

Union Calendar No. 517

114TH CONGRESS
2^D SESSION

H. R. 2646

[Report No. 114–667, Part I]

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

IN THE HOUSE OF REPRESENTATIVES

JUNE 4, 2015

Mr. MURPHY of Pennsylvania (for himself, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. BUCHANAN, Mr. DIAZ-BALART, Mr. BILIRAKIS, Mr. DOLD, Mr. GUINTA, Mrs. MIMI WALTERS of California, Mr. BRENDAN F. BOYLE of Pennsylvania, Mrs. ELLMERS of North Carolina, Mr. DENHAM, Mr. VARGAS, Mrs. MILLER of Michigan, Mr. HASTINGS, Mr. CALVERT, Mr. NUNES, Mr. HUNTER, Mr. BLUMENAUER, and Ms. SINEMA) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means and Education and the Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

JULY 6, 2016

Additional sponsors: Mr. HUDSON, Mr. CONNOLLY, Mr. KATKO, Mr. MCKINLEY, Mr. HINOJOSA, Mr. CRAMER, Mr. FORTENBERRY, Mr. GUTHRIE, Mr. DUNCAN of Tennessee, Mr. LANCE, Mr. RANGEL, Mr. WENSTRUP, Mr. WHITFIELD, Mr. BARR, Mr. TROTT, Mr. WEBSTER of Florida, Mr. CARTER of Georgia, Mr. HANNA, Mrs. BLACKBURN, Mr. AMODEI, Mr. CRAWFORD, Mr. WILSON of South Carolina, Ms. MCSALLY, Mr. JEFFRIES, Ms. BASS, Mr. RUSH, Mr. ROE of Tennessee, Mr. PETERSON, Mr. BARLETTA, Mr. WALZ, Mr. THOMPSON of Mississippi, Ms. BROWN of Florida, Mr. JOYCE, Mr. LOWENTHAL, Mr. MULLIN, Mr. BERA, Mr. LAMALFA, Mr. COLLINS of New York, Mrs. BLACK, Mr. FLEISCHMANN, Mr. MICHAEL F. DOYLE of Pennsylvania, Ms. KAPTUR, Mr. OLSON, Mr. CARTER of Texas, Mr. CUELLAR, Mr. ROSKAM, Mr. BUCSHON, Mrs. BROOKS of Indiana, Mr. DUFFY, Mr. SENSENBRENNER, Mr. THOMPSON of Pennsylvania, Mr. JOHNSON of Ohio, Mr. FRANKS of Arizona, Ms.

JUDY CHU of California, Mrs. LAWRENCE, Mr. GIBSON, Ms. PLASKETT, Mr. NOLAN, Mr. SALMON, Mr. COFFMAN, Mr. PAULSEN, Mr. KELLY of Pennsylvania, Mr. SHUSTER, Mr. COSTELLO of Pennsylvania, Mr. FITZPATRICK, Mr. DENT, Mr. BENISHEK, Ms. TITUS, Mrs. ROBY, Mr. MESSER, Mr. TURNER, Mr. BOUSTANY, Mrs. NOEM, Mrs. LUMMIS, Mrs. HARTZLER, Mr. MICA, Mr. COLE, Mr. LUCAS, Mr. KINZINGER of Illinois, Mr. HARRIS, Mr. STIVERS, Mr. SMITH of New Jersey, Mr. ROTHFUS, Mrs. WALORSKI, Mr. HECK of Washington, Mr. TED LIEU of California, Mr. PETERS, Mr. BISHOP of Michigan, Mr. BYRNE, Mr. O'ROURKE, Mr. RODNEY DAVIS of Illinois, Mr. QUIGLEY, Ms. ESHOO, Mr. REED, Mr. HUIZENGA of Michigan, Mr. SWALWELL of California, Ms. LEE, Mrs. COMSTOCK, Mr. LONG, Mr. DESAULNIER, Ms. NORTON, Ms. BONAMICI, Ms. HERRERA BEUTLER, Mr. CURBELO of Florida, Mr. REICHERT, Mr. MCHENRY, Mr. PIERLUISI, Mr. SESSIONS, Mr. SCALISE, Mr. ISRAEL, Mr. TOM PRICE of Georgia, Mr. FINCHER, Ms. STEFANIK, Mr. CRENSHAW, Mr. CHABOT, Mr. SCHWEIKERT, Mr. KING of New York, Mr. ROUZER, Mr. ASHFORD, Mr. SIMPSON, Mr. STEWART, Mr. ROYCE, Mr. DEFazio, Mr. HILL, Mr. ZINKE, Mr. FATTAH, Mr. POMPEO, Mr. WALDEN, Mr. HARPER, Mr. MEEKS, Mr. GRAVES of Missouri, Ms. ROSLEHTINEN, Mr. YOUNG of Iowa, Mr. MEEHAN, Mr. JOLLY, Mr. SHIMKUS, Mr. DEUTCH, Mr. LUETKEMEYER, Mr. COHEN, Mr. GOODLATTE, Mr. ABRAHAM, Mr. EMMER of Minnesota, Mr. ROONEY of Florida, Ms. SPEIER, Mr. AUSTIN SCOTT of Georgia, Mr. LOBIONDO, Mr. PALAZZO, Mr. HURT of Virginia, Mr. BRADY of Pennsylvania, Mr. LAHOOD, Mr. ROSS, Mr. RIBBLE, Mr. FRELINGHUYSEN, Ms. MCCOLLUM, Mr. YOUNG of Indiana, Mr. TIPTON, Mr. PERRY, Mr. PITTENGER, Mr. RIGELL, Mr. McDERMOTT, Mr. COOK, Mr. MARINO, Mr. POLIQUIN, Mr. ZELDIN, Mr. COOPER, Mr. RICE of South Carolina, Mr. DONOVAN, Mr. CARTWRIGHT, Mr. BOST, Mr. YOUNG of Alaska, Ms. VELÁZQUEZ, Mr. KNIGHT, Mr. FARR, Mr. MOOLENAAR, Ms. GRANGER, Mr. VALADAO, Mr. THOMPSON of California, Mr. BISHOP of Georgia, Mr. GRAYSON, Mr. KLINE, Ms. HAHN, Mr. GRAVES of Louisiana, Mr. CHAFFETZ, Ms. JENKINS of Kansas, Ms. KUSTER, Mr. WILLIAMS, Mr. RICHMOND, Mr. HARDY, and Mr. NORCROSS

JULY 6, 2016

Deleted sponsors: Mr. DESANTIS (added July 21, 2015; deleted July 22, 2015), Mrs. BEATTY (added July 21, 2015; deleted July 22, 2015), Ms. LOFGREN (added July 21, 2015; deleted July 22, 2015), and Mr. YODER (added October 7, 2015; deleted November 30, 2015).

JULY 6, 2016

Reported from the Committee on Energy and Commerce with an amendment

[Strike out all after the enacting clause and insert the part printed in *italic*]

JULY 6, 2016

The Committees on Ways and Means and Education and the Workforce discharged; committed to the Committee of the Whole House on the State of the Union and ordered to be printed

[For text of introduced bill, see copy of bill as introduced on June 4, 2016]

A BILL

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,*

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

4 (a) *SHORT TITLE.*—*This Act may be cited as the*
 5 *“Helping Families in Mental Health Crisis Act of 2016”.*

6 (b) *TABLE OF CONTENTS.*—*The table of contents for*
 7 *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 serv-
 ices 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 full-range of 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. Telehealth child psychiatry 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 ASSISTANT
10 SECRETARY.—*

11 “(1) ASSISTANT SECRETARY.—

*12 “(A) APPOINTMENT.—The Administration
13 shall be headed by an official to be known as the
14 Assistant Secretary for Mental Health and Sub-
15 stance Use (hereinafter in this title referred to as*

1 the ‘Assistant Secretary’) who shall be appointed
2 by the President, by and with the advice and
3 consent of the Senate.

4 “(B) *QUALIFICATIONS.*—In selecting the As-
5 sistant Secretary, the President shall give pref-
6 erence to individuals who have—

7 “(i) a doctoral degree in medicine, os-
8 teopathic medicine, or psychology;

9 “(ii) clinical and research experience
10 regarding mental health and substance use
11 disorders; and

12 “(iii) an understanding of biological,
13 psychosocial, and pharmaceutical treat-
14 ments of mental illness and substance use
15 disorders.

16 “(2) *DEPUTY ASSISTANT SECRETARY.*—The As-
17 sistant Secretary, with the approval of the Secretary,
18 may appoint a Deputy Assistant Secretary and may
19 employ and prescribe the functions of such officers
20 and employees, including attorneys, as are necessary
21 to administer the activities to be carried out through
22 the Administration.”.

23 (b) *TRANSFER OF AUTHORITIES.*—The Secretary of
24 Health and Human Services shall delegate to the Assistant

1 *Secretary for Mental Health and Substance Use all duties*
2 *and authorities that—*

3 (1) *as of the day before the date of enactment of*
4 *this Act, were vested in the Administrator of the Sub-*
5 *stance Abuse and Mental Health Services Administra-*
6 *tion; and*

7 (2) *are not terminated by this Act.*

8 (c) *EVALUATION.—Section 501(d) of the Public Health*
9 *Service Act (42 U.S.C. 290aa(d)) is amended—*

10 (1) *in paragraph (17), by striking “and” at the*
11 *end;*

12 (2) *in paragraph (18), by striking the period at*
13 *the end and inserting a semicolon; and*

14 (3) *by adding at the end the following:*

15 “(19) *evaluate, in consultation with the Assist-*
16 *ant Secretary for Financial Resources, the informa-*
17 *tion used for oversight of grants under programs re-*
18 *lated to mental and substance use disorders, including*
19 *co-occurring disorders, administered by the Center for*
20 *Mental Health Services;*

21 “(20) *periodically review Federal programs and*
22 *activities relating to the diagnosis or prevention of, or*
23 *treatment or rehabilitation for, mental illness and*
24 *substance use disorders to identify any such programs*
25 *or activities that have proven to be effective or effi-*

1 *cient in improving outcomes or increasing access to*
2 *evidence-based programs;*

3 *“(21) establish standards for the appointment of*
4 *peer-review panels to evaluate grant applications and*
5 *recommend standards for mental health grant pro-*
6 *grams; and”.*

7 *(d) STANDARDS FOR GRANT PROGRAMS.—Section*
8 *501(d) of the Public Health Service Act (42 U.S.C.*
9 *290aa(d)), as amended by subsection (c), is further amend-*
10 *ed by adding at the end the following:*

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

17 *“(A) the capacity of the grantee to imple-*
18 *ment the award;*

19 *“(B) requirements for the description of the*
20 *program implementation approach;*

21 *“(C) the extent to which the grant plan sub-*
22 *mitted by the grantee as part of its application*
23 *must explain how the grantee will reach the pop-*
24 *ulation of focus and provide a statement of need,*
25 *including to what extent the grantee will in-*

1 crease the number of clients served and the esti-
2 mated percentage of clients receiving services
3 who report positive functioning after 6 months
4 or no past-month substance use, as applicable;

5 “(D) the extent to which the grantee must
6 collect and report on required performance meas-
7 ures; and

8 “(E) the extent to which the grantee is pro-
9 posing evidence-based practices and the extent to
10 which—

11 “(i) those evidence-based practices
12 must be used with respect to a population
13 similar to the population for which the evi-
14 dence-based practices were shown to be effec-
15 tive; or

16 “(ii) if no evidence-based practice ex-
17 ists for a population of focus, the way in
18 which the grantee will implement adapta-
19 tions of evidence-based practices, promising
20 practices, or cultural practices.”.

21 (e) *MEMBER OF COUNCIL ON GRADUATE MEDICAL*
22 *EDUCATION.*—Section 762 of the Public Health Service Act
23 (42 U.S.C. 290o) is amended—

24 (1) in subsection (b)—

1 (A) by redesignating paragraphs (4), (5),
2 and (6) as paragraphs (5), (6), and (7), respec-
3 tively; and

4 (B) by inserting after paragraph (3) the fol-
5 lowing:

6 “(4) the Assistant Secretary for Mental Health
7 and Substance Use;”; and

8 (2) in subsection (c), by striking “(4), (5), and
9 (6)” each place it appears and inserting “(5), (6),
10 and (7)”.

11 (f) *CONFORMING AMENDMENTS.*—Title V of the Public
12 Health Service Act (42 U.S.C. 290aa et seq.), as amended
13 by the previous provisions of this section, is further amend-
14 ed—

15 (1) by striking “Administrator of the Substance
16 Abuse and Mental Health Services Administration”
17 each place it appears and inserting “Assistant Sec-
18 retary for Mental Health and Substance Use”; and

19 (2) by striking “Administrator” each place it
20 appears (including in any headings) and inserting
21 “Assistant Secretary”, except where the term “Admin-
22 istrator” appears—

23 (A) in each of subsections (e) and (f) of sec-
24 tion 501 of such Act (42 U.S.C. 290aa), includ-

1 *ing the headings of such subsections, within the*
2 *term “Associate Administrator”;*

3 *(B) in section 507(b)(6) of such Act (42*
4 *U.S.C. 290bb(b)(6)), within the term “Adminis-*
5 *trator of the Health Resources and Services Ad-*
6 *ministration”;*

7 *(C) in section 507(b)(6) of such Act (42*
8 *U.S.C. 290bb(b)(6)), within the term “Adminis-*
9 *trator of the Centers for Medicare & Medicaid*
10 *Services”;*

11 *(D) in section 519B(c)(1)(B) of such Act*
12 *(42 U.S.C. 290bb-25b(c)(1)(B)), within the term*
13 *“Administrator of the National Highway Traffic*
14 *Safety Administration”;* *or*

15 *(E) in each of sections 519B(c)(1)(B),*
16 *520C(a), and 520D(a) of such Act (42 U.S.C.*
17 *290bb-25b(c)(1)(B), 290bb-34(a), 290bb-35(a)),*
18 *within the term “Administrator of the Office of*
19 *Juvenile Justice and Delinquency Prevention”.*

20 *(g) REFERENCES.—After executing subsections (a),*
21 *(b), and (f), any reference in statute, regulation, or guid-*
22 *ance to the Administrator of the Substance Abuse and Men-*
23 *tal Health Services Administration shall be construed to be*
24 *a reference to the Assistant Secretary for Mental Health and*
25 *Substance Use.*

1 **SEC. 102. IMPROVING OVERSIGHT OF MENTAL HEALTH AND**
2 **SUBSTANCE USE PROGRAMS.**

3 *Title V of the Public Health Service Act is amended*
4 *by inserting after section 501 of such Act (42 U.S.C. 290aa)*
5 *the following:*

6 **“SEC. 501A. IMPROVING OVERSIGHT OF MENTAL HEALTH**
7 **AND SUBSTANCE USE PROGRAMS.**

8 *“(a) ACTIVITIES.—For the purpose of ensuring effi-*
9 *cient and effective planning and evaluation of mental and*
10 *substance use disorder programs and related activities, the*
11 *Assistant Secretary for Planning and Evaluation, in con-*
12 *sultation with the Assistant Secretary for Mental Health*
13 *and Substance Use, shall—*

14 *“(1) collect and organize relevant data on home-*
15 *lessness, involvement with the criminal justice system,*
16 *hospitalizations, mortality outcomes, and other meas-*
17 *ures the Secretary deems appropriate from across*
18 *Federal departments and agencies;*

19 *“(2) evaluate programs related to mental and*
20 *substance use disorders, including co-occurring dis-*
21 *orders, across Federal departments and agencies, as*
22 *appropriate, including programs related to—*

23 *“(A) prevention, intervention, treatment,*
24 *and recovery support services, including such*
25 *services for individuals with a serious mental ill-*
26 *ness or serious emotional disturbance;*

1 “(B) the reduction of homelessness and in-
2 volvement with the criminal justice system
3 among individuals with a mental or substance
4 use disorder; and

5 “(C) public health and health services; and
6 “(3) consult, as appropriate, with the Assistant
7 Secretary, the Behavioral Health Coordinating Coun-
8 cil of the Department of Health and Human Services,
9 other agencies within the Department of Health and
10 Human Services, and other relevant Federal depart-
11 ments.

12 “(b) *RECOMMENDATIONS.*—The Assistant Secretary
13 for Planning and Evaluation shall develop an evaluation
14 strategy that identifies priority programs to be evaluated
15 by the Assistant Secretary and priority programs to be
16 evaluated by other relevant agencies within the Department
17 of Health and Human Services. The Assistant Secretary for
18 Planning and Evaluation shall provide recommendations
19 on improving programs and activities based on the evalua-
20 tion described in subsection (a)(2) as needing improve-
21 ment.”.

1 **SEC. 103. NATIONAL MENTAL HEALTH AND SUBSTANCE USE**
2 **POLICY LABORATORY.**

3 *Title V of the Public Health Service Act (42 U.S.C.*
4 *290aa et seq.) is amended by inserting after section 501A,*
5 *as added by section 102 of this Act, the following:*

6 **“SEC. 501B. NATIONAL MENTAL HEALTH AND SUBSTANCE**
7 **USE POLICY LABORATORY.**

8 *“(a) IN GENERAL.—There shall be established within*
9 *the Administration a National Mental Health and Sub-*
10 *stance Use Policy Laboratory (referred to in this section*
11 *as the ‘Laboratory’).*

12 *“(b) RESPONSIBILITIES.—The Laboratory shall—*

13 *“(1) continue to carry out the authorities and*
14 *activities that were in effect for the Office of Policy,*
15 *Planning, and Innovation as such Office existed prior*
16 *to the date of enactment of the Helping Families in*
17 *Mental Health Crisis Act of 2016;*

18 *“(2) identify, coordinate, and facilitate the im-*
19 *plementation of policy changes likely to have a sig-*
20 *nificant effect on mental health, mental illness, and*
21 *the prevention and treatment of substance use dis-*
22 *order services;*

23 *“(3) collect, as appropriate, information from*
24 *grantees under programs operated by the Administra-*
25 *tion in order to evaluate and disseminate information*
26 *on evidence-based practices, including culturally and*

1 *linguistically appropriate services, as appropriate,*
2 *and service delivery models;*

3 “(4) *provide leadership in identifying and co-*
4 *ordinating policies and programs, including evidence-*
5 *based programs, related to mental and substance use*
6 *disorders;*

7 “(5) *recommend ways in which payers may im-*
8 *plement program and policy findings of the Adminis-*
9 *tration and the Laboratory to improve outcomes and*
10 *reduce per capita program costs;*

11 “(6) *in consultation with the Assistant Secretary*
12 *for Planning and Evaluation, as appropriate, peri-*
13 *odically review Federal programs and activities relat-*
14 *ing to the diagnosis or prevention of, or treatment or*
15 *rehabilitation for, mental illness and substance use*
16 *disorders, including by—*

17 “(A) *identifying any such programs or ac-*
18 *tivities that are duplicative;*

19 “(B) *identifying any such programs or ac-*
20 *tivities that are not evidence-based, effective, or*
21 *efficient; and*

22 “(C) *formulating recommendations for co-*
23 *ordinating, eliminating, or improving programs*
24 *or activities identified under subparagraph (A)*

1 or (B) and merging such programs or activities
2 into other successful programs or activities; and
3 “(7) carry out other activities as deemed nec-
4 essary to continue to encourage innovation and dis-
5 seminate evidence-based programs and practices, in-
6 cluding programs and practices with scientific merit.

7 “(c) *EVIDENCE-BASED PRACTICES AND SERVICE DE-*
8 *LIVERY MODELS.—*

9 “(1) *IN GENERAL.—*In selecting evidence-based
10 best practices and service delivery models for evalua-
11 tion and dissemination, the Laboratory—

12 “(A) shall give preference to models that im-
13 prove—

14 “(i) the coordination between mental
15 health and physical health providers;

16 “(ii) the coordination among such pro-
17 viders and the justice and corrections sys-
18 tem; and

19 “(iii) the cost effectiveness, quality, ef-
20 fectiveness, and efficiency of health care
21 services furnished to individuals with seri-
22 ous mental illness or serious emotional dis-
23 turbance, in mental health crisis, or at risk
24 to themselves, their families, and the general
25 public; and

1 “(B) may include clinical protocols and
2 practices used in the Recovery After Initial
3 Schizophrenia Episode (RAISE) project and the
4 North American Prodrome Longitudinal Study
5 (NAPLS) of the National Institute of Mental
6 Health.

7 “(2) DEADLINE FOR BEGINNING IMPLEMENTA-
8 TION.—The Laboratory shall begin implementation of
9 the duties described in this subsection not later than
10 January 1, 2018.

