I

114TH CONGRESS
2D SESSION

H. R. 4435

To improve access to mental health and substance use disorder prevention, treatment, crisis, and recovery services.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 2, 2016

Mr. GENE GREEN of Texas (for himself, Ms. DEGETTE, Mr. KENNEDY, Ms. MATSUI, Mr. TONKO, and Mr. LOEBSACK) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on the Judiciary, Ways and Means, Education and the Workforce, and Natural Resources, 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

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A BILL

To improve access to mental health and substance use disorder prevention, treatment, crisis, and recovery services.

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 "Comprehensive Behavioral Health Reform and Recovery
6 Act of 2016".
7 (b) TABLE OF CONTENTS.—The table of contents for
8 this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—STRENGTHENING AND INVESTING IN SAMHSA PROGRAMS

Sec. 101. Assistant Secretary for Mental Health and Substance Use Disorders.
Sec. 102. Office of Chief Medical Officer.
Sec. 103. Independent audit of SAMHSA.
Sec. 104. Center for Behavioral Health Statistics and Quality.
Sec. 105. Innovation grants.
Sec. 106. Demonstration grants.
Sec. 107. Early intervention and treatment in childhood.
Sec. 108. Block grants.
Sec. 109. Children's recovery from trauma.
Sec. 110. Garrett Lee Smith Memorial Act reauthorization.
Sec. 111. National Suicide Prevention Lifeline Program.
Sec. 112. Adult suicide prevention.
Sec. 113. Peer review and advisory councils.
Sec. 114. Adult trauma.
Sec. 115. Reducing the stigma of serious mental illness.
Sec. 116. Report on mental health and substance abuse treatment in the States.
Sec. 117. Mental health first aid training grants.
Sec. 118. Acute care bed registry grant for States.
Sec. 119. Older adult mental health grants.

TITLE II—INTERAGENCY SERIOUS MENTAL ILLNESS COORDINATING COMMITTEE

Sec. 201. Interagency Serious Mental Illness Coordinating Committee.

TITLE III—COMMUNICATIONS BETWEEN INDIVIDUALS, FAMILIES, AND PROVIDERS

Sec. 301. Clarification of circumstances under which disclosure of protected health information of mental illness patients is permitted.
Sec. 302. Development and dissemination of model training programs.
Sec. 303. Modernizing privacy protections.
Sec. 304. Improving communication with individuals, families, and providers.

TITLE IV—IMPROVING MEDICAID AND MEDICARE MENTAL HEALTH SERVICES

Subtitle A—Medicaid Provisions

Sec. 401. Enhanced Medicaid coverage relating to certain mental health services.
Sec. 402. Extension and expansion of demonstration programs to improve community mental health services.
Sec. 403. Terms for extension and expansion of Medicaid emergency psychiatric demonstration project.
Sec. 404. Community-based mental health services Medicaid option for children in or at risk of psychiatric residential treatment.
Sec. 405. Expansion of CMMI authority to support major mental illness projects in Medicaid.
Sec. 406. Medicaid data and reporting.
Sec. 407. At-risk youth Medicaid protection.

Subtitle B—Medicare Provisions

Sec. 411. Elimination of 190-day lifetime limit on coverage of inpatient psychiatric hospital services under Medicare.
Sec. 412. Modifications to Medicare discharge planning requirements.

Subtitle C—Provisions Related to Medicaid and Medicare

Sec. 421. Reports on Medicaid and Medicare part D formulary and appeals practices with respect to coverage of mental health drugs.

TITLE V—STRENGTHENING THE BEHAVIORAL HEALTH WORKFORCE AND IMPROVING ACCESS TO CARE

Sec. 501. Nationwide workforce strategy.
Sec. 502. Report on best practices for peer-support specialist programs, training, and certification.
Sec. 503. Advisory Council on Graduate Medical Education.
Sec. 504. Telepsychiatry and primary care provider training grant program.
Sec. 505. Liability protections for health care professional volunteers at community health centers and federally qualified community behavioral health clinics.
Sec. 506. Minority Fellowship Program.
Sec. 507. National Health Service Corps.
Sec. 508. SAMHSA grant program for development and implementation of curricula for continuing education on serious mental illness.
Sec. 509. Peer professional workforce development grant program.
Sec. 510. Demonstration grant program to recruit, train, and professionally support psychiatric physicians in Indian health programs.
Sec. 511. Education and training on eating disorders for health professionals.
Sec. 512. Primary and behavioral health care integration grant programs.
Sec. 513. Health professions competencies to address racial, ethnic, sexual, and gender minority behavioral health disparities.
Sec. 514. Behavioral health crisis systems.
Sec. 515. Mental health in schools.
Sec. 516. Examining mental health care for children.
Sec. 517. Reporting compliance study.
Sec. 518. Strengthening connections to community care demonstration grant program.
Sec. 519. Assertive community treatment grant program for individuals with serious mental illness.
Sec. 520. Improving mental and behavioral health on college campuses.
Sec. 521. Inclusion of occupational therapists in National Health Service Corps program.

TITLE VI—IMPROVING MENTAL HEALTH RESEARCH AND COORDINATION

Sec. 601. Increase in funding for certain research.

TITLE VII—BEHAVIORAL HEALTH INFORMATION TECHNOLOGY

Sec. 701. Extension of health information technology assistance for behavioral and mental health and substance abuse.
Sec. 702. Extension of eligibility for Medicare and Medicaid health information technology implementation assistance.

TITLE VIII—MAKING PARITY WORK

Sec. 801. Strengthening parity in mental health and substance use disorder benefits.
Sec. 802. Report on investigations regarding parity in mental health and substance use disorder benefits.
Sec. 803. GAO study on preventing discriminatory coverage limitations for individuals with serious mental illness and substance use disorders.
Sec. 804. Report to Congress on Federal assistance to State insurance regulators regarding mental health parity enforcement.

TITLE IX—SUBSTANCE ABUSE

Subtitle A—Prevention

Sec. 901. Practitioner education.
Sec. 902. Co-prescribing opioid overdose reversal drugs grant program.
Sec. 903. Opioid overdose reversal co-prescribing guidelines.
Sec. 904. Surveillance capacity building.

Subtitle B—Crisis

Sec. 921. Grants to support syringe exchange programs.
Sec. 922. Grant program to reduce drug overdose deaths.

Subtitle C—Treatment

Sec. 931. Expansion of patient limits under waiver.
Sec. 932. Definitions.
Sec. 933. Evaluation by assistant Secretary for planning and evaluation.
Sec. 934. Reauthorization of residential treatment programs for pregnant and postpartum women.
Sec. 935. Pilot program grants for State substance abuse agencies.
Sec. 936. Evidence-based opioid and heroin treatment and interventions demonstration.
Sec. 937. Adolescent treatment and recovery services demonstration grant program.
Sec. 938. Study on treatment infrastructure.
Sec. 939. Substance use disorder professional loan repayment program.

Subtitle D—Recovery

Sec. 951. National youth recovery initiative.
Sec. 952. Grants to enhance and expand recovery support services.

TITLE I—STRENGTHENING AND INVESTING IN SAMHSA PROGRAMS

SEC. 101. ASSISTANT SECRETARY FOR MENTAL HEALTH AND SUBSTANCE USE DISORDERS.

(a) IN GENERAL.—Section 501 of the Public Health Service Act (42 U.S.C. 290aa) is amended—

(1) in subsection (c)(1), by adding at the end the following: ''The Administrator shall be selected from individuals who have appropriate education and experience. The Administrator shall also be the Assistant Secretary for Mental Health and Substance Abuse.'';

(2) in subsection (d)—

(A) by striking ''The Secretary'' and all that follows through ''(1) supervise the functions'' and inserting the following:

''(1) SECRETARY'S AUTHORITIES.—The Secretary, acting through the Administrator, shall—

''(A) supervise the functions'';

(B) by moving the indentation of each of paragraphs (2) through (18) 2 ems to the right and redesignating such paragraphs as subparagraphs (B) through (R), respectively; and

(3) by adding at the end the following:

1 "(2) ASSISTANT SECRETARY'S AUTHORITIES.—
2 The Assistant Secretary for Mental Health and Sub-
3 stance Abuse shall—
4 "(A) serve as the effective and visible advo-
5 cate for individuals with, or at risk for, mental
6 illness and substance use disorders within the
7 Department of Health and Human Services and
8 with other departments, agencies, and instru-
9 mentalities of the Federal Government;
10 "(B) assist the Secretary in all matters
11 pertaining to issues that impact the prevention,
12 treatment, and recovery of individuals with
13 mental illness or substance use disorders;
14 "(C) coordinate Federal programs and ac-
15 tivities related to promoting mental health and
16 preventing substance abuse;
17 "(D) coordinate activities with Federal en-
18 tities to implement and build awareness of pro-
19 grams providing benefits affecting individuals
20 with mental illness or substance use disorders;
21 "(E) promote and coordinate research,
22 treatment, and services across departments,
23 agencies, organizations, and individuals with re-
24 spect to prevention, treatment, and recovery
25 support research and programs for individuals

1 with, or at risk for, substance use disorders or
2 mental illness;
3 ‘‘(F) coordinate functions within the De-
4 partment of Health and Human Services—
5 ‘‘(i) to improve the treatment of, and
6 related services to, individuals with sub-
7 stance use disorders or mental illness;
8 ‘‘(ii) to improve substance misuse and
9 abuse prevention and mental health pro-
10 motion services;
11 ‘‘(iii) to ensure access to effective, evi-
12 dence-based treatment for individuals with
13 mental illnesses and individuals with a sub-
14 stance use disorder;
15 ‘‘(iv) to ensure that grant programs of
16 the Department adhere to scientific stand-
17 ards for individuals with mental illness or
18 substance use disorders; and
19 ‘‘(v) to support the development and
20 implementation of initiatives to encourage
21 individuals to pursue careers (especially in
22 underserved areas and populations) as psy-
23 chiatrists, psychologists, psychiatric nurse
24 practitioners, clinical social workers, physi-
25 cian assistants, peer support specialists,

1 and other licensed or certified mental
2 health and substance abuse professionals;
3 ''(G) within the Department of Health and
4 Human Services, coordinate all programs and
5 activities relating to—
6 ''(i) the prevention of, and treatment
7 and recovery for, mental health or sub-
8 stance use disorders; or
9 ''(ii) the reduction of homelessness
10 among individuals with mental illness or
11 substance use disorders;
12 ''(H) across the Federal Government, in
13 conjunction with the Interagency Serious Men-
14 tal Illness Coordinating Committee under sec-
15 tion 501A—
16 ''(i) review all programs and activities
17 relating to the prevention of, or treatment
18 or rehabilitation for, mental illness or sub-
19 stance use disorders;
20 ''(ii) identify any such programs and
21 activities that are duplicative;
22 ''(iii) identify any such programs and
23 activities that are not evidence-based, ef-
24 fective, or efficient; and

1 "(iv) formulate recommendations for
2 expanding, coordinating, eliminating, and
3 improving programs and activities identi-
4 fied pursuant to subparagraph (B) or (C)
5 and merging such programs and activities
6 into other, successful programs and activi-
7 ties; and

8 "(I) identify evidence-based best practices
9 across the Federal Government for treatment
10 and services for those with mental health and
11 substance use disorders by reviewing practices
12 for efficiency, effectiveness, quality, coordina-
13 tion, and cost effectiveness.".

