

116TH CONGRESS
1ST SESSION

S. 2690

To reduce mass violence, strengthen mental health collaboration in communities, improve school safety, and for other purposes.

IN THE SENATE OF THE UNITED STATES

OCTOBER 23, 2019

Mr. CORNYN (for himself, Ms. MCSALLY, Ms. ERNST, Mr. TILLIS, Mrs. CAPITO, and Mr. SCOTT of South Carolina) introduced the following bill; which was read twice and referred to the Committee on the Judiciary

A BILL

To reduce mass violence, strengthen mental health collaboration in communities, improve school safety, 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.**

4 This Act may be cited as the “Restoring, Enhancing,
5 Securing, and Promoting Our Nation’s Safety Efforts Act
6 of 2019” or the “RESPONSE Act”.

7 **SEC. 2. MENTAL HEALTH CRISIS STABILIZATION.**

8 (a) **PLANNING AND IMPLEMENTATION GRANTS.**—
9 Title I of the Omnibus Crime Control and Safe Streets

1 Act of 1968 (34 U.S.C. 10101 et seq.) is amended by in-
2 serting after part NN the following:

3 **“PART OO—CRISIS STABILIZATION AND**
4 **COMMUNITY REENTRY PROGRAM.**

5 **“SEC. 3101. GRANT AUTHORIZATION.**

6 “(a) IN GENERAL.—The Attorney General may make
7 grants under this part to States, for use by State and local
8 correctional facilities, for the purpose of providing clinical
9 services for people with serious mental illness that estab-
10 lish treatment, suicide prevention, and continuity of recov-
11 ery in the community upon release from the correctional
12 facility.

13 “(b) USE OF FUNDS.—A grant awarded under this
14 part shall be used to support—

15 “(1) programs involving criminal and juvenile
16 justice agencies, mental health agencies, and com-
17 munity-based behavioral health providers that im-
18 prove clinical stabilization during incarceration and
19 continuity of care leading to recovery in the commu-
20 nity by providing services and supports that may in-
21 clude peer support services, enrollment in health
22 care, and introduction to long-acting injectable medi-
23 cations or, as clinically indicated, other medications,
24 by—

1 “(A) providing training and education for
2 criminal and juvenile justice agencies, mental
3 health agencies, and community-based behav-
4 ioral health providers on interventions that sup-
5 port—

6 “(i) engagement in recovery supports
7 and services;

8 “(ii) access to medication while in an
9 incarcerated setting; and

10 “(iii) continuity of care during reentry
11 into the community;

12 “(B) ensuring that offenders with serious
13 mental illness are provided appropriate access
14 to evidence-based recovery supports that may
15 include peer support services, medication (in-
16 cluding long-acting injectable medications where
17 clinically appropriate), and psycho-social thera-
18 pies;

19 “(C) offering technical assistance to crimi-
20 nal justice agencies on how to modify their ad-
21 ministrative and clinical processes to accommo-
22 date evidence-based interventions, such as long-
23 acting injectable medications and other recovery
24 supports; and

1 “(D) participating in data collection activi-
2 ties specified by the Attorney General, in con-
3 sultation with the Secretary of Health and
4 Human Services;

5 “(2) programs that support cooperative efforts
6 between criminal and juvenile justice agencies, men-
7 tal health agencies, and community-based behavioral
8 health providers to establish or enhance serious men-
9 tal illness recovery support by—

10 “(A) strengthening or establishing crisis
11 response services delivered by hotlines, mobile
12 crisis teams, crisis stabilization and triage cen-
13 ters, peer support specialists, public safety offi-
14 cers, community-based behavioral health pro-
15 viders, and other stakeholders, including by pro-
16 viding technical support for interventions that
17 promote long-term recovery;

18 “(B) engaging criminal and juvenile justice
19 agencies, mental health agencies and commu-
20 nity-based behavioral health providers, prelimi-
21 nary qualified offenders, and family and com-
22 munity members in program design, program
23 implementation, and training on crisis response
24 services, including connection to recovery serv-
25 ices and supports;

1 “(C) examining health care reimbursement
2 issues that may pose a barrier to ensuring the
3 long-term financial sustainability of crisis re-
4 sponse services and interventions that promote
5 long-term engagement with recovery services
6 and supports; and

7 “(D) participating in data collection activi-
8 ties specified by the Attorney General, in con-
9 sultation with the Secretary of Health and
10 Human Services; and

11 “(3) programs that provide training and addi-
12 tional resources to criminal and juvenile justice
13 agencies, mental health agencies, and community-
14 based behavioral health providers on serious mental
15 illness, suicide prevention strategies, recovery en-
16 gagement strategies, and the special health and so-
17 cial needs of justice-involved individuals who are liv-
18 ing with serious mental illness.