11 “(3) CONSULTATION.—In carrying out the duties
12 under this subsection, the Laboratory shall consult
13 with—

14 “(A) representatives of the National Insti-
15 tute of Mental Health, the National Institute on
16 Drug Abuse, and the National Institute on Alco-
17 hol Abuse and Alcoholism, on an ongoing basis;

18 “(B) other appropriate Federal agencies;

19 “(C) clinical and analytical experts with
20 expertise in psychiatric medical care and clin-
21 ical psychological care, health care management,
22 education, corrections health care, and mental
23 health court systems, as appropriate; and

1 “(D) other individuals and agencies as de-
2 termined appropriate by the Assistant Sec-
3 retary.”.

4 **SEC. 104. PEER-SUPPORT SPECIALIST PROGRAMS.**

5 (a) *IN GENERAL.*—Not later than 2 years after the
6 date of enactment of this Act, the Comptroller General of
7 the United States shall conduct a study on peer-support spe-
8 cialist programs in up to 10 States (to be selected by the
9 Comptroller General) that receive funding from the Sub-
10 stance Abuse and Mental Health Services Administration
11 and submit to the Committee on Health, Education, Labor,
12 and Pensions of the Senate and the Committee on Energy
13 and Commerce of the House of Representatives a report con-
14 taining the results of such study.

15 (b) *CONTENTS OF STUDY.*—In conducting the study
16 under subsection (a), the Comptroller General of the United
17 States shall examine and identify best practices in the se-
18 lected States related to training and credential require-
19 ments for peer-specialist programs, such as—

20 (1) hours of formal work or volunteer experience
21 related to mental and substance use disorders con-
22 ducted through such programs;

23 (2) types of peer support specialist exams re-
24 quired for such programs in the States;

1 (3) codes of ethics used by such programs in the
2 *States;*

3 (4) required or recommended skill sets of such
4 *programs in the State; and*

5 (5) requirements for continuing education.

6 **SEC. 105. PROHIBITION AGAINST LOBBYING USING FED-**
7 **ERAL FUNDS BY SYSTEMS ACCEPTING FED-**
8 **ERAL FUNDS TO PROTECT AND ADVOCATE**
9 **THE RIGHTS OF INDIVIDUALS WITH MENTAL**
10 **ILLNESS.**

11 *Section 105(a) of the Protection and Advocacy for In-*
12 *dividuals with Mental Illness Act (42 U.S.C. 10805(a)) is*
13 *amended—*

14 (1) in paragraph (9), by striking “and” at the
15 *end;*

16 (2) in paragraph (10), by striking the period at
17 *the end and inserting “; and”; and*

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

19 “(11) agree to refrain, during any period for
20 *which funding is provided to the system under this*
21 *part, from using Federal funds to pay the salary or*
22 *expenses of any grant or contract recipient, or agent*
23 *acting for such recipient, related to any activity de-*
24 *signed to influence the enactment of legislation, ap-*
25 *propriations, regulation, administrative action, or*

1 *Executive order proposed or pending before the Con-*
2 *gress or any State government, State legislature or*
3 *local legislature or legislative body, other than for*
4 *normal and recognized executive-legislative relation-*
5 *ships or participation by an agency or officer of a*
6 *State, local, or tribal government in policymaking*
7 *and administrative processes within the executive*
8 *branch of that government.”.*

9 **SEC. 106. REPORTING FOR PROTECTION AND ADVOCACY**
10 **ORGANIZATIONS.**

11 (a) *PUBLIC AVAILABILITY OF REPORTS.*—Section
12 105(a)(7) of the *Protection and Advocacy for Individuals*
13 *with Mental Illness Act (42 U.S.C. 10805(a)(7)) is amended*
14 *by striking “is located a report” and inserting “is located,*
15 *and make publicly available, a report”.*

16 (b) *DETAILED ACCOUNTING.*—Section 114(a) of the
17 *Protection and Advocacy for Individuals with Mental Ill-*
18 *ness Act (42 U.S.C. 10824(a)) is amended—*

19 (1) *in paragraph (3), by striking “and” at the*
20 *end;*

21 (2) *in paragraph (4), by striking the period at*
22 *the end and inserting “; and”; and*

23 (3) *by adding at the end the following:*

24 “(5) *using data from the existing required an-*
25 *nual program progress reports submitted by each sys-*

1 *tem funded under this title, a detailed accounting for*
 2 *each such system of how funds are spent,*
 3 *disaggregated according to whether the funds were re-*
 4 *ceived from the Federal Government, the State govern-*
 5 *ment, a local government, or a private entity.”.*

6 **SEC. 107. GRIEVANCE PROCEDURE.**

7 *Section 105 of the Protection and Advocacy for Indi-*
 8 *viduals with Mental Illness Act (42 U.S.C. 10805), as*
 9 *amended, is further amended by adding at the end the fol-*
 10 *lowing:*

11 *“(d) GRIEVANCE PROCEDURE.—The Secretary shall*
 12 *establish an independent grievance procedure for persons*
 13 *described in subsection (a)(9).”.*

14 **SEC. 108. CENTER FOR BEHAVIORAL HEALTH STATISTICS**
 15 **AND QUALITY.**

16 *Title V of the Public Health Service Act (42 U.S.C.*
 17 *290aa et seq.) is amended—*

18 *(1) in section 501(b) (42 U.S.C. 290aa(b)), by*
 19 *adding at the end the following:*

20 *“(4) The Center for Behavioral Health Statistics*
 21 *and Quality.”;*

22 *(2) in section 502(a)(1) (42 U.S.C. 290aa-*
 23 *1(a)(1))—*

24 *(A) in subparagraph (C), by striking “and”*
 25 *at the end;*

1 (B) in subparagraph (D), by striking the
2 period at the end and inserting “; and”; and

3 (C) by inserting after subparagraph (D) the
4 following:

5 “(E) the Center for Behavioral Health Sta-
6 tistics and Quality.”; and

7 (3) in part B (42 U.S.C. 290bb et seq.) by add-
8 ing at the end the following new subpart:

9 **“Subpart 4—Center for Behavioral Health Statistics
10 and Quality**

11 **“SEC. 520L. CENTER FOR BEHAVIORAL HEALTH STATISTICS
12 AND QUALITY.**

13 “(a) *ESTABLISHMENT.*—There is established in the Ad-
14 ministration a Center for Behavioral Health Statistics and
15 Quality (in this section referred to as the ‘Center’). The
16 Center shall be headed by a Director (in this section referred
17 to as the ‘Director’) appointed by the Secretary from among
18 individuals with extensive experience and academic quali-
19 fications in research and analysis in behavioral health care
20 or related fields.

21 “(b) *DUTIES.*—The Director of the Center shall—

22 “(1) coordinate the Administration’s integrated
23 data strategy by coordinating—

24 “(A) surveillance and data collection (in-
25 cluding that authorized by section 505);

1 “(B) *evaluation;*

2 “(C) *statistical and analytic support;*

3 “(D) *service systems research; and*

4 “(E) *performance and quality information*
5 *systems;*

6 “(2) *recommend a core set of measurement*
7 *standards for grant programs administered by the*
8 *Administration; and*

9 “(3) *coordinate evaluation efforts for the grant*
10 *programs, contracts, and collaborative agreements of*
11 *the Administration.*

12 “(c) *BIANNUAL REPORT TO CONGRESS.—Not later*
13 *than 2 years after the date of enactment of this section, and*
14 *every 2 years thereafter, the Director of the Center shall sub-*
15 *mit to Congress a report on the quality of services furnished*
16 *through grant programs of the Administration, including*
17 *applicable measures of outcomes for individuals and public*
18 *outcomes such as—*

19 “(1) *the number of patients screened positive for*
20 *unhealthy alcohol use who receive brief counseling as*
21 *appropriate; the number of patients screened positive*
22 *for tobacco use and receiving smoking cessation inter-*
23 *ventions; the number of patients with a new diagnosis*
24 *of major depressive episode who are assessed for sui-*
25 *cide risk; the number of patients screened positive for*

1 *clinical depression with a documented followup plan;*
2 *and the number of patients with a documented pain*
3 *assessment that have a followup treatment plan when*
4 *pain is present; and satisfaction with care;*

5 “(2) *the incidence and prevalence of substance*
6 *use and mental disorders; the number of suicide at-*
7 *tempts and suicide completions; overdoses seen in*
8 *emergency rooms resulting from alcohol and drug use;*
9 *emergency room boarding; overdose deaths; emergency*
10 *psychiatric hospitalizations; new criminal justice in-*
11 *volvement while in treatment; stable housing; and*
12 *rates of involvement in employment, education, and*
13 *training; and*

14 “(3) *such other measures for outcomes of services*
15 *as the Director may determine.*

16 “(d) *STAFFING COMPOSITION.—The staff of the Center*
17 *may include individuals with advanced degrees and field*
18 *expertise as well as clinical and research experience in men-*
19 *tal and substance use disorders such as—*

20 “(1) *professionals with clinical and research ex-*
21 *pertise in the prevention and treatment of, and recov-*
22 *ery from, substance use and mental disorders;*

23 “(2) *professionals with training and expertise in*
24 *statistics or research and survey design and meth-*
25 *odologies; and*

1 “(3) *other related fields in the social and behav-*
2 *ioral sciences, as specified by relevant position de-*
3 *scriptions.*

4 “(e) *GRANTS AND CONTRACTS.—In carrying out the*
5 *duties established in subsection (b), the Director may make*
6 *grants to and enter into contracts and cooperative agree-*
7 *ments with public and nonprofit private entities.*

8 “(f) *DEFINITION.—In this section, the term ‘emergency*
9 *room boarding’ means the practice of admitting patients*
10 *to an emergency department and holding such patients in*
11 *the department until inpatient psychiatric beds become*
12 *available.’.*

13 **SEC. 109. STRATEGIC PLAN.**

14 *Section 501 of the Public Health Service Act (42*
15 *U.S.C. 290aa) is amended—*

16 (1) *by redesignating subsections (l) through (o)*
17 *as subsections (m) through (p), respectively; and*

18 (2) *by inserting after subsection (k) the fol-*
19 *lowing:*

20 “(l) *STRATEGIC PLAN.—*

21 “(1) *IN GENERAL.—Not later than December 1,*
22 *2017, and every 5 years thereafter, the Assistant Sec-*
23 *retary shall develop and carry out a strategic plan in*
24 *accordance with this subsection for the planning and*

1 *operation of evidence-based programs and grants car-*
2 *ried out by the Administration.*

3 “(2) *COORDINATION.*—*In developing and car-*
4 *rying out the strategic plan under this section, the*
5 *Assistant Secretary shall take into consideration the*
6 *report of the Interdepartmental Serious Mental Illness*
7 *Coordinating Committee under section 301 of the*
8 *Helping Families in Mental Health Crisis Act of*
9 *2016.*

10 “(3) *PUBLICATION OF PLAN.*—*Not later than De-*
11 *cember 1, 2017, and every 5 years thereafter, the As-*
12 *stant Secretary shall—*

13 “(A) *submit the strategic plan developed*
14 *under paragraph (1) to the appropriate commit-*
15 *tees of Congress; and*

16 “(B) *post such plan on the Internet website*
17 *of the Administration.*

18 “(4) *CONTENTS.*—*The strategic plan developed*
19 *under paragraph (1) shall—*

20 “(A) *identify strategic priorities, goals, and*
21 *measurable objectives for mental and substance*
22 *use disorder activities and programs operated*
23 *and supported by the Administration, including*
24 *priorities to prevent or eliminate the burden of*
25 *mental illness and substance use disorders;*

1 “(B) identify ways to improve services for
2 individuals with a mental or substance use dis-
3 order, including services related to the prevention
4 of, diagnosis of, intervention in, treatment of,
5 and recovery from, mental or substance use dis-
6 orders, including serious mental illness or seri-
7 ous emotional disturbance, and access to services
8 and supports for individuals with a serious men-
9 tal illness or serious emotional disturbance;

10 “(C) ensure that programs provide, as ap-
11 propriate, access to effective and evidence-based
12 prevention, diagnosis, intervention, treatment,
13 and recovery services, including culturally and
14 linguistically appropriate services, as appro-
15 priate, for individuals with a mental or sub-
16 stance use disorder;

17 “(D) identify opportunities to collaborate
18 with the Health Resources and Services Adminis-
19 tration to develop or improve—

20 “(i) initiatives to encourage individ-
21 uals to pursue careers (especially in rural
22 and underserved areas and populations) as
23 psychiatrists, psychologists, psychiatric
24 nurse practitioners, physician assistants,
25 occupational therapists, clinical social

1 *workers, certified peer support specialists,*
2 *licensed professional counselors, or other li-*
3 *icensed or certified mental health profes-*
4 *sionals, including such professionals special-*
5 *izing in the diagnosis, evaluation, or treat-*
6 *ment of individuals with a serious mental*
7 *illness or serious emotional disturbance;*
8 *and*

9 “(ii) *a strategy to improve the recruit-*
10 *ment, training, and retention of a workforce*
11 *for the treatment of individuals with mental*
12 *or substance use disorders, or co-occurring*
13 *disorders;*

14 “(E) *identify opportunities to improve col-*
15 *laboration with States, local governments, com-*
16 *munities, and Indian tribes and tribal organiza-*
17 *tions (as such terms are defined in section 4 of*
18 *the Indian Self-Determination and Education*
19 *Assistance Act (25 U.S.C. 450b)); and*

20 “(F) *specify a strategy to disseminate evi-*
21 *denced-based and promising best practices re-*
22 *lated to prevention, diagnosis, early intervention,*
23 *treatment, and recovery services related to men-*
24 *tal illness, particularly for individuals with a se-*
25 *rious mental illness and children and adolescents*

1 *with a serious emotional disturbance, and sub-*
2 *stance use disorders.”.*

3 **SEC. 110. AUTHORITIES OF CENTERS FOR MENTAL HEALTH**
4 **SERVICES AND SUBSTANCE ABUSE TREAT-**
5 **MENT.**

6 *(a) CENTER FOR MENTAL HEALTH SERVICES.—Sec-*
7 *tion 520(b) of the Public Health Service Act (42 U.S.C.*
8 *290bb–31(b)) is amended—*

9 *(1) by redesignating paragraphs (3) through (15)*
10 *as paragraphs (4) through (16), respectively;*

11 *(2) by inserting after paragraph (2) the fol-*
12 *lowing:*

13 *“(3) collaborate with the Director of the National*
14 *Institute of Mental Health to ensure that, as appro-*
15 *prate, programs related to the prevention and treat-*
16 *ment of mental illness and the promotion of mental*
17 *health are carried out in a manner that reflects the*
18 *best available science and evidence-based practices, in-*
19 *cluding culturally and linguistically appropriate*
20 *services;”;*

21 *(3) in paragraph (5), as so redesignated, by in-*
22 *serting “through policies and programs that reduce*
23 *risk and promote resiliency” before the semicolon;*

1 (4) *in paragraph (6), as so redesignated, by in-*
2 *serting “in collaboration with the Director of the Na-*
3 *tional Institute of Mental Health,” before “develop”;*

4 (5) *in paragraph (8), as so redesignated, by in-*
5 *serting “, increase meaningful participation of indi-*
6 *viduals with mental illness in programs and activi-*
7 *ties of the Administration,” before “and protect the*
8 *legal”;*

9 (6) *in paragraph (10), as so redesignated, by*
10 *striking “professional and paraprofessional personnel*
11 *pursuant to section 303” and inserting “paraprofes-*
12 *sional personnel and health professionals”;*

13 (7) *in paragraph (11), as so redesignated, by in-*
14 *serting “and telemental health,” after “rural mental*
15 *health,”;*

16 (8) *in paragraph (12), as so redesignated, by*
17 *striking “establish a clearinghouse for mental health*
18 *information to assure the widespread dissemination of*
19 *such information” and inserting “disseminate mental*
20 *health information, including evidenced-based prac-*
21 *tices,”;*

22 (9) *in paragraph (15), as so redesignated, by*
23 *striking “and” at the end;*

24 (10) *in paragraph (16), as so redesignated, by*
25 *striking the period and inserting “; and”; and*

1 (11) by adding at the end the following:

2 “(17) consult with other agencies and offices of
3 the Department of Health and Human Services to en-
4 sure, with respect to each grant awarded by the Cen-
5 ter for Mental Health Services, the consistent docu-
6 mentation of the application of criteria when award-
7 ing grants and the ongoing oversight of grantees after
8 such grants are awarded.”.

9 (b) *DIRECTOR OF THE CENTER FOR SUBSTANCE*
10 *ABUSE TREATMENT.*—Section 507 of the Public Health
11 *Service Act (42 U.S.C. 290bb) is amended—*

12 (1) in subsection (a)—

13 (A) by striking “treatment of substance
14 abuse” and inserting “treatment of substance use
15 disorders”; and

16 (B) by striking “abuse treatment systems”
17 and inserting “use disorder treatment systems”;
18 and

19 (2) in subsection (b)—

20 (A) in paragraph (3), by striking “abuse”
21 and inserting “use disorder”;

22 (B) in paragraph (4), by striking “individ-
23 uals who abuse drugs” and inserting “individ-
24 uals who use drugs”;

1 (C) in paragraph (9), by striking “carried
2 out by the Director”;

3 (D) by striking paragraph (10);

4 (E) by redesignating paragraphs (11)
5 through (14) as paragraphs (10) through (13),
6 respectively;

7 (F) in paragraph (12), as so redesignated,
8 by striking “; and” and inserting a semicolon;
9 and

10 (G) by striking paragraph (13), as so redesi-
11 gnated, and inserting the following:

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

16 “(14) work with States, providers, and individ-
17 uals in recovery, and their families, to promote the
18 expansion of recovery support services and systems of
19 care oriented towards recovery.”.

20 **SEC. 111. ADVISORY COUNCILS.**

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

23 (1) in paragraph (2)—

24 (A) in subparagraph (E), by striking “and”
25 after the semicolon;

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

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

5 “(F) for the advisory councils appointed
6 under subsections (a)(1)(A) and (a)(1)(D), the
7 Director of the National Institute of Mental
8 Health;

9 “(G) for the advisory councils appointed
10 under subsections (a)(1)(A), (a)(1)(B), and
11 (a)(1)(C), the Director of the National Institute
12 on Drug Abuse;

13 “(H) for the advisory councils appointed
14 under subsections (a)(1)(A), (a)(1)(B), and
15 (a)(1)(C), the Director of the National Institute
16 on Alcohol Abuse and Alcoholism; and”;

17 (2) in paragraph (3), by adding at the end the
18 following:

19 “(C) Not less than half of the members of
20 the advisory council appointed under subsection
21 (a)(1)(D)—

22 “(i) shall have—

23 “(I) a medical degree;

24 “(II) a doctoral degree in psy-
25 chology; or

1 “(III) an advanced degree in
2 nursing or social work from an accred-
3 ited graduate school or be a certified
4 physician assistant; and
5 “(ii) shall specialize in the mental
6 health field.”.

7 **SEC. 112. PEER REVIEW.**

8 Section 504(b) of the Public Health Service Act (42
9 U.S.C. 290aa-3(b)) is amended by adding at the end the
10 following: “In the case of any such peer review group that
11 is reviewing a grant, cooperative agreement, or contract re-
12 lated to mental illness treatment, not less than half of the
13 members of such peer review group shall be licensed and
14 experienced professionals in the prevention, diagnosis, or
15 treatment of, or recovery from, mental or substance use dis-
16 orders and have a medical degree, a doctoral degree in psy-
17 chology, or an advanced degree in nursing or social work
18 from an accredited program.”.

1 **TITLE II—MEDICAID MENTAL**
2 **HEALTH COVERAGE**

3 **SEC. 201. RULE OF CONSTRUCTION RELATED TO MEDICAID**
4 **COVERAGE OF MENTAL HEALTH SERVICES**
5 **AND PRIMARY CARE SERVICES FURNISHED**
6 **ON THE SAME DAY.**

7 *Nothing in title XIX of the Social Security Act (42*
8 *U.S.C. 1396 et seq.) shall be construed as prohibiting sepa-*
9 *rate payment under the State plan under such title (or*
10 *under a waiver of the plan) for the provision of a mental*
11 *health service or primary care service under such plan, with*
12 *respect to an individual, because such service is—*

13 *(1) a primary care service furnished to the indi-*
14 *vidual by a provider at a facility on the same day*
15 *a mental health service is furnished to such indi-*
16 *vidual by such provider (or another provider) at the*
17 *facility; or*

18 *(2) a mental health service furnished to the indi-*
19 *vidual by a provider at a facility on the same day*
20 *a primary care service is furnished to such individual*
21 *by such provider (or another provider) at the facility.*

1 **SEC. 202. OPTIONAL LIMITED COVERAGE OF INPATIENT**
2 **SERVICES FURNISHED IN INSTITUTIONS FOR**
3 **MENTAL DISEASES.**

4 (a) *IN GENERAL.*—Section 1903(m)(2) of the Social
5 Security Act (42 U.S.C. 1396b(m)(2)) is amended by add-
6 ing at the end the following new subparagraph:

7 “(I)(i) Notwithstanding the limitation specified in the
8 subdivision (B) following paragraph (29) of section 1905(a)
9 and subject to clause (ii), a State may, under a risk con-
10 tract entered into by the State under this title (or under
11 section 1115) with a medicaid managed care organization
12 or a prepaid inpatient health plan (as defined in section
13 438.2 of title 42, Code of Federal Regulations (or any suc-
14 cessor regulation)), make a monthly capitation payment to
15 such organization or plan for enrollees with the organiza-
16 tion or plan who are over 21 years of age and under 65
17 years of age and are receiving inpatient treatment in an
18 institution for mental diseases (as defined in section
19 1905(i)), so long as each of the following conditions is met:

20 “(I) The institution is a hospital providing in-
21 patient psychiatric or substance use disorder services
22 or a sub-acute facility providing psychiatric or sub-
23 stance use disorder crisis residential services.