14 (b) PRIORITIZATION OF INTEGRATION OF SERVICES,
15 EARLY DIAGNOSIS, INTERVENTION, AND WORKFORCE
16 DEVELOPMENT.—In carrying out the duties described in
17 section 501(d)(2) of the Public Health Service Act, as
18 added by subsection (a), the Assistant Secretary shall
19 prioritize—

20 (1) the integration of mental health, substance
21 use, and physical health services for the purpose of
22 diagnosing, preventing, treating, or providing reha-
23 bilitation for mental illness or substance use dis-
24 orders, including any such services provided through
25 the justice system (including departments of correc-

1 tion) or other entities other than the Department of
2 Health and Human Services;
3 (2) crisis intervention for, early diagnosis and
4 intervention services for the prevention of, and treat-
5 ment and rehabilitation for, serious mental illness,
6 serious emotional disturbance, or substance use dis-
7 orders; and
8 (3) workforce development for—
9 (A) appropriate treatment of serious men-
10 tal illness, serious emotional disturbance, or
11 substance use disorders; and
12 (B) research activities that advance sci-
13 entific and clinical understandings of these dis-
14 orders, including the development and imple-
15 mentation of a continuing nationwide strategy
16 to increase the psychiatric workforce with psy-
17 chiatrists, child and adolescent psychiatrists,
18 psychologists, psychiatric nurse practitioners,
19 clinical social workers, peer support specialists,
20 and other licensed or certified mental health or
21 substance abuse professionals.
22 (c) REQUIREMENTS AND RESTRICTIONS ON AUTHOR-
23 ITY TO AWARD GRANTS.—In awarding any grant or fi-
24 nancial assistance, the Administrator of the Substance
25 Abuse and Mental Health Services Administration, and

1 any agency or official within such Administration, shall
2 comply with the following:
3 (1) Any program to be funded shall be dem-
4 onstrated—
5 (A) in the case of an ongoing program, to
6 be effective; and
7 (B) in the case of a new program, to have
8 the prospect of being effective.
9 (2) The programs and activities to be funded
10 shall, as appropriate, use evidence-based best prac-
11 tices or emerging evidence-based practices that are
12 translational and can be expanded or replicated to
13 other States, local communities, agencies, tribes, or
14 through the Medicaid program under title XIX of
15 the Social Security Act.
16 (3) An application for the grant or financial as-
17 sistance shall include, as applicable, a scientific jus-
18 tification based on previously demonstrated models,
19 the number of individuals to be served, the popu-
20 lation to be targeted, what objective outcomes meas-
21 ures will be used, and details on how the program
22 or activity to be funded can be replicated and by
23 whom.
24 (4) Applicants shall be evaluated and selected
25 through a blind, peer-review process by individuals

1 with expertise appropriate to the grant or other fi-
2 nancial assistance, such as health care providers
3 with professional experience in mental health or sub-
4 stance abuse research or treatment.

5 (5) The Secretary shall adopt a policy that en-
6 sures that any member of a peer review group does
7 not have a conflict of interest with respect to any
8 program or grant to be reviewed.

9 (6) Award recipients may be periodically re-
10 viewed and audited at the discretion of the Inspector
11 General of the Department of Health and Human
12 Services or the Comptroller General of the United
13 States to ensure that—

14 (A) the best scientific method for both
15 services and data collection is being followed;
16 and

17 (B) Federal funds are being used as re-
18 quired by the conditions of the award.

19 (7) Award recipients that fail an audit or fail
20 to provide information pursuant to an audit shall
21 have their awards terminated or shall be placed on
22 a corrective action plan to address the issues raised
23 in the audit findings.

24 (d) DEFINITION.—In this Act, except as inconsistent
25 with the provisions of this Act, the term ''Assistant Sec-

retary'' means the Assistant Secretary for Mental Health and Substance Use Disorders.

SEC. 102. OFFICE OF CHIEF MEDICAL OFFICER.

(a) IN GENERAL.—Section 501 of the Public Health Service Act (42 U.S.C. 290aa) is amended—

(1) by redesignating subsections (g) through (o) as subsections (h) through (p), respectively; and

(2) by inserting after subsection (f) the following:

''(g) CHIEF MEDICAL OFFICE.—The Administrator shall establish within the Administration a Chief Medical Office, to be headed by a Chief Medical Officer, who shall be a psychiatrist. The Chief Medical Office shall be staffed by mental health and substance abuse providers.''.

(b) CONFORMING CHANGES.—Title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is amended—

(1) in subsections (e)(3)(C) and (f)(2)(C)(iii) of section 501, by striking ''subsection (k)'' and inserting ''subsection (l)''; and

(2) in section 508(p), by striking ''501(k)'' and inserting ''501(l)''.

SEC. 103. INDEPENDENT AUDIT OF SAMHSA.

(a) IN GENERAL.—The Secretary shall enter into an contract or cooperative agreement with an external, inde-

1 pendent entity to conduct a full assessment and review of
2 the Substance Abuse and Mental Health Services Admin-
3 istration (in this section referred to as ''SAMHSA'').
4 (b) REPORT.—The contract or cooperative agreement
5 under subsection (a) shall require that, not later than 18
6 months after the date of enactment of this Act, the exter-
7 nal, independent entity will submit to the Committee on
8 Energy and Commerce of the House of Representatives
9 and the Committee on Health, Education, Labor, and
10 Pensions of the Senate a report on the findings and con-
11 clusion of the assessment and review.
12 (c) TOPICS.—The assessment and review conducted
13 pursuant to subsection (a), and the report submitted pur-
14 suant to subsection (b), shall address each of the fol-
15 lowing:
16 (1) Whether the mission of SAMHSA is appro-
17 priate.
18 (2) Whether the program authority of
19 SAMHSA is appropriate.
20 (3) Whether SAMHSA has adequate staffing,
21 including technical expertise, to fulfill its mission.
22 (4) Whether SAMHSA is funded appropriately.
23 (5) The efficacy of the programs funded by
24 SAMHSA.

(6) Whether funding is being spent in a way that effectively supports and promotes the authorities vested by section 501(d) of the Public Health Service Act, as amended by section 101 of this Act.

(7) Whether SAMHSA's focus on recovery is appropriate.

(8) Additional steps SAMHSA can take to fulfill its charge of leading public health efforts to advance the behavioral health of the Nation and reduce the impact of substance abuse and mental illness on the Nation's communities.

(9) Whether standards for SAMHSA's grant programs are effective.

(10) Whether standards for SAMHSA's appointment of peer-review panels to evaluate grant applications is appropriate.

(11) How SAMHSA serves individuals with mental illness, serious mental illness, serious emotional disturbance, or substance use disorders, and individuals with co-occurring conditions.

SEC. 104. CENTER FOR BEHAVIORAL HEALTH STATISTICS AND QUALITY.

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

1 (1) in section 501(b) (42 U.S.C. 290aa(b)), by
2 adding at the end the following:
3 ''(4) The Center for Behavioral Health Statis-
4 tics and Quality.'';
5 (2) in section 502(a)(1) (42 U.S.C. 290aa–
6 1(a)(1))—
7 (A) in subparagraph (C), by striking
8 ''and'' at the end;
9 (B) in subparagraph (D), by striking the
10 period at the end and inserting ''and''; and
11 (C) by inserting after subparagraph (D)
12 the following:
13 ''(E) the Center for Behavioral Health
14 Statistics and Quality.''; and
15 (3) in part B (42 U.S.C. 290bb et seq.) by add-
16 ing at the end the following new subpart:

17 **''Subpart 4—Center for Behavioral Health Statistics**
18 **and Quality**

19 **''SEC. 520L. CENTER FOR BEHAVIORAL HEALTH STATISTICS**
20 **AND QUALITY.**

21 ''(a) ESTABLISHMENT.—There is established in the
22 Administration a Center for Behavioral Health Statistics
23 and Quality (in this section referred to as the 'Center').
24 The Center shall be headed by a Director (in this section
25 referred to as the 'Director') appointed by the Secretary

1 from among individuals with extensive experience and aca-
2 demic qualifications in research and analysis in behavioral
3 health care or related fields.

4 ‘‘(b) DUTIES.—The Director of the Center shall—

5 ‘‘(1) coordinate the Administration’s integrated
6 data strategy by coordinating—

7 ‘‘(A) surveillance and data collection (in-
8 cluding that authorized by section 505);

9 ‘‘(B) evaluation;

10 ‘‘(C) statistical and analytic support;

11 ‘‘(D) service systems research; and

12 ‘‘(E) performance and quality information
13 systems;

14 ‘‘(2) maintain operation of the National Reg-
15 istry of Evidence-Based Programs and Practices to
16 provide for the evaluation and dissemination to the
17 Administration of the evidence-based practices and
18 services delivery models of grantees and other inter-
19 ested parties;

20 ‘‘(3) recommend a core set of measurement
21 standards for grant programs administered by the
22 Administration; and

23 ‘‘(4) lead evaluation efforts for the grant pro-
24 grams, contracts, and collaborative agreements of
25 the Administration.

