIATIONS.—To carry
4 out this section, there is authorized to be appropriated
5 $10,000,000 for the period of fiscal years 2018 through
6 2022.

7 **SEC. 718. NATIONAL HEALTH SERVICE CORPS.**

8 (a) DEFINITIONS.—
9 (1) PRIMARY HEALTH SERVICES.—Section
10 331(a)(3)(D) of the Public Health Service Act (42
11 U.S.C. 254d(a)(3)) is amended by inserting ''(in-
12 cluding pediatric mental health subspecialty serv-
13 ices)'' after ''pediatrics''.
14 (2) BEHAVIORAL AND MENTAL HEALTH PRO-
15 FESSIONALS.—Clause (i) of section 331(a)(3)(E) of
16 the Public Health Service Act (42 U.S.C.
17 254d(a)(3)(E)) is amended by inserting ''(and pedi-
18 atric subspecialists thereof)'' before the period at the
19 end.
20 (b) ELIGIBILITY TO PARTICIPATE IN LOAN REPAY-
21 MENT PROGRAM.—Section 338B(b)(1)(B) of the Public
22 Health Service Act (42 U.S.C. 254l–1(b)(1)(B)) is amend-
23 ed by inserting '', including any physician child and ado-
24 lescent psychiatry residency or fellowship training pro-
25 gram'' after ''be enrolled in an approved graduate training

1 program in medicine, osteopathic medicine, dentistry, be-
2 havioral and mental health, or other health profession''.

3 **SEC. 719. ADULT SUICIDE PREVENTION.**

4 (a) GRANTS.—

5 (1) AUTHORITY.—The Assistant Secretary for
6 Mental Health and Substance Use (referred to in
7 this section as the ''Assistant Secretary'') may
8 award grants to eligible entities in order to imple-
9 ment suicide prevention efforts amongst adults 25
10 and older.

11 (2) PURPOSE.—The grant program under this
12 section shall be designed to raise suicide awareness,
13 establish referral processes, and improve clinical care
14 practice standards for treating suicide ideation,
15 plans, and attempts among adults.

16 (3) RECIPIENTS.—To be eligible to receive a
17 grant under this section, an entity shall be a com-
18 munity-based primary care or behavioral health care
19 setting, an emergency department, a State mental
20 health agency, an Indian tribe, a tribal organization,
21 or any other entity the Assistant Secretary deems
22 appropriate.

23 (4) NATURE OF ACTIVITIES.—The grants
24 awarded under paragraph (1) shall be used to imple-
25 ment programs that—

1 (A) screen for suicide risk in adults and
2 provide intervention and referral to treatment;
3 (B) implement evidence-based practices to
4 treat individuals who are at suicide risk, includ-
5 ing appropriate followup services; and
6 (C) raise awareness, reduce stigma, and
7 foster open dialogue about suicide prevention.
8 (b) ADDITIONAL ACTIVITIES.—The Assistant Sec-
9 retary shall—
10 (1) evaluate the activities supported by grants
11 awarded under subsection (a) in order to further the
12 Nation's understanding of effective interventions to
13 prevent suicide in adults;
14 (2) disseminate the findings from the evaluation
15 as the Assistant Secretary considers appropriate;
16 and
17 (3) provide appropriate information, training,
18 and technical assistance to eligible entities that re-
19 ceive a grant under this section, in order to help
20 such entities to meet the requirements of this sec-
21 tion, including assistance with—
22 (A) selection and implementation of evi-
23 dence-based interventions and frameworks to
24 prevent suicide, such as the Zero Suicide frame-
25 work; and

1 (B) other activities as the Assistant Sec-
2 retary determines appropriate.
3 (c) DURATION.—A grant under this section shall be
4 for a period of not more than 5 years.
5 (d) AUTHORIZATION OF APPROPRIATIONS.—
6 (1) IN GENERAL.—There is authorized to be
7 appropriated to carry out this section $30,000,000
8 for the period of fiscal years 2018 through 2022.
9 (2) USE OF CERTAIN FUNDS.—Of the funds ap-
10 propriated to carry out this section in any fiscal
11 year, the lesser of 5 percent of such funds or
12 $500,000 shall be available to the Assistant Sec-
13 retary for purposes of carrying out subsection (b).