24 “(II) The length of stay in such an institution
25 for such treatment is for a short-term stay of no more

1 *than 15 days during the period of the monthly capi-*
2 *tation payment.*

3 *“(III) The provision of such treatment meets the*
4 *following criteria for consideration as services or set-*
5 *tings that are in lieu of services or settings covered*
6 *under the State plan:*

7 *“(aa) The State determines that the alter-*
8 *native service or setting is a medically appro-*
9 *priate and cost-effective substitute for the covered*
10 *service or setting under the State plan.*

11 *“(bb) The enrollee is not required by the*
12 *managed care organization or prepaid inpatient*
13 *health plan to use the alternative service or set-*
14 *ting.*

15 *“(cc) Such treatment is authorized and*
16 *identified in such contract, and will be offered to*
17 *such enrollees at the option of the managed care*
18 *organization or prepaid inpatient health plan.*

19 *“(ii) For purposes of setting the amount of such a*
20 *monthly capitation payment, a State may use the utiliza-*
21 *tion of services provided to an individual under this sub-*
22 *paragraph when developing the inpatient psychiatric or*
23 *substance use disorder component of such payment, but the*
24 *amount of such payment for such services may not exceed*

1 *the cost of the same services furnished through providers in-*
2 *cluded under the State plan.”.*

3 (b) *EFFECTIVE DATE.*—*The amendment made by sub-*
4 *section (a) shall apply beginning on July 5, 2016, or the*
5 *date of the enactment of this Act, whichever is later.*

6 **SEC. 203. STUDY AND REPORT RELATED TO MEDICAID MAN-**
7 **AGED CARE REGULATION.**

8 (a) *STUDY.*—*The Secretary of Health and Human*
9 *Services, acting through the Administrator of the Centers*
10 *for Medicare & Medicaid Services, shall conduct a study*
11 *on coverage under the Medicaid program under title XIX*
12 *of the Social Security Act (42 U.S.C. 1396 et seq.) of serv-*
13 *ices provided through a medicaid managed care organiza-*
14 *tion (as defined in section 1903(m) of such Act (42 U.S.C.*
15 *1396b(m)) or a prepaid inpatient health plan (as defined*
16 *in section 438.2 of title 42, Code of Federal Regulations*
17 *(or any successor regulation)) with respect to individuals*
18 *over the age of 21 and under the age of 65 for the treatment*
19 *of a mental health disorder in institutions for mental dis-*
20 *eases (as defined in section 1905(i) of such Act (42 U.S.C.*
21 *1396d(i))). Such study shall include information on the fol-*
22 *lowing:*

23 (1) *The extent to which States, including the*
24 *District of Columbia and each territory or possession*
25 *of the United States, are providing capitated pay-*

1 *ments to such organizations or plans for enrollees who*
2 *are receiving services in institutions for mental dis-*
3 *eases.*

4 (2) *The number of individuals receiving medical*
5 *assistance under a State plan under such title XIX,*
6 *or a waiver of such plan, who receive services in in-*
7 *stitutions for mental diseases through such organiza-*
8 *tions and plans.*

9 (3) *The range of and average number of months,*
10 *and the length of stay during such months, that such*
11 *individuals are receiving such services in such insti-*
12 *tutions.*

13 (4) *How such organizations or plans determine*
14 *when to provide for the furnishing of such services*
15 *through an institution for mental diseases in lieu of*
16 *other benefits (including the full range of community-*
17 *based services) under their contract with the State*
18 *agency administering the State plan under such title*
19 *XIX, or a waiver of such plan, to address psychiatric*
20 *or substance use disorder treatment.*

21 (5) *The extent to which the provision of services*
22 *within such institutions has affected the capitated*
23 *payments for such organizations or plans.*

24 (b) *REPORT.*—*Not later than three years after the date*
25 *of the enactment of this Act, the Secretary shall submit to*

1 Congress a report on the study conducted under subsection
2 (a).

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

4 Not later than one year after the date of the enactment
5 of this Act, the Administrator of the Centers for Medicare
6 & Medicaid Services shall issue a State Medicaid Director
7 letter regarding opportunities to design innovative service
8 delivery systems, including systems for providing commu-
9 nity-based services, for individuals with serious mental ill-
10 ness or serious emotional disturbance who are receiving
11 medical assistance under title XIX of the Social Security
12 Act (42 U.S.C. 1396 et seq.). The letter shall include oppor-
13 tunities for demonstration projects under section 1115 of
14 such Act (42 U.S.C. 1315), to improve care for such individ-
15 uals.

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

18 (a) *COLLECTION OF INFORMATION.*—The Secretary of
19 Health and Human Services, acting through the Adminis-
20 trator of the Centers for Medicare & Medicaid Services,
21 shall, with respect to each State that has participated in
22 the demonstration project established under section 2707 of
23 the Patient Protection and Affordable Care Act (42 U.S.C.
24 1396a note), collect from each such State information on
25 the following:

1 (1) *The number of institutions for mental dis-*
2 *eases (as defined in section 1905(i) of the Social Secu-*
3 *rity Act (42 U.S.C. 1396d(i))) and beds in such insti-*
4 *tutions that received payment for the provision of*
5 *services to individuals who receive medical assistance*
6 *under a State plan under the Medicaid program*
7 *under title XIX of the Social Security Act (42 U.S.C.*
8 *1396 et seq.) (or under a waiver of such plan)*
9 *through the demonstration project in each such State*
10 *as compared to the total number of institutions for*
11 *mental diseases and beds in the State.*

12 (2) *The extent to which there is a reduction in*
13 *expenditures under the Medicaid program under title*
14 *XIX of the Social Security Act (42 U.S.C. 1396 et*
15 *seq.) or other spending on the full continuum of phys-*
16 *ical or mental health care for individuals who receive*
17 *treatment in an institution for mental diseases under*
18 *the demonstration project, including outpatient, inpa-*
19 *tient, emergency, and ambulatory care, that is attrib-*
20 *utable to such individuals receiving treatment in in-*
21 *stitutions for mental diseases under the demonstration*
22 *project.*

23 (3) *The number of forensic psychiatric hospitals,*
24 *the number of beds in such hospitals, and the number*
25 *of forensic psychiatric beds in other hospitals in such*

1 *State, based on the most recent data available, to the*
2 *extent practical, as determined by such Adminis-*
3 *trator.*

4 *(4) The amount of any disproportionate share*
5 *hospital payments under section 1923 of the Social*
6 *Security Act (42 U.S.C. 1396r-4) that institutions*
7 *for mental diseases in the State received during the*
8 *period beginning on July 1, 2012, and ending on*
9 *June 30, 2015, and the extent to which the dem-*
10 *onstration project reduced the amount of such pay-*
11 *ments.*

12 *(5) The most recent data regarding all facilities*
13 *or sites in the State in which any individuals with*
14 *serious mental illness who are receiving medical as-*
15 *sistance under a State plan under the Medicaid pro-*
16 *gram under title XIX of the Social Security Act (42*
17 *U.S.C. 1396 et seq.) (or under a waiver of such plan)*
18 *are treated during the period referred to in paragraph*
19 *(4), to the extent practical, as determined by the Ad-*
20 *ministrator, including—*

21 *(A) the types of such facilities or sites (such*
22 *as an institution for mental diseases, a hospital*
23 *emergency department, or other inpatient hos-*
24 *pital);*

1 (B) the average length of stay in such a fa-
2 cility or site by such an individual,
3 disaggregated by facility type; and

4 (C) the payment rate under the State plan
5 (or a waivers of such plan) for services furnished
6 to such an individual for that treatment,
7 disaggregated by facility type, during the period
8 in which the demonstration project is in oper-
9 ation.

10 (6) The extent to which the utilization of hos-
11 pital emergency departments during the period in
12 which the demonstration project was is in operation
13 differed, with respect to individuals who are receiving
14 medical assistance under a State plan under the Med-
15 icaid program under title XIX of the Social Security
16 Act (42 U.S.C. 1396 et seq.) (or under a waiver of
17 such plan), between—

18 (A) those individuals who received treat-
19 ment in an institution for mental diseases under
20 the demonstration project;

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

1 (C) those individuals with serious mental
2 illness who did not meet such eligibility require-
3 ments and did not receive treatment for such ill-
4 ness in an institution for mental diseases.

5 (b) *REPORT.*—Not later than two years after the date
6 of the enactment of this Act, the Secretary of Health and
7 Human Services shall submit to Congress a report that
8 summarizes and analyzes the information collected under
9 subsection (a). Such report may be submitted as part of
10 the report required under section 2707(f) of the Patient Pro-
11 tection and Affordable Care Act (42 U.S.C. 1396a note) or
12 separately.

13 **SEC. 206. PROVIDING FULL-RANGE OF EPSDT SERVICES TO**
14 **CHILDREN IN IMDS.**

15 Section 1905(a)(16) of the Social Security Act (42
16 U.S.C. 1396d(a)(16)) is amended by inserting before the
17 semicolon at the end the following: “, and, effective January
18 1, 2019, the full-range of early and periodic screening, diag-
19 nostic, and treatment services (as defined in subsection (r))
20 for such individuals whether or not such screening, diag-
21 nostic, and treatment services are furnished by the provider
22 of inpatient psychiatric hospital services for individuals
23 under age 21”.

1 **SEC. 207. ELECTRONIC VISIT VERIFICATION SYSTEM RE-**
2 **QUIRED FOR PERSONAL CARE SERVICES AND**
3 **HOME HEALTH CARE SERVICES UNDER MED-**
4 **ICAID.**

5 (a) *IN GENERAL.*—Section 1903 of the Social Security
6 Act (42 U.S.C. 1396b) is amended by inserting after sub-
7 section (k) the following new subsection:

8 “(l)(1) Subject to paragraphs (3) and (4), with respect
9 to any amount expended for personal care services or home
10 health care services requiring an in-home visit by a pro-
11 vider that are provided under a State plan under this title
12 (or under a waiver of the plan) and furnished in a calendar
13 quarter beginning on or after January 1, 2019 (or, in the
14 case of home health care services, on or after January 1,
15 2023), unless a State requires the use of an electronic visit
16 verification system for such services furnished in such quar-
17 ter under the plan or such waiver, the Federal medical as-
18 sistance percentage shall be reduced—

19 “(A) in the case of personal care services—

20 “(i) for calendar quarters in 2019 and
21 2020, by .25 percentage points;

22 “(ii) for calendar quarters in 2021, by .5
23 percentage points;

24 “(iii) for calendar quarters in 2022, by .75
25 percentage points; and

1 “(iv) for calendar quarters in 2023 and
2 each year thereafter, by 1 percentage point; and

3 “(B) in the case of home health care services—

4 “(i) for calendar quarters in 2023 and
5 2024, by .25 percentage points;

6 “(ii) for calendar quarters in 2025, by .5
7 percentage points;

8 “(iii) for calendar quarters in 2026, by .75
9 percentage points; and

10 “(iv) for calendar quarters in 2027 and
11 each year thereafter, by 1 percentage point.

12 “(2) Subject to paragraphs (3) and (4), in imple-
13 menting the requirement for the use of an electronic visit
14 verification system under paragraph (1), a State shall—

15 “(A) consult with agencies and entities that pro-
16 vide personal care services, home health care services,
17 or both under the State plan (or under a waiver of
18 the plan) to ensure that such system—

19 “(i) is minimally burdensome;

20 “(ii) takes into account existing best prac-
21 tices and electronic visit verification systems in
22 use in the State; and

23 “(iii) is conducted in accordance with the
24 requirements of HIPAA privacy and security

1 *law (as defined in section 3009 of the Public*
2 *Health Service Act);*

3 “(B) *take into account a stakeholder process that*
4 *includes input from beneficiaries, family caregivers,*
5 *personal care or home health care services workers,*
6 *and other stakeholders, as determined by the State in*
7 *accordance with guidance from the Secretary; and*

8 “(C) *ensure that individuals who furnish per-*
9 *sonal care services, home health care services, or both*
10 *under the State plan (or under a waiver of the plan)*
11 *are provided the opportunity for training on the use*
12 *of such system.*

13 “(3) *Paragraphs (1) and (2) shall not apply in the*
14 *case of a State that, as of the date of the enactment of this*
15 *subsection, requires the use of any system for the electronic*
16 *verification of visits conducted as part of both personal care*
17 *services and home health care services.*

18 “(4)(A) *In the case of a State described in subpara-*
19 *graph (B), the reduction under paragraph (1) shall not*
20 *apply—*

21 “(i) *in the case of personal care services, for cal-*
22 *endar quarters in 2019; and*

23 “(ii) *in the case of home health care services, for*
24 *calendar quarters in 2023.*

1 “(B) For purposes of subparagraph (A), a State de-
2 scribed in this subparagraph is a State that demonstrates
3 to the Secretary that the State—

4 “(i) has made a good faith effort to comply with
5 the requirements of paragraphs (1) and (2) (includ-
6 ing by taking steps to adopt the technology used for
7 an electronic visit verification system); or

8 “(ii) in implementing such a system, has en-
9 countered unavoidable system delays.

10 “(5) In this subsection:

11 “(A) The term ‘electronic visit verification sys-
12 tem’ means, with respect to personal care services or
13 home health care services, a system under which visits
14 conducted as part of such services are electronically
15 verified with respect to—

16 “(i) the type of service performed;

17 “(ii) the individual receiving the service;

18 “(iii) the date of the service;

19 “(iv) the location of service delivery;

20 “(v) the individual providing the service;

21 and

22 “(vi) the time the service begins and ends.

23 “(B) The term ‘home health care services’ means
24 services described in section 1905(a)(7) provided

1 *under a State plan under this title (or under a waiver*
2 *of the plan).*

3 *“(C) The term ‘personal care services’ means*
4 *personal care services provided under a State plan*
5 *under this title (or under a waiver of the plan), in-*
6 *cluding services provided under section 1905(a)(24),*
7 *1915(c), 1915(i), 1915(j), or 1915(k) or under a*
8 *wavier under section 1115.*

9 *“(6)(A) In the case in which a State requires personal*
10 *care service and home health care service providers to utilize*
11 *an electronic visit verification system operated by the State*
12 *or a contractor on behalf of the State, the Secretary shall*
13 *pay to the State, for each quarter, an amount equal to 90*
14 *per centum of so much of the sums expended during such*
15 *quarter as are attributable to the design, development, or*
16 *installation of such system, and 75 per centum of so much*
17 *of the sums for the operation and maintenance of such sys-*
18 *tem.*

19 *“(B) Subparagraph (A) shall not apply in the case*
20 *in which a State requires personal care service and home*
21 *health care service providers to utilize an electronic visit*
22 *verification system that is not operated by the State or a*
23 *contractor on behalf of the State.”.*

24 *(b) COLLECTION AND DISSEMINATION OF BEST PRAC-*
25 *TICES.—Not later than January 1, 2018, the Secretary of*

1 *Health and Human Services shall, with respect to electronic*
2 *visit verification systems (as defined in subsection (l)(5) of*
3 *section 1903 of the Social Security Act (42 U.S.C. 1396b),*
4 *as inserted by subsection (a)), collect and disseminate best*
5 *practices to State Medicaid Directors with respect to—*

6 (1) *training individuals who furnish personal*
7 *care services, home health care services, or both under*
8 *the State plan under title XIX of such Act (or under*
9 *a waiver of the plan) on such systems and the oper-*
10 *ation of such systems and the prevention of fraud*
11 *with respect to the provision of personal care services*
12 *or home health care services (as defined in such sub-*
13 *section (l)(5)); and*

14 (2) *the provision of notice and educational mate-*
15 *rials to family caregivers and beneficiaries with re-*
16 *spect to the use of such electronic visit verification*
17 *systems and other means to prevent such fraud.*

18 (c) *RULES OF CONSTRUCTION.—*

19 (1) *NO EMPLOYER-EMPLOYEE RELATIONSHIP ES-*
20 *TABLISHED.—Nothing in the amendment made by*
21 *this section may be construed as establishing an em-*
22 *ployer-employee relationship between the agency or*
23 *entity that provides for personal care services or home*
24 *health care services and the individuals who, under a*
25 *contract with such an agency or entity, furnish such*

1 *services for purposes of part 552 of title 29, Code of*
2 *Federal Regulations (or any successor regulations).*

3 (2) *NO PARTICULAR OR UNIFORM ELECTRONIC*
4 *VISIT VERIFICATION SYSTEM REQUIRED.—Nothing in*
5 *the amendment made by this section shall be con-*
6 *strued to require the use of a particular or uniform*
7 *electronic visit verification system (as defined in sub-*
8 *section (l)(5) of section 1903 of the Social Security*
9 *Act (42 U.S.C. 1396b), as inserted by subsection (a))*
10 *by all agencies or entities that provide personal care*
11 *services or home health care under a State plan under*
12 *title XIX of the Social Security Act (or under a waiv-*
13 *er of the plan) (42 U.S.C. 1396 et seq.).*

14 (3) *NO LIMITS ON PROVISION OF CARE.—Nothing*
15 *in the amendment made by this section may be con-*
16 *strued to limit, with respect to personal care services*
17 *or home health care services provided under a State*
18 *plan under title XIX of the Social Security Act (or*
19 *under a waiver of the plan) (42 U.S.C. 1396 et seq.),*
20 *provider selection, constrain beneficiaries' selection of*
21 *a caregiver, or impede the manner in which care is*
22 *delivered.*

23 (4) *NO PROHIBITION ON STATE QUALITY MEAS-*
24 *URES REQUIREMENTS.—Nothing in the amendment*
25 *made by this section shall be construed as prohibiting*

1 *a State, in implementing an electronic visit*
 2 *verification system (as defined in subsection (l)(5) of*
 3 *section 1903 of the Social Security Act (42 U.S.C.*
 4 *1396b), as inserted by subsection (a)), from estab-*
 5 *lishing requirements related to quality measures for*
 6 *such system.*

7 ***TITLE*** ***III—INTERDEPART-***
 8 ***MENTAL SERIOUS MENTAL***
 9 ***ILLNESS*** ***COORDINATING***
 10 ***COMMITTEE***

11 ***SEC. 301. INTERDEPARTMENTAL SERIOUS MENTAL ILLNESS***
 12 ***COORDINATING COMMITTEE.***

13 ***(a) ESTABLISHMENT.—***

14 ***(1) IN GENERAL.—****Not later than 3 months after*
 15 *the date of enactment of this Act, the Secretary of*
 16 *Health and Human Services, or the designee of the*
 17 *Secretary, shall establish a committee to be known as*
 18 *the “Interdepartmental Serious Mental Illness Coordi-*
 19 *nating Committee” (in this section referred to as the*
 20 *“Committee”).*

21 ***(2) FEDERAL ADVISORY COMMITTEE ACT.—****Ex-*
 22 *cept as provided in this section, the provisions of the*
 23 *Federal Advisory Committee Act (5 U.S.C. App.)*
 24 *shall apply to the Committee.*

1 (b) *MEETINGS.*—*The Committee shall meet not fewer*
2 *than 2 times each year.*

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

7 (1) *a summary of advances in serious mental ill-*
8 *ness and serious emotional disturbance research re-*
9 *lated to the prevention of, diagnosis of, intervention*
10 *in, and treatment and recovery of, serious mental ill-*
11 *nesses, serious emotional disturbances, and advances*
12 *in access to services and support for individuals with*
13 *a serious mental illness or serious emotional disturb-*
14 *ance;*

15 (2) *an evaluation of the effect on public health*
16 *of Federal programs related to serious mental illness*
17 *or serious emotional disturbance, including measure-*
18 *ments of public health outcomes such as—*