1 "(c) BIANNUAL REPORT TO CONGRESS.—Not later
2 than 2 years after the date of enactment of this section,
3 and every 2 years thereafter, the Director of the Center
4 shall submit to Congress a report on the quality of services
5 furnished through grant programs of the Administration,
6 including applicable measures of outcomes for individuals
7 and public outcomes such as—

8 "(1) the number of patients screened positive
9 for unhealthy alcohol use who receive brief coun-
10 seling as appropriate; the number of patients
11 screened positive for tobacco use and receiving
12 smoking cessation interventions; the number of pa-
13 tients with a new diagnosis of major depressive epi-
14 sode who are assessed for suicide risk; the number
15 of patients screened positive for clinical depression
16 with a documented follow-up plan; and the number
17 of patients with a documented pain assessment that
18 have a follow-up treatment plan when pain is
19 present; and satisfaction with care;

20 "(2) the incidence and prevalence of substance
21 use and mental disorders; the number of suicide at-
22 tempts and suicide completions; overdoses seen in
23 emergency rooms resulting from alcohol and drug
24 use; emergency room boarding; overdose deaths;
25 emergency psychiatric hospitalizations; new criminal

1 justice involvement while in treatment; stable hous-
2 ing; and rates of involvement in employment, edu-
3 cation, and training; and
4 ''(3) such other measures for outcomes of serv-
5 ices as the Director may determine.
6 ''(d) STAFFING COMPOSITION.—The staff of the Cen-
7 ter may include individuals with advanced degrees and
8 field expertise as well as clinical and research experience
9 in mental and substance use disorders such as—
10 ''(1) professionals with clinical and research ex-
11 pertise in the prevention and treatment of, and re-
12 covery from, substance use and mental disorders;
13 ''(2) professionals with training and expertise in
14 statistics or research and survey design and meth-
15 odologies; and
16 ''(3) other related fields in the social and behav-
17 ioral sciences, as specified by relevant position de-
18 scriptions.
19 ''(e) GRANTS AND CONTRACTS.—In carrying out the
20 duties established in subsection (b), the Director may
21 make grants to and enter into contracts and cooperative
22 agreements with public and nonprofit private entities.
23 ''(f) DEFINITION.—In this section, the term 'emer-
24 gency room boarding' means the practice of admitting pa-
25 tients to an emergency department and holding such pa-

1 tients in the department until inpatient psychiatric beds
2 become available.''.
3 **SEC. 105. INNOVATION GRANTS.**
4 (a) IN GENERAL.—The Assistant Secretary, acting
5 through the Substance Abuse and Mental Health Services
6 Administration, shall award grants to State and local gov-
7 ernments, tribes and tribal organizations, educational in-
8 stitutions, and nonprofit organizations for expanding a
9 model that has been scientifically demonstrated to show
10 promise, but would benefit from further applied research,
11 for—
12 (1) enhancing the screening, diagnosis, and
13 treatment of mental illness and serious mental ill-
14 ness; or
15 (2) integrating or coordinating physical, mental
16 health, and substance use services.
17 (b) DURATION.—A grant under this section shall be
18 for a period of not less than 3 years and not more than
19 5 years.
20 (c) LIMITATIONS.—Of the amounts made available
21 for carrying out this section for a fiscal year, not less than
22 one-third shall be awarded for screening, diagnosis, treat-
23 ment, or services, as described in subsection (a), for indi-
24 viduals (or subpopulations of individuals) who are below

1 the age of 18 when activities funded through the grant
2 award are initiated.
3 (d) GUIDELINES.—As a condition on receipt of an
4 award under this section, an applicant shall agree to ad-
5 here to any requirements or guidelines issued by the Sec-
6 retary on research designs and data collection.
7 (e) TERMINATION.—The Secretary may terminate
8 any award under this section upon a determination that—
9 (1) the recipient is not providing information
10 requested by the Secretary in connection with the
11 award; or
12 (2) there is a clear failure in the effectiveness
13 of the recipient's programs or activities funded
14 through the award.
15 (f) REPORTING.—As a condition on receipt of an
16 award under this section, an applicant shall agree—
17 (1) to report to the Secretary the results of pro-
18 grams and activities funded through the award; and
19 (2) to include in such reporting any relevant
20 data requested by the Secretary.
21 (g) AUTHORIZATION OF APPROPRIATIONS.—For the
22 purpose of providing grants under this section, there is
23 authorized to be appropriated $40,000,000 for each of fis-
24 cal years 2017 through 2021.

1 **SEC. 106. DEMONSTRATION GRANTS.**

2 (a) GRANTS.—The Secretary of Health and Human
3 Services (in this section referred to as the ''Secretary''),
4 acting through the Substance Abuse and Mental Health
5 Services Administration, shall award grants to States,
6 counties, local governments, tribes and tribal organiza-
7 tions, educational institutions, and private nonprofit orga-
8 nizations for the expansion, replication, or scaling of evi-
9 dence-based programs across a wider area to enhance ef-
10 fective screening, early diagnosis, intervention, and treat-
11 ment with respect to mental illness, serious mental illness,
12 and serious emotional disturbance, primarily by—

13 (1) applied delivery of care, including training
14 staff in effective evidence-based treatment; and

15 (2) integrating models of care across specialties
16 and jurisdictions.

17 (b) DURATION.—A grant under this section shall be
18 for a period of not less than 3 years and not more than
19 5 years.

20 (c) LIMITATIONS.—Of the amounts made available
21 for carrying out this section for a fiscal year—

22 (1) not less than half shall be awarded for
23 screening, diagnosis, intervention, and treatment, as
24 described in subsection (a), for individuals (or sub-
25 populations of individuals) who are below the age of

1 26 when activities funded through the grant award
2 are initiated;
3 (2) no amounts shall be made available for any
4 program or project that is not evidence-based;
5 (3) no amounts shall be made available for pri-
6 mary prevention; and
7 (4) no amounts shall be made available solely
8 for the purpose of expanding facilities or increasing
9 staff at an existing program, although funds may be
10 so used by an existing program if such an expansion
11 or increase is needed to support the implementation
12 of a new program under this section.
13 (d) TERMINATION.—The Secretary may terminate
14 any award under this section upon a determination that—
15 (1) the recipient is not providing information
16 requested by the Secretary in connection with the
17 award; or
18 (2) there is a clear failure in the effectiveness
19 of the recipient's programs or activities funded
20 through the award.
21 (e) REPORTING.—As a condition on receipt of an
22 award under this section, an applicant shall agree—
23 (1) to report to the Secretary the results of pro-
24 grams and activities funded through the award; and

1 (2) to include in such reporting any relevant
2 data requested by the Secretary.
3 (f) AUTHORIZATION OF APPROPRIATIONS.—For the
4 purpose of providing grants under this section, there is
5 authorized to be appropriated $80,000,000 for each of fis-
6 cal years 2017 through 2021.

7 **SEC. 107. EARLY INTERVENTION AND TREATMENT IN**
8 **CHILDHOOD.**

9 (a) GRANTS.—The Secretary of Health and Human
10 Services (in this Act referred to as the ''Secretary''), act-
11 ing through the Substance Abuse and Mental Health Serv-
12 ices Administration, shall—
13 (1) award grants to eligible entities to initiate
14 and undertake, for eligible children, early childhood
15 intervention and treatment programs, and special-
16 ized preschool and elementary school programs, with
17 the goal of preventing chronic and serious mental ill-
18 ness and serious emotional disturbance;
19 (2) award grants to not more than 3 eligible en-
20 tities for studying the longitudinal outcomes of pro-
21 grams funded under paragraph (1) on eligible chil-
22 dren who were treated 5 or more years prior to the
23 enactment of this Act; and
24 (3) ensure that programs and activities funded
25 through grants under this subsection are based on

1 a sound scientific model that shows evidence and
2 promise and can be replicated in other settings.
3 (b) ELIGIBLE ENTITIES AND CHILDREN.—In this
4 section:
5 (1) ELIGIBLE ENTITY.—The term "eligible enti-
6 ty" means a nonprofit institution that—
7 (A) is accredited by State mental health,
8 education, or human services agencies, as appli-
9 cable, for the treatment or education of children
10 from 0 to 12 years of age; and
11 (B) provides services that include early
12 childhood intervention and specialized preschool
13 and elementary school programs focused on
14 children whose primary need is a social or emo-
15 tional disability (in addition to any learning dis-
16 ability).
17 (2) ELIGIBLE CHILD.—The term "eligible
18 child" means a child who is at least 0 years old and
19 not more than 12 years old—
20 (A) whose primary need is a social and
21 emotional disability (in addition to any learning
22 disability);
23 (B) who is at risk of developing serious
24 mental illness and/or may show early signs of
25 mental illness; and

1 (C) who could benefit from early childhood
2 intervention and specialized preschool or ele-
3 mentary school programs with the goal of pre-
4 venting or treating chronic and serious mental
5 illness.

6 (c) APPLICATION.—An eligible entity seeking a grant
7 under subsection (a) shall submit to the Secretary an ap-
8 plication at such time, in such manner, and containing
9 such information as the Secretary may require.

10 (d) USE OF FUNDS FOR EARLY CHILDHOOD INTER-
11 VENTION AND TREATMENT PROGRAMS.—An eligible enti-
12 ty shall use amounts awarded under a grant under sub-
13 section (a)(1) to carry out the following activities:

14 (1) Deliver (or facilitate) for eligible children
15 treatment and education, early childhood interven-
16 tion, and specialized preschool and elementary school
17 programs, including the provision of medically based
18 child care and early education services.