14 **SEC. 720. CRISIS INTERVENTION GRANTS FOR POLICE OF-**
15 **FICERS AND FIRST RESPONDERS.**

16 (a) IN GENERAL.—The Assistant Secretary for Men-
17 tal Health and Substance Use may award grants to enti-
18 ties such as law enforcement agencies and first respond-
19 ers—
20 (1) to provide specialized training to law en-
21 forcement officers, corrections officers, paramedics,
22 emergency medical services workers, and other first
23 responders (including village public safety officers
24 (as defined in section 247 of the Indian Arts and

1 Crafts Amendments Act of 2010 (42 U.S.C. 3796dd
2 note)))—
3 (A) to recognize individuals who have men-
4 tal illness and how to properly intervene with
5 individuals with mental illness; and
6 (B) to establish programs that enhance the
7 ability of law enforcement agencies to address
8 the mental health, behavioral, and substance
9 use problems of individuals encountered in the
10 line of duty; and
11 (2) to establish collaborative law enforcement
12 and mental health programs, including behavioral
13 health response teams and mental health crisis inter-
14 vention teams comprised of mental health profes-
15 sionals, law enforcement officers, and other first re-
16 sponders, as appropriate, to provide on-site, face-to-
17 face, mental and behavioral health care services dur-
18 ing a mental health crisis, and to connect the indi-
19 vidual in crisis to appropriate community-based
20 treatment services in lieu of unnecessary hospitaliza-
21 tion or further involvement with the criminal justice
22 system.
23 (b) AUTHORIZATION OF APPROPRIATIONS.—There
24 are authorized to be appropriated to carry out this section

$9,000,000 for the period of fiscal years 2018 through 2020.

SEC. 721. DEMONSTRATION GRANT PROGRAM TO TRAIN HEALTH SERVICE PSYCHOLOGISTS IN COMMUNITY-BASED MENTAL HEALTH.

(a) ESTABLISHMENT.—The Secretary of Health and Human Services shall establish a grant program under which the Assistant Secretary of Mental Health and Substance Use Disorders may award grants to eligible institutions to support the recruitment, education, and clinical training experiences of health services psychology students, interns, and postdoctoral residents for education and clinical experience in community mental health settings.

(b) ELIGIBLE INSTITUTIONS.—For purposes of this section, the term ''eligible institutions'' includes American Psychological Association-accredited doctoral, internship, and postdoctoral residency schools or programs in health service psychology that—

(1) are focused on the development and implementation of interdisciplinary training of psychology graduate students and postdoctoral fellows in providing mental and behavioral health services to address substance use disorders, serious emotional disturbance, and serious illness, as well as developing

faculty and implementing curriculum to prepare psychologists to work with underserved populations; and

(2) demonstrate an ability to train health service psychologists in psychiatric hospitals, forensic hospitals, community mental health centers, community health centers, federally qualified health centers, or adult and juvenile correctional facilities.

(c) PRIORITIES.—In selecting grant recipients under this section, the Secretary shall give priority to eligible institutions in which training focuses on the needs of individuals with serious mental illness, serious emotional disturbance, justice-involved youth, and individuals with or at high risk for substance use disorders.

(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $12,000,000 for the period of fiscal years 2018 through 2022.

SEC. 722. INVESTMENT IN TOMORROW'S PEDIATRIC HEALTH CARE WORKFORCE.

Section 775(e) of the Public Health Service Act (42 U.S.C. 295f(e)) is amended to read as follows:

"(e) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated $12,000,000 for the period of fiscal years 2018 through 2022.".

1 **SEC. 723. CUTGO COMPLIANCE.**

2 Section 319D(f) of the Public Health Service Act (42
3 U.S.C. 247d–4(f)) is amended by striking “$138,300,000
4 for each of fiscal years 2014 through 2018” and inserting
5 “$138,300,000 for each of fiscal years 2014 through 2016
6 and $58,000,000 for each of fiscal years 2017 and 2018”.

7 TITLE VIII—MENTAL HEALTH
8 PARITY

9 **SEC. 801. ENHANCED COMPLIANCE WITH MENTAL HEALTH**
10 **AND SUBSTANCE USE DISORDER COVERAGE**
11 **REQUIREMENTS.**

12 (a) COMPLIANCE PROGRAM GUIDANCE DOCU-
13 MENT.—Section 2726(a) of the Public Health Service Act
14 (42 U.S.C. 300gg–26(a)) is amended by adding at the end
15 the following:

16 “(6) COMPLIANCE PROGRAM GUIDANCE DOCU-
17 MENT.—

18 “(A) IN GENERAL.—Not later than 12
19 months after the date of enactment of the
20 Helping Families in Mental Health Crisis Act
21 of 2016, the Secretary, the Secretary of Labor,
22 and the Secretary of the Treasury, in consulta-
23 tion with the Inspector General of the Depart-
24 ment of Health and Human Services, shall
25 issue a compliance program guidance document
26 to help improve compliance with this section,