19 “(c) CONSULTATION.—The Attorney General shall
20 consult with the Secretary of Health and Human Services
21 to ensure that serious mental illness treatment and recov-
22 ery support services provided under this grant program
23 incorporate evidence-based approaches that facilitate long-
24 term engagement in recovery services and supports.

1 **“SEC. 3102. STATE APPLICATIONS.**

2 “(a) IN GENERAL.—To request a grant under this
3 part, the chief executive of a State shall submit an applica-
4 tion to the Attorney General—

5 “(1) in such form and containing such informa-
6 tion as the Attorney General may reasonably re-
7 quire;

8 “(2) that includes assurances that Federal
9 funds received under this part shall be used to sup-
10 plement, not supplant, non-Federal funds that would
11 otherwise be available for activities funded under
12 this part; and

13 “(3) that describes the coordination between
14 State criminal and juvenile justice agencies, mental
15 health agencies and community-based behavioral
16 health providers, preliminary qualified offenders, and
17 family and community members in—

18 “(A) program design;

19 “(B) program implementation; and

20 “(C) training on crisis response, medica-
21 tion adherence, and continuity of recovery in
22 the community.

23 “(b) ELIGIBILITY FOR PREFERENCE WITH COMMU-
24 NITY CARE COMPONENT.—

25 “(1) IN GENERAL.—In awarding grants under
26 this part, the Attorney General shall give preference

1 to a State that ensures that individuals who partici-
2 pate in a program, funded by a grant under this
3 part will be provided with continuity of care, in ac-
4 cordance with paragraph (2), in a community care
5 provider program upon release from a correctional
6 facility.

7 “(2) REQUIREMENTS.—For purposes of para-
8 graph (1), the continuity of care shall involve the co-
9 ordination of the correctional facility treatment pro-
10 gram with qualified community behavioral health
11 providers and other recovery supports, parole super-
12 vision programs, half-way house programs, and par-
13 ticipation in peer recovery group programs, which
14 may aid in ongoing recovery after the individual is
15 released from the correctional facility.

16 “(3) COMMUNITY CARE PROVIDER PROGRAM
17 DEFINED.—For purposes of this subsection, the
18 term ‘community care provider program’ means a
19 community mental health center or certified commu-
20 nity behavioral health clinic that directly provides to
21 an individual, or assists in connecting an individual
22 to the provision of, appropriate community-based
23 treatment, medication management, and other recov-
24 ery supports, when the individual leaves a correc-
25 tional facility at the end of a sentence or on parole.

1 “(c) COORDINATION OF FEDERAL ASSISTANCE.—
2 Each application submitted for a grant under this part
3 shall include a description of how the funds made available
4 under this part will be coordinated with Federal assistance
5 for behavioral health services currently provided by the
6 Department of Health and Human Services’ Substance
7 Abuse and Mental Health Services Administration.

8 **“SEC. 3103. REVIEW OF STATE APPLICATIONS.**

9 “(a) IN GENERAL.—The Attorney General shall
10 make a grant under section 3101 to carry out the projects
11 described in the application submitted under section 3102
12 upon determining that—

13 “(1) the application is consistent with the re-
14 quirements of this part; and

15 “(2) before the approval of the application, the
16 Attorney General has made an affirmative finding in
17 writing that the proposed project has been reviewed
18 in accordance with this part.

19 “(b) APPROVAL.—Each application submitted under
20 section 3102 shall be considered approved, in whole or in
21 part, by the Attorney General not later than 90 days after
22 first received, unless the Attorney General informs the ap-
23 plicant of specific reasons for disapproval.

1 “(c) RESTRICTION.—Grant funds received under this
2 part shall not be used for land acquisition or construction
3 projects.