19 (2) Treat and educate eligible children, includ-
20 ing startup, curricula development, operating and
21 capital needs, staff and equipment, assessment and
22 intervention services, administration and medication
23 requirements, enrollment costs, collaboration with
24 primary care providers and psychiatrists, other re-
25 lated services to meet emergency needs of children,

1 and communication with families and medical pro-
2 fessionals concerning the children.
3 (3) Develop and implement other strategies to
4 address identified treatment and educational needs
5 of eligible children that have reliable and valid eval-
6 uation modalities built into assess outcomes based
7 on sound scientific metrics.
8 (e) USE OF FUNDS FOR LONGITUDINAL STUDY.—In
9 conducting a study on longitudinal outcomes through a
10 grant under subsection (a)(2), an eligible entity shall in-
11 clude an analysis of—
12 (1) the individuals treated and educated;
13 (2) the success of such treatment and education
14 in—
15 (A) avoiding the onset of serious emotional
16 disturbance and serious mental illness; or
17 (B) the preparation of such children for
18 the care and management of serious emotional
19 disturbance and serious mental illness;
20 (3) any evidence-based best practices generally
21 applicable as a result of such treatment and edu-
22 cational techniques used with such children; and
23 (4) the ability of programs to be replicated as
24 a best practice model of intervention.

1 (f) REQUIREMENTS.—In carrying out this section,
2 the Secretary shall ensure that each entity receiving a
3 grant under subsection (a) maintains a written agreement
4 with the Secretary, and provides regular written reports,
5 as required by the Secretary, regarding the quality, effi-
6 ciency, and effectiveness of intervention and treatment for
7 eligible children preventing or treating the development
8 and onset of serious mental illness or serious emotional
9 disturbance.
10 (g) AMOUNT OF AWARDS.—
11 (1) AMOUNTS FOR EARLY CHILDHOOD INTER-
12 VENTION AND TREATMENT PROGRAMS.—The
13 amount of an award to an eligible entity under sub-
14 section (a)(1) shall be not more than $600,000 per
15 fiscal year.
16 (2) AMOUNTS FOR LONGITUDINAL STUDY.—
17 The total amount of an award to an eligible entity
18 under subsection (a)(2) (for one or more fiscal
19 years) shall be not less than $1,000,000 and not
20 greater than $2,000,000.
21 (h) PROJECT TERMS.—The period of a grant—
22 (1) for awards under subsection (a)(1), shall be
23 not less than 3 fiscal years and not more than 5 fis-
24 cal years; and

1 (2) for awards under subsection (a)(2), shall be
2 not more than 5 fiscal years.
3 (i) MATCHING FUNDS.—The Secretary may not
4 award a grant under this section to an eligible entity un-
5 less the eligible entity agrees, with respect to the costs to
6 be incurred by the eligible entity in carrying out the activi-
7 ties described in subparagraph (D), to make available non-
8 Federal contributions (in cash or in kind) toward such
9 costs in an amount equal to not less than 10 percent of
10 Federal funds provided in the grant.
11 (j) AUTHORIZATION OF APPROPRIATIONS.—To carry
12 out this section, there is authorized to be appropriated
13 $5,000,000 for each of fiscal years 2017 through 2021.
14 **SEC. 108. BLOCK GRANTS.**
15 (a) BEST PRACTICES IN CLINICAL CARE MODELS.—
16 Section 1920 of the Public Health Service Act (42 U.S.C.
17 300x–9) is amended by adding at the end the following:
18 "(c) BEST PRACTICES IN CLINICAL CARE MOD-
19 ELS.—The Substance Abuse and Mental Health Services
20 Administration, acting in collaboration with the Director
21 of the National Institute of Mental Health, shall require
22 States to obligate at least 5 percent of the amounts appro-
23 priated for a fiscal year under subsection (a) to support
24 evidence-based programs that address the needs of individ-
25 uals with early serious mental illness or serious emotional

1 disturbance, including psychotic disorders, regardless of
2 the age of individual onset. Such models shall translate
3 evidence-based interventions and best available science
4 into systems of care, such as through models such as—
5 "(1) the Recovery After an Initial Schizo-
6 phrenia Episode research project of the National In-
7 stitute of Mental Health; and
8 "(2) the North American Prodrome Longitu-
9 dinal Study.".
10 (b) ADDITIONAL PROGRAM REQUIREMENTS.—
11 (1) INTEGRATED SERVICES.—Subsection (b)(1)
12 of section 1912 of the Public Health Service Act (42
13 U.S.C. 300x–1(b)(1)) is amended—
14 (A) by striking "The plan provides" and
15 inserting:
16 "(A) The plan provides";
17 (B) in subparagraph (A), as inserted by
18 paragraph (1), in the second sentence, by strik-
19 ing "health and mental health services" and in-
20 serting "integrated physical and mental health
21 services";
22 (C) in such subparagraph (A), by striking
23 "The plan shall include" through the period at
24 the end and inserting "The plan shall integrate
25 and coordinate services to maximize the effi-

1 ciency, effectiveness, quality, coordination, and
2 cost effectiveness of those services and pro-
3 grams to produce the best possible outcomes for
4 those with serious mental illness or serious
5 emotional disturbance.''; and
6 (D) by adding at the end the following new
7 subparagraph:
8 ''(B) The plan shall include a separate de-
9 scription of case management services and pro-
10 vide for activities leading to improved outcomes,
11 such as reduction of rates of suicides, suicide
12 attempts, substance abuse, overdose deaths,
13 emergency hospitalizations, incarceration,
14 crimes, arrest, victimization, homelessness, job-
15 lessness, medication nonadherence, and edu-
16 cation and vocational programs drop outs. The
17 plan must also include a detailed list of services
18 available for individuals with serious mental ill-
19 ness or serious emotional disturbance in each
20 county or county equivalent.
21 ''(C) The plan shall include a separate de-
22 scription of active programs that seek to engage
23 individuals with serious mental illness in
24 proactively making their own health care deci-
25 sions and enhancing communication among

1 themselves, their families, and their treatment
2 providers by allowing for early intervention by
3 reducing legal proceedings related to involun-
4 tary treatment. Such programs may include
5 services that help develop psychiatric advanced
6 directives.''.
7 (2) DATA COLLECTION SYSTEM.—Subsection
8 (b)(2) of section 1912 of the Public Health Service
9 Act (42 U.S.C. 300x–1(b)(2)) is amended—
10 (A) by striking ''The plan contains an esti-
11 mate of'' and inserting the following: ''The plan
12 contains—
13 ''(A) an estimate of'';
14 (B) in subparagraph (A), as inserted by
15 paragraph (1), by inserting '', such as reduc-
16 tions in homelessness, emergency hospitaliza-
17 tion, incarceration, and unemployment'' after
18 ''targets'';
19 (C) in such subparagraph, by striking the
20 period at the end and inserting ''; and''; and
21 (D) by adding at the end the following new
22 subparagraph:
23 ''(B) an agreement by the State to report
24 to the Secretary such data as may be required
25 by the Secretary concerning—

1 "(i) comprehensive community mental
2 health services in the State; and
3 "(ii) public health outcomes for per-
4 sons with serious mental illness or serious
5 emotional disturbance in the State, such as
6 rates of suicides, suicide attempts, sub-
7 stance abuse, overdose deaths, emergency
8 hospitalizations, incarceration, crimes, ar-
9 rest, victimization, homelessness, jobless-
10 ness, medication nonadherence, and edu-
11 cation and vocational programs drop
12 outs.".
13 (3) IMPLEMENTATION OF PLAN.—Subsection
14 (d)(1) of section 1912 of the Public Health Service
15 Act (42 U.S.C. 300x–1(d)(1)) is amended—
16 (A) by striking "Except as provided" and
17 inserting:
18 "(A) Except as provided"; and
19 (B) by adding at the end the following new
20 subparagraph:
21 "(B) For individuals receiving treatment
22 through funds awarded under a grant under
23 section 1911, a State shall include in the State
24 plan for the first year beginning after the date
25 of the enactment of this subparagraph and each

1 subsequent year, a de-individualized report, con-
2 taining information that is de-identified, on the
3 services provided to those individuals, includ-
4 ing—

5 "(i) outcomes and the overall cost of
6 such treatment provided; and

7 "(ii) county or county equivalent level
8 data on such population, such as overall
9 costs and raw number data on rates of in-
10 voluntary commitment orders, suicides,
11 suicide attempts, substance abuse, over-
12 dose deaths, emergency hospitalizations,
13 incarceration, crimes, arrest, victimization,
14 homelessness, joblessness, medication non-
15 adherence, and education and vocational
16 programs drop outs.".

17 (c) INCENTIVES FOR STATE-BASED OUTCOME MEAS-
18 URES.—Section 1920 of the Public Health Service Act (42
19 U.S.C. 300x–9) is amended by adding at the end the fol-
20 lowing:

21 "(c) INCENTIVES FOR STATE-BASED OUTCOME
22 MEASURES.—

23 "(1) IN GENERAL.—In addition to the amounts
24 made available under subsection (a) for each fiscal
25 year, the Secretary shall provide to each State that

1 meets the conditions under paragraph (2) by the end
2 of the first quarter of the subsequent fiscal year, an
3 equally divided share of the funding under para-
4 graph (3).

5 "(2) CONDITIONS.—The Secretary shall define
6 the conditions under which a State is eligible to re-
7 ceive the additional amount under paragraph (1).

8 "(3) AUTHORIZATION OF APPROPRIATIONS.—
9 For purposes of this subsection, there is authorized
10 to be appropriated $25,000,000 for each of fiscal
11 years 2017 through 2021. Any amounts made avail-
12 able under paragraph (1) shall be in addition to the
13 State's block grant allocation.".

14 (d) EVIDENCE-BASED SERVICES DELIVERY MOD-
15 ELS.—Section 1912 of the Public Health Service Act (42
16 U.S.C. 300x–1) is amended by adding at the end the fol-
17 lowing new subsection:

18 "(e) EXPANSION OF MODELS.—

19 "(1) IN GENERAL.—Taking into account the re-
20 sults of evaluations of block grant programs, the
21 Secretary may, as part of the program of block
22 grants under this subpart, provide for expanded use
23 across the Nation of evidence-based service delivery
24 models by providers funded under such block grants,
25 so long as—

1 ‘‘(A) the Secretary determines that such
2 expansion will—
3 ‘‘(i) result in more effective use of
4 funds under such block grants without re-
5 ducing the quality of care; or
6 ‘‘(ii) improve the quality of patient
7 care without significantly increasing spend-
8 ing;
9 ‘‘(B) the Secretary determines that such
10 expansion would improve the quality of patient
11 care; and
12 ‘‘(C) the Secretary determines that the
13 change will—
14 ‘‘(i) significantly reduce severity and
15 duration of symptoms of mental illness;
16 ‘‘(ii) reduce rates of suicide, suicide
17 attempts, substance abuse, overdose, emer-
18 gency hospitalizations, emergency room
19 boarding, incarceration, crime, arrest, vic-
20 timization, homelessness, or joblessness; or
21 ‘‘(iii) significantly improve the quality
22 of patient care and mental health crisis
23 outcomes without significantly increasing
24 spending.