19 (A) *rates of suicide, suicide attempts, preva-*
20 *lence of serious mental illness, serious emotional*
21 *disturbances, and substance use disorders, over-*
22 *dose, overdose deaths, emergency hospitalizations,*
23 *emergency room boarding, preventable emergency*
24 *room visits, involvement with the criminal jus-*

1 *tice system, crime, homelessness, and unemploy-*
2 *ment;*

3 *(B) increased rates of employment and en-*
4 *rollment in educational and vocational pro-*
5 *grams;*

6 *(C) quality of mental and substance use dis-*
7 *order treatment services; and*

8 *(D) any other criteria as may be deter-*
9 *mined by the Secretary;*

10 *(3) a plan to improve outcomes for individuals*
11 *with serious mental illness or serious emotional dis-*
12 *turbances, including reducing incarceration for such*
13 *individuals, reducing homelessness, and increasing*
14 *employment; and*

15 *(4) specific recommendations for actions that*
16 *agencies can take to better coordinate the administra-*
17 *tion of mental health services for people with serious*
18 *mental illness or serious emotional disturbances.*

19 *(d) COMMITTEE EXTENSION.—Upon the submission of*
20 *the second report under subsection (c), the Secretary shall*
21 *submit a recommendation to Congress on whether to extend*
22 *the operation of the Committee.*

23 *(e) MEMBERSHIP.—*

1 (1) *FEDERAL MEMBERS.*—*The Committee shall*
2 *be composed of the following Federal representatives,*
3 *or their designees:*

4 (A) *The Secretary of Health and Human*
5 *Services, who shall serve as the Chair of the*
6 *Committee.*

7 (B) *The Director of the National Institutes*
8 *of Health.*

9 (C) *The Assistant Secretary for Health of*
10 *the Department of Health and Human Services.*

11 (D) *The Assistant Secretary for Mental*
12 *Health and Substance Use.*

13 (E) *The Attorney General of the United*
14 *States.*

15 (F) *The Secretary of Veterans Affairs.*

16 (G) *The Secretary of Defense.*

17 (H) *The Secretary of Housing and Urban*
18 *Development.*

19 (I) *The Secretary of Education.*

20 (J) *The Secretary of Labor.*

21 (K) *The Commissioner of Social Security.*

22 (L) *The Administrator of the Centers for*
23 *Medicare & Medicaid Services.*

24 (2) *NON-FEDERAL MEMBERS.*—*The Committee*
25 *shall also include not less than 14 non-Federal public*

1 *members appointed by the Secretary of Health and*
2 *Human Services, of which—*

3 *(A) at least 2 members shall be individuals*
4 *with lived experience with serious mental illness*
5 *or serious emotional disturbance;*

6 *(B) at least 1 member shall be a parent or*
7 *legal guardian of an individual with a history*
8 *of a serious mental illness or serious emotional*
9 *disturbance;*

10 *(C) at least 1 member shall be a representa-*
11 *tive of a leading research, advocacy, or service*
12 *organization for individuals with serious mental*
13 *illness or serious emotional disturbance;*

14 *(D) at least 2 members shall be—*

15 *(i) a licensed psychiatrist with experi-*
16 *ence treating serious mental illnesses or se-*
17 *rious emotional disturbances;*

18 *(ii) a licensed psychologist with experi-*
19 *ence treating serious mental illnesses or se-*
20 *rious emotional disturbances;*

21 *(iii) a licensed clinical social worker*
22 *with experience treating serious mental ill-*
23 *ness or serious emotional disturbances; or*

24 *(iv) a licensed psychiatric nurse, nurse*
25 *practitioner, or physician assistant with ex-*

1 *perience treating serious mental illnesses or*
2 *serious emotional disturbances;*

3 *(E) at least 1 member shall be a licensed*
4 *mental health professional with a specialty in*
5 *treating children and adolescents with serious*
6 *emotional disturbances;*

7 *(F) at least 1 member shall be a mental*
8 *health professional who has research or clinical*
9 *mental health experience working with minori-*
10 *ties;*

11 *(G) at least 1 member shall be a mental*
12 *health professional who has research or clinical*
13 *mental health experience working with medically*
14 *underserved populations;*

15 *(H) at least 1 member shall be a State cer-*
16 *tified mental health peer specialist;*

17 *(I) at least 1 member shall be a judge with*
18 *experience adjudicating cases within a mental*
19 *health court;*

20 *(J) at least 1 member shall be a law en-*
21 *forcement officer or corrections officer with exten-*
22 *sive experience in interfacing with individuals*
23 *with a serious mental illness or serious emo-*
24 *tional disturbance, or in a mental health crisis;*
25 *and*

1 (K) at least 1 member shall be a homeless
2 services provider with experience working with
3 individuals with serious mental illness, with se-
4 rious emotional disturbance, or having mental
5 health crisis.

6 (3) *TERMS.*—A member of the Committee ap-
7 pointed under paragraph (2) shall serve for a term of
8 3 years, and may be reappointed for one or more ad-
9 ditional 3-year terms. Any member appointed to fill
10 a vacancy for an unexpired term shall be appointed
11 for the remainder of such term. A member may serve
12 after the expiration of the member’s term until a suc-
13 cessor has been appointed.

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

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

21 **TITLE IV—COMPASSIONATE**
22 **COMMUNICATION ON HIPAA**

23 **SEC. 401. SENSE OF CONGRESS.**

24 (a) *FINDINGS.*—Congress finds the following:

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

4 (2) *Persons with serious mental illness (in this*
5 *section referred to as “SMI”), including schizophrenia*
6 *spectrum, bipolar disorders, and major depressive dis-*
7 *order, may be significantly impaired in their ability*
8 *to understand or make sound decisions for their care*
9 *and needs. By nature of their illness, cognitive im-*
10 *pairments in reasoning and judgment, as well as the*
11 *presence of hallucinations, delusions, and severe emo-*
12 *tional distortions, they may lack the awareness they*
13 *even have a mental illness (a condition known as*
14 *anosognosia), and thus may be unable to make sound*
15 *decisions regarding their care, nor follow through con-*
16 *sistently and effectively on their care needs.*

17 (3) *Persons with mental illness or SMI may re-*
18 *quire and benefit from mental health treatment in*
19 *order to recover to the fullest extent of their ability;*
20 *these beneficial interventions may include psychiatric*
21 *care, psychological care, medication, peer support,*
22 *educational support, employment support, and hous-*
23 *ing support.*

24 (4) *Persons with SMI who are provided with*
25 *professional and supportive services may still experi-*

1 *ence times when their symptoms may greatly impair*
2 *their abilities to make sound decisions for their per-*
3 *sonal care or may discontinue their care as a result*
4 *of this impaired decisionmaking resulting in a fur-*
5 *ther deterioration of their condition. They may expe-*
6 *rience a temporary or prolonged impairment as a re-*
7 *sult of their diminished capacity to care for them-*
8 *selves.*

9 *(5) Episodes of psychiatric crises among those*
10 *with SMI can result in neurological harm to the indi-*
11 *vidual's brain.*

12 *(6) Persons with SMI—*

13 *(A) are at high risk for other chronic phys-*
14 *ical illnesses, with approximately 50 percent*
15 *having two or more co-occurring chronic phys-*
16 *ical illnesses such as cardiac, pulmonary, cancer,*
17 *and endocrine disorders; and*

18 *(B) have three times the odds of having*
19 *chronic bronchitis, five times the odds of having*
20 *emphysema, and four times the odds of having*
21 *COPD, are more than four times as likely to*
22 *have fluid and electrolyte disorders, and are*
23 *nearly three times as likely to be nicotine de-*
24 *pendent.*

1 (7) *Some psychotropic medications, such as sec-*
2 *ond generation antipsychotics, significantly increase*
3 *risk for chronic illnesses such as diabetes and cardio-*
4 *vascular disease.*

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

11 (9) *Persons with SMI die 7 to 24 years earlier*
12 *than their age cohorts primarily because of complica-*
13 *tions from their chronic physical illness and failure*
14 *to seek or maintain treatment resulting from emo-*
15 *tional and cognitive impairments from their SMI.*

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

21 (11) *When the individual with SMI is signifi-*
22 *cantly diminished in their capacity to care for them-*
23 *selves long term or acutely, other supportive interven-*
24 *tions to assist their care may be necessary to protect*
25 *their health and safety.*

1 (12) *Prognosis for the physical and psychiatric*
2 *health of those with SMI may improve when respon-*
3 *sible caregivers facilitate and participate in care.*

4 (13) *When an individual with SMI is chron-*
5 *ically incapacitated in their ability to care for them-*
6 *selves, caregivers can pursue legal guardianship to fa-*
7 *facilitate care in appropriate areas while being mindful*
8 *to allow the individual to make decisions for them-*
9 *selves in areas where they are capable.*

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

21 (15) *All professional and support efforts should*
22 *be made to help the individual with SMI and acute*
23 *or chronic physical illnesses to understand and follow*
24 *through on treatment.*

1 (16) *When individuals with SMI, even after ef-*
2 *forts to help them understand, have failed to care for*
3 *themselves, there exists confusion in the health care*
4 *community around what is currently permissible*
5 *under HIPAA rules. This confusion may hinder com-*
6 *munication with responsible caregivers who may be*
7 *able to facilitate care for the patient with SMI in in-*
8 *stances when the individual does not give permission*
9 *for disclosure.*

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

21 **SEC. 402. CONFIDENTIALITY OF RECORDS.**

22 *Not later than one year after the date on which the*
23 *Secretary of Health and Human Services first finalizes reg-*
24 *ulations updating part 2 of title 42, Code of Federal Regu-*
25 *lations (relating to confidentiality of alcohol and drug*

1 abuse patient records) after the date of enactment of this
2 Act, the Secretary shall convene relevant stakeholders to de-
3 termine the effect of such regulations on patient care, health
4 outcomes, and patient privacy. The Secretary shall submit
5 to the Committee on Energy and Commerce of the House
6 of Representatives and the Committee on Health, Edu-
7 cation, Labor, and Pensions of the Senate, and make pub-
8 licly available, a report on the findings of such stakeholders.

9 **SEC. 403. CLARIFICATION OF CIRCUMSTANCES UNDER**
10 **WHICH DISCLOSURE OF PROTECTED HEALTH**
11 **INFORMATION IS PERMITTED.**

12 (a) *IN GENERAL.*—Not later than one year after the
13 date of enactment of this section, the Secretary of Health
14 and Human Services shall promulgate final regulations
15 clarifying the circumstances under which, consistent with
16 the provisions of subpart C of title XI of the Social Security
17 Act (42 U.S.C. 1320d et seq.) and regulations promulgated
18 pursuant to section 264(c) of the Health Insurance Port-
19 ability and Accountability Act of 1996 (42 U.S.C. 1320d–
20 2 note), a health care provider or covered entity may dis-
21 close the protected health information of a patient with a
22 mental illness, including for purposes of—

23 (1) communicating (including with respect to
24 treatment, side effects, risk factors, and the avail-
25 ability of community resources) with a family mem-

1 *ber of such patient, caregiver of such patient, or other*
2 *individual to the extent that such family member,*
3 *caregiver, or individual is involved in the care of the*
4 *patient;*

5 *(2) communicating with a family member of the*
6 *patient, caregiver of such patient, or other individual*
7 *involved in the care of the patient in the case that the*
8 *patient is an adult;*

9 *(3) communicating with the parent or caregiver*
10 *of a patient in the case that the patient is a minor;*

11 *(4) considering the patient's capacity to agree or*
12 *object to the sharing of the protected health informa-*
13 *tion of the patient;*

14 *(5) communicating and sharing information*
15 *with the family or caregivers of the patient when—*

16 *(A) the patient consents;*

17 *(B) the patient does not consent, but the pa-*
18 *tient lacks the capacity to agree or object and the*
19 *communication or sharing of information is in*
20 *the patient's best interest;*

21 *(C) the patient does not consent and the pa-*
22 *tient is not incapacitated or in an emergency*
23 *circumstance, but the ability of the patient to*
24 *make rational health care decisions is signifi-*

1 cantly diminished by reason of the physical or
2 mental health condition of the patient; and

3 (D) the patient does not consent, but such
4 communication and sharing of information is
5 necessary to prevent impending and serious dete-
6 rioration of the patient's mental or physical
7 health;

8 (6) involving a patient's family members, care-
9 givers, or others involved in the patient's care or care
10 plan, including facilitating treatment and medication
11 adherence, in dealing with patient failures to adhere
12 to medication or other therapy;

13 (7) listening to or receiving information with re-
14 spect to the patient from the family or caregiver of
15 such patient receiving mental illness treatment;

16 (8) communicating with family members of the
17 patient, caregivers of the patient, law enforcement, or
18 others when the patient presents a serious and immi-
19 nent threat of harm to self or others; and

20 (9) communicating to law enforcement and fam-
21 ily members of the patient or caregivers of the patient
22 about the admission of the patient to receive care at
23 a facility or the release of a patient who was admit-
24 ted to a facility for an emergency psychiatric hold or
25 involuntary treatment.

1 (b) *COORDINATION.*—*The Secretary of Health and*
2 *Human Services shall carry out this section in coordination*
3 *with the Director of the Office for Civil Rights within the*
4 *Department of Health and Human Services.*

5 (c) *CONSISTENCY WITH GUIDANCE.*—*The Secretary of*
6 *Health and Human Services shall ensure that the regula-*
7 *tions under this section are consistent with the guidance*
8 *entitled “HIPAA Privacy Rule and Sharing Information*
9 *Related to Mental Health”, issued by the Department of*
10 *Health and Human Services on February 20, 2014.*

11 **SEC. 404. DEVELOPMENT AND DISSEMINATION OF MODEL**
12 **TRAINING PROGRAMS.**

13 (a) *INITIAL PROGRAMS AND MATERIALS.*—*Not later*
14 *than one year after the date of the enactment of this Act,*
15 *the Secretary of Health and Human Services (in this sec-*
16 *tion referred to as the “Secretary”) shall develop and dis-*
17 *seminate—*

18 (1) *a model program and materials for training*
19 *health care providers (including physicians, emer-*
20 *gency medical personnel, psychologists, counselors,*
21 *therapists, behavioral health facilities and clinics,*
22 *care managers, and hospitals) regarding the cir-*
23 *cumstances under which, consistent with the stand-*
24 *ards governing the privacy and security of individ-*
25 *ually identifiable health information promulgated by*

1 *the Secretary under subpart C of title XI of the Social*
2 *Security Act (42 U.S.C. 1320d et seq.) and regula-*
3 *tions promulgated pursuant to section 264(c) of the*
4 *Health Insurance Portability and Accountability Act*
5 *of 1996 (42 U.S.C. 1320d–2 note), the protected*
6 *health information of patients with a mental illness*
7 *may be disclosed with and without patient consent;*

8 *(2) a model program and materials for training*
9 *lawyers and others in the legal profession on such cir-*
10 *cumstances; and*

11 *(3) a model program and materials for training*
12 *patients and their families regarding their rights to*
13 *protect and obtain information under the standards*
14 *specified in paragraph (1).*

15 *(b) PERIODIC UPDATES.—The Secretary shall—*

16 *(1) periodically review and update the model*
17 *programs and materials developed under subsection*
18 *(a); and*

19 *(2) disseminate the updated model programs and*
20 *materials.*

21 *(c) CONTENTS.—The programs and materials devel-*
22 *oped under subsection (a) shall address the guidance enti-*
23 *tled “HIPAA Privacy Rule and Sharing Information Re-*
24 *lated to Mental Health”, issued by the Department of*
25 *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 Health*
5 *and Substance Use, the Administrator of the Health Re-*
6 *sources and Services Administration, and the heads of other*
7 *relevant agencies within the Department of Health and*
8 *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 na-*
12 *tional, State, and local associations, medical societies, and*
13 *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.*

1 **TITLE V—INCREASING ACCESS**
2 **TO TREATMENT FOR SERIOUS**
3 **MENTAL ILLNESS**

4 **SEC. 501. ASSERTIVE COMMUNITY TREATMENT GRANT PRO-**
5 **GRAM FOR INDIVIDUALS WITH SERIOUS MEN-**
6 **TAL ILLNESS.**

7 *Part B of title V of the Public Health Service Act (42*
8 *U.S.C. 290bb et seq.) is amended by inserting after section*
9 *520L the following:*

10 **“SEC. 520M. ASSERTIVE COMMUNITY TREATMENT GRANT**
11 **PROGRAM FOR INDIVIDUALS WITH SERIOUS**
12 **MENTAL ILLNESS.**

13 *“(a) IN GENERAL.—The Assistant Secretary shall*
14 *award grants to eligible entities—*

15 *“(1) to establish assertive community treatment*
16 *programs for individuals with serious mental illness;*
17 *or*

18 *“(2) to maintain or expand such programs.*

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

24 *“(c) SPECIAL CONSIDERATION.—In selecting among*
25 *applicants for a grant under this section, the Assistant Sec-*

1 *retary may give special consideration to the potential of*
2 *the applicant’s program to reduce hospitalization, homeless-*
3 *ness, and involvement with the criminal justice system*
4 *while improving the health and social outcomes of the pa-*
5 *tient.*

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 com-*
10 *mittees on the grant program under this section, in-*
11 *cluding 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 this*
23 *section to help such recipients to establish, maintain,*
24 *or expand their assertive community treatment pro-*
25 *grams.*

1 “(e) *AUTHORIZATION OF APPROPRIATIONS.*—

2 “(1) *IN GENERAL.*—*To carry out this section,*
3 *there is authorized to be appropriated \$5,000,000 for*
4 *the period of fiscal years 2018 through 2022.*

5 “(2) *USE OF CERTAIN FUNDS.*—*Of the funds ap-*
6 *propriated to carry out this section in any fiscal*
7 *year, no more than 5 percent shall be available to the*
8 *Assistant Secretary for carrying out subsection (d).”.*

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

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

13 **“SEC. 520F. STRENGTHENING COMMUNITY CRISIS RE-**
14 **SPONSE SYSTEMS.**

15 “(a) *IN GENERAL.*—*The Secretary shall award com-*
16 *petitive grants—*

17 “(1) *to State and local governments and Indian*
18 *tribes and tribal organizations to enhance commu-*
19 *nity-based crisis response systems; or*

20 “(2) *to States to develop, maintain, or enhance*
21 *a database of beds at inpatient psychiatric facilities,*
22 *crisis stabilization units, and residential community*
23 *mental health and residential substance use disorder*
24 *treatment facilities, for individuals with serious men-*

1 *tal illness, serious emotional disturbance, or substance*
2 *use disorders.*

3 “(b) *APPLICATION.*—

4 “(1) *IN GENERAL.*—*To receive a grant or cooper-*
5 *ative agreement under subsection (a), an entity shall*
6 *submit to the Secretary an application, at such time,*
7 *in such manner, and containing such information as*
8 *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 en-*
14 *gaged in crisis response, including first respond-*
15 *ers, emergency health care providers, primary*
16 *care providers, law enforcement, court systems,*
17 *health care payers, social service providers, and*
18 *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 hos-
2 pital readmissions, including through appro-
3 priate discharge planning.

4 “(3) *BEDS DATABASE PLAN*.—An application for
5 a grant under subsection (a)(2) shall include a plan
6 for developing, maintaining, or enhancing a real-time
7 Internet-based bed database to collect, aggregate, and
8 display information about beds in inpatient psy-
9 chiatric facilities and crisis stabilization units, and
10 residential community mental health and residential
11 substance use disorder treatment facilities, to facili-
12 tate the identification and designation of facilities for
13 the temporary treatment of individuals in mental or
14 substance use disorder crisis.

