

Those who need this treatment must have access to it. Community Mental Health Centers play a vital role in helping individuals get the mental and behavioral health care that they need to lead healthier, more productive lives. In 2012, Community Mental Health Centers in Rhode Island treated approximately 45,000 individuals at over 1 million distinct encounters. Next year, the number of individuals treated by Community Mental Health Centers will likely increase, as over 50,000 Rhode Islanders gain access to health insurance.

As more Americans across the country gain access to health insurance, these centers and other providers will see an increased caseload. Yet, many Community Mental Health Centers are in outdated and outmoded facilities that make it difficult to provide the optimal level of care.

The Community Based Mental Health Infrastructure Improvements Act we are introducing today would support the necessary updates and expansions of some facilities, and the construction of entirely new facilities in other instances in order to meet the growing demand.

I am pleased that this legislation has also been included in a broader bill, the Excellence in Mental Health Act, which I joined Senators STABENOW, BLUNT, BOXER, COLLINS, LEAHY and RUBIO in introducing today, to make other updates to the way Community Mental Health Centers are reimbursed for services. I look forward to working with my colleagues to address the critical needs of our mental and behavioral health care delivery system.

#### SUBMITTED RESOLUTIONS

#### SENATE RESOLUTION 26—RECOGNIZING THAT ACCESS TO HOSPITALS AND OTHER HEALTH CARE PROVIDERS FOR PATIENTS IN RURAL AREAS OF THE UNITED STATES IS ESSENTIAL TO THE SURVIVAL AND SUCCESS OF COMMUNITIES IN THE UNITED STATES

Mr. MORAN (for himself and Ms. KLOBUCHAR) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 26

Whereas access to quality health care services determines whether individuals in the United States can remain in the communities they call home and whether their children will return to those communities to raise families of their own;

Whereas more than 60,000,000 individuals in rural areas of the United States rely on rural hospitals and other providers as critical access points to health care;

Whereas rural areas of the United States need quality health care services to attract and retain business and industry;

Whereas, to ensure that communities in the United States survive and flourish, Congress must address the unique health care

needs of individuals in rural areas of the United States;

Whereas individuals in rural areas of the United States are, per capita, older, poorer, and sicker than individuals in urban areas of the United States;

Whereas, according to the Department of Health and Human Services, “rural areas have higher rates of poverty, chronic disease, and uninsurance, and millions of rural Americans have limited access to a primary care provider”;

Whereas, according to the Department of Agriculture, individuals in rural areas of the United States have higher rates of age-adjusted mortality, disability, and chronic disease than individuals in urban areas of the United States;

Whereas the 20 percent of the population of the United States that lives in rural areas is scattered over 90 percent of the landmass of the United States;

Whereas the geography and weather of rural areas of the United States can make accessing health care difficult, and cultural, social, and language barriers compound rural health challenges;

Whereas individuals in rural areas of the United States are more likely to be uninsured and more likely to receive coverage through public sources than individuals in urban areas of the United States;

Whereas the proportion of uninsured and underinsured individuals is rising faster in rural areas of the United States than in urban areas of the United States;

Whereas access to health care continues to be a major challenge in rural areas of the United States, as—

(1) 77 percent of the 2,050 rural counties in the United States are designated as primary care Health Professional Shortage Areas (commonly referred to as “HPSAs”);

(2) rural areas of the United States have fewer than half as many primary care physicians per 100,000 people as urban areas of the United States; and

(3) more than 50 percent of patients in rural areas of the United States travel at least 20 miles to receive specialty medical care, compared to only 6 percent of patients in urban areas of the United States;

Whereas, because rural hospitals and other providers face unique challenges in administering care to patients, Congress has traditionally supported those providers by implementing—

(1) specific programs to address rural hospital closures that occurred in the 1980s by providing financial support to hospitals that are geographically isolated and in which Medicare patients make up a significant percentage of hospital inpatient days or discharges; and