1 "(2) DEFINITION.—In this subsection, the term
2 'emergency room boarding' means the practice of ad-
3 mitting patients to an emergency department and
4 holding them in the department until inpatient psy-
5 chiatric beds become available.".
6 (e) PERIOD FOR EXPENDITURE OF GRANT FUNDS.—
7 Section 1913 of the Public Health Service Act (42 U.S.C.
8 300x–2), as amended, is further amended by adding at
9 the end the following:
10 "(d) PERIOD FOR EXPENDITURE OF GRANT
11 FUNDS.—In implementing a plan submitted under section
12 1912(a), a State receiving grant funds under section 1911
13 may make such funds available to providers of services de-
14 scribed in subsection (b) for the provision of services with-
15 out fiscal year limitation, so long as any carryover is spent
16 within 3 years of the year in which the funding was pro-
17 vided.".
18 (f) ACTIVE OUTREACH AND ENGAGEMENT.—Section
19 1915 of the Public Health Service Act (42 U.S.C. 300x–
20 4) is amended by adding at the end of the following:
21 "(c) ACTIVE OUTREACH AND ENGAGEMENT TO PER-
22 SONS WITH SERIOUS MENTAL ILLNESS.—
23 "(1) IN GENERAL.—A funding agreement for a
24 grant under section 1911 is that the State involved
25 has in effect active programs that seek to engage in-

1 dividuals with serious mental illness in comprehen-
2 sive services in order to avert relapse, repeated hos-
3 pitalizations, arrest, incarceration, suicide, and to
4 provide the individuals with the opportunity to live
5 in the least restrictive setting, through a comprehen-
6 sive program of evidence-based and culturally rel-
7 evant assertive outreach and engagement services fo-
8 cusing on individuals who are homeless, have co-oc-
9 curring disorders, are at risk for incarceration or re-
10 incarceration, or have a history of treatment failure,
11 including repeated hospitalizations or emergency
12 room usage.

13 ''(2) EVIDENCE-BASED ASSERTIVE OUTREACH
14 AND ENGAGEMENT SERVICES.—

15 ''(A) SAMHSA.—The Administrator of
16 the Substance Abuse and Mental Health Serv-
17 ices Administration, in cooperation with the Di-
18 rector of the National Institute of Mental
19 Health, shall develop—

20 ''(i) a list of evidence-based culturally
21 and linguistically relevant assertive out-
22 reach and engagement services; and

23 ''(ii) criteria to be used to assess the
24 scope and effectiveness of the approaches
25 taken by such services, such as the ability

1 to provide same-day appointments for
2 emergent situations.
3 "(B) TYPES OF ASSERTIVE OUTREACH
4 AND ENGAGEMENT SERVICES.—For purposes of
5 paragraph (1), appropriate programs of evi-
6 dence-based assertive outreach and engagement
7 services may include peer support programs;
8 the Wellness Recovery Action Plan, Assertive
9 Community Treatment, and Forensic Assertive
10 Community Treatment of the Substance Abuse
11 and Mental Health Services Administration; ap-
12 propriate supportive housing programs incor-
13 porating a Housing First model; and intensive,
14 evidence-based approaches to early intervention
15 in psychosis, such as the Recovery After an Ini-
16 tial Schizophrenia Episode model of the Na-
17 tional Institute of Mental Health and the Spe-
18 cialized Treatment Early in Psychosis pro-
19 gram.".

20 **SEC. 109. 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 coordi-
6 nating center, that focuses on the mental, behav-
7 ioral, and biological aspects of psychological trauma
8 response, prevention of the long-term consequences
9 of child trauma, and early intervention services and
10 treatment to address the long-term consequences of
11 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 periencing 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 "$47,000,000 for each of fis-
4 cal years 2017 through 2021".

5 **SEC. 110. GARRETT LEE SMITH MEMORIAL ACT REAUTHOR-**
6 **IZATION.**

7 (a) INTERAGENCY RESEARCH, TRAINING, AND TECH-
8 NICAL ASSISTANCE CENTERS.—Section 520C of the Pub-
9 lic Health Service Act (42 U.S.C. 290bb–34) is amend-
10 ed—

11 (1) in subsection (d)—

12 (A) in paragraph (1), by striking "youth
13 suicide early intervention and prevention strate-
14 gies" and inserting "suicide early intervention
15 and prevention strategies for all ages, particu-
16 larly for youth";

17 (B) in paragraph (2), by striking "youth
18 suicide early intervention and prevention strate-
19 gies" and inserting "suicide early intervention
20 and prevention strategies for all ages, particu-
21 larly for youth";

22 (C) in paragraph (3)—

23 (i) by striking "youth"; and

1 (ii) by inserting before the semicolon
2 the following: ‘‘for all ages, particularly for
3 youth’’;
4 (D) in paragraph (4), by striking ‘‘youth
5 suicide’’ and inserting ‘‘suicide for all ages, par-
6 ticularly among youth’’;
7 (E) in paragraph (5), by striking ‘‘youth
8 suicide early intervention techniques and tech-
9 nology’’ and inserting ‘‘suicide early interven-
10 tion techniques and technology for all ages, par-
11 ticularly for youth’’;
12 (F) in paragraph (7)—
13 (i) by striking ‘‘youth’’; and
14 (ii) by inserting ‘‘for all ages, particu-
15 larly for youth,’’ after ‘‘strategies’’; and
16 (G) in paragraph (8)—
17 (i) by striking ‘‘youth suicide’’ each
18 place that such appears and inserting ‘‘sui-
19 cide’’; and
20 (ii) by striking ‘‘in youth’’ and insert-
21 ing ‘‘among all ages, particularly among
22 youth’’; and
23 (2) by amending subsection (e) to read as fol-
24 lows:

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

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

8 (1) in subsection (b), by striking paragraph (2)
9 and inserting the following:

10 “(2) LIMITATION.—In carrying out this section,
11 the Secretary shall ensure that a State does not re-
12 ceive more than one grant or cooperative agreement
13 under this section at any one time. For purposes of
14 the preceding sentences, a State shall be considered
15 to have received a grant or cooperative agreement if
16 the eligible entity involved is the State or an entity
17 designated by the State under paragraph (1)(B).
18 Nothing in this paragraph shall be construed to
19 apply to entities described in paragraph (1)(C).”;
20 and

21 (2) by striking subsection (m) and inserting the
22 following:

23 “(m) AUTHORIZATION OF APPROPRIATIONS.—For
24 the purpose of carrying out this section, there is author-

1 ized to be appropriated $35,427,000 for each of fiscal
2 years 2017 through 2021.''.
3 (c) MENTAL AND BEHAVIORAL HEALTH SERVICES
4 ON CAMPUS.—Section 520E–2(h) of the Public Health
5 Service Act (42 U.S.C. 290bb–36b(h)) is amended by
6 striking ''$5,000,000 for fiscal year 2005'' and all that
7 follows through the period and inserting ''$6,488,000 for
8 each of fiscal years 2017 through 2021.''.

9 **SEC. 111. NATIONAL SUICIDE PREVENTION LIFELINE PRO-**
10 **GRAM.**

11 Subpart 3 of part B of title V of the Public Health
12 Service Act is amended by inserting after section 520E–
13 2 of such Act (42 U.S.C. 290bb–36b), as amended, the
14 following:

15 **''SEC. 520E–3. NATIONAL SUICIDE PREVENTION LIFELINE**
16 **PROGRAM.**

17 ''(a) IN GENERAL.—The Secretary shall maintain the
18 National Suicide Prevention Lifeline program, including
19 by—
20 ''(1) coordinating a network of crisis centers
21 across the United States for providing suicide pre-
22 vention and crisis intervention services to individuals
23 seeking help at any time, day or night;

1 "(2) maintaining a suicide prevention hotline to
2 link callers to local emergency, mental health, and
3 social services resources; and

4 "(3) consulting with the Secretary of Veterans
5 Affairs to ensure that veterans calling the suicide
6 prevention hotline have access to a specialized vet-
7 erans' suicide prevention hotline.

8 "(b) AUTHORIZATION OF APPROPRIATIONS.—To
9 carry out this section, there are authorized to be appro-
10 priated $8,000,000 for each of fiscal years 2017 through
11 2021.".

12 **SEC. 112. ADULT SUICIDE PREVENTION.**

13 (a) GRANTS.—

14 (1) AUTHORITY.—The Administrator of the
15 Substance Abuse and Mental Health Services Ad-
16 ministration (referred to in this section as the "Ad-
17 ministrator") may award grants to eligible entities
18 in order to implement suicide prevention efforts
19 amongst adults 25 and older.

20 (2) PURPOSE.—The grant program under this
21 section shall be designed to raise suicide awareness,
22 establish referral processes, and improve clinical care
23 practice standards for treating suicide ideation,
24 plans, and attempts among adults.

