

114TH CONGRESS
1ST SESSION

S. 1893

To reauthorize and improve programs related to mental health and substance
use disorders.

IN THE SENATE OF THE UNITED STATES

JULY 29, 2015

Mr. ALEXANDER (for himself, Mrs. MURRAY, Mr. ENZI, Mr. FRANKEN, Mr. ISAKSON, Mr. BENNET, Mr. KIRK, Ms. BALDWIN, Mr. ROBERTS, Mr. MURPHY, Ms. AYOTTE, Mr. BLUMENTHAL, Mr. WICKER, Mr. CASEY, Mr. UDALL, Mr. DURBIN, Ms. MIKULSKI, Ms. HEITKAMP, and Mr. CASSIDY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To reauthorize and improve programs related to mental
health and substance use disorders.

1 SECTION 1. SHORT TITLE.

2 This Act may be cited as the Mental Health Aware-
3 ness and Improvement Act of 2015.

**4 SEC. 2. GARRETT LEE SMITH MEMORIAL ACT REAUTHOR-
5 IZATION.**

6 (a) SUICIDE PREVENTION TECHNICAL ASSISTANCE
7 CENTER.—Section 520C of the Public Health Service Act
8 (42 U.S.C. 290bb–34) is amended—

1 (1) in the section heading, by striking the sec-
 2 tion heading and inserting “**SUICIDE PREVENTION**
 3 **TECHNICAL ASSISTANCE CENTER.**”;

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

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

17 (4) by redesignating subsection (d) as sub-
 18 section (b);

19 (5) in subsection (b), as so redesignated—

20 (A) by striking the subsection heading and
 21 inserting “**RESPONSIBILITIES OF THE CEN-**
 22 **TER.**”;

23 (B) in the matter preceding paragraph (1),
 24 by striking “The additional research” and all
 25 that follows through “nonprofit organizations

1 for” and inserting “The center established
2 under subsection (a) shall conduct activities for
3 the purpose of”;

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

6 (D) in paragraph (1)—

7 (i) by striking “the development or
8 continuation of” and inserting “developing
9 and continuing”; and

10 (ii) by inserting “for all ages, particu-
11 larly among groups that are at high risk
12 for suicide” before the semicolon at the
13 end;

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

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

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

22 (H) in paragraph (8), by striking “in
23 youth”;

1 (I) in paragraph (9), by striking “and be-
 2 havioral health” and inserting “health and sub-
 3 stance use disorder”; and

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

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

8 “(c) AUTHORIZATION OF APPROPRIATIONS.—For the
 9 purpose of carrying out this section, there are authorized
 10 to be appropriated \$6,000,000 for each of fiscal years
 11 2016 through 2020.”.

12 (b) YOUTH SUICIDE EARLY INTERVENTION AND
 13 PREVENTION STRATEGIES.—Section 520E of the Public
 14 Health Service Act (42 U.S.C. 290bb–36) is amended—

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

19 (2) in subsection (b)(2)—

20 (A) by striking “each State is awarded
 21 only 1 grant or cooperative agreement under
 22 this section” and inserting “a State does not
 23 receive more than 1 grant or cooperative agree-
 24 ment under this section at any 1 time”; and

1 (B) by striking “been awarded” and insert-
 2 ing “received”; and

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

5 “(m) AUTHORIZATION OF APPROPRIATIONS.—For
 6 the purpose of carrying out this section, there are author-
 7 ized to be appropriated \$23,500,000 for each of fiscal
 8 years 2016 through 2020.”.

9 (c) MENTAL HEALTH AND SUBSTANCE USE DIS-
 10 ORDER SERVICES.—Section 520E–2 of the Public Health
 11 Service Act (42 U.S.C. 290bb–36b) is amended—

12 (1) in the section heading, by striking “**AND**
 13 **BEHAVIORAL HEALTH**” and inserting “**HEALTH**
 14 **AND SUBSTANCE USE DISORDER**”;

15 (2) in subsection (a)—

16 (A) by striking “Services,” and inserting
 17 “Services and”;

18 (B) by striking “and behavioral health
 19 problems” and inserting “health or substance
 20 use disorders”; and

21 (C) by striking “substance abuse” and in-
 22 serting “substance use disorders”;

23 (3) in subsection (b)—

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

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

6 “(1) Educating students, families, faculty, and
 7 staff to increase awareness of mental health and
 8 substance use disorders.