4 “(d) DISAPPROVAL NOTICE AND RECONSIDER-
5 ATION.—The Attorney General may not disapprove any
6 application without first affording the applicant reason-
7 able notice and an opportunity for reconsideration.

8 **“SEC. 3104. EVALUATION.**

9 “Each State that receives a grant under this part
10 shall submit to the Attorney General an evaluation not
11 later than March 1 of each year in such form and con-
12 taining such information as the Attorney General, in con-
13 sultation with the Secretary of Health and Human Serv-
14 ices, may reasonably require.

15 **“SEC. 3105. AUTHORIZATION OF FUNDING.**

16 “For purposes of carrying out this part, the Attorney
17 General is authorized to award not more than
18 \$10,000,000 of funds appropriated to the Department of
19 Justice for State and local law enforcement activities for
20 each of fiscal years 2020 through 2025.”.

21 (b) NATIONAL CRIMINAL JUSTICE AND MENTAL
22 HEALTH TRAINING AND TECHNICAL ASSISTANCE.—Sec-
23 tion 2992(c)(3) of title I of the Omnibus Crime Control
24 and Safe Streets Act of 1968 (34 U.S.C. 10652(c)(3)) is
25 amended by inserting before the semicolon at the end the

1 following: “, which may include interventions designed to
2 enhance access to medication.”.

3 **SEC. 3. MENTAL HEALTH CRISIS INTERVENTION TEAMS.**

4 Section 1701(b)(19) of title I of the Omnibus Crime
5 Control and Safe Streets Act of 1968 (34 U.S.C.
6 10381(b)(19)) is amended—

7 (1) by inserting “respond to and” before “ad-
8 dress”; and

9 (2) by inserting “, including partnerships with
10 health care providers to create and operate mental
11 health crisis intervention teams” before the semi-
12 colon at the end.

13 **SEC. 4. BEST PRACTICES FOR BEHAVIORAL INTERVENTION**
14 **TEAMS.**

15 The Public Health Service Act is amended by insert-
16 ing after section 520G of such Act (42 U.S.C. 290bb–38)
17 the following new section:

18 **“SEC. 520H. BEST PRACTICES FOR BEHAVIORAL INTERVEN-**
19 **TION TEAMS.**

20 “(a) IN GENERAL.—The Secretary shall identify and
21 facilitate the development of best practices to assist ele-
22 mentary schools, secondary schools, and institutions of
23 higher education in establishing and using behavioral
24 intervention teams.

1 “(b) ELEMENTS.—The best practices under sub-
2 section (a) shall address the following:

3 “(1) How behavioral intervention teams can op-
4 erate effectively from an evidence-based, objective
5 perspective while protecting the constitutional and
6 civil rights of individuals.

7 “(2) The use of behavioral intervention teams
8 to identify concerning behaviors, implement interven-
9 tions, and manage risk through the framework of
10 the school’s or institution’s rules or code of conduct,
11 as applicable.

12 “(3) How behavioral intervention teams can,
13 when assessing an individual of concern—

14 “(A) access training on evidence-based,
15 threat-assessment strategies;

16 “(B) ensure that such teams—

17 “(i) have trained, diverse stakeholders
18 with varied expertise; and

19 “(ii) use cross-validation by a wide-
20 range of individual perspectives on the
21 team; and

22 “(C) use violence threat assessment.

23 “(4) How behavioral intervention teams can
24 help mitigate—

1 “(A) the inappropriate use of mental
2 health assessments;

3 “(B) inappropriate limitations or restric-
4 tions on law enforcement’s jurisdiction over
5 criminal matters;

6 “(C) attempts to substitute the behavioral
7 intervention process in place of a criminal proc-
8 ess, or impede a criminal process, when an indi-
9 vidual’s behavior has potential criminal implica-
10 tions; or

11 “(D) endangerment of an individual’s pri-
12 vacy by failing to ensure that all applicable
13 Federal and State privacy laws are fully com-
14 plied with.