1 (3) RECIPIENTS.—To be eligible to receive a
2 grant under this section, an entity shall be a com-
3 munity-based primary care or behavioral health care
4 setting, an emergency department, a State mental
5 health agency, an Indian tribe, a tribal organization,
6 or any other entity the Administrator deems appro-
7 priate.
8 (4) NATURE OF ACTIVITIES.—The grants
9 awarded under paragraph (1) shall be used to imple-
10 ment programs that—
11 (A) screen for suicide risk in adults and
12 provide intervention and referral to treatment;
13 (B) implement evidence-based practices to
14 treat individuals who are at suicide risk, includ-
15 ing appropriate follow-up services; and
16 (C) raise awareness, reduce stigma, and
17 foster open dialog about suicide prevention.
18 (b) ADDITIONAL ACTIVITIES.—The Administrator
19 shall—
20 (1) evaluate the activities supported by grants
21 awarded under subsection (a) in order to further the
22 Nation's understanding of effective interventions to
23 prevent suicide in adults;
24 (2) disseminate the findings from the evaluation
25 as the Administrator considers appropriate; and

1 (3) provide appropriate information, training,
2 and technical assistance to eligible entities that re-
3 ceive a grant under this section, in order to help
4 such entities to meet the requirements of this sec-
5 tion, including assistance with—
6 (A) selection and implementation of evi-
7 dence-based interventions and frameworks to
8 prevent suicide, such as the Zero Suicide frame-
9 work; and
10 (B) other activities as the Administrator
11 determines appropriate.
12 (c) DURATION.—A grant under this section shall be
13 for a period of not more than 5 years.
14 (d) AUTHORIZATION OF APPROPRIATIONS.—
15 (1) IN GENERAL.—There is authorized to be
16 appropriated to carry out this section $15,000,000
17 for each of fiscal years 2017 through 2021.
18 (2) USE OF CERTAIN FUNDS.—Of the funds ap-
19 propriated to carry out this section in any fiscal
20 year, the lesser of 5 percent of such funds or
21 $500,000 shall be available to the Administrator for
22 purposes of carrying out subsection (b).
23 **SEC. 113. PEER REVIEW AND ADVISORY COUNCILS.**
24 (a) IN GENERAL.—Section 501 of the Public Health
25 Service Act (42 U.S.C. 290aa) is amended—

1 (1) in subsection (i), as redesignated by section
2 102, by inserting at the end the following: ''For any
3 such peer-review group reviewing a proposal or grant
4 related to the treatment of mental illness, no fewer
5 than half of the members of the group shall be expe-
6 rienced mental health providers.''; and
7 (2) in subsection (m), as redesignated by sec-
8 tion 102—
9 (A) in paragraph (2), by striking ''and'' at
10 the end; and
11 (B) in paragraph (3), by striking the pe-
12 riod at the end and inserting ''; and''.
13 (b) ADVISORY COUNCILS.—Paragraph (3) of section
14 502(b) of the Public Health Service Act (42 U.S.C.
15 290aa–1(b)) is amended by adding at the end the fol-
16 lowing:
17 ''(C) No fewer than one-third of the mem-
18 bers of an advisory council for the Center for
19 Mental Health Services shall be mental health
20 care providers with—
21 ''(i) experience in mental health re-
22 search or treatment; and
23 ''(ii) expertise in the fields on which
24 they are advising.

1 ''(D) The Secretary shall adopt a policy
2 that ensures members of advisory councils do
3 not have conflicts of interest with any program
4 or grant about which the members are to ad-
5 vise.''.

6 (c) PEER REVIEW.—Section 504 of the Public Health
7 Service Act (42 U.S.C. 290aa–3) is amended—

8 (1) by adding at the end of subsection (b) the
9 following: ''At least half of the members of any peer-
10 review group established under subsection (a) that
11 pertains to the treatment of mental illness shall be
12 licensed and experienced mental health profes-
13 sionals.''; and

14 (2) by adding at the end the following:

15 ''(e) SCIENTIFIC CONTROLS AND STANDARDS.—Peer
16 review under this section shall ensure that any research
17 concerning an intervention is based on scientific evidence
18 indicating whether the intervention reduces symptoms, im-
19 proves medical or behavioral outcomes, or improves social
20 functioning.''.

21 **SEC. 114. ADULT TRAUMA.**

22 (a) GRANTS.—

23 (1) AUTHORITY.—The Administrator of the
24 Substance Abuse and Mental Health Services Ad-
25 ministration (referred to in this section as the ''Ad-

1 ministrator'') may award grants to eligible entities
2 in order to implement trauma-informed care in pri-
3 mary care and public health settings.

4 (2) PURPOSE.—The grant program under this
5 section shall be designed to facilitate and evaluate
6 the impact of appropriate trauma screening and re-
7 sponses in primary care settings in order to further
8 advance the Nation's understanding of the need for
9 addressing trauma in nonbehavioral health settings.

10 (3) RECIPIENTS.—To be eligible to receive a
11 grant under this section, an entity shall be a com-
12 munity-based, primary care setting, an academic re-
13 search setting in conjunction with primary care set-
14 tings, or any other entity the Administrator deems
15 appropriate.

16 (4) NATURE OF ACTIVITIES.—The grants
17 awarded under paragraph (1) shall be used to imple-
18 ment programs that—

19 (A) screen for trauma in adults, provide
20 intervention and referral to treatment, and pro-
21 vide follow-up services, as appropriate; and

22 (B) engage and involve trauma survivors,
23 people receiving services, and family members
24 receiving services in program design.

1 (5) PRACTITIONERS.—As a condition on receipt
2 of a grant under paragraph (1), an entity shall
3 agree that practitioners used to carry out any pro-
4 gram through the grant will be trained in interven-
5 tions that, as described in ''SAMHSA's Concept of
6 Trauma and Guidance for a Trauma-Informed Ap-
7 proach'', are—
8 (A) based on the best available empirical
9 evidence and science;
10 (B) culturally appropriate; and
11 (C) reflecting principles of a trauma-in-
12 formed approach.
13 (b) ADDITIONAL ACTIVITIES.—The Director shall—
14 (1) evaluate the activities supported by grants
15 awarded under subsection (a) in order to further the
16 Nation's understanding of the need for, and com-
17 plexity of, addressing trauma in nonbehavioral
18 health settings;
19 (2) disseminate the findings from the evaluation
20 as the Administrator considers appropriate;
21 (3) provide appropriate information, training,
22 and technical assistance to eligible entities that re-
23 ceive a grant under this section, in order to help
24 such entities to meet the requirements of this sec-
25 tion, including assistance with—

1 (A) selection and implementation of culturally appropriate, evidence-based interventions that reflect the principles of trauma-informed approach;

5 (B) incorporating principles of peer support and trauma-informed care in hiring, supervision, and staff evaluation;

8 (C) establishment of organizational practices and policies to support trauma-informed approaches to care; and

11 (D) other activities as the Administrator determines appropriate.

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

15 (d) AUTHORIZATION OF APPROPRIATIONS.—

16 (1) IN GENERAL.—There is authorized to be appropriated to carry out this section $3,000,000 for each of fiscal years 2017 through 2021.

19 (2) USE OF CERTAIN FUNDS.—Of the funds appropriated to carry out this section in any fiscal year, the lesser of 5 percent of such funds or $500,000 shall be available to the Director for purposes of carrying out subsection (b).

1 **SEC. 115. REDUCING THE STIGMA OF SERIOUS MENTAL ILL-**
2 **NESS.**

3 (a) IN GENERAL.—The Secretary of Health and
4 Human Services and the Secretary of Education shall or-
5 ganize a national awareness campaign involving public
6 health organizations, advocacy groups for persons with se-
7 rious mental illness or serious emotional disturbance, and
8 social media companies to assist secondary school students
9 and postsecondary students in—

10 (1) reducing the stigma associated with serious
11 mental illness and serious emotional disturbance;

12 (2) understanding how to assist an individual
13 who is demonstrating signs of a serious mental ill-
14 ness or serious emotional disturbance; and

15 (3) understanding the importance of seeking
16 treatment from a physician, clinical psychologist,
17 psychiatric nurse practitioner, or licensed mental
18 health professional when a student believes the stu-
19 dent may be suffering from a serious mental illness,
20 serious emotional disturbance, or behavioral health
21 disorder.

22 (b) DATA COLLECTION.—The Secretary of Health
23 and Human Services shall evaluate the program under
24 subsection (a) on public health to determine whether the
25 program has made an impact on public health, such as
26 reducing mortality rates of persons with serious mental

1 illness or serious emotional disturbance, the prevalence of
2 serious mental illness and serious emotional disturbance,
3 physician and clinical psychological visits, and emergency
4 room visits for psychiatric services.

5 (c) SECONDARY SCHOOL DEFINED.—For purposes of
6 this section, the term ''secondary school'' has the meaning
7 given the term in section 9101 of the Elementary and Sec-
8 ondary Education Act of 1965 (20 U.S.C. 7801).

9 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry
10 out this section, there is authorized to be appropriated
11 $1,000,000 for each of fiscal years 2017 through 2021.

12 **SEC. 116. REPORT ON MENTAL HEALTH AND SUBSTANCE**
13 **ABUSE TREATMENT IN THE STATES.**

14 (a) IN GENERAL.—Not later than 18 months after
15 the date of enactment of this Act, and not less than every
16 2 years thereafter, the Secretary of Health and Human
17 Services shall submit to the Congress and make available
18 to the public a report on mental health and substance use
19 treatment in the States, including the following:

20 (1) A detailed report on how Federal mental
21 health and substance use treatment funds are used
22 in each State including:

23 (A) The numbers of individuals with men-
24 tal illness, serious mental illness, serious emo-
25 tional disturbance, substance use disorders, or

1 co-occurring disorders who are served with Fed-
2 eral funds.
3 (B) The types of programs made available
4 to individuals with mental illness, serious men-
5 tal illness, substance use disorders, or co-occur-
6 ring disorders.
7 (2) A summary of best practice models in the
8 States highlighting programs that are cost effective,
9 provide evidence-based care, increase access to care,
10 integrate physical, psychiatric, psychological, and be-
11 havioral medicine, and improve outcomes for individ-
12 uals with mental illness or substance use disorders.
13 (3) A statistical report of outcome measures in
14 each State, for individuals with mental illness, seri-
15 ous mental illness, substance use disorders, and co-
16 occurring disorders, such as—
17 (A) rates of suicide, suicide attempts, sub-
18 stance abuse, overdose, overdose deaths, health
19 outcomes, emergency psychiatric hospitaliza-
20 tions, and emergency room boarding; and
21 (B) arrests, incarcerations, victimization,
22 homelessness, joblessness, employment, and en-
23 rollment in educational or vocational programs.
24 (b) DEFINITION.—In this subsection, the term
25 ''emergency room boarding'' means the practice of admit-

1 ting patients to an emergency department and holding
2 them in the department until inpatient psychiatric beds
3 become available.