9 “(2) The operation of hotlines.

10 “(3) Preparing informational material.

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

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

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

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

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

25 (5) in subsection (d)—

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

6 (B) in paragraph (1)—

7 (i) by striking “and behavioral
 8 health” and inserting “health and sub-
 9 stance use disorder”; and

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

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

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

23 (7) in subsection (f)(2)—

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

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

7 (8) in subsection (h), by striking “\$5,000,000
 8 for fiscal year 2005” and all that follows through
 9 the period at the end and inserting “\$6,500,000 for
 10 each of fiscal years 2016 through 2020.”.

11 **SEC. 3. MENTAL HEALTH AWARENESS TRAINING GRANTS.**

12 Section 520J of the Public Health Service Act (42
 13 U.S.C. 290bb–41) is amended—

14 (1) in the section heading, by inserting “**MEN-**
 15 **TAL HEALTH AWARENESS**” before “**TRAINING**”;
 16 and

17 (2) in subsection (b)—

18 (A) in the subsection heading, by striking
 19 “ILLNESS” and inserting “HEALTH”;

20 (B) in paragraph (1), by inserting “and
 21 other categories of individuals, as determined
 22 by the Secretary,” after “emergency services
 23 personnel”;

24 (C) in paragraph (5)—

1 (i) in the matter preceding subpara-
 2 graph (A), by striking “to” and inserting
 3 “for evidence-based programs for the pur-
 4 pose of”; and

5 (ii) by striking subparagraphs (A)
 6 through (C) and inserting the following:

7 “(A) recognizing the signs and symptoms
 8 of mental illness; and

9 “(B)(i) providing education to personnel
 10 regarding resources available in the community
 11 for individuals with a mental illness and other
 12 relevant resources; or

13 “(ii) the safe de-escalation of crisis situa-
 14 tions involving individuals with a mental ill-
 15 ness.”; and

16 (D) in paragraph (7), by striking “,
 17 \$25,000,000” and all that follows through the
 18 period at the end and inserting “\$15,000,000
 19 for each of fiscal years 2016 through 2020.”.

20 **SEC. 4. CHILDREN’S RECOVERY FROM TRAUMA.**

21 Section 582 of the Public Health Service Act (42
 22 U.S.C. 290hh–1) is amended—

23 (1) in subsection (a), by striking “developing
 24 programs” and all that follows through the period at

1 the end and inserting “developing and maintaining
2 programs that provide for—

3 “(1) the continued operation of the National
4 Child Traumatic Stress Initiative (referred to in this
5 section as the ‘NCTSI’), which includes a coopera-
6 tive agreement with a coordinating center, that fo-
7 cuses on the mental, behavioral, and biological as-
8 pects of psychological trauma response, prevention
9 of the long-term consequences of child trauma, and
10 early intervention services and treatment to address
11 the long-term consequences of child trauma; and

12 “(2) the development of knowledge with regard
13 to evidence-based practices for identifying and treat-
14 ing mental, behavioral, and biological disorders of
15 children and youth resulting from witnessing or ex-
16 perienicing a traumatic event.”;

17 (2) in subsection (b)—

18 (A) by striking “subsection (a) related”
19 and inserting “subsection (a)(2) (related”;

20 (B) by striking “treating disorders associ-
21 ated with psychological trauma” and inserting
22 “treating mental, behavioral, and biological dis-
23 orders associated with psychological trauma)”;
24 and

1 (C) by striking “mental health agencies
2 and programs that have established clinical and
3 basic research” and inserting “universities, hos-
4 pitals, mental health agencies, and other pro-
5 grams that have established clinical expertise
6 and research”;

7 (3) by redesignating subsections (c) through (g)
8 as subsections (g) through (k), respectively;

9 (4) by inserting after subsection (b), the fol-
10 lowing:

11 “(c) CHILD OUTCOME DATA.—The NCTSI coordi-
12 nating center shall collect, analyze, and report NCTSI-
13 wide child treatment process and outcome data regarding
14 the early identification and delivery of evidence-based
15 treatment and services for children and families served by
16 the NCTSI grantees.