15 “(e) CONSULTATION.—In carrying out subsection
16 (a)(1), the Secretary shall consult with—

17 “(1) the Secretary of Education;

18 “(2) the Director of the National Threat As-
19 sessment Center of the Department of Homeland
20 Security;

21 “(3) the Attorney General of the United States,
22 including the Director of the Bureau of Justice As-
23 sistance;

24 “(4) teachers and other educators, principals,
25 school administrators, school board members, school

1 psychologists, mental health professionals, and par-
2 ents of students;

3 “(5) local law enforcement agencies and campus
4 law enforcement administrators;

5 “(6) privacy experts; and

6 “(7) other education and mental health profes-
7 sionals as the Secretary deems appropriate.

8 “(d) PUBLICATION.—Not later than 1 year after the
9 date of enactment of this section, the Secretary shall pub-
10 lish the best practices under subsection (a)(1) and the list
11 under subsection (a)(2) on the internet website of the De-
12 partment of Health and Human Services.

13 “(e) TECHNICAL ASSISTANCE.—The Secretary shall
14 provide technical assistance to institutions of higher edu-
15 cation, elementary schools, and secondary schools to assist
16 such institutions and schools in implementing the best
17 practices under subsection (a).

18 “(f) DEFINITIONS.—In this section:

19 “(1) The term ‘behavioral intervention team’
20 means a team of qualified individuals who—

21 “(A) are responsible for identifying and as-
22 sassing individuals whose behavior indicates vio-
23 lence or physical bodily harm to self or others;

24 “(B) develop and facilitate implementation
25 of evidence-based interventions to mitigate the

1 threat of harm to self or others posed by an in-
2 dividual and address the mental and behavioral
3 health needs of such individuals to reduce such
4 threat; and

5 “(C) provide information to students and
6 school employees on recognizing harmful,
7 threatening, or violent behavior that may pose
8 a threat to the community, the school, or an in-
9 dividual.

10 “(2) The terms ‘elementary school’, ‘parent’,
11 and ‘secondary school’ have the meanings given to
12 such terms in section 8101 of the Elementary and
13 Secondary Education Act of 1965 (20 U.S.C. 7801).

14 “(3) The term ‘institution of higher education’
15 has the meaning given to such term in section 101
16 of the Higher Education Act of 1965 (20 U.S.C.
17 1002).

18 “(4) The term ‘mental health assessment’
19 means an evaluation, primarily focused on diagnosis,
20 determining the need for involuntary commitment,
21 medication management, and on-going treatment
22 recommendations.

23 “(5) The term ‘violence risk assessment’ means
24 a broad determination of the potential risk of vio-
25 lence based on evidence-based literature.”.

1 **SEC. 5. CHILDREN'S INTERNET PROTECTION ACT AMEND-**
2 **MENT.**

3 (a) IN GENERAL.—Section 254(h)(5)(B) of the Com-
4 munications Act of 1934 (47 U.S.C. 254(h)(5)(B)) is
5 amended—

6 (1) by redesignating clauses (ii) and (iii) as
7 clauses (iii) and (iv), respectively;

8 (2) by inserting after clause (i) the following:

9 “(ii) as part of its Internet safety poli-
10 icy is operating a technology protection
11 measure that detects online activities of
12 minors who are at risk of committing self-
13 harm or extreme violence against others;”;
14 and

15 (3) in clause (iii), as so designated, by striking
16 “such technology protection measure” and inserting
17 “the technology protection measures described in
18 clauses (i) and (ii)”.

19 (b) REGULATIONS; EFFECTIVE DATE.—

20 (1) REGULATIONS.—Not later than 1 year after
21 the date of enactment of this Act, the Federal Com-
22 munications Commission shall amend section 54.520
23 of title 47, Code of Federal Regulations, to imple-
24 ment the amendments made by subsection (a).

25 (2) EFFECTIVE DATE.—

1 (A) IN GENERAL.—The amendments made
2 by subsection (a) shall take effect on the date
3 that is 120 days after the date on which the
4 Federal Communications Commission amends
5 the regulations under paragraph (1) of this sub-
6 section.

7 (B) SUBMISSION OF MODIFIED CERTIFI-
8 CATION.—Not later than 120 days after the
9 first day of the first program funding year
10 under section 254(h) of the Communications
11 Act of 1934 (47 U.S.C. 254(h)) following the
12 effective date under subparagraph (A) of this
13 paragraph, in the case of a school that is cov-
14 ered under paragraph (5) of such section
15 254(h) as of that effective date, the school (or
16 school board, local educational agency, or other
17 authority with responsibility for administration
18 of the school, as applicable) shall submit to the
19 Federal Communications Commission a modi-
20 fied certification of the compliance of the school
21 with subparagraph (B) of such paragraph (5),
22 as amended by subsection (a) of this section.