1 section 712 of the Employee Retirement Income
2 Security Act of 1974, and section 9812 of the
3 Internal Revenue Code of 1986, as applicable.
4 ‘‘(B) EXAMPLES ILLUSTRATING COMPLI-
5 ANCE AND NONCOMPLIANCE.—
6 ‘‘(i) IN GENERAL.—The compliance
7 program guidance document required
8 under this paragraph shall provide illus-
9 trative, de-identified examples (that do not
10 disclose any protected health information
11 or individually identifiable information) of
12 previous findings of compliance and non-
13 compliance with this section, section 712 of
14 the Employee Retirement Income Security
15 Act of 1974, or section 9812 of the Inter-
16 nal Revenue Code of 1986, as applicable,
17 based on investigations of violations of
18 such sections, including—
19 ‘‘(I) examples illustrating re-
20 quirements for information disclosures
21 and nonquantitative treatment limita-
22 tions; and
23 ‘‘(II) descriptions of the viola-
24 tions uncovered during the course of
25 such investigations.

1 "(ii) NONQUANTITATIVE TREATMENT
2 LIMITATIONS.—To the extent that any ex-
3 ample described in clause (i) involves a
4 finding of compliance or noncompliance
5 with regard to any requirement for non-
6 quantitative treatment limitations, the ex-
7 ample shall provide sufficient detail to fully
8 explain such finding, including a full de-
9 scription of the criteria involved for med-
10 ical and surgical benefits and the criteria
11 involved for mental health and substance
12 use disorder benefits.
13 "(iii) ACCESS TO ADDITIONAL INFOR-
14 MATION REGARDING COMPLIANCE.—In de-
15 veloping and issuing the compliance pro-
16 gram guidance document required under
17 this paragraph, the Secretaries specified in
18 subparagraph (A)—
19 "(I) shall enter into interagency
20 agreements with the Inspector Gen-
21 eral of the Department of Health and
22 Human Services, the Inspector Gen-
23 eral of the Department of Labor, and
24 the Inspector General of the Depart-
25 ment of the Treasury to share find-

ings of compliance and noncompliance with this section, section 712 of the Employee Retirement Income Security Act of 1974, or section 9812 of the Internal Revenue Code of 1986, as applicable; and

"(II) shall seek to enter into an agreement with a State to share information on findings of compliance and noncompliance with this section, section 712 of the Employee Retirement Income Security Act of 1974, or section 9812 of the Internal Revenue Code of 1986, as applicable.

"(C) RECOMMENDATIONS.—The compliance program guidance document shall include recommendations to comply with this section, section 712 of the Employee Retirement Income Security Act of 1974, or section 9812 of the Internal Revenue Code of 1986, as applicable, and encourage the development and use of internal controls to monitor adherence to applicable statutes, regulations, and program requirements. Such internal controls may include a compliance checklist with illustrative examples

1 of nonquantitative treatment limitations on
2 mental health and substance use disorder bene-
3 fits, which may fail to comply with this section,
4 section 712 of the Employee Retirement Income
5 Security Act of 1974, or section 9812 of the In-
6 ternal Revenue Code of 1986, as applicable, in
7 relation to nonquantitative treatment limita-
8 tions on medical and surgical benefits.

9 "(D) UPDATING THE COMPLIANCE PRO-
10 GRAM GUIDANCE DOCUMENT.—The compliance
11 program guidance document shall be updated
12 every 2 years to include illustrative, de-identi-
13 fied examples (that do not disclose any pro-
14 tected health information or individually identi-
15 fiable information) of previous findings of com-
16 pliance and noncompliance with this section,
17 section 712 of the Employee Retirement Income
18 Security Act of 1974, or section 9812 of the In-
19 ternal Revenue Code of 1986, as applicable.".

20 (b) ADDITIONAL GUIDANCE.—Section 2726(a) of the
21 Public Health Service Act (42 U.S.C. 300gg–26(a)), as
22 amended by subsection (a), is further amended by adding
23 at the end the following:

24 "(7) ADDITIONAL GUIDANCE.—

1 "(A) IN GENERAL.—Not later than 1 year
2 after the date of enactment of the Helping
3 Families in Mental Health Crisis Act of 2016,
4 the Secretary, in coordination with the Sec-
5 retary of Labor and the Secretary of the Treas-
6 ury, shall issue guidance to group health plans
7 and health insurance issuers offering group or
8 individual health insurance coverage to assist
9 such plans and issuers in satisfying the require-
10 ments of this section, section 712 of the Em-
11 ployee Retirement Income Security Act of 1974,
12 or section 9812 of the Internal Revenue Code
13 of 1986, as applicable,.
14 "(B) DISCLOSURE.—
15 "(i) GUIDANCE FOR PLANS AND
16 ISSUERS.—The guidance issued under this
17 paragraph shall include clarifying informa-
18 tion and illustrative examples of methods
19 that group health plans and health insur-
20 ance issuers offering group or individual
21 health insurance coverage may use for dis-
22 closing information to ensure compliance
23 with the requirements under this section,
24 section 712 of the Employee Retirement
25 Income Security Act of 1974, or section

1 9812 of the Internal Revenue Code of
2 1986, as applicable, (and any regulations
3 promulgated pursuant to such sections, as
4 applicable).

5 "(ii) DOCUMENTS FOR PARTICIPANTS,
6 BENEFICIARIES, CONTRACTING PROVIDERS,
7 OR AUTHORIZED REPRESENTATIVES.—The
8 guidance issued under this paragraph shall
9 include clarifying information and illus-
10 trative examples of methods that group
11 health plans and health insurance issuers
12 offering group or individual health insur-
13 ance coverage may use to provide any par-
14 ticipant, beneficiary, contracting provider,
15 or authorized representative, as applicable,
16 with documents containing information
17 that the health plans or issuers are re-
18 quired to disclose to participants, bene-
19 ficiaries, contracting providers, or author-
20 ized representatives to ensure compliance
21 with this section, section 712 of the Em-
22 ployee Retirement Income Security Act of
23 1974, or section 9812 of the Internal Rev-
24 enue Code of 1986, as applicable; any reg-
25 ulation issued pursuant to such respective

1 section, or any other applicable law or reg-
2 ulation, including information that is com-
3 parative in nature with respect to—

4 ''(I) nonquantitative treatment
5 limitations for both medical and sur-
6 gical benefits and mental health and
7 substance use disorder benefits;

8 ''(II) the processes, strategies,
9 evidentiary standards, and other fac-
10 tors used to apply the limitations de-
11 scribed in subclause (I); and

12 ''(III) the application of the limi-
13 tations described in subclause (I) to
14 ensure that such limitations are ap-
15 plied in parity with respect to both
16 medical and surgical benefits and
17 mental health and substance use dis-
18 order benefits.

19 ''(C) NONQUANTITATIVE TREATMENT LIM-
20 ITATIONS.—The guidance issued under this
21 paragraph shall include clarifying information
22 and illustrative examples of methods, processes,
23 strategies, evidentiary standards, and other fac-
24 tors that group health plans and health insur-
25 ance issuers offering group or individual health

1 insurance coverage may use regarding the de-
2 velopment and application of nonquantitative
3 treatment limitations to ensure compliance with
4 this section, section 712 of the Employee Re-
5 tirement Income Security Act of 1974, or sec-
6 tion 9812 of the Internal Revenue Code of
7 1986, as applicable, (and any regulations pro-
8 mulgated pursuant to such respective section),
9 including—
10 ''(i) examples of methods of deter-
11 mining appropriate types of nonquantita-
12 tive treatment limitations with respect to
13 both medical and surgical benefits and
14 mental health and substance use disorder
15 benefits, including nonquantitative treat-
16 ment limitations pertaining to—
17 ''(I) medical management stand-
18 ards based on medical necessity or ap-
19 propriateness, or whether a treatment
20 is experimental or investigative;
21 ''(II) limitations with respect to
22 prescription drug formulary design;
23 and
24 ''(III) use of fail-first or step
25 therapy protocols;

1 "(ii) examples of methods of deter-
2 mining—
3 "(I) network admission standards
4 (such as credentialing); and
5 "(II) factors used in provider re-
6 imbursement methodologies (such as
7 service type, geographic market, de-
8 mand for services, and provider sup-
9 ply, practice size, training, experience,
10 and licensure) as such factors apply to
11 network adequacy;
12 "(iii) examples of sources of informa-
13 tion that may serve as evidentiary stand-
14 ards for the purposes of making deter-
15 minations regarding the development and
16 application of nonquantitative treatment
17 limitations;
18 "(iv) examples of specific factors, and
19 the evidentiary standards used to evaluate
20 such factors, used by such plans or issuers
21 in performing a nonquantitative treatment
22 limitation analysis;
23 "(v) examples of how specific evi-
24 dentiary standards may be used to deter-