17 “(d) TRAINING.—The NCTSI coordinating center
18 shall facilitate the coordination of training initiatives in
19 evidence-based and trauma-informed treatments, interven-
20 tions, and practices offered to NCTSI grantees, providers,
21 and partners.

22 “(e) DISSEMINATION AND COLLABORATION.—The
23 NCTSI coordinating center shall, as appropriate, collabo-
24 rate with—

1 “(1) the Secretary, in the dissemination of evi-
2 dence-based and trauma-informed interventions,
3 treatments, products, and other resources to appro-
4 priate stakeholders; and

5 “(2) appropriate agencies that conduct or fund
6 research within the Department of Health and
7 Human Services, for purposes of sharing NCTSI ex-
8 pertise, evaluation data, and other activities, as ap-
9 propriate.

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

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

21 (6) in subsection (i) (as so redesignated), by
22 striking “recipient may not exceed 5 years” and in-
23 serting “recipient shall not be less than 4 years, but
24 shall not exceed 5 years”; and

1 (7) in subsection (j) (as so redesignated), by
2 striking “\$50,000,000” and all that follows through
3 “2006” and inserting “\$46,000,000 for each of fis-
4 cal years 2016 through 2020”.

5 **SEC. 5. ASSESSING BARRIERS TO BEHAVIORAL HEALTH IN-**
6 **TEGRATION.**

7 (a) IN GENERAL.—Not later than 2 years after the
8 date of enactment of this Act, the Comptroller General
9 of the United States shall submit a report to the Com-
10 mittee on Health, Education, Labor, and Pensions of the
11 Senate and the Committee on Energy and Commerce of
12 the House of Representatives concerning Federal require-
13 ments that impact access to treatment of mental health
14 and substance use disorders related to integration with
15 primary care, administrative and regulatory issues, quality
16 measurement and accountability, and data sharing.

17 (b) CONTENTS.—The report submitted under sub-
18 section (a) shall include the following:

19 (1) An evaluation of the administrative or regu-
20 latory burden on behavioral health care providers.

21 (2) The identification of outcome and quality
22 measures relevant to integrated health care, evalua-
23 tion of the data collection burden on behavioral
24 health care providers, and any alternative methods
25 for evaluation.

1 (3) An analysis of the degree to which elec-
 2 tronic data standards, including interoperability and
 3 meaningful use includes behavioral health measures,
 4 and an analysis of strategies to address barriers to
 5 health information exchange posed by part 2 of title
 6 42, Code of Federal Regulations.

7 (4) An analysis of the degree to which Federal
 8 rules and regulations for behavioral and physical
 9 health care are aligned, including recommendations
 10 to address any identified barriers.

11 **SEC. 6. INCREASING EDUCATION AND AWARENESS OF**
 12 **TREATMENTS FOR OPIOID USE DISORDERS.**

13 (a) IN GENERAL.—In order to improve the quality
 14 of care delivery and treatment outcomes among patients
 15 with opioid use disorders, the Secretary of Health and
 16 Human Services (referred to in this section as the “Sec-
 17 retary”), acting through the Administrator for the Sub-
 18 stance Abuse and Mental Health Services Administration,
 19 may advance, through existing programs as appropriate,
 20 the education and awareness of providers, patients, and
 21 other appropriate stakeholders regarding all products ap-
 22 proved by the Food and Drug Administration to treat
 23 opioid use disorders.

24 (b) ACTIVITIES.—The activities described in sub-
 25 section (a) may include—

1 (1) disseminating evidence-based practices for
2 the treatment of opioid use disorders;

3 (2) facilitating continuing education programs
4 for health professionals involved in treating opioid
5 use disorders;

6 (3) increasing awareness among relevant stake-
7 holders of the treatment of opioid use disorders;

8 (4) assessing current barriers to the treatment
9 of opioid use disorders for patients and providers
10 and development and implementation of strategies to
11 mitigate such barriers; and

12 (5) continuing innovative approaches to the
13 treatment of opioid use disorders in various treat-
14 ment settings, such as prisons, community mental
15 health centers, primary care, and hospitals.