15 “(c) *DATABASE REQUIREMENTS*.—A bed database de-
16 scribed 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 sub-
20 stance use disorder facilities in the State involved, in-
21 cluding contact information for the facility or unit;

22 “(2) provides real-time information about the
23 number of beds available at each facility or unit and,
24 for each available bed, the type of patient that may
25 be admitted, the level of security provided, and any

1 *other information that may be necessary to allow for*
2 *the proper identification of appropriate facilities for*
3 *treatment of individuals in mental or substance use*
4 *disorder crisis; and*

5 *“(3) enables searches of the database to identify*
6 *available beds that are appropriate for the treatment*
7 *of individuals in mental or substance use disorder*
8 *crisis.*

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

14 *“(1) local crisis response services and measures*
15 *of individuals receiving crisis planning and early*
16 *intervention supports;*

17 *“(2) individuals reporting improved functional*
18 *outcomes; and*

19 *“(3) individuals receiving regular followup care*
20 *following a crisis.*

21 *“(e) AUTHORIZATION OF APPROPRIATIONS.—There is*
22 *authorized to be appropriated to carry out this section,*
23 *\$5,000,000 for the period of fiscal years 2018 through*
24 *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 Act*
6 *of 2014 (42 U.S.C. 290aa note) is amended—*

7 *(1) in paragraph (1), by striking “2018” and in-*
8 *serting “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 each*
14 *of fiscal years 2015 through 2017, \$20,000,000 for fis-*
15 *cal year 2018, \$19,000,000 for each of fiscal years*
16 *2019 and 2020, and \$18,000,000 for each of fiscal*
17 *years 2021 and 2022”.*

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

21 *Section 224 of the Public Health Service Act (42*
22 *U.S.C. 233) is amended by adding at the end the following:*

23 *“(q)(1) For purposes of this section, a health profes-*
24 *sional volunteer at an entity described in subsection (g)(4)*
25 *shall, in providing a health professional service eligible for*
26 *funding under section 330 to an individual, be deemed to*

1 *be an employee of the Public Health Service for a calendar*
2 *year that begins during a fiscal year for which a transfer*
3 *was made under paragraph (4)(C). The preceding sentence*
4 *is subject to the provisions of this subsection.*

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

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

14 “(B) *The entity is sponsoring the health care*
15 *practitioner pursuant to paragraph (3)(B).*

16 “(C) *The health care practitioner does not receive*
17 *any compensation for the service from the individual*
18 *or from any third-party payer (including reimburse-*
19 *ment under any insurance policy or health plan, or*
20 *under any Federal or State health benefits program),*
21 *except that the health care practitioner may receive*
22 *repayment from the entity described in subsection*
23 *(g)(4) for reasonable expenses incurred by the health*
24 *care practitioner in the provision of the service to the*
25 *individual.*

1 “(D) Before the service is provided, the health
2 care practitioner or the entity described in subsection
3 (g)(4) posts a clear and conspicuous notice at the site
4 where the service is provided of the extent to which the
5 legal liability of the health care practitioner is lim-
6 ited pursuant to this subsection.

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

11 “(3) Subsection (g) (other than paragraphs (3) and
12 (5)) and subsections (h), (i), and (l) apply to a health care
13 practitioner for purposes of this subsection to the same ex-
14 tent and in the same manner as such subsections apply to
15 an officer, governing board member, employee, or contractor
16 of an entity described in subsection (g)(4), subject to para-
17 graph (4) and subject to the following:

18 “(A) The first sentence of paragraph (1) applies
19 in lieu of the first sentence of subsection (g)(1)(A).

20 “(B) With respect to an entity described in sub-
21 section (g)(4), a health care practitioner is not a
22 health professional volunteer at such entity unless the
23 entity sponsors the health care practitioner. For pur-
24 poses of this subsection, the entity shall be considered
25 to be sponsoring the health care practitioner if—

1 “(i) with respect to the health care practi-
2 tioner, the entity submits to the Secretary an ap-
3 plication meeting the requirements of subsection
4 (g)(1)(D); and

5 “(ii) the Secretary, pursuant to subsection
6 (g)(1)(E), determines that the health care practi-
7 tioner is deemed to be an employee of the Public
8 Health Service.

9 “(C) In the case of a health care practitioner
10 who is determined by the Secretary pursuant to sub-
11 section (g)(1)(E) to be a health professional volunteer
12 at such entity, this subsection applies to the health
13 care practitioner (with respect to services performed
14 on behalf of the entity sponsoring the health care
15 practitioner pursuant to subparagraph (B)) for any
16 cause of action arising from an act or omission of the
17 health care practitioner occurring on or after the date
18 on which the Secretary makes such determination.

19 “(D) Subsection (g)(1)(F) applies to a health
20 care practitioner for purposes of this subsection only
21 to the extent that, in providing health services to an
22 individual, each of the conditions specified in para-
23 graph (2) is met.

1 “(4)(A) Amounts in the fund established under sub-
2 section (k)(2) shall be available for transfer under subpara-
3 graph (C) for purposes of carrying out this subsection.

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

18 “(C) Not later than December 31 of each fiscal year,
19 the Secretary shall transfer from the fund under subsection
20 (k)(2) to the appropriate accounts in the Treasury an
21 amount equal to the estimate made under subparagraph (B)
22 for the calendar year beginning in such fiscal year, subject
23 to the extent of amounts in the fund.

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

1 “(B) *Effective on the date of the enactment of this sub-*
2 *section—*

3 “(i) *the Secretary may issue regulations for car-*
4 *rying out this subsection, and the Secretary may ac-*
5 *cept and consider applications submitted pursuant to*
6 *paragraph (3)(B); and*

7 “(ii) *reports under paragraph (4)(B) may be*
8 *submitted to the Congress.”.*

9 **TITLE VI—SUPPORTING INNOVA-**
10 **TIVE AND EVIDENCE-BASED**
11 **PROGRAMS**

12 **Subtitle A—Encouraging the Ad-**
13 **vancement, Incorporation, and**
14 **Development of Evidence-Based**
15 **Practices**

16 **SEC. 601. ENCOURAGING INNOVATION AND EVIDENCE-**
17 **BASED PROGRAMS.**

18 *Section 501B of the Public Health Service Act, as in-*
19 *serted by section 103, is further amended, by inserting after*
20 *subsection (c) the following new subsection:*

21 “(d) *PROMOTING INNOVATION.—*

22 “(1) *IN GENERAL.—The Assistant Secretary, in*
23 *coordination with the Laboratory, may award grants*
24 *to States, local governments, Indian tribes or tribal*
25 *organizations (as such terms are defined in section 4*

1 *of the Indian Self-Determination and Education As-*
2 *istance Act), educational institutions, and nonprofit*
3 *organizations to develop evidence-based interventions,*
4 *including culturally and linguistically appropriate*
5 *services, as appropriate, for—*

6 “(A) *evaluating a model that has been sci-*
7 *entifically demonstrated to show promise, but*
8 *would benefit from further applied development,*
9 *for—*

10 “(i) *enhancing the prevention, diag-*
11 *nosis, intervention, treatment, and recovery*
12 *of mental illness, serious emotional disturb-*
13 *ance, substance use disorders, and co-occur-*
14 *ring disorders; or*

15 “(ii) *integrating or coordinating phys-*
16 *ical health services and mental and sub-*
17 *stance use disorder services; and*

18 “(B) *expanding, replicating, or scaling evi-*
19 *dence-based programs across a wider area to en-*
20 *hance effective screening, early diagnosis, inter-*
21 *vention, and treatment with respect to mental*
22 *illness, serious mental illness, and serious emo-*
23 *tional disturbance, primarily by—*

1 “(i) applying delivery of care, includ-
2 ing training staff in effective evidence-based
3 treatment; or

4 “(ii) integrating models of care across
5 specialties and jurisdictions.

6 “(2) CONSULTATION.—In awarding grants under
7 this paragraph, the Assistant Secretary shall, as ap-
8 propriate, consult with the advisory councils described
9 in section 502, the National Institute of Mental
10 Health, the National Institute on Drug Abuse, and
11 the National Institute on Alcohol Abuse and Alco-
12 holism, as appropriate.

13 “(3) AUTHORIZATION OF APPROPRIATIONS.—
14 There are authorized to be appropriated—

15 “(A) to carry out paragraph (1)(A),
16 \$7,000,000 for the period of fiscal years 2018
17 through 2020; and

18 “(B) to carry out paragraph (1)(B),
19 \$7,000,000 for the period of fiscal years 2018
20 through 2020.”.

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

23 Part D of title V of the Public Health Service Act is
24 amended by inserting after section 543 of such Act (42
25 U.S.C. 290dd-2) the following:

1 **“SEC. 544. PROMOTING ACCESS TO INFORMATION ON EVI-**
2 **DENCE-BASED PROGRAMS AND PRACTICES.**

3 “(a) *IN GENERAL.*—*The Assistant Secretary shall im-*
4 *prove access to reliable and valid information on evidence-*
5 *based programs and practices, including information on the*
6 *strength of evidence associated with such programs and*
7 *practices, related to mental and substance use disorders for*
8 *States, local communities, nonprofit entities, and other*
9 *stakeholders by posting on the website of the National Reg-*
10 *istry of Evidence-Based Programs and Practices evidence-*
11 *based programs and practices that have been reviewed by*
12 *the Assistant Secretary pursuant to the requirements of this*
13 *section.*

14 “(b) *NOTICE.*—

15 “(1) *PERIODS.*—*In carrying out subsection (a),*
16 *the Assistant Secretary may establish an initial pe-*
17 *riod for the submission of applications for evidence-*
18 *based programs and practices to be posted publicly in*
19 *accordance with subsection (a) (and may establish*
20 *subsequent such periods). The Assistant Secretary*
21 *shall publish notice of such application periods in the*
22 *Federal Register.*

23 “(2) *ADDRESSING GAPS.*—*Such notice may so-*
24 *licit applications for evidence-based practices and*
25 *programs to address gaps in information identified*
26 *by the Assistant Secretary, the Assistant Secretary for*

1 *Planning and Evaluation, the Assistant Secretary for*
2 *Financial Resources, or the National Mental Health*
3 *and Substance Use Policy Laboratory, including pur-*
4 *suant to priorities identified in the strategic plan es-*
5 *tablished under section 501(l).*

6 “(c) *REQUIREMENTS.—The Assistant Secretary shall*
7 *establish minimum requirements for applications referred*
8 *to in this section, including applications related to the sub-*
9 *mission of research and evaluation.*

10 “(d) *REVIEW AND RATING.—The Assistant Secretary*
11 *shall review applications prior to public posting, and may*
12 *prioritize the review of applications for evidence-based*
13 *practices and programs that are related to topics included*
14 *in the notice established under subsection (b). The Assistant*
15 *Secretary shall utilize a rating and review system, which*
16 *shall include information on the strength of evidence associ-*
17 *ated with such programs and practices and a rating of the*
18 *methodological rigor of the research supporting the applica-*
19 *tion. The Assistant Secretary shall make the metrics used*
20 *to evaluate applications and the resulting ratings publicly*
21 *available.”.*

22 **SEC. 603. SENSE OF CONGRESS.**

23 *It is the sense of the Congress that the National Insti-*
24 *tute of Mental Health should conduct or support research*

1 *on the determinants of self-directed and other violence con-*
2 *nected to mental illness.*

3 ***Subtitle B—Supporting the State***
4 ***Response to Mental Health Needs***

5 ***SEC. 611. COMMUNITY MENTAL HEALTH SERVICES BLOCK***
6 ***GRANT.***

7 *(a) FORMULA GRANTS.—Section 1911(b) of the Public*
8 *Health Service Act (42 U.S.C. 300x(b)) is amended—*

9 *(1) by redesignating paragraphs (1) through (3)*
10 *as paragraphs (2) through (4), respectively; and*

11 *(2) by inserting before paragraph (2) (as so re-*
12 *designated), the following:*

13 *“(1) providing community mental health services*
14 *for adults with a serious mental illness and children*
15 *with a serious emotional disturbance as defined in ac-*
16 *cordance with section 1912(c);”.*

17 *(b) STATE PLAN.—Subsection (b) of section 1912 of*
18 *the Public Health Service Act (42 U.S.C. 300x–1) is amend-*
19 *ed to read as follows:*

20 *“(b) CRITERIA FOR PLAN.—In accordance with sub-*
21 *section (a), a State shall submit to the Secretary a plan*
22 *that, at a minimum, satisfies the following criteria:*

23 *“(1) SYSTEM OF CARE.—The plan provides a de-*
24 *scription of the system of care of the State, including*
25 *as follows:*

1 “(A) *COMPREHENSIVE COMMUNITY-BASED*
2 *HEALTH SYSTEMS.—The plan shall—*

3 “(i) *identify the single State agency to*
4 *be responsible for the administration of the*
5 *program under the grant, including any*
6 *third party who administers mental health*
7 *services and is responsible for complying*
8 *with the requirements of this part with re-*
9 *spect to the grant;*

10 “(ii) *provide for an organized commu-*
11 *nity-based system of care for individuals*
12 *with mental illness, and describe available*
13 *services and resources in a comprehensive*
14 *system of care, including services for indi-*
15 *viduals with mental health and behavioral*
16 *health co-occurring disorders;*

17 “(iii) *include a description of the man-*
18 *ner in which the State and local entities*
19 *will coordinate services to maximize the ef-*
20 *iciency, effectiveness, quality, and cost ef-*
21 *fectiveness of services and programs to*
22 *produce the best possible outcomes (includ-*
23 *ing health services, rehabilitation services,*
24 *employment services, housing services, edu-*
25 *cational services, substance use disorder*

1 *services, legal services, law enforcement serv-*
2 *ices, social services, child welfare services,*
3 *medical and dental care services, and other*
4 *support services to be provided with Fed-*
5 *eral, State, and local public and private re-*
6 *sources) with other agencies to enable indi-*
7 *viduals receiving services to function outside*
8 *of inpatient or residential institutions, to*
9 *the maximum extent of their capabilities,*
10 *including services to be provided by local*
11 *school systems under the Individuals with*
12 *Disabilities Education Act;*

13 *“(iv) include a description of how the*
14 *State—*

15 *“(I) promotes evidence-based prac-*
16 *tices, including those evidence-based*
17 *programs that address the needs of in-*
18 *dividuals with early serious mental ill-*
19 *ness regardless of the age of the indi-*
20 *vidual at onset;*

21 *“(II) provides comprehensive in-*
22 *dividualized treatment; or*

23 *“(III) integrates mental and*
24 *physical health services;*

1 “(v) include a description of case man-
2 agement services;

3 “(vi) include a description of activities
4 that seek to engage individuals with serious
5 mental illness or serious emotional disturb-
6 ance and their caregivers where appropriate
7 in making health care decisions, including
8 activities that enhance communication be-
9 tween individuals, families, caregivers, and
10 treatment providers; and

11 “(vii) as appropriate to and reflective
12 of the uses the State proposes for the block
13 grant monies—

14 “(I) a description of the activities
15 intended to reduce hospitalizations and
16 hospital stays using the block grant
17 monies;

18 “(II) a description of the activi-
19 ties intended to reduce incidents of sui-
20 cide using the block grant monies; and

21 “(III) a description of how the
22 State integrates mental health and pri-
23 mary care using the block grant mon-
24 ies.

1 “(B) *MENTAL HEALTH SYSTEM DATA AND*
2 *EPIDEMIOLOGY.*—*The plan shall contain an esti-*
3 *mate of the incidence and prevalence in the State*
4 *of serious mental illness among adults and seri-*
5 *ous emotional disturbance among children and*
6 *presents quantitative targets and outcome meas-*
7 *ures for programs and services provided under*
8 *this subpart.*

9 “(C) *CHILDREN’S SERVICES.*—*In the case of*
10 *children with serious emotional disturbance (as*
11 *defined in accordance with subsection (c)), the*
12 *plan shall provide for a system of integrated so-*
13 *cial services, educational services, child welfare*
14 *services, juvenile justice services, law enforcement*
15 *services, and substance use disorder services that,*
16 *together with health and mental health services,*
17 *will be provided in order for such children to re-*
18 *ceive care appropriate for their multiple needs*
19 *(such system to include services provided under*
20 *the Individuals with Disabilities Education Act).*

21 “(D) *TARGETED SERVICES TO RURAL AND*
22 *HOMELESS POPULATIONS.*—*The plan shall de-*
23 *scribe the State’s outreach to and services for in-*
24 *dividuals who are homeless and how community-*

1 *based services will be provided to individuals re-*
2 *siding in rural areas.*

3 “(E) *MANAGEMENT SERVICES.*—*The plan*
4 *shall—*

5 “(i) *describe the financial resources*
6 *available, the existing mental health work-*
7 *force, and the workforce trained in treating*
8 *individuals with co-occurring mental and*
9 *substance use disorders;*

10 “(ii) *provide for the training of pro-*
11 *viders of emergency health services regard-*
12 *ing mental health;*

13 “(iii) *describe the manner in which the*
14 *State intends to expend the grant under sec-*
15 *tion 1911 for the fiscal year involved; and*

16 “(iv) *describe the manner in which the*
17 *State intends to comply with each of the*
18 *funding agreements in this subpart and*
19 *subpart III.*

20 “(2) *GOALS AND OBJECTIVES.*—*The plan estab-*
21 *lishes goals and objectives for the period of the plan,*
22 *including targets and milestones that are intended to*
23 *be met, and the activities that will be undertaken to*
24 *achieve those targets.”.*

1 (c) *BEST PRACTICES IN CLINICAL CARE MODELS.*—
2 *Section 1920 of the Public Health Service Act (42 U.S.C.*
3 *300x–9) is amended by adding at the end the following:*

4 “(c) *BEST PRACTICES IN CLINICAL CARE MODELS.*—
5 *A State shall expend not less than 10 percent of the amount*
6 *the State receives for carrying out this subpart in each fis-*
7 *cal year to support evidence-based programs that address*
8 *the needs of individuals with early serious mental illness,*
9 *including psychotic disorders, regardless of the age of the*
10 *individual at onset.”.*

11 (d) *ADDITIONAL PROVISIONS.*—*Section 1915(b) of the*
12 *Public Health Service Act (42 U.S.C. 300x–4(b)) is amend-*
13 *ed—*

14 (1) *by amending paragraph (1) to read as fol-*
15 *lows:*

16 “(1) *IN GENERAL.*—*A funding agreement for a*
17 *grant under section 1911 is that the State involved*
18 *will maintain State expenditures for community*
19 *mental health services at a level that is not less than*
20 *the average of the amounts prescribed by this para-*
21 *graph (prior to any waiver under paragraph (3)) for*
22 *such expenditures by such State for each of the two*
23 *fiscal years immediately preceding the fiscal year for*
24 *which the State is applying for the grant.”;*

25 (2) *in paragraph (2)—*

1 (A) by striking “subsection (a)” and insert-
2 ing “paragraph (1)”; and

3 (B) by striking “principle” and inserting
4 “principal”;

5 (3) by amending paragraph (3) to read as fol-
6 lows:

7 “(3) WAIVER.—

8 “(A) IN GENERAL.—The Secretary may,
9 upon the request of a State, waive the require-
10 ment established in paragraph (1) in whole or in
11 part, if the Secretary determines that extraor-
12 dinary economic conditions in the State in the
13 fiscal year involved or in the previous fiscal year
14 justify the waiver.

15 “(B) DATE CERTAIN FOR ACTION UPON RE-
16 QUEST.—The Secretary shall approve or deny a
17 request for a waiver under this paragraph not
18 later than 120 days after the date on which the
19 request is made.