1 **SEC. 6. ASSISTED OUTPATIENT TREATMENT FOR PERSONS**
2 **WITH MENTAL ILLNESS.**

3 Section 1920 of the Public Health Service Act (42
4 U.S.C. 300x-9) is amended by adding at the end the fol-
5 lowing:

6 “(d) ASSISTED OUT-PATIENT TREATMENT.—

7 “(1) IN GENERAL.—Except as provided in para-
8 graph (2), a State shall expend not less than 10 per-
9 cent of the amount the State receives under this sec-
10 tion for each fiscal year to support the development
11 and implementation of court-ordered assisted out-
12 patient treatment programs (as defined in section
13 2202(3) of title I of the Omnibus Crime Control and
14 Safe Streets Act of 1968 (34 U.S.C. 10472(3))).

15 “(2) STATE FLEXIBILITY.—In lieu of expending
16 10 percent of the amount the State receives under
17 this section for a fiscal year as required under para-
18 graph (1), a State may elect to—

19 “(A) expend not less than 20 percent of
20 such amount by the end of such succeeding fis-
21 cal year; or

22 “(B) otherwise support evidence-based pro-
23 grams that address the needs of eligible pa-
24 tients, as defined in section 2202(4) of title I
25 of the Omnibus Crime Control and Safe Streets
26 Act of 1968 (34 U.S.C. 10472(4)).”.

1 **SEC. 7. TARGETED STRATEGIES TO ADDRESS THE MENTAL**
2 **HEALTH CARE NEEDS AND RISK AMONG INDI-**
3 **VIDUALS WITH MENTAL ILLNESS INVOLVED**
4 **WITH THE CRIMINAL JUSTICE SYSTEM.**

5 (a) IN GENERAL.—Not later than 1 year after the
6 date of the enactment of this Act, the Secretary of Health
7 and Human Services (referred to in this section as the
8 “Secretary”) shall submit to the Committee on Finance
9 of the Senate, the Committee on Health, Education,
10 Labor, and Pensions of the Senate, and the Committee
11 on Energy and Commerce of the House of Representa-
12 tives, a report on the current State strategies under the
13 Medicaid program under title XIX of the Social Security
14 Act (42 U.S.C. 1396 et seq.) to address the mental health
15 needs and criminogenic risk among individuals with men-
16 tal illnesses involved in the criminal justice system.

17 (b) CONTENT OF REPORT.—The report required
18 under subsection (a) shall include—

19 (1) examples of States that have existing tar-
20 geted strategies to address the mental health needs
21 and criminogenic risk among individuals with mental
22 illnesses involved in the criminal justice system;

23 (2) a toolkit for replicating successful model
24 programs; and

1 (3) an assessment of the current landscape and
 2 gaps in treatment for individuals with mental ill-
 3 nesses involved in the criminal justice system.

4 **SEC. 8. DEVELOPING GUIDANCE ON BUILDING CAPACITY**
 5 **FOR ADDRESSING THE MENTAL HEALTH**
 6 **CARE NEEDS OF INDIVIDUALS IN OR AT RISK**
 7 **OF INVOLVEMENT WITH THE CRIMINAL JUS-**
 8 **TICE SYSTEM UNDER THE MEDICAID PRO-**
 9 **GRAM.**

10 (a) IN GENERAL.—Not later than 2 years after en-
 11 actment of this Act, the Secretary of Health and Human
 12 Services (referred to in this section as the “Secretary”),
 13 acting through the Administrator of the Centers for Medi-
 14 care & Medicaid Services, shall—

15 (1) issue a State Medicaid Director letter,
 16 based on best practices developed under subsection
 17 (b), regarding existing flexibility in the Medicaid
 18 program to expand the capacity to provide targeted
 19 mental health services for individuals at high risk of
 20 criminal justice involvement;

21 (2) disseminate such letter to providers; and

22 (3) publish such letter on the public internet
 23 websites of the Centers for Medicare & Medicaid
 24 Services and the Substance Abuse and Mental
 25 Health Services Administration.