(2) a program established in 1997 to support limited-service hospitals that, being located in rural areas of the United States that cannot support a full-service hospital, are critical access points to health care for rural patients;

Whereas hospitals in rural areas of the United States achieve high levels of performance, according to standards for quality, patient satisfaction, and operational efficiency, for the types of care most relevant to rural communities;

Whereas, in addition to the vital care that rural health care providers provide to patients, rural health care providers are critical to the local economies of their communities and are one of the largest types of employers in rural areas of the United States where, on average, 14 percent of total employment is attributed to the health sector;

Whereas a hospital in a rural area of the United States is typically one of the top 2 largest employers in that area;

Whereas 1 primary care physician in a rural community annually generates approximately \$1,500,000 in total revenue, and 1 general surgeon in a rural community annually generates approximately \$2,700,000 in total revenue;

Whereas the average Critical Access Hospital, a limited-service rural health care facility, creates 107 jobs and generates \$4,800,000 in annual payroll, and the wages, salaries, and benefits provided by a Critical Access Hospital can amount to 20 percent of the output of a rural community’s economy;

Whereas hospitals in rural communities play a vital role in caring for the residents of those communities and preserving the special way of life that communities in the United States foster; and

Whereas the closure of a hospital in a rural community often results in severe economic decline in the community and the departure of physicians, nurses, pharmacists, and other health providers from the community, and forces patients to travel long distances for care or to delay receiving care, leading to decreased health outcomes, higher costs, and added burden to patients: Now therefore be it

*Resolved*, That the Senate—

(1) recognizes that access to hospitals and other health care providers for patients in rural areas of the United States is essential to the survival and success of communities in the United States;

(2) recognizes that preserving and strengthening access to quality health care in rural areas of the United States is crucial to the success and prosperity of the United States;

(3) recognizes that strengthening access to hospitals and other health care providers for patients in rural areas of the United States makes Medicare more cost-effective and improves health outcomes for patients;

(4) recognizes that, in addition to the vital care that rural health care providers provide to patients, rural health care providers are integral to the local economies and are one of the largest types of employers in rural areas of the United States; and

(5) celebrates the many dedicated medical professionals across the United States who work hard each day to deliver quality care to the nearly 1 in 5 people in the United States living in rural areas, because the dedication and professionalism of those medical professionals preserves the special way of life and sense of community enjoyed and cherished by individuals in rural areas of the United States.

#### SENATE RESOLUTION 27—DESIGNATING THE WEEK OF FEBRUARY 4 THROUGH 8, 2013, AS “NATIONAL SCHOOL COUNSELING WEEK”

Mrs. MURRAY (for herself, Ms. COLLINS, Mr. ISAKSON, and Mr. LEVIN) submitted the following resolution; which was considered and agreed to:

S. RES. 27

Whereas the American School Counselor Association has designated the week of February 4 through 8, 2013, as “National School Counseling Week”;

Whereas the importance of school counseling has been recognized through the inclusion of elementary- and secondary-school counseling programs in amendments to the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6301 et seq.);

Whereas school counselors have long advocated that the education system of the United States must provide equitable opportunities for all students;

Whereas personal and social growth results in increased academic achievement;

Whereas school counselors help develop well-rounded students by guiding the students through academic, personal, social, and career development;

Whereas school counselors play a vital role in ensuring that students are college- and career-ready, and are aware of financial aid and college opportunities;

Whereas school counselors assist with and coordinate efforts to foster a positive school culture resulting in a safer learning environment for all students;

Whereas school counselors have been instrumental in helping students, teachers, and parents deal with personal trauma as well as tragedies in the community and the United States;

Whereas students face myriad challenges every day, including peer pressure, bullying, depression, the deployment of family members to serve in conflicts overseas, and school violence;

Whereas school counselors are one of the few professionals in a school building who are trained in both education and mental-health matters;