16 (c) REPORT.—Not later than 1 year after the date
17 of enactment of this Act, if the Secretary carries out the
18 activities under this section, the Secretary shall submit to
19 the Committee on Health, Education, Labor, and Pen-
20 sions of the Senate and the Committee on Energy and
21 Commerce of the House of Representatives a report that
22 examines—

23 (1) the activities the Substance Abuse and Men-
24 tal Health Services Administration conducts under

1 this section, including any potential impacts on
2 health care costs associated with such activities;

3 (2) the role of adherence in the treatment of
4 opioid use disorders and methods to reduce opioid
5 use disorders; and

6 (3) recommendations on priorities and strate-
7 gies to address co-occurring substance use disorders
8 and mental illnesses.

9 **SEC. 7. EXAMINING MENTAL HEALTH CARE FOR CHILDREN.**

10 (a) IN GENERAL.—Not later than 1 year after the
11 date of enactment of this Act, the Comptroller General
12 of the United States shall conduct an independent evalua-
13 tion, and submit to the Committee on Health, Education,
14 Labor, and Pensions of the Senate and the Committee on
15 Energy and Commerce of the House of Representatives,
16 a report concerning the utilization of mental health serv-
17 ices for children, including the usage of psychotropic medi-
18 cations.

19 (b) CONTENT.—The report submitted under sub-
20 section (a) shall review and assess—

21 (1) the ways in which children access mental
22 health care, including information on whether chil-
23 dren are treated by primary care or specialty pro-
24 viders, what types of referrals for additional care are

1 recommended, and any barriers to accessing this
2 care;

3 (2) the extent to which children are prescribed
4 psychotropic medications in the United States in-
5 cluding the frequency of concurrent medication
6 usage; and

7 (3) the tools, assessments, and medications that
8 are available and used to diagnose and treat children
9 with mental health disorders.

10 **SEC. 8. EVIDENCE-BASED PRACTICES FOR OLDER ADULTS.**

11 Section 520A(e) of the Public Health Service Act (42
12 U.S.C. 290bb–32(e)) is amended by adding at the end the
13 following:

14 “(3) GERIATRIC MENTAL HEALTH DIS-
15 ORDERS.—The Secretary shall, as appropriate, pro-
16 vide technical assistance to grantees regarding evi-
17 dence-based practices for the prevention and treat-
18 ment of geriatric mental health disorders and co-oc-
19 ccurring mental health and substance use disorders
20 among geriatric populations, as well as disseminate
21 information about such evidence-based practices to
22 States and nongrantees throughout the United
23 States.”.

1 **SEC. 9. NATIONAL VIOLENT DEATH REPORTING SYSTEM.**

2 The Secretary of Health and Human Services, acting
3 through the Director of the Centers for Disease Control
4 and Prevention, is encouraged to improve, particularly
5 through the inclusion of additional States, the National
6 Violent Death Reporting System as authorized by title III
7 of the Public Health Service Act (42 U.S.C. 241 et seq.).
8 Participation in the system by the States shall be vol-
9 untary.

10 **SEC. 10. GAO STUDY ON VIRGINIA TECH RECOMMENDA-**
11 **TIONS.**

12 (a) IN GENERAL.—Not later than 1 year after the
13 date of enactment of this Act, the Comptroller General
14 of the United States shall conduct an independent evalua-
15 tion, and submit to the appropriate committees of Con-
16 gress a report concerning the status of implementation of
17 recommendations made in the report to the President, On
18 Issues Raised by the Virginia Tech Tragedy, by the Secre-
19 taries of Health and Human Services and Education and
20 the Attorney General of the United States, submitted to
21 the President on June 13, 2007.

22 (b) CONTENT.—The report submitted to the commit-
23 tees of Congress under subsection (a) shall review and as-
24 sess—

25 (1) the extent to which the recommendations in
26 the report that include participation by the Depart-

1 ment of Health and Human Services were imple-
2 mented;

3 (2) whether there are any barriers to implemen-
4 tation of such recommendations; and

5 (3) identification of any additional actions the
6 Federal Government can take to support States and
7 local communities and ensure that the Federal Gov-
8 ernment and Federal law are not obstacles to ad-
9 dressing at the community level—

10 (A) school violence; and

11 (B) mental illness.

○