1 (b) CONSULTATION.—In developing the letter under
2 subsection (a), the Secretary shall consult with relevant
3 stakeholders, including—

4 (1) State Medicaid directors;

5 (2) providers and suppliers of services;

6 (3) Medicaid managed care organizations;

7 (4) health care consumers or groups rep-
8 resenting such consumers; and

9 (5) other entities, as the Secretary determines
10 appropriate, that can help to develop best practices
11 for States with respect to the issues described in
12 subsection (c).

13 (c) CONTENT.—The letter described in subsection (a)
14 shall include, with respect to hospitals, community health
15 centers, and individuals described in such subsection—

16 (1) suggestions for increasing capacity for com-
17 munity mental health care and social supports, such
18 as housing;

19 (2) suggestions for delivering mental health
20 care in a coordinated way;

21 (3) suggestions for financing and providing tar-
22 geted mental health and crisis intervention services;
23 and

1 (4) incentives for models (such as managed
2 care) that target and coordinate care to reach indi-
3 viduals who most need such care.

4 **SEC. 9. INCREASING ACCESS TO COMMUNITY MENTAL**
5 **HEALTH CARE AND EXPANDING THE PRO-**
6 **VIDER WORKFORCE.**

7 Not later than 1 year after the date of the enactment
8 of this Act, the Secretary of Health and Human Services
9 (referred to in this section as the “Secretary”) shall sub-
10 mit to the Committee on Finance of the Senate, the Com-
11 mittee on Health, Education, Labor, and Pensions of the
12 Senate, and the Committee on Energy and Commerce of
13 the House of Representatives a report on strategies to ex-
14 pand the mental health workforce, including the following:

15 (1) An analysis of the increasing demand for
16 mental health services and any delays in treatment,
17 reduced quality of care, low patient satisfaction, and
18 poor patient outcomes, and other negative con-
19 sequences as a result of workforce shortages in the
20 mental health profession, including the shortage of
21 psychiatrists, psychologists, social workers, and
22 other mental health workers.

23 (2) The feasibility of increasing the number of
24 States that can be funded to develop certified com-
25 munity behavioral health clinics for purposes of sec-

1 tion 223 of the Protecting Access to Medicare Act
2 of 2014 (42 U.S.C. 1396a note), to provide targeted
3 responses for individuals in or at risk of involvement
4 with the criminal justice system.

5 (3) The feasibility of expanding coverage of
6 telemedicine to improve access to care, with a par-
7 ticular emphasis on remote or rural areas and re-
8 moving regulatory barriers that currently exist for
9 expanding such services.

10 (4) The feasibility of expanding loan forgiveness
11 options for mental health professionals, including ex-
12 panding scholarship and loan forgiveness programs
13 and including incentives to encourage such profes-
14 sionals to work in underserved areas.

15 (5) The feasibility of expanding and enhancing
16 psychosocial and behavioral health training for pri-
17 mary care providers.

18 (6) The feasibility of requiring all States to pay
19 for mental health services at federally qualified
20 health centers, including mental health services that
21 are provided on the same day as primary care serv-
22 ices.

23 (7) The feasibility of expanding peer community
24 health workers and others with lived experience for
25 support recovery.

1 **SEC. 10. FACILITATING STRONGER PARTNERSHIPS AND**
2 **BETTER COOPERATION BETWEEN LAW EN-**
3 **FORCEMENT AND ONLINE EDGE SERVICE**
4 **PROVIDERS.**

5 Section 2702 of title 18, United States Code, is
6 amended—

7 (1) in subsection (b)(8)—

8 (A) by striking “to a governmental entity,
9 if the provider” and inserting the following: “to
10 a governmental entity, if—

11 “(A) the provider”; and

12 (B) by adding at the end the following:

13 “(B) the provider, based on a reasonable
14 belief and in good faith reliance on actual
15 knowledge of facts and circumstances, believes
16 that an individual or group of individuals may
17 be—

18 “(i) a danger to themselves or others;

19 or

20 “(ii) involved in the planning of—

21 “(I) an offense described in sec-
22 tion 249(a) (relating to hate crimes);

23 or

24 “(II) an act of domestic ter-
25 rorism or international terrorism (as

1 those terms are defined in section
2 2331); or”;