1 mine whether treatments are considered
2 experimental or investigative;
3 "(vi) examples of how specific evi-
4 dentiary standards may be applied to each
5 service category or classification of bene-
6 fits;
7 "(vii) examples of methods of reach-
8 ing appropriate coverage determinations
9 for new mental health or substance use
10 disorder treatments, such as evidence-
11 based early intervention programs for indi-
12 viduals with a serious mental illness and
13 types of medical management techniques;
14 "(viii) examples of methods of reach-
15 ing appropriate coverage determinations
16 for which there is an indirect relationship
17 between the covered mental health or sub-
18 stance use disorder benefit and a tradi-
19 tional covered medical and surgical benefit,
20 such as residential treatment or hos-
21 pitalizations involving voluntary or involun-
22 tary commitment; and
23 "(ix) additional illustrative examples
24 of methods, processes, strategies, evi-
25 dentiary standards, and other factors for

1 which the Secretary determines that addi-
2 tional guidance is necessary to improve
3 compliance with this section, section 712 of
4 the Employee Retirement Income Security
5 Act of 1974, or section 9812 of the Inter-
6 nal Revenue Code of 1986, as applicable.
7 ''(D) PUBLIC COMMENT.—Prior to issuing
8 any final guidance under this paragraph, the
9 Secretary shall provide a public comment period
10 of not less than 60 days during which any
11 member of the public may provide comments on
12 a draft of the guidance.''.
13 (c) AVAILABILITY OF PLAN INFORMATION.—
14 (1) PHSA AMENDMENT.—Paragraph (4) of
15 section 2726(a) of the Public Health Service Act (42
16 U.S.C. 300gg–26(a)) is amended to read as follows:
17 ''(4) AVAILABILITY OF PLAN INFORMATION.—
18 The criteria for medical necessity determinations
19 made under the plan or health insurance coverage
20 with respect to mental health or substance use dis-
21 order benefits or medical or surgical benefits, the
22 reason for denial of any such benefits, and any other
23 information appropriate to demonstrate compliance
24 under this section (including any such medical and
25 surgical information) shall be made available by the

1 plan administrator (or the health insurance issuer
2 offering such coverage) in accordance with applicable
3 regulations to the current or potential participant,
4 beneficiary, or contracting provider involved upon re-
5 quest. The Secretary may promulgate any such reg-
6 ulations, including interim final regulations or tem-
7 porary regulations, as may be appropriate to carry
8 out this paragraph.''.

9 (2) ERISA AMENDMENT.—Paragraph (4) of
10 section 712(a) of the Employee Retirement Income
11 Security Act of 1974 (29 U.S.C. 1185a(a)) is
12 amended to read as follows:

13 ''(4) AVAILABILITY OF PLAN INFORMATION.—
14 The criteria for medical necessity determinations
15 made under the plan with respect to mental health
16 or substance use disorder benefits or medical or sur-
17 gical benefits (or the health insurance coverage of-
18 fered in connection with the plan with respect to
19 such benefits), the reason for denial of any such
20 benefits, and any other information appropriate to
21 demonstrate compliance under this section (includ-
22 ing any such medical and surgical information) shall
23 be made available by the plan administrator (or the
24 health insurance issuer offering such coverage) in
25 accordance with applicable regulations to the current

1 or potential participant, beneficiary, or contracting
2 provider involved upon request. The Secretary may
3 promulgate any such regulations, including interim
4 final regulations or temporary regulations, as may
5 be appropriate to carry out this paragraph.''.
6 (3) IRC AMENDMENT.—Paragraph (4) of sec-
7 tion 9812(a) of the Internal Revenue Code of 1986
8 is amended to read as follows:
9 ''(4) AVAILABILITY OF PLAN INFORMATION.—
10 The criteria for medical necessity determinations
11 made under the plan with respect to mental health
12 or substance use disorder benefits or medical or sur-
13 gical benefits, the reason for denial of any such ben-
14 efits, and any other information appropriate to dem-
15 onstrate compliance under this section (including
16 any such medical and surgical information) shall be
17 made available by the plan administrator in accord-
18 ance with applicable regulations to the current or
19 potential participant, beneficiary, or contracting pro-
20 vider involved upon request. The Secretary may pro-
21 mulgate any such regulations, including interim final
22 regulations or temporary regulations, as may be ap-
23 propriate to carry out this paragraph.''.
24 (d) IMPROVING COMPLIANCE.—