Whereas the roles and responsibilities of school counselors are often misunderstood;

Whereas the school-counselor position is often among the first to be eliminated to meet budgetary constraints;

Whereas the national average ratio of students to school counselors of 471 to 1 is almost twice that of the ratio of 250 to 1 recommended by the American School Counselor Association, the National Association for College Admission Counseling, and other organizations; and

Whereas the celebration of National School Counseling Week would increase awareness of the important and necessary role school counselors play in the lives of students in the United States: Now, therefore, be it

*Resolved*, That the Senate—

(1) designates the week of February 4 through 8, 2013, as “National School Counseling Week”; and

(2) encourages the people of the United States to observe the week with appropriate ceremonies and activities that promote awareness of the role school counselors play in the school and the community at large in preparing students for fulfilling lives as contributing members of society.

#### AMENDMENTS SUBMITTED AND PROPOSED

SA 10. Mr. PORTMAN (for himself, Mr. BLUMENTHAL, Ms. COLLINS, Ms. AYOTTE, Mr. RUBIO, and Mr. COCHRAN) submitted an amendment intended to be proposed by him to the bill S. 47, to reauthorize the Violence Against Women Act of 1994; which was ordered to lie on the table.

SA 11. Ms. MURKOWSKI submitted an amendment intended to be proposed by her to the bill S. 47, supra; which was ordered to lie on the table.

SA 12. Mr. COBURN submitted an amendment intended to be proposed by him to the bill S. 47, supra; which was ordered to lie on the table.

SA 13. Mr. COBURN submitted an amendment intended to be proposed by him to the bill S. 47, supra; which was ordered to lie on the table.

SA 14. Mr. GRASSLEY (for himself, Mr. HATCH, and Mr. JOHANNES) submitted an amendment intended to be proposed by him to the bill S. 47, supra.

SA 15. Mr. COBURN submitted an amendment intended to be proposed by him to the bill S. 47, supra; which was ordered to lie on the table.

SA 16. Mr. COBURN submitted an amendment intended to be proposed by him to the bill S. 47, supra; which was ordered to lie on the table.

SA 17. Mr. COBURN submitted an amendment intended to be proposed by him to the bill S. 47, supra; which was ordered to lie on the table.

SA 18. Ms. AYOTTE (for herself and Mrs. GILLIBRAND) submitted an amendment intended to be proposed by her to the bill S. 47, supra; which was ordered to lie on the table.

SA 19. Mr. CORNYN (for himself and Mr. CRAPO) submitted an amendment intended to be proposed by him to the bill S. 47, supra; which was ordered to lie on the table.

SA 20. Mr. WARNER (for himself and Mr. KIRK) submitted an amendment intended to be proposed by him to the bill S. 47, supra; which was ordered to lie on the table.

SA 21. Mr. LEAHY submitted an amendment intended to be proposed by him to the bill S. 47, supra; which was ordered to lie on the table.

#### AMENDMENTS

SA 10. Mr. PORTMAN (for himself, Mr. BLUMENTHAL, Ms. COLLINS, Ms. AYOTTE, Mr. RUBIO, and Mr. COCHRAN) submitted an amendment intended to be proposed by him to the bill S. 47, to reauthorize the Violence Against Women Act of 1994; which was ordered to lie on the table; as follows:

Strike section 302 and insert the following:  
**SEC. 302. CREATING HOPE THROUGH OUTREACH, OPTIONS, SERVICES, AND EDUCATION FOR CHILDREN AND YOUTH.**

Subtitle L of the Violence Against Women Act of 1994 is amended by striking sections 41201 through 41204 (42 U.S.C. 14043c through 14043c-3) and inserting the following:

**“SEC. 41201. CREATING HOPE THROUGH OUTREACH, OPTIONS, SERVICES, AND EDUCATION FOR CHILDREN AND YOUTH (CHOOSE CHILDREN & YOUTH).**

“(a) GRANTS AUTHORIZED.—The Attorney General, working in collaboration with the Secretary of Health and Human Services and the Secretary of Education, shall award grants to enhance the safety of youth and children who are victims of, or exposed to, domestic violence, dating violence, sexual assault, stalking, or sex trafficking and prevent future violence.