3 (2) in subsection (c)(4)—

4 (A) by striking “to a governmental entity,
5 if the provider” and inserting the following: “to
6 a governmental entity, if—

7 “(A) the provider”; and

8 (B) by adding at the end the following: “or

9 “(B) the provider, based on a reasonable
10 belief and in good faith reliance on actual
11 knowledge of facts and circumstances, believes
12 that an individual or group of individuals may
13 be—

14 “(i) a danger to themselves or others;

15 or

16 “(ii) involved in the planning of—

17 “(I) an offense described in sec-
18 tion 249(a) (relating to hate crimes);

19 or

20 “(II) an act of domestic ter-
21 rorism or international terrorism (as
22 those terms are defined in section
23 2331);”; and

24 (3) in subsection (d)—

1 (A) in paragraph (1), by inserting “(A)”
2 after “(b)(8)”;

3 (B) in paragraph (2)(A), by inserting
4 “(A)” after “(b)(8)”;

5 (C) in paragraph (3), by inserting “(A)”
6 after “(c)(4)”.

7 **SEC. 11. EXILE ILLEGAL FIREARMS DEALER TASK FORCES.**

8 (a) ESTABLISHMENT.—Not later than 180 days after
9 the date of enactment of this Act, the Attorney General,
10 acting through the Director of the Bureau of Alcohol, To-
11 bacco, Firearms and Explosives, shall establish an Exile
12 Illegal Firearms Dealer Task Force (referred to in this
13 section as the “Task Force”) within each Field Division
14 of the Bureau of Alcohol, Tobacco, Firearms and Explo-
15 sives.

16 (b) PURPOSES.—Each Task Force established under
17 subsection (a) shall investigate and assist in the prosecu-
18 tion of individuals who are involved in—

19 (1) the unlicensed and unlawful manufacture or
20 sale of firearms under section 923 of title 18, United
21 States Code; or

22 (2) the illegal purchase of firearms through
23 false or fictitious means under section 922(a)(6) of
24 title 18, United States Code.

1 (c) PARTICIPANTS.—Each Task Force established
2 under subsection (a) shall—

3 (1) be directed by the Special Agent in Charge
4 of the relevant Field Division of the Bureau of Alco-
5 hol, Tobacco, Firearms and Explosives, in coordina-
6 tion with the United States Attorney of the judicial
7 district in which the Task Force is located; and

8 (2) include officials from Federal, State, and
9 local law enforcement agencies involved in the inves-
10 tigation or prosecution of firearms offenses.

11 (d) REQUIREMENT.—Each United States Attorney
12 who is a participant in a Task Force created under sub-
13 section (a) shall designate one Assistant United States At-
14 torney who, in addition to any other responsibilities, shall
15 be responsible for overseeing the prosecution of case refer-
16 rals arising from the Task Force.

17 (e) ACCOUNTABILITY.—Not later than the beginning
18 of each fiscal year after the date of enactment of this Act,
19 each Task Force established under subsection (a) shall
20 submit a report to the Attorney General, the Committee
21 on the Judiciary of the Senate, and the Committee on the
22 Judiciary of the House of Representatives that details the
23 enforcement goals and results of the Task Force, includ-
24 ing, with respect to the previous fiscal year—

1 (1) the number of individuals investigated for
2 crimes arising from violations of section 922(a)(6)
3 or 923 of title 18, United States Code;

4 (2) the number of individuals charged with vio-
5 lations of section 922(a)(6) or 923 of title 18,
6 United States Code; and

7 (3) the number of individuals convicted of
8 crimes arising from violations of section 922(a)(6)
9 or 923 of title 18, United States Code.

10 (f) AUTHORIZATION FOR USE OF FUNDS.—

11 (1) IN GENERAL.—The Attorney General shall
12 fund Federal agency participation in each Task
13 Force established under subsection (a) through the
14 use of funds otherwise appropriated for the nec-
15 essary expenses of—

16 (A) the Bureau of Alcohol, Tobacco, Fire-
17 arms and Explosives;

18 (B) the Office of the United States Attor-
19 neys; and

20 (C) the Federal Bureau of Investigation.