1 (1) IN GENERAL.—In the case that the Sec-
2 retary of Health and Human Services, the Secretary
3 of Labor, or the Secretary of the Treasury deter-
4 mines that a group health plan or health insurance
5 issuer offering group or individual health insurance
6 coverage has violated, at least five times, section
7 2726 of the Public Health Service Act (42 U.S.C.
8 300gg–26), section 712 of the Employee Retirement
9 Income Security Act of 1974 (29 U.S.C. 1185a), or
10 section 9812 of the Internal Revenue Code of 1986,
11 respectively, the appropriate Secretary shall audit
12 plan documents for such health plan or issuer in the
13 plan year following the Secretary's determination in
14 order to help improve compliance with such section.
15 (2) RULE OF CONSTRUCTION.—Nothing in this
16 subsection shall be construed to limit the authority,
17 as in effect on the day before the date of enactment
18 of this Act, of the Secretary of Health and Human
19 Services, the Secretary of Labor, or the Secretary of
20 the Treasury to audit documents of health plans or
21 health insurance issuers.

22 **SEC. 802. ACTION PLAN FOR ENHANCED ENFORCEMENT OF**
23 **MENTAL HEALTH AND SUBSTANCE USE DIS-**
24 **ORDER COVERAGE.**

25 (a) PUBLIC MEETING.—

1 (1) IN GENERAL.—Not later than 6 months
2 after the date of enactment of this Act, the Sec-
3 retary of Health and Human Services shall convene
4 a public meeting of stakeholders described in para-
5 graph (2) to produce an action plan for improved
6 Federal and State coordination related to the en-
7 forcement of section 2726 of the Public Health Serv-
8 ice Act (42 U.S.C. 300gg–26), section 712 of the
9 Employee Retirement Income Security Act of 1974
10 (29 U.S.C. 1185a), and section 9812 of the Internal
11 Revenue Code of 1986, and any comparable provi-
12 sions of State law (in this section collectively re-
13 ferred to as ''mental health parity and addiction eq-
14 uity requirements'').
15 (2) STAKEHOLDERS.—The stakeholders de-
16 scribed in this paragraph shall include each of the
17 following:
18 (A) The Federal Government, including
19 representatives from—
20 (i) the Department of Health and
21 Human Services;
22 (ii) the Department of the Treasury;
23 (iii) the Department of Labor; and
24 (iv) the Department of Justice.
25 (B) State governments, including—

1 (i) State health insurance commis-
2 sioners;
3 (ii) appropriate State agencies, includ-
4 ing agencies on public health or mental
5 health; and
6 (iii) State attorneys general or other
7 representatives of State entities involved in
8 the enforcement of mental health parity
9 and addiction equity requirements.
10 (C) Representatives from key stakeholder
11 groups, including—
12 (i) the National Association of Insur-
13 ance Commissioners;
14 (ii) health insurance providers;
15 (iii) providers of mental health and
16 substance use disorder treatment;
17 (iv) employers; and
18 (v) patients or their advocates.
19 (b) ACTION PLAN.—Not later than 6 months after
20 the conclusion of the public meeting under subsection (a),
21 the Secretary of Health and Human Services shall finalize
22 the action plan described in such subsection and make it
23 plainly available on the Internet website of the Depart-
24 ment of Health and Human Services.

1 (c) CONTENT.—The action plan under this section
2 shall—
3 (1) reflect the input of the stakeholders partici-
4 pating in the public meeting under subsection (a);
5 (2) identify specific strategic objectives regard-
6 ing how the various Federal and State agencies
7 charged with enforcement of mental health parity
8 and addiction equity requirements will collaborate to
9 improve enforcement of such requirements;
10 (3) provide a timeline for implementing the ac-
11 tion plan; and
12 (4) provide specific examples of how such objec-
13 tives may be met, which may include—
14 (A) providing common educational infor-
15 mation and documents to patients about their
16 rights under mental health parity and addiction
17 equity requirements;
18 (B) facilitating the centralized collection
19 of, monitoring of, and response to patient com-
20 plaints or inquiries relating to mental health
21 parity and addiction equity requirements, which
22 may be through the development and adminis-
23 tration of a single, toll-free telephone number
24 and an Internet website portal;

1 (C) Federal and State law enforcement
2 agencies entering into memoranda of under-
3 standing to better coordinate enforcement re-
4 sponsibilities and information sharing, including
5 whether such agencies should make the results
6 of enforcement actions related to mental health
7 parity and addiction equity requirements pub-
8 licly available; and
9 (D) recommendations to the Congress re-
10 garding the need for additional legal authority
11 to improve enforcement of mental health parity
12 and addiction equity requirements, including
13 the need for additional legal authority to ensure
14 that nonquantitative treatment limitations are
15 applied, and the extent and frequency of the ap-
16 plications of such limitations, both to medical
17 and surgical benefits and to mental health and
18 substance use disorder benefits in a comparable
19 manner.