20 “(C) APPLICABILITY OF WAIVER.—A waiver
21 provided by the Secretary under this paragraph
22 shall be applicable only to the fiscal year in-
23 volved.”; and

24 (4) in paragraph (4)—

1 (A) by amending subparagraph (A) to read
2 as follows:

3 “(A) *IN GENERAL.*—

4 “(i) *DETERMINATION AND REDUC-*
5 *TION.*—*The Secretary shall determine, in*
6 *the case of each State, and for each fiscal*
7 *year, whether the State maintained mate-*
8 *rial compliance with the agreement made*
9 *under paragraph (1). If the Secretary deter-*
10 *mines that a State has failed to maintain*
11 *such compliance for a fiscal year, the Sec-*
12 *retary shall reduce the amount of the allot-*
13 *ment under section 1911 for the State, for*
14 *the first fiscal year beginning after such de-*
15 *termination is final, by an amount equal to*
16 *the amount constituting such failure for the*
17 *previous fiscal year about which the deter-*
18 *mination was made.*

19 “(ii) *ALTERNATIVE SANCTION.*—*The*
20 *Secretary may by regulation provide for an*
21 *alternative method of imposing a sanction*
22 *for a failure by a State to maintain mate-*
23 *rial compliance with the agreement under*
24 *paragraph (1) if the Secretary determines*
25 *that such alternative method would be more*

1 *equitable and would be a more effective in-*
 2 *centive for States to maintain such material*
 3 *compliance.”; and*

4 *(B) in subparagraph (B)—*

5 *(i) by inserting after the subparagraph*
 6 *designation the following: “SUBMISSION OF*
 7 *INFORMATION TO THE SECRETARY.—”; and*

8 *(ii) by striking “subparagraph (A)”*
 9 *and inserting “subparagraph (A)(i)”.*

10 *(e) APPLICATION FOR GRANT.—Section 1917(a) of the*
 11 *Public Health Service Act (42 U.S.C. 300x–6(a)) is amend-*
 12 *ed—*

13 *(1) in paragraph (1), by striking “1941” and in-*
 14 *serting “1942(a)”;* and

15 *(2) in paragraph (5), by striking*
 16 *“1915(b)(3)(B)” and inserting “1915(b)”.*

17 ***Subtitle C—Strengthening Mental***
 18 ***Health Care for Children and***
 19 ***Adolescents***

20 ***SEC. 621. TELEHEALTH CHILD PSYCHIATRY ACCESS***
 21 ***GRANTS.***

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

1 **“SEC. 330M. TELEHEALTH CHILD PSYCHIATRY ACCESS**
2 **GRANTS.**

3 “(a) *IN GENERAL.*—*The Secretary, acting through the*
4 *Administrator of the Health Resources and Services Admin-*
5 *istration and in coordination with other relevant Federal*
6 *agencies, shall award grants to States, political subdivi-*
7 *sions of States, Indian tribes, and tribal organizations (for*
8 *purposes of this section, as such terms are defined in section*
9 *4 of the Indian Self-Determination and Education Assist-*
10 *ance Act (25 U.S.C. 450b)) to promote behavioral health*
11 *integration in pediatric primary care by—*

12 “(1) *supporting the development of statewide*
13 *child psychiatry access programs; and*

14 “(2) *supporting the improvement of existing*
15 *statewide child psychiatry access programs.*

16 “(b) *PROGRAM REQUIREMENTS.*—

17 “(1) *IN GENERAL.*—*A child psychiatry access*
18 *program referred to in subsection (a), with respect to*
19 *which a grant under such subsection may be used,*
20 *shall—*

21 “(A) *be a statewide network of pediatric*
22 *mental health teams that provide support to pe-*
23 *diatric primary care sites as an integrated team;*

24 “(B) *support and further develop organized*
25 *State networks of child and adolescent psychia-*

1 *trists to provide consultative support to pediatric*
2 *primary care sites;*

3 *“(C) conduct an assessment of critical be-*
4 *havioral consultation needs among pediatric pro-*
5 *viders and such providers’ preferred mechanisms*
6 *for receiving consultation and training and tech-*
7 *nical assistance;*

8 *“(D) develop an online database and com-*
9 *munication mechanisms, including telehealth, to*
10 *facilitate consultation support to pediatric prac-*
11 *tices;*

12 *“(E) provide rapid statewide clinical tele-*
13 *phone or telehealth consultations when requested*
14 *between the pediatric mental health teams and*
15 *pediatric primary care providers;*

16 *“(F) conduct training and provide technical*
17 *assistance to pediatric primary care providers to*
18 *support the early identification, diagnosis, treat-*
19 *ment, and referral of children with behavioral*
20 *health conditions or co-occurring intellectual and*
21 *other developmental disabilities;*

22 *“(G) inform and assist pediatric providers*
23 *in accessing child psychiatry consultations and*
24 *in scheduling and conducting technical assist-*
25 *ance;*

1 “(H) assist with referrals to specialty care
2 and community or behavioral health resources;
3 and

4 “(I) establish mechanisms for measuring
5 and monitoring increased access to child and ad-
6 olescent psychiatric services by pediatric pri-
7 mary care providers and expanded capacity of
8 pediatric primary care providers to identify,
9 treat, and refer children with mental health
10 problems.

11 “(2) *PEDIATRIC MENTAL HEALTH TEAMS*.—*In*
12 *this subsection, the term ‘pediatric mental health*
13 *team’ means a team of case coordinators, child and*
14 *adolescent psychiatrists, and licensed clinical mental*
15 *health professionals, such as a psychologist, social*
16 *worker, or mental health counselor.*

17 “(c) *APPLICATION*.—*A State, political subdivision of*
18 *a State, Indian tribe, or tribal organization seeking a grant*
19 *under this section shall submit an application to the Sec-*
20 *retary at such time, in such manner, and containing such*
21 *information as the Secretary may require, including a plan*
22 *for the rigorous evaluation of activities that are carried out*
23 *with funds received under such grant.*

24 “(d) *EVALUATION*.—*A State, political subdivision of*
25 *a State, Indian tribe, or tribal organization that receives*

1 a grant under this section shall prepare and submit an
2 evaluation of activities carried out with funds received
3 under such grant to the Secretary at such time, in such
4 manner, and containing such information as the Secretary
5 may reasonably require, including a process and outcome
6 evaluation.

7 “(e) *MATCHING REQUIREMENT.*—The Secretary may
8 not award a grant under this section unless the State, polit-
9 ical subdivision of a State, Indian tribe, or tribal organiza-
10 tion involved agrees, with respect to the costs to be incurred
11 by the State, political subdivision of a State, Indian tribe,
12 or tribal organization in carrying out the purpose described
13 in this section, to make available non-Federal contributions
14 (in cash or in kind) toward such costs in an amount that
15 is not less than 20 percent of Federal funds provided in
16 the grant.

17 “(f) *AUTHORIZATION OF APPROPRIATIONS.*—To carry
18 this section, there are authorized to be appropriated
19 \$9,000,000 for the period of fiscal years 2018 through
20 2020.”.

1 **SEC. 622. INFANT AND EARLY CHILDHOOD MENTAL HEALTH**
2 **PROMOTION, INTERVENTION, AND TREAT-**
3 **MENT.**

4 *Part Q of title III of the Public Health Service Act*
5 *(42 U.S.C. 290h et seq.) is amended by adding at the end*
6 *the following:*

7 **“SEC. 399Z-2. INFANT AND EARLY CHILDHOOD MENTAL**
8 **HEALTH PROMOTION, INTERVENTION, AND**
9 **TREATMENT.**

10 *“(a) GRANTS.—The Secretary shall—*

11 *“(1) award grants to eligible entities, including*
12 *human services agencies, to develop, maintain, or en-*
13 *hance infant and early childhood mental health pro-*
14 *motion, intervention, and treatment programs, in-*
15 *cluding—*

16 *“(A) programs for infants and children at*
17 *significant risk of developing, showing early*
18 *signs of, or having been diagnosed with mental*
19 *disorders including serious emotional disturb-*
20 *ance; and*

21 *“(B) multigenerational therapy and other*
22 *services that support the caregiving relationship;*
23 *and*

24 *“(2) ensure that programs funded through grants*
25 *under this section are evidence-informed or evidence-*
26 *based models, practices, and methods that are, as ap-*

1 *appropriate, culturally and linguistically appropriate,*
2 *and can be replicated in other appropriate settings.*

3 “(b) *ELIGIBLE CHILDREN AND ENTITIES.*—*In this sec-*
4 *tion:*

5 “(1) *ELIGIBLE CHILD.*—*The term ‘eligible child’*
6 *means a child from birth to not more than 5 years*
7 *of age who—*

8 “(A) *is at risk for, shows early signs of, or*
9 *has been diagnosed with a mental disorder, in-*
10 *cluding serious emotional disturbance; and*

11 “(B) *may benefit from infant and early*
12 *childhood intervention or treatment programs or*
13 *specialized preschool or elementary school pro-*
14 *grams that are evidence-based or that have been*
15 *scientifically demonstrated to show promise but*
16 *would benefit from further applied development.*

17 “(2) *ELIGIBLE ENTITY.*—*The term ‘eligible enti-*
18 *ty’ means a nonprofit institution that—*

19 “(A) *is accredited or approved by a State*
20 *mental health or education agency, as applicable,*
21 *to provide for children from infancy to 5 years*
22 *of age mental health promotion, intervention, or*
23 *treatment services that are evidence-based or that*
24 *have been scientifically demonstrated to show*

1 *promise but would benefit from further applied*
2 *development; and*

3 “(B) *provides programs described in sub-*
4 *section (a) that are evidence-based or that have*
5 *been scientifically demonstrated to show promise*
6 *but would benefit from further applied develop-*
7 *ment.*

8 “(c) *APPLICATION.—An eligible entity seeking a grant*
9 *under subsection (a) shall submit to the Secretary an appli-*
10 *cation at such time, in such manner, and containing such*
11 *information as the Secretary may require.*

12 “(d) *USE OF FUNDS FOR EARLY INTERVENTION AND*
13 *TREATMENT PROGRAMS.—An eligible entity may use*
14 *amounts awarded under a grant under subsection (a)(1) to*
15 *carry out the following:*

16 “(1) *Provide age-appropriate mental health pro-*
17 *motion and early intervention services or mental dis-*
18 *order treatment services, which may include special-*
19 *ized programs, for eligible children at significant risk*
20 *of developing, showing early signs of, or having been*
21 *diagnosed with a mental disorder, including serious*
22 *emotional disturbance. Such services may include so-*
23 *cial and behavioral services as well as*
24 *multigenerational therapy and other services that*
25 *support the caregiving relationship.*

1 “(2) Provide training for health care profes-
2 sionals with expertise in infant and early childhood
3 mental health care with respect to appropriate and
4 relevant integration with other disciplines such as
5 primary care clinicians, early intervention special-
6 ists, child welfare staff, home visitors, early care and
7 education providers, and others who work with young
8 children and families.

9 “(3) Provide mental health consultation to per-
10 sonnel of early care and education programs (includ-
11 ing licensed or regulated center-based and home-based
12 child care, home visiting, preschool special education,
13 and early intervention programs) who work with chil-
14 dren and families.

15 “(4) Provide training for mental health clini-
16 cians in infant and early childhood promising and
17 evidence-based practices and models for mental health
18 treatment and early intervention, including with re-
19 gard to practices for identifying and treating mental
20 and behavioral disorders of infants and children re-
21 sulting from exposure or repeated exposure to adverse
22 childhood experiences or childhood trauma.

23 “(5) Provide age-appropriate assessment, diag-
24 nostic, and intervention services for eligible children,

1 *including early mental health promotion, interven-*
2 *tion, and treatment services.*

3 “(e) *MATCHING FUNDS.—The Secretary may not*
4 *award a grant under this section to an eligible entity unless*
5 *the eligible entity agrees, with respect to the costs to be in-*
6 *curred by the eligible entity in carrying out the activities*
7 *described in subsection (d), to make available non-Federal*
8 *contributions (in cash or in kind) toward such costs in an*
9 *amount that is not less than 10 percent of the total amount*
10 *of Federal funds provided in the grant.*

11 “(f) *AUTHORIZATION OF APPROPRIATIONS.—To carry*
12 *this section, there are authorized to be appropriated*
13 *\$20,000,000 for the period of fiscal years 2018 through*
14 *2022.”.*

15 **SEC. 623. NATIONAL CHILD TRAUMATIC STRESS INITIATIVE.**

16 *Section 582 of the Public Health Service Act (42*
17 *U.S.C. 290hh–1; relating to grants to address the problems*
18 *of persons who experience violence related stress) is amend-*
19 *ed—*

20 (1) *in subsection (a), by striking “developing*
21 *programs” and all that follows and inserting the fol-*
22 *lowing: “developing and maintaining programs that*
23 *provide for—*

24 “(1) *the continued operation of the National*
25 *Child Traumatic Stress Initiative (referred to in this*

1 section as the ‘NCTSI’), which includes a coordi-
2 nating center that focuses on the mental, behavioral,
3 and biological aspects of psychological trauma re-
4 sponse; and

5 “(2) the development of knowledge with regard to
6 evidence-based practices for identifying and treating
7 mental disorders, behavioral disorders, and physical
8 health conditions of children and youth resulting from
9 witnessing or experiencing a traumatic event.”;

10 (2) in subsection (b)—

11 (A) by striking “subsection (a) related” and
12 inserting “subsection (a)(2) (related”;

13 (B) by striking “treating disorders associ-
14 ated with psychological trauma” and inserting
15 “treating mental, behavioral, and biological dis-
16 orders associated with psychological trauma”;
17 and

18 (C) by striking “mental health agencies and
19 programs that have established clinical and basic
20 research” and inserting “universities, hospitals,
21 mental health agencies, and other programs that
22 have established clinical expertise and research”;

23 (3) by redesignating subsections (c) through (g)
24 as subsections (g) through (k), respectively;

1 (4) by inserting after subsection (b), the fol-
2 lowing:

3 “(c) *CHILD OUTCOME DATA.*—The NCTSI coordi-
4 nating center shall collect, analyze, report, and make pub-
5 licly available NCTSI-wide child treatment process and
6 outcome data regarding the early identification and deliv-
7 ery of evidence-based treatment and services for children
8 and families served by the NCTSI grantees.

9 “(d) *TRAINING.*—The NCTSI coordinating center shall
10 facilitate the coordination of training initiatives in evi-
11 dence-based and trauma-informed treatments, interven-
12 tions, and practices offered to NCTSI grantees, providers,
13 and partners.

14 “(e) *DISSEMINATION.*—The NCTSI coordinating cen-
15 ter shall, as appropriate, collaborate with the Secretary in
16 the dissemination of evidence-based and trauma-informed
17 interventions, treatments, products, and other resources to
18 appropriate stakeholders.

19 “(f) *REVIEW.*—The Secretary shall, consistent with the
20 peer-review process, ensure that NCTSI applications are re-
21 viewed by appropriate experts in the field as part of a con-
22 sensus review process. The Secretary shall include review
23 criteria related to expertise and experience in child trauma
24 and evidence-based practices.”;

1 (5) *in subsection (g) (as so redesignated), by*
2 *striking “with respect to centers of excellence are dis-*
3 *tributed equitably among the regions of the country”*
4 *and inserting “are distributed equitably among the*
5 *regions of the United States”;*

6 (6) *in subsection (i) (as so redesignated), by*
7 *striking “recipient may not exceed 5 years” and in-*
8 *serting “recipient shall not be less than 4 years, but*
9 *shall not exceed 5 years”;* and

10 (7) *in subsection (j) (as so redesignated), by*
11 *striking “\$50,000,000” and all that follows through*
12 *“2006” and inserting “\$46,887,000 for each of fiscal*
13 *years 2017 through 2021”.*

14 **TITLE VII—GRANT PROGRAMS**
15 **AND PROGRAM REAUTHOR-**
16 **IZATION**

17 **Subtitle A—Garrett Lee Smith**
18 **Memorial Act Reauthorization**

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

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

23 (1) *by striking the section heading and inserting*
24 **“SUICIDE PREVENTION TECHNICAL ASSIST-**
25 **ANCE CENTER.”;**

1 (2) *in subsection (a), by striking “and in con-*
2 *sultation with” and all that follows through the pe-*
3 *riod at the end of paragraph (2) and inserting “shall*
4 *establish a research, training, and technical assist-*
5 *ance resource center to provide appropriate informa-*
6 *tion, training, and technical assistance to States, po-*
7 *litical subdivisions of States, federally recognized In-*
8 *dian tribes, tribal organizations, institutions of high-*
9 *er education, public organizations, or private non-*
10 *profit organizations regarding the prevention of sui-*
11 *cide among all ages, particularly among groups that*
12 *are at high risk for suicide.”;*

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

14 (4) *by redesignating subsection (d) as subsection*
15 *(b);*

16 (5) *in subsection (b), as so redesignated—*

17 (A) *by striking the subsection heading and*
18 *inserting “RESPONSIBILITIES OF THE CEN-*
19 *TER.—”;*

20 (B) *in the matter preceding paragraph (1),*
21 *by striking “The additional research” and all*
22 *that follows through “nonprofit organizations*
23 *for” and inserting “The center established under*
24 *subsection (a) shall conduct activities for the*
25 *purpose of”;*

1 (C) by striking “youth suicide” each place
2 such term appears and inserting “suicide”;

3 (D) in paragraph (1)—

4 (i) by striking “the development or
5 continuation of” and inserting “developing
6 and continuing”; and

7 (ii) by inserting “for all ages, particu-
8 larly among groups that are at high risk for
9 suicide” before the semicolon at the end;

10 (E) in paragraph (2), by inserting “for all
11 ages, particularly among groups that are at high
12 risk for suicide” before the semicolon at the end;

13 (F) in paragraph (3), by inserting “and
14 tribal” after “statewide”;

15 (G) in paragraph (5), by inserting “and
16 prevention” after “intervention”;

17 (H) in paragraph (8), by striking “in
18 youth”;

19 (I) in paragraph (9), by striking “and be-
20 havioral health” and inserting “health and sub-
21 stance use disorder”; and

22 (J) in paragraph (10), by inserting “con-
23 ducting” before “other”; and

24 (6) by striking subsection (e) and inserting the
25 following:

1 “(c) *AUTHORIZATION OF APPROPRIATIONS.*—For the
2 *purpose of carrying out this section, there are authorized*
3 *to be appropriated \$5,988,000 for each of fiscal years 2017*
4 *through 2021.*

5 “(d) *REPORT.*—Not later than 2 years after the date
6 *of enactment of the Helping Families in Mental Health Cri-*
7 *sis Act of 2016, the Secretary shall submit to Congress a*
8 *report on the activities carried out by the center established*
9 *under subsection (a) during the year involved, including*
10 *the potential effects of such activities, and the States, orga-*
11 *nizations, and institutions that have worked with the cen-*
12 *ter.”.*

13 **SEC. 702. YOUTH SUICIDE EARLY INTERVENTION AND PRE-**
14 **VENTION STRATEGIES.**

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

17 (1) *in paragraph (1) of subsection (a) and in*
18 *subsection (c), by striking “substance abuse” each*
19 *place such term appears and inserting “substance use*
20 *disorder”;*

21 (2) *in subsection (b)(2)—*

22 (A) *by striking “each State is awarded only*
23 *1 grant or cooperative agreement under this sec-*
24 *tion” and inserting “a State does not receive*

1 more than 1 grant or cooperative agreement
2 under this section at any 1 time”; and

3 (B) by striking “been awarded” and insert-
4 ing “received”; and

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

7 “(m) *AUTHORIZATION OF APPROPRIATIONS.—For the*
8 *purpose of carrying out this section, there are authorized*
9 *to be appropriated \$35,427,000 for each of fiscal years 2017*
10 *through 2021.”.*

11 **SEC. 703. MENTAL HEALTH AND SUBSTANCE USE DISORDER**

12 **SERVICES ON CAMPUS.**

13 *Section 520E–2 of the Public Health Service Act (42*
14 *U.S.C. 290bb–36b) is amended—*

15 (1) *in the section heading, by striking “AND BE-*
16 ***HAVIORAL HEALTH”*** and inserting ***“HEALTH AND***
17 ***SUBSTANCE USE DISORDER”***;

18 (2) *in subsection (a)—*

19 (A) *by striking “Services,” and inserting*
20 *“Services and”*;

21 (B) *by striking “and behavioral health*
22 *problems” and inserting “health or substance use*
23 *disorders”*; and

24 (C) *by striking “substance abuse” and in-*
25 *serting “substance use disorders”*;

1 (3) *in subsection (b)—*

2 (A) *in the matter preceding paragraph (1),*
3 *by striking “for—” and inserting “for one or*
4 *more of the following.”; and*

5 (B) *by striking paragraphs (1) through (6)*
6 *and inserting the following:*

7 “(1) *Educating students, families, faculty, and*
8 *staff to increase awareness of mental health and sub-*
9 *stance use disorders.*

10 “(2) *The operation of hotlines.*

11 “(3) *Preparing informational material.*

12 “(4) *Providing outreach services to notify stu-*
13 *dents about available mental health and substance use*
14 *disorder services.*

15 “(5) *Administering voluntary mental health and*
16 *substance use disorder screenings and assessments.*

17 “(6) *Supporting the training of students, faculty,*
18 *and staff to respond effectively to students with men-*
19 *tal health and substance use disorders.*

20 “(7) *Creating a network infrastructure to link*
21 *colleges and universities with health care providers*
22 *who treat mental health and substance use dis-*
23 *orders.”;*

24 (4) *in subsection (c)(5), by striking “substance*
25 *abuse” and inserting “substance use disorder”;*

1 (5) *in subsection (d)—*

2 (A) *in the matter preceding paragraph (1),*
3 *by striking “An institution of higher education*
4 *desiring a grant under this section” and insert-*
5 *ing “To be eligible to receive a grant under this*
6 *section, an institution of higher education”;*

7 (B) *in paragraph (1)—*

8 (i) *by striking “and behavioral health”*
9 *and inserting “health and substance use*
10 *disorder”;* and

11 (ii) *by inserting “, including veterans*
12 *whenever possible and appropriate,” after*
13 *“students”;* and

14 (C) *in paragraph (2), by inserting “, which*
15 *may include, as appropriate and in accordance*
16 *with subsection (b)(7), a plan to seek input from*
17 *relevant stakeholders in the community, includ-*
18 *ing appropriate public and private entities, in*
19 *order to carry out the program under the grant”*
20 *before the period at the end;*

21 (6) *in subsection (e)(1), by striking “and behav-*
22 *ioral health problems” and inserting “health and sub-*
23 *stance use disorders”;*

24 (7) *in subsection (f)(2)—*

1 (A) by striking “and behavioral health” and
 2 inserting “health and substance use disorder”;
 3 and

4 (B) by striking “suicide and substance
 5 abuse” and inserting “suicide and substance use
 6 disorders”; and

7 (8) in subsection (h), by striking “\$5,000,000 for
 8 fiscal year 2005” and all that follows through the pe-
 9 riod at the end and inserting “\$6,488,000 for each of
 10 fiscal years 2017 through 2021.”.