21 (2) GRANTS FOR STATE AND LOCAL LAW EN-
22 FORCEMENT AGENCIES.—Using funds available
23 under section 524(c) of title 28, United States Code,
24 the Attorney General may make grants or other pay-
25 ments to State and local law enforcement agencies

1 related to participation in a Task Force established
2 under subsection (a).

3 **SEC. 12. RESPONDING TO TERRORIST ACTIVE SHOOTERS.**

4 (a) LIMITATION ON FEDERAL HABEAS RELIEF FOR
5 MURDERS INVOLVING ACTS OF TERRORISM OR HATE
6 CRIMES.—

7 (1) JUSTICE FOR VICTIMS OF TERRORISM AND
8 HATE CRIMES.—

9 (A) IN GENERAL.—Section 2254 of title
10 28, United States Code, is amended by adding
11 at the end the following:

12 “(j)(1) For an application for a writ of habeas corpus
13 on behalf of a person in custody pursuant to the judgment
14 of a State court for a crime that involved an act of domes-
15 tic or international terrorism (as those terms are defined
16 in section 2331 of title 18) or a hate crime (as described
17 in section 249 of title 18)—

18 “(A) the application shall be subject to the
19 time limitations and other requirements under
20 sections 2263, 2264, and 2266; and

21 “(B) the court shall not consider claims re-
22 lating to sentencing that were adjudicated in a
23 State court.

24 “(2) Sections 2251, 2262, and 2101 are the exclusive
25 sources of authority for Federal courts to stay a sentence

1 of death entered by a State court in a case described in
2 paragraph (1).”.

3 (2) RULES.—Rule 11 of the Rules Governing
4 Section 2254 Cases in the United States District
5 Courts is amended by adding at the end the fol-
6 lowing: “Rule 60(b)(6) of the Federal Rules of Civil
7 Procedure shall not apply to a proceeding under
8 these rules in a case that is described in section
9 2254(j) of title 28, United States Code.”.

10 (3) FINALITY OF DETERMINATION.—Section
11 2244(b)(3)(E) of title 28, United States Code, is
12 amended by striking “the subject of a petition” and
13 all that follows and inserting: “reheard in the court
14 of appeals or reviewed by writ of certiorari.”.

15 (4) EFFECTIVE DATE AND APPLICABILITY.—

16 (A) IN GENERAL.—This paragraph and the
17 amendments made by this paragraph shall
18 apply to any case pending on or after the date
19 of enactment of this Act.

20 (B) TIME LIMITS.—In a case pending on
21 the date of enactment of this Act, if the amend-
22 ments made by this paragraph impose a time
23 limit for taking certain action, the period of
24 which began before the date of enactment of

1 this Act, the period of such time limit shall
2 begin on the date of enactment of this Act.

3 (C) EXCEPTION.—The amendments made
4 by this paragraph shall not bar consideration
5 under section 2266(b)(3)(B) of title 28, United
6 States Code, of an amendment to an application
7 for a writ of habeas corpus that is pending on
8 the date of enactment of this Act, if the amend-
9 ment to the petition was adjudicated by the
10 court prior to the date of enactment of this Act.

11 (b) TERRORISM PREVENTION.—Section 2006(a)(2)
12 of the Homeland Security Act of 2002 (6 U.S.C.
13 607(a)(2)) is amended—

14 (1) by redesignating subparagraphs (I) and (J)
15 as subparagraphs (J) and (K), respectively; and

16 (2) by inserting after subparagraph (H) the fol-
17 lowing:

18 “(I) nationally recognized active shooter
19 training programs that offer scenario-based, in-
20 tegrated response courses designed to counter
21 active shooter threats or acts of terrorism
22 against individuals or facilities by including
23 emergency medical services and other first re-
24 sponders;”.

1 (c) ACTS OF TERRORISM.—Section 2001 of the
2 Homeland Security Act of 2002 (6 U.S.C. 601) is amend-
3 ed by—

4 (1) redesignating paragraphs (1) through (14)
5 as paragraphs (2) through (15), respectively; and

6 (2) by inserting before paragraph (2), as so re-
7 designated, the following:

8 “(1) ACT OF TERRORISM.—The term ‘act of
9 terrorism’ includes an act of international terrorism
10 and an act of domestic terrorism, as those terms are
11 defined in section 2331 of title 18, United States
12 Code.”.

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