20 **SEC. 803. REPORT ON INVESTIGATIONS REGARDING PAR-**
21 **ITY IN MENTAL HEALTH AND SUBSTANCE**
22 **USE DISORDER BENEFITS.**

23 (a) IN GENERAL.—Not later than 1 year after the
24 date of enactment of this Act, and annually thereafter for
25 the subsequent 5 years, the Administrator of the Centers

1 for Medicare & Medicaid Services, in collaboration with
2 the Assistant Secretary of Labor of the Employee Benefits
3 Security Administration and the Secretary of the Treas-
4 ury, shall submit to the Committee on Energy and Com-
5 merce of the House of Representatives and the Committee
6 on Health, Education, Labor, and Pensions of the Senate
7 a report summarizing the results of all closed Federal in-
8 vestigations completed during the preceding 12-month pe-
9 riod with findings of any serious violation regarding com-
10 pliance with mental health and substance use disorder cov-
11 erage requirements under section 2726 of the Public
12 Health Service Act (42 U.S.C. 300gg–26), section 712 of
13 the Employee Retirement Income Security Act of 1974
14 (29 U.S.C. 1185a), and section 9812 of the Internal Rev-
15 enue Code of 1986.

16 (b) CONTENTS.—Subject to subsection (c), a report
17 under subsection (a) shall, with respect to investigations
18 described in such subsection, include each of the following:

19 (1) The number of closed Federal investigations
20 conducted during the covered reporting period.

21 (2) Each benefit classification examined by any
22 such investigation conducted during the covered re-
23 porting period.

24 (3) Each subject matter, including compliance
25 with requirements for quantitative and nonquantita-

1 tive treatment limitations, of any such investigation
2 conducted during the covered reporting period.
3 (4) A summary of the basis of the final decision
4 rendered for each closed investigation conducted
5 during the covered reporting period that resulted in
6 a finding of a serious violation.
7 (c) LIMITATION.—Any individually identifiable infor-
8 mation shall be excluded from reports under subsection
9 (a) consistent with protections under the health privacy
10 and security rules promulgated under section 264(c) of the
11 Health Insurance Portability and Accountability Act of
12 1996 (42 U.S.C. 1320d–2 note).

13 **SEC. 804. GAO STUDY ON PARITY IN MENTAL HEALTH AND**
14 **SUBSTANCE USE DISORDER BENEFITS.**

15 Not later than 3 years after the date of enactment
16 of this Act, the Comptroller General of the United States,
17 in consultation with the Secretary of Health and Human
18 Services, the Secretary of Labor, and the Secretary of the
19 Treasury, shall submit to the Committee on Energy and
20 Commerce of the House of Representatives and the Com-
21 mittee on Health, Education, Labor, and Pensions of the
22 Senate a report detailing the extent to which group health
23 plans or health insurance issuers offering group or indi-
24 vidual health insurance coverage that provides both med-
25 ical and surgical benefits and mental health or substance

1 use disorder benefits, medicaid managed care organiza-
2 tions with a contract under section 1903(m) of the Social
3 Security Act (42 U.S.C. 1396b(m)), and health plans pro-
4 vided under the State Children's Health Insurance Pro-
5 gram under title XXI of the Social Security Act (42
6 U.S.C. 1397aa et seq.) comply with section 2726 of the
7 Public Health Service Act (42 U.S.C. 300gg–26), section
8 712 of the Employee Retirement Income Security Act of
9 1974 (29 U.S.C. 1185a), and section 9812 of the Internal
10 Revenue Code of 1986, including—

11 (1) how nonquantitative treatment limitations,
12 including medical necessity criteria, of such plans or
13 issuers comply with such sections;

14 (2) how the responsible Federal departments
15 and agencies ensure that such plans or issuers com-
16 ply with such sections, including an assessment of
17 how the Secretary of Health and Human Services
18 has used its authority to conduct audits of such
19 plans to ensure compliance;

20 (3) a review of how the various Federal and
21 State agencies responsible for enforcing mental
22 health parity requirements have improved enforce-
23 ment of such requirements in accordance with the
24 objectives and timeline described in the action plan
25 under section 802; and

1 (4) recommendations for how additional en-
2 forcement, education, and coordination activities by
3 responsible Federal and State departments and
4 agencies could better ensure compliance with such
5 sections, including recommendations regarding the
6 need for additional legal authority.