11 **Subtitle B—Other Provisions**

12 **SEC. 711. NATIONAL SUICIDE PREVENTION LIFELINE PRO-** 13 **GRAM.**

14 *Subpart 3 of part B of title V of the Public Health*
 15 *Service Act (42 U.S.C. 290bb–31 et seq.) is amended by in-*
 16 *serting after section 520E–2 (42 U.S.C. 290bb–36b) the fol-*
 17 *lowing:*

18 **“SEC. 520E–3. NATIONAL SUICIDE PREVENTION LIFELINE** 19 **PROGRAM.**

20 *“(a) IN GENERAL.—The Secretary, acting through the*
 21 *Assistant Secretary, shall maintain the National Suicide*
 22 *Prevention Lifeline Program (referred to in this section as*
 23 *the ‘Program’), authorized under section 520A and in effect*
 24 *prior to the date of enactment of the Helping Families in*
 25 *Mental Health Crisis Act of 2016.*

1 “(b) *ACTIVITIES.*—*In maintaining the Program, the*
2 *activities of the Secretary shall include—*

3 “(1) *coordinating a network of crisis centers*
4 *across the United States for providing suicide preven-*
5 *tion and crisis intervention services to individuals*
6 *seeking help at any time, day or night;*

7 “(2) *maintaining a suicide prevention hotline to*
8 *link callers to local emergency, mental health, and so-*
9 *cial services resources; and*

10 “(3) *consulting with the Secretary of Veterans*
11 *Affairs to ensure that veterans calling the suicide pre-*
12 *vention hotline have access to a specialized veterans’*
13 *suicide prevention hotline.*

14 “(c) *AUTHORIZATION OF APPROPRIATIONS.*—*To carry*
15 *out this section, there are authorized to be appropriated*
16 *\$7,198,000 for each of fiscal years 2017 through 2021.”.*

17 **SEC. 712. WORKFORCE DEVELOPMENT STUDIES AND RE-**
18 **PORTS.**

19 “(a) *IN GENERAL.*—*Not later than 2 years after the*
20 *date of enactment of this Act, the Assistant Secretary for*
21 *Mental Health and Substance Use, in consultation with the*
22 *Administrator of the Health Resources and Services Admin-*
23 *istration, shall conduct a study, and publicly post on the*
24 *appropriate Internet website of the Department of Health*
25 *and Human Services a report, on the mental health and*

1 *substance use disorder workforce in order to inform Federal,*
2 *State, and local efforts related to workforce enhancement.*

3 (b) *CONTENTS.—The report under this section shall*
4 *contain—*

5 (1) *national and State-level projections of the*
6 *supply and demand of mental health and substance*
7 *use disorder health workers, including the number of*
8 *individuals practicing in fields deemed relevant by*
9 *the Secretary;*

10 (2) *an assessment of the mental health and sub-*
11 *stance use disorder workforce capacity, strengths, and*
12 *weaknesses as of the date of the report, including the*
13 *capacity of primary care to prevent, screen, treat, or*
14 *refer for mental health and substance use disorders;*

15 (3) *information on trends within the mental*
16 *health and substance use disorder provider workforce,*
17 *including the number of individuals entering the*
18 *mental health workforce over the next five years;*

19 (4) *information on the gaps in workforce devel-*
20 *opment for mental health providers and professionals,*
21 *including those who serve pediatric, adult, and geri-*
22 *atric patients; and*

23 (5) *any additional information determined by*
24 *the Assistant Secretary for Mental Health and Sub-*
25 *stance Use, in consultation with the Administrator of*

1 *the Health Resources and Services Administration, to*
2 *be relevant to the mental health and substance use*
3 *disorder provider workforce.*

4 **SEC. 713. MINORITY FELLOWSHIP PROGRAM.**

5 *Title V of the Public Health Service Act (42 U.S.C.*
6 *290aa et seq.) is amended by adding at the end the fol-*
7 *lowing:*

8 **“PART K—MINORITY FELLOWSHIP PROGRAM**

9 **“SEC. 597. FELLOWSHIPS.**

10 *“(a) IN GENERAL.—The Secretary shall maintain a*
11 *program, to be known as the Minority Fellowship Program,*
12 *under which the Secretary awards fellowships, which may*
13 *include stipends, for the purposes of—*

14 *“(1) increasing behavioral health practitioners’*
15 *knowledge of issues related to prevention, treatment,*
16 *and recovery support for mental and substance use*
17 *disorders among racial and ethnic minority popu-*
18 *lations;*

19 *“(2) improving the quality of mental and sub-*
20 *stance use disorder prevention and treatment deliv-*
21 *ered to racial and ethnic minorities; and*

22 *“(3) increasing the number of culturally com-*
23 *petent behavioral health professionals and school per-*
24 *sonnel who teach, administer, conduct services re-*
25 *search, and provide direct mental health or substance*

1 *use services to racial and ethnic minority popu-*
2 *lations.*

3 “(b) *TRAINING COVERED.*—*The fellowships under sub-*
4 *section (a) shall be for postbaccalaureate training (includ-*
5 *ing for master’s and doctoral degrees) for mental health pro-*
6 *fessionals, including in the fields of psychiatry, nursing, so-*
7 *cial work, psychology, marriage and family therapy, men-*
8 *tal health counseling, and substance use and addiction*
9 *counseling.*

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

14 **SEC. 714. CENTER AND PROGRAM REPEALS.**

15 *Part B of title V of the Public Health Service Act (42*
16 *U.S.C. 290bb et seq.) is amended by striking the second sec-*
17 *tion 514 (42 U.S.C. 290bb–9), relating to methamphet-*
18 *amine and amphetamine treatment initiatives, and sections*
19 *514A, 517, 519A, 519C, 519E, 520D, and 520H (42 U.S.C.*
20 *290bb–8, 290bb–23, 290bb–25a, 290bb–25c, 290bb–25e,*
21 *290bb–35, and 290bb–39).*

22 **SEC. 715. NATIONAL VIOLENT DEATH REPORTING SYSTEM.**

23 *The Secretary of Health and Human Services, acting*
24 *through the Director of the Centers for Disease Control and*
25 *Prevention, is encouraged to improve, particularly through*

1 *the inclusion of additional States, the National Violent*
2 *Death Reporting System as authorized by title III of the*
3 *Public Health Service Act (42 U.S.C. 241 et seq.). Partici-*
4 *pation in the system by the States shall be voluntary.*

5 **SEC. 716. SENSE OF CONGRESS ON PRIORITIZING NATIVE**
6 **AMERICAN YOUTH AND SUICIDE PREVENTION**
7 **PROGRAMS.**

8 (a) *FINDINGS.—The Congress finds as follows:*

9 (1) *Suicide is the eighth leading cause of death*
10 *among American Indians and Alaska Natives across*
11 *all ages.*

12 (2) *Among American Indians and Alaska Na-*
13 *tives who are 10 to 34 years of age, suicide is the sec-*
14 *ond leading cause of death.*

15 (3) *The suicide rate among American Indian*
16 *and Alaska Native adolescents and young adults ages*
17 *15 to 34 (19.5 per 100,000) is 1.5 times higher than*
18 *the national average for that age group (12.9 per*
19 *100,000).*

20 (b) *SENSE OF CONGRESS.—It is the sense of Congress*
21 *that the Secretary of Health and Human Services, in car-*
22 *rying out programs for Native American youth and suicide*
23 *prevention programs for youth suicide intervention, should*
24 *prioritize programs and activities for individuals who have*

1 *a high risk or disproportional burden of suicide, such as*
2 *Native Americans.*

3 **SEC. 717. PEER PROFESSIONAL WORKFORCE DEVELOP-**
4 **MENT GRANT PROGRAM.**

5 *(a) IN GENERAL.—For the purposes described in sub-*
6 *section (b), the Secretary of Health and Human Services*
7 *shall award grants to develop and sustain behavioral health*
8 *paraprofessional training and education programs, includ-*
9 *ing through tuition support.*

10 *(b) PURPOSES.—The purposes of grants under this sec-*
11 *tion are—*

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

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

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

23 *(d) GEOGRAPHIC DISTRIBUTION.—In awarding grants*
24 *under this section, the Secretary shall seek to achieve an*

1 *appropriate national balance in the geographic distribution*
2 *of such awards.*

3 (e) *SPECIAL CONSIDERATION.*—*In awarding grants*
4 *under this section, the Secretary may give special consider-*
5 *ation to proposed and existing programs targeting peer pro-*
6 *fessionals serving youth ages 16 to 25.*

7 (f) *AUTHORIZATION OF APPROPRIATIONS.*—*To carry*
8 *out this section, there is authorized to be appropriated*
9 *\$10,000,000 for the period of fiscal years 2018 through*
10 *2022.*

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

12 (a) *DEFINITIONS.*—

13 (1) *PRIMARY HEALTH SERVICES.*—*Section*
14 *331(a)(3)(D) of the Public Health Service Act (42*
15 *U.S.C. 254d(a)(3)) is amended by inserting “(includ-*
16 *ing pediatric mental health subspecialty services)”*
17 *after “pediatrics”.*

18 (2) *BEHAVIORAL AND MENTAL HEALTH PROFES-*
19 *SIONALS.*—*Clause (i) of section 331(a)(3)(E) of the*
20 *Public Health Service Act (42 U.S.C. 254d(a)(3)(E))*
21 *is amended by inserting “(and pediatric subspecial-*
22 *ists thereof)” before the period at the end.*

23 (b) *ELIGIBILITY TO PARTICIPATE IN LOAN REPAY-*
24 *MENT PROGRAM.*—*Section 338B(b)(1)(B) of the Public*
25 *Health Service Act (42 U.S.C. 254l–1(b)(1)(B)) is amended*

1 by inserting “, including any physician child and adoles-
2 cent psychiatry residency or fellowship training program”
3 after “be enrolled in an approved graduate training pro-
4 gram in medicine, osteopathic medicine, dentistry, behav-
5 ioral and mental health, or other health profession”.

6 **SEC. 719. ADULT SUICIDE PREVENTION.**

7 (a) GRANTS.—

8 (1) AUTHORITY.—The Assistant Secretary for
9 Mental Health and Substance Use (referred to in this
10 section as the “Assistant Secretary”) may award
11 grants to eligible entities in order to implement sui-
12 cide prevention efforts amongst adults 25 and older.

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

18 (3) RECIPIENTS.—To be eligible to receive a
19 grant under this section, an entity shall be a commu-
20 nity-based primary care or behavioral health care set-
21 ting, an emergency department, a State mental health
22 agency, an Indian tribe, a tribal organization, or any
23 other entity the Assistant Secretary deems appro-
24 priate.

1 (4) *NATURE OF ACTIVITIES.*—*The grants award-*
2 *ed under paragraph (1) shall be used to implement*
3 *programs that—*

4 (A) *screen for suicide risk in adults and*
5 *provide intervention and referral to treatment;*

6 (B) *implement evidence-based practices to*
7 *treat individuals who are at suicide risk, includ-*
8 *ing appropriate followup services; and*

9 (C) *raise awareness, reduce stigma, and fos-*
10 *ter open dialogue about suicide prevention.*

11 (b) *ADDITIONAL ACTIVITIES.*—*The Assistant Secretary*
12 *shall—*

13 (1) *evaluate the activities supported by grants*
14 *awarded under subsection (a) in order to further the*
15 *Nation’s understanding of effective interventions to*
16 *prevent suicide in adults;*

17 (2) *disseminate the findings from the evaluation*
18 *as the Assistant Secretary considers appropriate; and*

19 (3) *provide appropriate information, training,*
20 *and technical assistance to eligible entities that re-*
21 *ceive a grant under this section, in order to help such*
22 *entities to meet the requirements of this section, in-*
23 *cluding assistance with—*

24 (A) *selection and implementation of evi-*
25 *dence-based interventions and frameworks to pre-*

1 *vent suicide, such as the Zero Suicide frame-*
2 *work; and*

3 *(B) other activities as the Assistant Sec-*
4 *retary determines appropriate.*

5 *(c) DURATION.—A grant under this section shall be for*
6 *a period of not more than 5 years.*

7 *(d) AUTHORIZATION OF APPROPRIATIONS.—*

8 *(1) IN GENERAL.—There is authorized to be ap-*
9 *propriated to carry out this section \$30,000,000 for*
10 *the period of fiscal years 2018 through 2022.*

11 *(2) USE OF CERTAIN FUNDS.—Of the funds ap-*
12 *propriated to carry out this section in any fiscal*
13 *year, the lesser of 5 percent of such funds or \$500,000*
14 *shall be available to the Assistant Secretary for pur-*
15 *poses of carrying out subsection (b).*

16 **SEC. 720. CRISIS INTERVENTION GRANTS FOR POLICE OFFI-**
17 **CERS AND FIRST RESPONDERS.**

18 *(a) IN GENERAL.—The Assistant Secretary for Mental*
19 *Health and Substance Use may award grants to entities*
20 *such as law enforcement agencies and first responders—*

21 *(1) to provide specialized training to law en-*
22 *forcement officers, corrections officers, paramedics,*
23 *emergency medical services workers, and other first*
24 *responders (including village public safety officers (as*

1 *defined in section 247 of the Indian Arts and Crafts*
2 *Amendments Act of 2010 (42 U.S.C. 3796dd 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 the*
8 *mental health, behavioral, and substance use*
9 *problems of individuals encountered in the line*
10 *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 are*
24 *authorized to be appropriated to carry out this section*
25 *\$9,000,000 for the period of fiscal years 2018 through 2020.*

1 **SEC. 721. DEMONSTRATION GRANT PROGRAM TO TRAIN**
2 **HEALTH SERVICE PSYCHOLOGISTS IN COM-**
3 **MUNITY-BASED MENTAL HEALTH.**

4 (a) *ESTABLISHMENT.*—*The Secretary of Health and*
5 *Human Services shall establish a grant program under*
6 *which the Assistant Secretary of Mental Health and Sub-*
7 *stance Use Disorders may award grants to eligible institu-*
8 *tions to support the recruitment, education, and clinical*
9 *training experiences of health services psychology students,*
10 *interns, and postdoctoral residents for education and clin-*
11 *ical experience in community mental health settings.*

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

17 (1) *are focused on the development and imple-*
18 *mentation of interdisciplinary training of psychology*
19 *graduate students and postdoctoral fellows in pro-*
20 *viding mental and behavioral health services to ad-*
21 *dress substance use disorders, serious emotional dis-*
22 *turbance, and serious illness, as well as developing*
23 *faculty and implementing curriculum to prepare psy-*
24 *chologists to work with underserved populations; and*

25 (2) *demonstrate an ability to train health service*
26 *psychologists in psychiatric hospitals, forensic hos-*

1 *pitals, community mental health centers, community*
2 *health centers, federally qualified health centers, or*
3 *adult and juvenile correctional facilities.*

4 *(c) PRIORITIES.—In selecting grant recipients under*
5 *this section, the Secretary shall give priority to eligible in-*
6 *stitutions in which training focuses on the needs of individ-*
7 *uals with serious mental illness, serious emotional disturb-*
8 *ance, justice-involved youth, and individuals with or at*
9 *high risk for substance use disorders.*

10 *(d) AUTHORIZATION OF APPROPRIATIONS.—There is*
11 *authorized to be appropriated to carry out this section*
12 *\$12,000,000 for the period of fiscal years 2018 through*
13 *2022.*

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

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

18 *“(e) AUTHORIZATION OF APPROPRIATIONS.—To carry*
19 *out this section, there is authorized to be appropriated*
20 *\$12,000,000 for the period of fiscal years 2018 through*
21 *2022.”.*

22 **SEC. 723. CUTGO COMPLIANCE.**

23 *Section 319D(f) of the Public Health Service Act (42*
24 *U.S.C. 247d–4(f)) is amended by striking “\$138,300,000 for*
25 *each of fiscal years 2014 through 2018” and inserting*

1 “\$138,300,000 for each of fiscal years 2014 through 2016
2 and \$58,000,000 for each of fiscal years 2017 and 2018”.

3 **TITLE VIII—MENTAL HEALTH**
4 **PARITY**

5 **SEC. 801. ENHANCED COMPLIANCE WITH MENTAL HEALTH**
6 **AND SUBSTANCE USE DISORDER COVERAGE**
7 **REQUIREMENTS.**

8 (a) *COMPLIANCE PROGRAM GUIDANCE DOCUMENT.*—
9 Section 2726(a) of the Public Health Service Act (42 U.S.C.
10 300gg–26(a)) is amended by adding at the end the fol-
11 lowing:

12 “(6) *COMPLIANCE PROGRAM GUIDANCE DOCU-*
13 *MENT.*—

14 “(A) *IN GENERAL.*—Not later than 6
15 months after the date of enactment of the *Help-*
16 *ing Families in Mental Health Crisis Act of*
17 *2016, the Inspector General of the Department of*
18 *Health and Human Services, in coordination*
19 *with the Secretary, the Secretary of Labor, or the*
20 *Secretary of the Treasury, shall issue a compli-*
21 *ance program guidance document to help im-*
22 *prove compliance with this section.*

23 “(B) *EXAMPLES ILLUSTRATING COMPLIANCE*
24 *AND NONCOMPLIANCE.*—

1 “(i) *IN GENERAL.*—*The compliance*
2 *program guidance document required under*
3 *this paragraph shall provide illustrative,*
4 *de-identified examples (that do not disclose*
5 *any protected health information or indi-*
6 *vidually identifiable information) of pre-*
7 *vious findings of compliance and non-*
8 *compliance with this section, section 712 of*
9 *the Employee Retirement Income Security*
10 *Act of 1974, or section 9812 of the Internal*
11 *Revenue Code of 1986 based on investiga-*
12 *tions of violations of such sections, includ-*
13 *ing—*

14 “(I) *examples illustrating require-*
15 *ments for information disclosures and*
16 *nonquantitative treatment limitations;*
17 *and*

18 “(II) *descriptions of the violations*
19 *uncovered during the course of such in-*
20 *vestigations.*

21 “(ii) *NONQUANTITATIVE TREATMENT*
22 *LIMITATIONS.*—*To the extent that any ex-*
23 *ample described in clause (i) involves a*
24 *finding of compliance or noncompliance*
25 *with regard to any requirement for non-*

1 *quantitative treatment limitations, the ex-*
2 *ample shall provide sufficient detail to fully*
3 *explain such finding, including a full de-*
4 *scription of the criteria involved for medical*
5 *and surgical benefits and the criteria in-*
6 *volved for mental health and substance use*
7 *disorder benefits.*

8 “(iii) *ACCESS TO ADDITIONAL INFOR-*
9 *MATION REGARDING COMPLIANCE.—In de-*
10 *veloping and issuing the compliance pro-*
11 *gram guidance document required under*
12 *this paragraph, the Inspector General of the*
13 *Department of Health and Human Services*
14 *may—*

15 “(I) *enter into interagency agree-*
16 *ments with the Inspector General of the*
17 *Department of Labor and the Inspector*
18 *General of the Department of the*
19 *Treasury to share findings of compli-*
20 *ance and noncompliance with this sec-*
21 *tion, section 712 of the Employee Re-*
22 *irement Income Security Act of 1974,*
23 *or section 9812 of the Internal Revenue*
24 *Code of 1986; and*

1 “(II) enter into an agreement
2 with a State to share information on
3 findings of compliance and noncompli-
4 ance with this section, section 712 of
5 the Employee Retirement Income Secu-
6 rity Act of 1974, or section 9812 of the
7 Internal Revenue Code of 1986.

8 “(C) RECOMMENDATIONS.—The compliance
9 program guidance document shall include rec-
10 ommendations to avoid violations of this section
11 and encourage the development and use of inter-
12 nal controls to monitor adherence to applicable
13 statutes, regulations, and program requirements.
14 Such internal controls may include a compliance
15 checklist with illustrative examples of non-
16 quantitative treatment limitations on mental
17 health and substance use disorder benefits, which
18 may fail to comply with this section in relation
19 to nonquantitative treatment limitations on
20 medical and surgical benefits.