“(b) PROGRAM PURPOSES.—Funds provided under this section may be used for the following program purpose areas:

“(1) SERVICES TO ADVOCATE FOR AND RESPOND TO YOUTH.—To develop, expand, and strengthen victim-centered interventions and services that target youth who are victims of domestic violence, dating violence, sexual assault, stalking, and sex trafficking. Services may include victim services, counseling, advocacy, mentoring, educational support, transportation, legal assistance in civil, criminal and administrative matters, such as family law cases, housing cases, child welfare proceedings, campus administrative proceedings, and civil protection order proceedings, population-specific services, and other activities that support youth in finding safety, stability, and justice and in addressing the emotional, cognitive, and physical effects of trauma. Funds may be used to—

“(A) assess and analyze currently available services for youth victims of domestic violence, dating violence, sexual assault, stalking, and sex trafficking, determining relevant barriers to such services in a par-

ticular locality, and developing a community protocol to address such problems collaboratively;

“(B) develop and implement policies, practices, and procedures to effectively respond to domestic violence, dating violence, sexual assault, stalking, or sex trafficking against youth; or

“(C) provide technical assistance and training to enhance the ability of school personnel, victim service providers, child protective service workers, staff of law enforcement agencies, prosecutors, court personnel, individuals who work in after school programs, medical personnel, social workers, mental health personnel, and workers in other programs that serve children and youth to improve their ability to appropriately respond to the needs of children and youth who are victims of domestic violence, dating violence, sexual assault, stalking, and sex trafficking, and to properly refer such children, youth, and their families to appropriate services.

“(2) SUPPORTING YOUTH THROUGH EDUCATION AND PROTECTION.—To enable middle schools, high schools, and institutions of higher education to—

“(A) provide training to school personnel, including healthcare providers and security personnel, on the needs of students who are victims of domestic violence, dating violence, sexual assault, stalking, or sex trafficking;

“(B) develop and implement prevention and intervention policies in middle and high schools, including appropriate responses to, and identification and referral procedures for, students who are experiencing or perpetrating domestic violence, dating violence, sexual assault, stalking, or sex trafficking, and procedures for handling the requirements of court protective orders issued to or against students;

“(C) provide support services for student victims of domestic violence, dating violence, sexual assault, stalking, or sex trafficking, such as a resource person who is either on-site or on-call;

“(D) implement developmentally appropriate educational programming for students regarding domestic violence, dating violence, sexual assault, stalking, and sex trafficking and the impact of such violence on youth; or

“(E) develop strategies to increase identification, support, referrals, and prevention programming for youth who are at high risk of domestic violence, dating violence, sexual assault, stalking, or sex trafficking.

“(c) ELIGIBLE APPLICANTS.—

“(1) IN GENERAL.—To be eligible to receive a grant under this section, an entity shall be—

“(A) a victim service provider, tribal non-profit, or population-specific or community-based organization with a demonstrated history of effective work addressing the needs of youth who are, including runaway or homeless youth affected by, victims of domestic violence, dating violence, sexual assault, stalking, or sex trafficking;

“(B) a victim service provider that is partnered with an entity that has a demonstrated history of effective work addressing the needs of youth; or

“(C) a public, charter, tribal, or nationally accredited private middle or high school, a school administered by the Department of Defense under section 2164 of title 10, United States Code or section 1402 of the Defense Dependents’ Education Act of 1978, a group of schools, a school district, or an institution of higher education.

“(2) PARTNERSHIPS.—

“(A) EDUCATION.—To be eligible to receive a grant for the purposes described in subsection (b)(2), an entity described in paragraph (1) shall be partnered with a public,