7 **SEC. 805. INFORMATION AND AWARENESS ON EATING DIS-**
8 **ORDERS.**

9 (a) INFORMATION.—The Secretary of Health and
10 Human Services (in this section referred to as the ''Sec-
11 retary'') may—
12 (1) update information, related fact sheets, and
13 resource lists related to eating disorders that are
14 available on the public Internet website of the Na-
15 tional Women's Health Information Center spon-
16 sored by the Office on Women's Health, to include—
17 (A) updated findings and current research
18 related to eating disorders, as appropriate; and
19 (B) information about eating disorders, in-
20 cluding information related to males and fe-
21 males;
22 (2) incorporate, as appropriate, and in coordi-
23 nation with the Secretary of Education, information
24 from publicly available resources into appropriate

1 obesity prevention programs developed by the Office
2 on Women's Health; and
3 (3) make publicly available (through a public
4 Internet website or other method) information, re-
5 lated fact sheets and resource lists, as updated
6 under paragraph (1), and the information incor-
7 porated into appropriate obesity prevention pro-
8 grams, as updated under paragraph (2).
9 (b) AWARENESS.—The Secretary may advance public
10 awareness on—
11 (1) the types of eating disorders;
12 (2) the seriousness of eating disorders, includ-
13 ing prevalence, comorbidities, and physical and men-
14 tal health consequences;
15 (3) methods to identify, intervene, refer for
16 treatment, and prevent behaviors that may lead to
17 the development of eating disorders;
18 (4) discrimination and bullying based on body
19 size;
20 (5) the effects of media on self-esteem and body
21 image; and
22 (6) the signs and symptoms of eating disorders.

1 **SEC. 806. EDUCATION AND TRAINING ON EATING DIS-**
2 **ORDERS.**

3 The Secretary of Health and Human Services may
4 facilitate the identification of programs to educate and
5 train health professionals and school personnel in effective
6 strategies to—

7 (1) identify individuals with eating disorders;
8 (2) provide early intervention services for indi-
9 viduals with eating disorders;
10 (3) refer patients with eating disorders for ap-
11 propriate treatment;
12 (4) prevent the development of eating disorders;
13 or
14 (5) provide appropriate treatment services for
15 individuals with eating disorders.

16 **SEC. 807. GAO STUDY ON PREVENTING DISCRIMINATORY**
17 **COVERAGE LIMITATIONS FOR INDIVIDUALS**
18 **WITH SERIOUS MENTAL ILLNESS AND SUB-**
19 **STANCE USE DISORDERS.**

20 Not later than 2 years after the date of the enact-
21 ment of this Act, the Comptroller General of the United
22 States shall submit to Congress and make publicly avail-
23 able a report detailing Federal oversight of group health
24 plans and health insurance coverage offered in the indi-
25 vidual or group market (as such terms are defined in sec-
26 tion 2791 of the Public Health Service Act (42 U.S.C.

1 300gg–91)), including Medicaid managed care plans
2 under section 1903 of the Social Security Act (42 U.S.C.
3 1396b), to ensure compliance of such plans and coverage
4 with sections 2726 of the Public Health Service Act (42
5 U.S.C. 300gg–26), 712 of the Employee Retirement In-
6 come Security Act of 1974 (29 U.S.C. 1185a), and 9812
7 of the Internal Revenue Code of 1986 (in this section col-
8 lectively referred to as the ''parity law''), including—

9 (1) a description of how Federal regulations
10 and guidance consider nonquantitative treatment
11 limitations, including medical necessity criteria and
12 application of such criteria to medical, surgical, and
13 primary care, of such plans and coverage in ensuring
14 compliance by such plans and coverage with the par-
15 ity law;

16 (2) a description of actions that Federal depart-
17 ments and agencies are taking to ensure that such
18 plans and coverage comply with the parity law; and

19 (3) the identification of enforcement, education,
20 and coordination activities within Federal depart-
21 ments and agencies, including educational activities
22 directed to State insurance commissioners, and a de-
23 scription of how such proper activities can be used
24 to ensure full compliance with the parity law.

1 **SEC. 808. CLARIFICATION OF EXISTING PARITY RULES.**

2 If a group health plan or a health insurance issuer
3 offering group or individual health insurance coverage pro-
4 vides coverage for eating disorder benefits, including resi-
5 dential treatment, such group health plan or health insur-
6 ance issuer shall provide such benefits consistent with the
7 requirements of section 2726 of the Public Health Service
8 Act (42 U.S.C. 300gg–26), section 712 of the Employee
9 Retirement Income Security Act of 1974 (29 U.S.C.
10 1185a), and section 9812 of the Internal Revenue Code
11 of 1986.

Passed the House of Representatives July 6, 2016.

Attest: KAREN L. HAAS,

Clerk.