4 **SEC. 117. MENTAL HEALTH FIRST AID TRAINING GRANTS.**

5 Section 520J of the Public Health Service Act (42
6 U.S.C. 290bb–41) is amended to read as follows:

7 **"SEC. 520J. MENTAL HEALTH FIRST AID TRAINING GRANTS.**

8 "(a) GRANTS.—The Secretary, acting through the
9 Administrator, shall award grants to States, political sub-
10 divisions of States, Indian tribes, tribal organizations, and
11 nonprofit private entities to initiate and sustain mental
12 health first aid training programs.

13 "(b) PROGRAM REQUIREMENTS.—

14 "(1) IN GENERAL.—To be eligible for funding
15 under subsection (a), a mental health first aid train-
16 ing program shall—

17 "(A) be designed to train individuals in the
18 categories listed in paragraph (2) to accomplish
19 the objectives described in paragraph (3);

20 "(B) ensure that training is conducted by
21 trainers that are properly licensed and
22 credentialed by nonprofit entities as designated
23 by the Secretary; and

24 "(C) include—

25 "(i) at a minimum—

1 "(I) a core live training course
2 for individuals in the categories listed
3 in paragraph (2) on the skills, re-
4 sources, and knowledge to assist indi-
5 viduals in crisis to connect with ap-
6 propriate local mental health care
7 services;
8 "(II) training on mental health
9 resources, including the location of
10 community mental health centers de-
11 scribed in section 1913(c), in the
12 State and local community; and
13 "(III) training on action plans
14 and protocols for referral to such re-
15 sources; and
16 "(ii) where feasible, continuing edu-
17 cation and updated training for individuals
18 in the categories listed in paragraph (2).
19 "(2) CATEGORIES OF INDIVIDUALS TO BE
20 TRAINED.—The categories of individuals listed in
21 this paragraph are the following:
22 "(A) Emergency services personnel and
23 other first responders.
24 "(B) Police officers and other law enforce-
25 ment personnel.

1 "(C) Teachers and school administrators.
2 "(D) Human resources professionals.
3 "(E) Faith community leaders.
4 "(F) Nurses and other primary care per-
5 sonnel.
6 "(G) Students enrolled in an elementary
7 school, a secondary school, or an institution of
8 higher education.
9 "(H) The parents of students described in
10 subparagraph (G).
11 "(I) Veterans.
12 "(J) Other individuals, audiences or train-
13 ing populations as determined appropriate by
14 the Secretary.
15 "(3) OBJECTIVES OF TRAINING.—To be eligible
16 for funding under subsection (a), a mental health
17 first aid training program shall be designed to train
18 individuals in the categories listed in paragraph (2)
19 to accomplish each of the following objectives (as ap-
20 propriate for the individuals to be trained, taking
21 into consideration their age):
22 "(A) Safe de-escalation of crisis situations.
23 "(B) Recognition of the signs and symp-
24 toms of mental illness, including such common
25 psychiatric conditions as schizophrenia, bipolar

1 disorder, major clinical depression, and anxiety
2 disorders.
3 ''(C) Timely referral to mental health serv-
4 ices in the early stages of developing mental
5 disorders in order to—
6 ''(i) avoid more costly subsequent be-
7 havioral health care; and
8 ''(ii) enhance the effectiveness of men-
9 tal health services.
10 ''(c) DISTRIBUTION OF AWARDS.—In awarding
11 grants under this section, the Secretary shall—
12 ''(1) ensure that grants are equitably distrib-
13 uted among the geographical regions of the United
14 States; and
15 ''(2) pay particular attention to the mental
16 health training needs of populations and target audi-
17 ences residing in rural areas.
18 ''(d) APPLICATION.—A State, political subdivision of
19 a State, Indian tribe, tribal organization, or nonprofit pri-
20 vate entity that desires a grant under this section shall
21 submit an application to the Secretary at such time, in
22 such manner, and containing such information as the Sec-
23 retary may require, including a plan for the rigorous eval-
24 uation of activities that are carried out with funds received
25 under such grant.

1 “(e) EVALUATION.—A State, political subdivision of
2 a State, Indian tribe, tribal organization, or nonprofit pri-
3 vate entity that receives a grant under this section shall
4 prepare and submit an evaluation to the Secretary at such
5 time, in such manner, and containing such information as
6 the Secretary may reasonably require, including an evalua-
7 tion of activities carried out with funds received under
8 such grant and a process and outcome evaluation.

9 “(f) AUTHORIZATION OF APPROPRIATIONS.—To
10 carry out this section, there are authorized to be appro-
11 priated $20,000,000 for each of fiscal years 2017 through
12 2021.”.

13 **SEC. 118. ACUTE CARE BED REGISTRY GRANT FOR STATES.**

14 (a) IN GENERAL.—The Secretary of Health and
15 Human Services, acting through the Administrator of the
16 Substance Abuse and Mental Health Services Administra-
17 tion, shall award grants to State mental health agencies
18 to develop and administer, or maintain an existing, real-
19 time Internet-based bed registry described in subsection
20 (b), to collect, aggregate, and display information about
21 available beds in public and private inpatient psychiatric
22 facilities and public and private residential crisis stabiliza-
23 tion units, and residential community mental health and
24 residential substance abuse treatment facilities to facili-
25 tate the identification and designation of facilities for the

1 temporary treatment of individuals in psychiatric or sub-
2 stance abuse crisis.

3 (b) REGISTRY REQUIREMENTS.—A bed registry de-
4 scribed in this subsection is a registry that—

5 (1) includes descriptive information for every
6 public and private inpatient psychiatric facility,
7 every public and private residential crisis stabiliza-
8 tion unit, and residential community mental health
9 and residential substance abuse facility in the State
10 involved, including contact information for the facil-
11 ity or unit;

12 (2) provides real-time information about the
13 number of beds available at each facility or unit and,
14 for each available bed, the type of patient that may
15 be admitted, the level of security provided, and any
16 other information that may be necessary to allow for
17 the proper identification of appropriate facilities for
18 treatment of individuals in psychiatric or substance
19 abuse crisis; and

20 (3) allows employees and designees of commu-
21 nity mental health and substance abuse service pro-
22 viders, employees of inpatient psychiatric facilities,
23 public and private residential crisis stabilization
24 units, or residential substance abuse treatment fa-
25 cilities, and health care providers working in an

1 emergency room of a hospital or clinic or other facil-
2 ity rendering emergency medical care to perform
3 searches of the registry to identify available beds
4 that are appropriate for the treatment of individuals
5 in psychiatric crisis or substance abuse crisis.
6 (c) AUTHORIZATION OF APPROPRIATIONS.—To carry
7 out this section, there are authorized to be appropriated
8 $15,000,000 for each of fiscal years 2017 through 2021.

9 **SEC. 119. OLDER ADULT MENTAL HEALTH GRANTS.**

10 (a) IN GENERAL.—The Secretary of Health and
11 Human Services, acting through the Director of the Cen-
12 ter for Mental Health Services, shall award grants, con-
13 tracts, or cooperative agreements to public and private
14 nonprofit entities for projects that address the mental
15 health needs of older adults, including programs to—
16 (1) support the establishment and maintenance
17 of interdisciplinary geriatric mental health specialist
18 outreach teams in community settings where older
19 adults reside or receive social services, in order to
20 provide screening, referrals, and evidence-based
21 intervention and treatment services, including serv-
22 ices provided by licensed mental health professionals;
23 (2) develop and implement older adult suicide
24 early intervention and prevention strategies in 1 or
25 more settings that serve seniors, and collect and

1 analyze data on older adult suicide early intervention
2 and prevention services for purposes of monitoring,
3 research, and policy development; and
4 (3) otherwise improve the mental health of
5 older adults, as determined by the Secretary.
6 (b) CONSIDERATIONS IN AWARDING GRANTS.—In
7 awarding grants under this section, the Secretary, to the
8 extent feasible, shall ensure that—
9 (1) projects are funded in a variety of geo-
10 graphic areas, including urban and rural areas;
11 (2) a variety of populations, including racial
12 and ethnic minorities and low-income populations,
13 are served by projects funded under this section; and
14 (3) older adult suicide intervention and preven-
15 tion programs are targeted towards areas with high
16 older adult suicide rates.
17 (c) APPLICATION.—To be eligible to receive a grant
18 under this section, a public or private nonprofit entity
19 shall—
20 (1) submit an application to the Secretary (in
21 such form, containing such information, and at such
22 time as the Secretary may specify);
23 (2) agree to report to the Secretary standard-
24 ized clinical and behavioral data or other perform-
25 ance data necessary to evaluate patient or program

1 outcomes and to facilitate evaluations across partici-
2 pating projects; and
3 (3) demonstrate how such applicant will col-
4 laborate with other State and local public and pri-
5 vate nonprofit organizations.
6 (d) DURATION.—A project may receive funding under
7 a grant under this section for a period of up to 3 years,
8 and such funding may be extended for a period of 2 addi-
9 tional years, at the discretion of the Secretary.
10 (e) SUPPLEMENT, NOT SUPPLANT.—Funds made
11 available under this section shall be used to supplement,
12 and not supplant, other Federal, State, or local funds
13 available to an entity to carry out activities described in
14 this section.
15 (f) REPORT.—Grantees under this section shall, be-
16 ginning with the end of the second year of the grant, sub-
17 mit yearly reports to the Secretary on the activities of the
18 grantee in support of the grant and the latest performance
19 data. Such reports shall contain recommendations as how
20 to replicate the project funded through the grant.
21 (g) DEFINITIONS.—In this section, the term ''older
22 adult'' has the meaning given the term ''older individual''
23 in section 102 of the Older Americans Act of 1965 (42
24 U.S.C. 3002).

1 (h) AUTHORIZATION OF APPROPRIATIONS.—There is
2 authorized to be appropriated to carry out this section,
3 $5,000,000 for each of fiscal years 2017 through 2021.

