

MENTAL HEALTH FIRST AID ACT OF 2016

SEPTEMBER 26, 2016.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. UPTON, from the Committee on Energy and Commerce, submitted the following

R E P O R T

[To accompany H.R. 1877]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 1877) to amend section 520J of the Public Health Service Act to authorize grants for mental health first aid training programs, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

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The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Mental Health First Aid Act of 2016”.

SEC. 2. MENTAL HEALTH AWARENESS TRAINING GRANTS.

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

(1) in the section heading, by inserting “**MENTAL HEALTH AWARENESS**” before “**TRAINING**”; and

(2) in subsection (b)—

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

(B) in paragraph (1), by inserting “, veterans, law enforcement, and other categories of individuals, as determined by the Secretary,” after “emergency services personnel”;

(C) in paragraph (5)—

(i) in the matter preceding subparagraph (A), by striking “to” and inserting “for evidence-based programs that provide education to teachers, personnel, and other categories of individuals described in paragraph (1) on at least”; and

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

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

“(B) either—

“(i) resources available in the community for individuals with a mental illness and other relevant resources; or

“(ii) the safe de-escalation of crisis situations involving individuals with a mental illness.”; and

(D) in paragraph (7), by striking “, \$25,000,000” and all that follows through the period at the end and inserting “\$14,963,000 for each of fiscal years 2017 through 2021.”.

PURPOSE AND SUMMARY

H.R. 1877, the Mental Health First Aid Act of 2016, was introduced on April 16, 2015, by Rep. Lynn Jenkins (R-KS) and Rep. Doris Matsui (D-CA). H.R. 1877 reauthorizes an existing grant program at the Substance Abuse and Mental Health Services Administration (SAMHSA) that provides for mental health awareness training grants.

BACKGROUND AND NEED FOR LEGISLATION

The Committee on Energy and Commerce, through the Subcommittee on Oversight and Investigations, undertook a yearlong investigation that spanned the 113th and 114th Congresses that examined the state of our mental health care system. Programs like mental health first aid are important for training the public in how to respond to mental health crises, recognize the signs and symptoms of mental illness, and help connect individuals with available community resources.

HEARINGS

The Subcommittee on Health did not hold a hearing on H.R. 1877.

COMMITTEE CONSIDERATION

On September 12 and 13, 2016, the Subcommittee on Health met in open markup session and forwarded H.R. 1877 to the full Committee, as amended, by a voice vote.

On September 20 and 21, 2016, the full Committee on Energy and Commerce met in open markup session and ordered H.R. 1877 reported to the House, as amended, by a voice vote.

COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list the record votes on the motion to report legislation and amendments thereto. There were no record votes taken in connection with ordering H.R. 1877 reported.

COMMITTEE OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII of the Rules of the House of Representatives, the Committee has not held hearings on this legislation.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

This legislation reauthorizes a grant program at SAMSHA for mental health awareness training programs.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

In compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee finds that H.R. 1877 would result in no new or increased budget authority, entitlement authority, or tax expenditures or revenues.

EARMARK, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

In compliance with clause 9(e), 9(f), and 9(g) of rule XXI of the Rules of the House of Representatives, the Committee finds that H.R. 1877 contains no earmarks, limited tax benefits, or limited tariff benefits.

COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974. At the time this report was filed, the estimate was not available.

CONGRESSIONAL BUDGET OFFICE ESTIMATE

At the time this report was filed, the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974 was not available.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

DUPLICATION OF FEDERAL PROGRAMS

No provision of H.R. 1877 establishes or reauthorizes a program of the Federal Government known to be duplicative of another Federal program, a program that was included in any report from the Government Accountability Office to Congress pursuant to section 21 of Public Law 111-139, or a program related to a program identified in the most recent Catalog of Federal Domestic Assistance.

DISCLOSURE OF DIRECTED RULE MAKINGS

The Committee estimates that enacting H.R. 1877 specifically directs to be completed no rule making within the meaning of 5 U.S.C. 551.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act were created by this legislation.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

This act may be cited as the “Mental Health First Aid Act of 2016.”

Section 2. Mental health awareness training grants

Section 2 clarifies that organizations that provide training to veterans, law enforcement, and other categories of individuals as determined by the Secretary are explicitly included as being eligible for participation in these grants. Additionally, the section ensures that evidence-based programs are being funded through the grant.

The grant program is reauthorized at its last appropriated level of \$14,963,000 for FY2017 through FY2021.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, and existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * *

TITLE V—SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

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PART B—CENTERS AND PROGRAMS

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Subpart 3—Center for Mental Health Services

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SEC. 520J. MENTAL HEALTH AWARENESS TRAINING GRANTS.

(a) IN GENERAL.—The Secretary shall award grants in accordance with the provisions of this section.

(b) MENTAL ~~【ILLNESS】~~ HEALTH AWARENESS TRAINING GRANTS.—

(1) IN GENERAL.—The Secretary shall award grants to States, political subdivisions of States, Indian tribes, tribal organizations, and nonprofit private entities to train teachers and other relevant school personnel to recognize symptoms of childhood and adolescent mental disorders, to refer family members to the appropriate mental health services if necessary, to train emergency services personnel, *veterans, law enforcement, and other categories of individuals, as determined by the Secretary*, to identify and appropriately respond to persons with a mental illness, and to provide education to such teachers and personnel regarding resources that are available in the community for individuals with a mental illness.

(2) EMERGENCY SERVICES PERSONNEL.—In this subsection, the term “emergency services personnel” includes paramedics, firefighters, and emergency medical technicians.

(3) DISTRIBUTION OF AWARDS.—The Secretary shall ensure that such grants awarded under this subsection are equitably distributed among the geographical regions of the United States and between urban and rural populations.

(4) APPLICATION.—A State, political subdivision of a State, Indian tribe, tribal organization, or nonprofit private entity that desires a grant under this subsection shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require, including a plan for the rigorous evaluation of activities that are carried out with funds received under a grant under this subsection.

(5) USE OF FUNDS.—A State, political subdivision of a State, Indian tribe, tribal organization, or nonprofit private entity receiving a grant under this subsection shall use funds from such grant ~~【to】~~ *for evidence-based programs that provide education to teachers, personnel, and other categories of individuals described in paragraph (1) on at least—*

~~【(A) train teachers and other relevant school personnel to recognize symptoms of childhood and adolescent mental disorders and appropriately respond;~~

~~【(B) train emergency services personnel to identify and appropriately respond to persons with a mental illness; and~~

~~【(C) provide education to such teachers and personnel regarding resources that are available in the community for individuals with a mental illness.】~~

~~(A) recognizing the signs and symptoms of mental illness; and~~

~~(B) either—~~

~~(i) resources available in the community for individuals with a mental illness and other relevant resources; or~~

~~(ii) the safe de-escalation of crisis situations involving individuals with a mental illness.~~

(6) EVALUATION.—A State, political subdivision of a State, Indian tribe, tribal organization, or nonprofit private entity that receives a grant under this subsection shall prepare and submit an evaluation to the Secretary at such time, in such manner, and containing such information as the Secretary may reasonably require, including an evaluation of activities carried out with funds received under the grant under this subsection and a process and outcome evaluation.

(7) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this subsection [, \$25,000,000 for fiscal year 2001 and such sums as may be necessary for each of fiscal years 2002 through 2003.] *\$14,963,000 for each of fiscal years 2017 through 2021.*

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