21 “(D) UPDATING THE COMPLIANCE PROGRAM
22 GUIDANCE DOCUMENT.—The compliance pro-
23 gram guidance document shall be updated every
24 2 years to include illustrative, de-identified ex-
25 amples (that do not disclose any protected health

1 *information or individually identifiable infor-*
2 *mation) of previous findings of compliance and*
3 *noncompliance with this section, section 712 of*
4 *the Employee Retirement Income Security Act of*
5 *1974, or section 9812 of the Internal Revenue*
6 *Code of 1986.”.*

7 **(b) ADDITIONAL GUIDANCE.**—*Section 2726(a) of the*
8 *Public Health Service Act (42 U.S.C. 300gg–26(a)) is*
9 *amended by adding at the end the following:*

10 **“(7) ADDITIONAL GUIDANCE.**—

11 **“(A) IN GENERAL.**—*Not later than 6*
12 *months after the date of enactment of the Help-*
13 *ing Families in Mental Health Crisis Act of*
14 *2016, the Secretary, in coordination with the*
15 *Secretary of Labor and the Secretary of the*
16 *Treasury, shall issue guidance to group health*
17 *plans and health insurance issuers offering*
18 *group or individual health insurance coverage to*
19 *assist such plans and issuers in satisfying the re-*
20 *quirements of this section.*

21 **“(B) DISCLOSURE.**—

22 **“(i) GUIDANCE FOR PLANS AND**
23 **ISSUERS.**—*The guidance issued under this*
24 *paragraph shall include clarifying informa-*
25 *tion and illustrative examples of methods*

1 that group health plans and health insur-
2 ance issuers offering group or individual
3 health insurance coverage may use for dis-
4 closing information to ensure compliance
5 with the requirements under this section
6 (and any regulations promulgated pursuant
7 to this section).

8 “(ii) *DOCUMENTS FOR PARTICIPANTS,*
9 *BENEFICIARIES, CONTRACTING PROVIDERS,*
10 *OR AUTHORIZED REPRESENTATIVES.—The*
11 *guidance issued under this paragraph may*
12 *include clarifying information and illus-*
13 *trative examples of methods that group*
14 *health plans and health insurance issuers*
15 *offering group or individual health insur-*
16 *ance coverage may use to provide any par-*
17 *ticipant, beneficiary, contracting provider,*
18 *or authorized representative, as applicable,*
19 *with documents containing information*
20 *that the health plans or issuers are required*
21 *to disclose to participants, beneficiaries,*
22 *contracting providers, or authorized rep-*
23 *resentatives to ensure compliance with this*
24 *section, any regulation issued pursuant to*
25 *this section, or any other applicable law or*

1 regulation, including information that is
2 comparative in nature with respect to—

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

7 “(II) the processes, strategies, evi-
8 dentiary standards, and other factors
9 used to apply the limitations described
10 in subclause (I); and

11 “(III) the application of the limi-
12 tations described in subclause (I) to en-
13 sure that such limitations are applied
14 in parity with respect to both medical
15 and surgical benefits and mental
16 health and substance use disorder bene-
17 fits.

18 “(C) NONQUANTITATIVE TREATMENT LIM-
19 TATIONS.—The guidance issued under this para-
20 graph shall include clarifying information and
21 illustrative examples of methods, processes, strat-
22 egies, evidentiary standards, and other factors
23 that group health plans and health insurance
24 issuers offering group or individual health insur-
25 ance coverage may use regarding the develop-

1 *ment and application of nonquantitative treat-*
2 *ment limitations to ensure compliance with this*
3 *section (and any regulations promulgated pursu-*
4 *ant to this section), including—*

5 *“(i) examples of methods of deter-*
6 *mining appropriate types of nonquantita-*
7 *tive treatment limitations with respect to*
8 *both medical and surgical benefits and men-*
9 *tal health and substance use disorder bene-*
10 *fits, including nonquantitative treatment*
11 *limitations pertaining to—*

12 *“(I) medical management stand-*
13 *ards based on medical necessity or ap-*
14 *propriateness, or whether a treatment*
15 *is experimental or investigative;*

16 *“(II) limitations with respect to*
17 *prescription drug formulary design;*
18 *and*

19 *“(III) use of fail-first or step ther-*
20 *apy protocols;*

21 *“(ii) examples of methods of deter-*
22 *mining—*

23 *“(I) network admission standards*
24 *(such as credentialing); and*

1 “(II) factors used in provider re-
2 imbursement methodologies (such as
3 service type, geographic market, de-
4 mand for services, and provider sup-
5 ply, practice size, training, experience,
6 and licensure) as such factors apply to
7 network adequacy;

8 “(iii) examples of sources of informa-
9 tion that may serve as evidentiary stand-
10 ards for the purposes of making determina-
11 tions regarding the development and appli-
12 cation of nonquantitative treatment limita-
13 tions;

14 “(iv) examples of specific factors, and
15 the evidentiary standards used to evaluate
16 such factors, used by such plans or issuers
17 in performing a nonquantitative treatment
18 limitation analysis;

19 “(v) examples of how specific evi-
20 dentiary standards may be used to deter-
21 mine whether treatments are considered ex-
22 perimental or investigative;

23 “(vi) examples of how specific evi-
24 dentiary standards may be applied to each
25 service category or classification of benefits;

1 “(vii) *examples of methods of reaching*
2 *appropriate coverage determinations for*
3 *new mental health or substance use disorder*
4 *treatments, such as evidence-based early*
5 *intervention programs for individuals with*
6 *a serious mental illness and types of med-*
7 *ical management techniques;*

8 “(viii) *examples of methods of reaching*
9 *appropriate coverage determinations for*
10 *which there is an indirect relationship be-*
11 *tween the covered mental health or sub-*
12 *stance use disorder benefit and a traditional*
13 *covered medical and surgical benefit, such*
14 *as residential treatment or hospitalizations*
15 *involving voluntary or involuntary commit-*
16 *ment; and*

17 “(ix) *additional illustrative examples*
18 *of methods, processes, strategies, evidentiary*
19 *standards, and other factors for which the*
20 *Secretary determines that additional guid-*
21 *ance is necessary to improve compliance*
22 *with this section.*

23 “(D) *PUBLIC COMMENT.—Prior to issuing*
24 *any final guidance under this paragraph, the*
25 *Secretary shall provide a public comment period*

1 *of not less than 60 days during which any mem-*
2 *ber of the public may provide comments on a*
3 *draft of the guidance.”.*

4 *(c) IMPROVING COMPLIANCE.—*

5 *(1) IN GENERAL.—In the case that the Secretary*
6 *of Health and Human Services, the Secretary of*
7 *Labor, or the Secretary of the Treasury determines*
8 *that a group health plan or health insurance issuer*
9 *offering group or individual health insurance cov-*
10 *erage has violated, at least 5 times, section 2726 of*
11 *the Public Health Service Act (42 U.S.C. 300gg–26),*
12 *section 712 of the Employee Retirement Income Secu-*
13 *rity Act of 1974 (29 U.S.C. 1185a), or section 9812*
14 *of the Internal Revenue Code, the appropriate Sec-*
15 *retary shall audit plan documents for such health*
16 *plan or issuer in the plan year following the Sec-*
17 *retary’s determination in order to help improve com-*
18 *pliance with such section.*

19 *(2) RULE OF CONSTRUCTION.—Nothing in this*
20 *subsection shall be construed to limit the authority, as*
21 *in effect on the day before the date of enactment of*
22 *this Act, of the Secretary of Health and Human Serv-*
23 *ices, the Secretary of Labor, or the Secretary of the*
24 *Treasury to audit documents of health plans or health*
25 *insurance issuers.*

1 **SEC. 802. ACTION PLAN FOR ENHANCED ENFORCEMENT OF**
2 **MENTAL HEALTH AND SUBSTANCE USE DIS-**
3 **ORDER COVERAGE.**

4 (a) *PUBLIC MEETING.*—

5 (1) *IN GENERAL.*—Not later than 6 months after
6 the date of enactment of this Act, the Secretary of
7 Health and Human Services shall convene a public
8 meeting of stakeholders described in paragraph (2) to
9 produce an action plan for improved Federal and
10 State coordination related to the enforcement of men-
11 tal health parity and addiction equity requirements.

12 (2) *STAKEHOLDERS.*—The stakeholders described
13 in this paragraph shall include each of the following:

14 (A) *The Federal Government, including rep-*
15 *resentatives from—*

16 (i) *the Department of Health and*
17 *Human Services;*

18 (ii) *the Department of the Treasury;*

19 (iii) *the Department of Labor; and*

20 (iv) *the Department of Justice.*

21 (B) *State governments, including—*

22 (i) *State health insurance commis-*
23 *sioners;*

24 (ii) *appropriate State agencies, includ-*
25 *ing agencies on public health or mental*
26 *health; and*

1 (iii) *State attorneys general or other*
2 *representatives of State entities involved in*
3 *the enforcement of mental health parity*
4 *laws.*

5 (C) *Representatives from key stakeholder*
6 *groups, including—*

7 (i) *the National Association of Insur-*
8 *ance Commissioners;*

9 (ii) *health insurance providers;*

10 (iii) *providers of mental health and*
11 *substance use disorder treatment;*

12 (iv) *employers; and*

13 (v) *patients or their advocates.*

14 (b) *ACTION PLAN.—Not later than 6 months after the*
15 *public meeting under subsection (a), the Secretary of Health*
16 *and Human Services shall finalize the action plan described*
17 *in such subsection and make it plainly available on the*
18 *Internet website of the Department of Health and Human*
19 *Services.*

20 (c) *CONTENT.—The action plan under this section*
21 *shall—*

22 (1) *reflect the input of the stakeholders invited to*
23 *the public meeting under subsection (a);*

24 (2) *identify specific strategic objectives regarding*
25 *how the various Federal and State agencies charged*

1 *with enforcement of mental health parity and addic-*
2 *tion equity requirements will collaborate to improve*
3 *enforcement of such requirements;*

4 *(3) provide a timeline for implementing the ac-*
5 *tion plan; and*

6 *(4) provide specific examples of how such objec-*
7 *tives may be met, which may include—*

8 *(A) providing common educational infor-*
9 *mation and documents to patients about their*
10 *rights under Federal or State mental health par-*
11 *ity and addiction equity requirements;*

12 *(B) facilitating the centralized collection of,*
13 *monitoring of, and response to patient com-*
14 *plaints or inquiries relating to Federal or State*
15 *mental health parity and addiction equity re-*
16 *quirements, which may be through the develop-*
17 *ment and administration of a single, toll-free*
18 *telephone number and an Internet website portal;*

19 *(C) Federal and State law enforcement*
20 *agencies entering into memoranda of under-*
21 *standing to better coordinate enforcement respon-*
22 *sibilities and information sharing, including*
23 *whether such agencies should make the results of*
24 *enforcement actions related to mental health par-*

1 *ity and addiction equity requirements publicly*
2 *available; and*

3 *(D) recommendations to the Secretary and*
4 *Congress regarding the need for additional legal*
5 *authority to improve enforcement of mental*
6 *health parity and addiction equity requirements,*
7 *including the need for additional legal authority*
8 *to ensure that nonquantitative treatment limita-*
9 *tions are applied, and the extent and frequency*
10 *of the applications of such limitations, both to*
11 *medical and surgical benefits and to mental*
12 *health and substance use disorder benefits in a*
13 *comparable manner.*

14 **SEC. 803. REPORT ON INVESTIGATIONS REGARDING PARITY**
15 **IN MENTAL HEALTH AND SUBSTANCE USE**
16 **DISORDER BENEFITS.**

17 *(a) IN GENERAL.—Not later than 1 year after the date*
18 *of enactment of this Act, and annually thereafter for the*
19 *subsequent 5 years, the Administrator of the Centers for*
20 *Medicare & Medicaid Services, in collaboration with the As-*
21 *sistant Secretary of Labor of the Employee Benefits Secu-*
22 *rity Administration and the Secretary of the Treasury,*
23 *shall submit to the Committee on Energy and Commerce*
24 *of the House of Representatives and the Committee on*
25 *Health, Education, Labor, and Pensions of the Senate a*

1 *report summarizing the results of all closed Federal inves-*
2 *tigations completed during the preceding 12-month period*
3 *with findings of any serious violation regarding compliance*
4 *with mental health and substance use disorder coverage re-*
5 *quirements under section 2726 of the Public Health Service*
6 *Act (42 U.S.C. 300gg–26), section 712 of the Employee Re-*
7 *tirement Income Security Act of 1974 (29 U.S.C. 1185a),*
8 *and section 9812 of the Internal Revenue Code of 1986.*

9 (b) *CONTENTS.*—*Subject to subsection (c), a report*
10 *under subsection (a) shall, with respect to investigations de-*
11 *scribed in such subsection, include each of the following:*

12 (1) *The number of open or closed Federal inves-*
13 *tigations conducted during the covered reporting pe-*
14 *riod.*

15 (2) *Each benefit classification examined by any*
16 *such investigation conducted during the covered re-*
17 *porting period.*

18 (3) *Each subject matter, including compliance*
19 *with requirements for quantitative and nonquantita-*
20 *tive treatment limitations, of any such investigation*
21 *conducted during the covered reporting period.*

22 (4) *A summary of the basis of the final decision*
23 *rendered for each closed investigation conducted dur-*
24 *ing the covered reporting period that resulted in a*
25 *finding of a serious violation.*

1 (c) *LIMITATION.*—*Any individually identifiable infor-*
2 *mation shall be excluded from reports under subsection (a)*
3 *consistent with protections under the health privacy and*
4 *security rules promulgated under section 264(c) of the*
5 *Health Insurance Portability and Accountability Act of*
6 *1996 (42 U.S.C. 1320d–2 note).*

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

9 *Not later than 3 years after the date of enactment of*
10 *this Act, the Comptroller General of the United States, in*
11 *consultation with the Secretary of Health and Human*
12 *Services, the Secretary of Labor, and the Secretary of the*
13 *Treasury, shall submit to the Committee on Energy and*
14 *Commerce of the House of Representatives and the Com-*
15 *mittee on Health, Education, Labor, and Pensions of the*
16 *Senate a report detailing the extent to which group health*
17 *plans or health insurance issuers offering group or indi-*
18 *vidual health insurance coverage that provides both medical*
19 *and surgical benefits and mental health or substance use*
20 *disorder benefits, medicaid managed care organizations*
21 *with a contract under section 1903(m) of the Social Secu-*
22 *rity Act (42 U.S.C. 1396b(m)), and health plans provided*
23 *under the State Children’s Health Insurance Program*
24 *under title XXI of the Social Security Act (42 U.S.C.*
25 *1397aa et seq.) comply with section 2726 of the Public*

1 *Health Service Act (42 U.S.C. 300gg–26), section 712 of*
2 *the Employee Retirement Income Security Act of 1974 (29*
3 *U.S.C. 1185a), and section 9812 of the Internal Revenue*
4 *Code of 1986, including—*

5 (1) *how nonquantitative treatment limitations,*
6 *including medical necessity criteria, of such plans or*
7 *issuers comply with such sections;*

8 (2) *how the responsible Federal departments and*
9 *agencies ensure that such plans or issuers comply*
10 *with such sections, including an assessment of how*
11 *the Secretary of Health and Human Services has used*
12 *its authority to conduct audits of such plans to ensure*
13 *compliance;*

14 (3) *a review of how the various Federal and*
15 *State agencies responsible for enforcing mental health*
16 *parity requirements have improved enforcement of*
17 *such requirements in accordance with the objectives*
18 *and timeline described in the action plan under sec-*
19 *tion 802; and*

20 (4) *recommendations for how additional enforce-*
21 *ment, education, and coordination activities by re-*
22 *sponsible Federal and State departments and agencies*
23 *could better ensure compliance with such sections, in-*
24 *cluding recommendations regarding the need for addi-*
25 *tional legal authority.*

1 **SEC. 805. INFORMATION AND AWARENESS ON EATING DIS-**
2 **ORDERS.**

3 (a) *INFORMATION.*—*The Secretary of Health and*
4 *Human Services (in this section referred to as the “Sec-*
5 *retary”)* may—

6 (1) *update information, related fact sheets, and*
7 *resource lists related to eating disorders that are*
8 *available on the public Internet website of the Na-*
9 *tional Women’s Health Information Center sponsored*
10 *by the Office on Women’s Health, to include—*

11 (A) *updated findings and current research*
12 *related to eating disorders, as appropriate; and*

13 (B) *information about eating disorders, in-*
14 *cluding information related to males and fe-*
15 *males;*

16 (2) *incorporate, as appropriate, and in coordi-*
17 *nation with the Secretary of Education, information*
18 *from publicly available resources into appropriate*
19 *obesity prevention programs developed by the Office*
20 *on Women’s Health; and*

21 (3) *make publicly available (through a public*
22 *Internet website or other method) information, related*
23 *fact sheets and resource lists, as updated under para-*
24 *graph (1), and the information incorporated into ap-*
25 *propriate obesity prevention programs, as updated*
26 *under paragraph (2).*

1 (b) *AWARENESS.*—*The Secretary may advance public*
2 *awareness on—*

3 (1) *the types of eating disorders;*

4 (2) *the seriousness of eating disorders, including*
5 *prevalence, comorbidities, and physical and mental*
6 *health consequences;*

7 (3) *methods to identify, intervene, refer for treat-*
8 *ment, and prevent behaviors that may lead to the de-*
9 *velopment of eating disorders;*

10 (4) *discrimination and bullying based on body*
11 *size;*

12 (5) *the effects of media on self-esteem and body*
13 *image; and*

14 (6) *the signs and symptoms of eating disorders.*

15 **SEC. 806. EDUCATION AND TRAINING ON EATING DIS-**
16 **ORDERS.**

17 *The Secretary of Health and Human Services may fa-*
18 *cilitate the identification of programs to educate and train*
19 *health professionals and school personnel in effective strate-*
20 *gies to—*

21 (1) *identify individuals with eating disorders;*

22 (2) *provide early intervention services for indi-*
23 *viduals with eating disorders;*

24 (3) *refer patients with eating disorders for ap-*
25 *propriate treatment;*

1 (4) *prevent the development of eating disorders;*

2 *or*

3 (5) *provide appropriate treatment services for*
4 *individuals with eating disorders.*

5 **SEC. 807. GAO STUDY ON PREVENTING DISCRIMINATORY**
6 **COVERAGE LIMITATIONS FOR INDIVIDUALS**
7 **WITH SERIOUS MENTAL ILLNESS AND SUB-**
8 **STANCE USE DISORDERS.**

9 *Not later than 2 years after the date of the enactment*
10 *of this Act, the Comptroller General of the United States*
11 *shall submit to Congress and make publicly available a re-*
12 *port detailing Federal oversight of group health plans and*
13 *health insurance coverage offered in connection with such*
14 *plans (as such terms are defined in section 2791 of the Pub-*
15 *lic Health Service Act (42 U.S.C. 300gg–91), including*
16 *Medicaid managed care plans under section 1903 of the So-*
17 *cial Security Act (42 U.S.C. 1396b), to ensure compliance*
18 *of such plans and coverage with sections 2726 of the Public*
19 *Health Service Act (42 U.S.C. 300gg–26), 712 of the Em-*
20 *ployee Retirement Income Security Act of 1974 (29 U.S.C.*
21 *1185a), and 9812 of the Internal Revenue Code of 1986 (in*
22 *this section collectively referred to as the “parity law”), in-*
23 *cluding—*

24 (1) *a description of how Federal regulations and*
25 *guidance consider nonquantitative treatment limita-*

1 *tions, including medical necessity criteria and appli-*
2 *cation of such criteria to medical, surgical, and pri-*
3 *mary care, of such plans and coverage in ensuring*
4 *compliance by such plans and coverage with the par-*
5 *ity law;*

6 *(2) a description of actions that Federal depart-*
7 *ments and agencies are taking to ensure that such*
8 *plans and coverage comply with the parity law; and*

9 *(3) the identification of enforcement, education,*
10 *and coordination activities within Federal depart-*
11 *ments and agencies, including educational activities*
12 *directed to State insurance commissioners, and a de-*
13 *scription of how such proper activities can be used to*
14 *ensure full compliance with the parity law.*

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

16 *If a group health plan or a health insurance issuer*
17 *offering group or individual health insurance coverage pro-*
18 *vides coverage for eating disorder benefits, including resi-*
19 *dential treatment, such group health plan or health insur-*
20 *ance issuer shall provide such benefits consistent with the*
21 *requirements of section 2726 of the Public Health Service*
22 *Act (42 U.S.C. 300gg–26), section 712 of the Employee Re-*
23 *tirement Income Security Act of 1974 (29 U.S.C. 1185a),*
24 *and section 9812 of the Internal Revenue Code of 1986.*

Union Calendar No. 517

114TH CONGRESS
2^D SESSION

H. R. 2646

[Report No. 114-667, Part I]

A BILL

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

JULY 6, 2016

Reported from the Committee on Energy and Commerce
with an amendment

JULY 6, 2016

The Committees on Ways and Means and Education and the Workforce discharged; committed to the Committee of the Whole House on the State of the Union and ordered to be printed