4 TITLE II—INTERAGENCY SERI- 5 OUS MENTAL ILLNESS CO- 6 ORDINATING COMMITTEE

7 SEC. 201. INTERAGENCY SERIOUS MENTAL ILLNESS CO- 8 ORDINATING COMMITTEE.

9 Title V of the Public Health Service Act, as amended
10 by section 101, is further amended by inserting after sec-
11 tion 501 of such Act the following:

12 "SEC. 501A. INTERAGENCY SERIOUS MENTAL ILLNESS CO- 13 ORDINATING COMMITTEE.

14 "(a) ESTABLISHMENT.—The Assistant Secretary for
15 Mental Health and Substance Use Disorders (in this sec-
16 tion referred to as the 'Assistant Secretary') shall estab-
17 lish a committee, to be known as the Interagency Serious
18 Mental Illness Coordinating Committee (in this section re-
19 ferred to as the 'Committee'), to assist the Assistant Sec-
20 retary in carrying out the Assistant Secretary's duties.

21 "(b) RESPONSIBILITIES.—The Committee, in coordi-
22 nation with the Assistant Secretary, shall—

23 "(1) develop and annually update a summary of
24 advances in serious mental illness research related to
25 causes, prevention, treatment, early screening, diag-

1 nosis or rule out, intervention, and access to services
2 and supports for individuals with serious mental ill-
3 ness;
4 ''(2) monitor Federal activities with respect to
5 serious mental illness;
6 ''(3) make recommendations to the Assistant
7 Secretary regarding any appropriate changes to such
8 activities, including recommendations with respect to
9 the strategic plan developed under paragraph (5);
10 ''(4) make recommendations to the Assistant
11 Secretary regarding public participation in decisions
12 relating to serious mental illness;
13 ''(5) develop and update every 5 years a stra-
14 tegic plan for the conduct and support of programs
15 and services to assist individuals with serious mental
16 illness, including—
17 ''(A) a summary of the advances in serious
18 mental illness research developed under para-
19 graph (1);
20 ''(B) a list of the Federal programs and
21 activities identified under paragraph (2);
22 ''(C) an analysis of the efficiency, effective-
23 ness, quality, coordination, and cost-effective-
24 ness of Federal programs and activities relating
25 to the prevention, diagnosis, treatment, or reha-

1 bilitation of serious mental illness, including an
2 accounting of the costs of such programs and
3 activities with administrative costs
4 disaggregated from the costs of services and
5 care; and

6 ''(D) a plan with recommendations—

7 ''(i) for the coordination and improve-
8 ment of Federal programs and activities
9 related to serious mental illness, including
10 budgetary requirements;

11 ''(ii) for improving outcomes for indi-
12 viduals with a serious mental illness in-
13 cluding appropriate benchmarks to meas-
14 ure progress on achieving improvements;

15 ''(iii) for the mental health workforce;

16 ''(iv) to disseminate relevant informa-
17 tion developed by the coordinating com-
18 mittee to the public, health care providers,
19 social service providers, public health offi-
20 cials, courts, law enforcement, and other
21 relevant groups;

22 ''(v) to identify research needs, includ-
23 ing longitudinal studies of pediatric popu-
24 lations; and

1 "(vi) for vulnerable and underserved
2 populations, including pediatric popu-
3 lations, geriatric populations, and racial,
4 ethnic, sexual, and gender minorities; and
5 "(6) submit to the Congress such strategic plan
6 and any updates to such plan.
7 "(c) MEMBERSHIP.—
8 "(1) IN GENERAL.—The Committee shall be
9 composed of—
10 "(A) the Assistant Secretary for Mental
11 Health and Substance Use Disorders (or the
12 Assistant Secretary's designee), who shall serve
13 as the Chair of the Committee;
14 "(B) the Director of the National Institute
15 of Mental Health (or the Director's designee);
16 "(C) the Attorney General of the United
17 States (or the Attorney General's designee);
18 "(D) the Director of the Centers for Dis-
19 ease Control and Prevention (or the Director's
20 designee);
21 "(E) the Director of the National Insti-
22 tutes of Health (or the Director's designee);
23 "(F) the Director of the Indian Health
24 Service;

1 “(G) a member of the United States Inter-
2 agency Council on Homelessness;
3 “(H) the Administrator of the Centers for
4 Medicare & Medicaid Service (or the Adminis-
5 trator’s designee);
6 “(I) the Secretary of Defense (or the Sec-
7 retary’s designee);
8 “(J) the Secretary of Education (or the
9 Secretary’s designee);
10 “(K) the Secretary of Labor (or the Sec-
11 retary’s designee);
12 “(L) the Secretary of Veterans Affairs (or
13 the Secretary’s designee);
14 “(M) the Commissioner of the Social Secu-
15 rity Administration (or the Commissioner’s des-
16 ignee); and
17 “(N) the additional members appointed
18 under paragraph (2).
19 “(2) ADDITIONAL MEMBERS.—Not fewer than
20 20 members of the Committee, or ⅓ of the total
21 membership of the Committee, whichever is greater,
22 shall be composed of non-Federal public members to
23 be appointed by the Assistant Secretary, of which—
24 “(A) at least five such members shall be
25 an individual in recovery from a diagnosis of se-

1 rious mental illness who has benefited from
2 medical treatment under the care of a licensed
3 mental health professional;

4 "(B) at least three such members shall be
5 a parent or legal guardian of an individual with
6 a history of serious mental illness, including at
7 least one of whom is the parent or legal guard-
8 ian of a child who has either attempted suicide
9 or is incarcerated for a crime committed while
10 experiencing a serious mental illness or serious
11 emotional disturbance;

12 "(C) at least one such member shall be a
13 representative of a leading research, advocacy,
14 and service organization for individuals with se-
15 rious mental illness;

16 "(D) at least one such member shall be—

17 "(i) a licensed psychiatrist with expe-
18 rience treating serious mental illness; or

19 "(ii) a licensed clinical psychologist
20 with experience treating serious mental ill-
21 ness;

22 "(E) at least one member shall be a li-
23 censed mental health counselor or
24 psychotherapist;

1 “(F) at least one member shall be a li-
2 censed clinical social worker;
3 “(G) at least one member shall be a li-
4 censed psychiatric nurse or nurse practitioner;
5 “(H) at least one member shall be a men-
6 tal health professional with a significant focus
7 in his or her practice working with children and
8 adolescents;
9 “(I) at least one member shall be a mental
10 health professional who spends a significant
11 concentration of his or her professional time or
12 leadership practicing community mental health;
13 “(J) at least one member shall be a mental
14 health professional with substantial experience
15 working with mentally ill individuals who have
16 a history of violence or suicide;
17 “(K) at least one such member shall be a
18 State certified mental health peer specialist;
19 “(L) at least one member shall be a judge
20 with experience adjudicating cases related to
21 criminal justice and serious mental illness;
22 “(M) at least one member shall be a law
23 enforcement officer with extensive experience in
24 interfacing with psychiatric and psychological

1 disorders or individuals in mental health crisis;
2 and

3 "(N) at least one member shall be a cor-
4 rections officer with extensive experience in
5 interfacing with psychiatric and psychological
6 disorders or individuals in mental health crisis.

7 "(d) REPORTS TO CONGRESS.—Not later than 2
8 years after the date of enactment of this Act, and every
9 3 years thereafter, the Committee shall submit a report
10 to the Congress—

11 "(1) evaluating the impact of projects address-
12 ing priority mental health needs of regional and na-
13 tional significance under sections 501, 509, 516, and
14 520A including measurement of public health out-
15 comes such as—

16 "(A) reduced rates of suicide, suicide at-
17 tempts, substance abuse, overdose, overdose
18 deaths, emergency hospitalizations, emergency
19 room boarding, incarceration, crime, arrest, vic-
20 timization, homelessness, and joblessness;

21 "(B) increased rates of employment and
22 enrollment in educational and vocational pro-
23 grams; and

24 "(C) such other criteria as may be deter-
25 mined by the Assistant Secretary;

1 "(2) formulating recommendations for the co-
2 ordination and improvement of Federal programs
3 and activities that affect individuals with serious
4 mental illness;

5 "(3) identifying any such programs and activi-
6 ties that are duplicative; and

7 "(4) summarizing all recommendations made,
8 activities carried out, and results achieved pursuant
9 to the workforce development strategy under section
10 501.

11 "(e) ADMINISTRATIVE SUPPORT; TERMS OF SERV-
12 ICE; OTHER PROVISIONS.—The following provisions shall
13 apply with respect to the Committee:

14 "(1) The Assistant Secretary shall provide such
15 administrative support to the Committee as may be
16 necessary for the Committee to carry out its respon-
17 sibilities.

18 "(2) Members of the Committee appointed
19 under subsection (c)(2) shall serve for a term of 4
20 years, and may be reappointed for one or more addi-
21 tional 4-year terms. Any member appointed to fill a
22 vacancy for an unexpired term shall be appointed for
23 the remainder of such term. A member may serve
24 after the expiration of the member's term until a
25 successor has taken office.

1 "(3) The Committee shall meet at the call of
2 the chair or upon the request of the Assistant Sec-
3 retary. The Committee shall meet not fewer than 2
4 times each year.

5 "(4) All meetings of the Committee shall be
6 public and shall include appropriate time periods for
7 questions and presentations by the public.

8 "(f) SUBCOMMITTEES; ESTABLISHMENT AND MEM-
9 BERSHIP.—In carrying out its functions, the Committee
10 may establish subcommittees and convene workshops and
11 conferences. Such subcommittees shall be composed of
12 Committee members and may hold such meetings as are
13 necessary to enable the subcommittees to carry out their
14 duties.

15 "(g) AUTHORIZATION OF APPROPRIATIONS.—There
16 is authorized to be appropriated $1,000,000 to carry out
17 the staffing functions under subsection (e)(1) for each of
18 fiscal years 2017 through 2021.".

TITLE III—COMMUNICATIONS BETWEEN INDIVIDUALS, FAMILIES, AND PROVIDERS

SEC. 301. CLARIFICATION OF CIRCUMSTANCES UNDER WHICH DISCLOSURE OF PROTECTED HEALTH INFORMATION OF MENTAL ILLNESS PATIENTS IS PERMITTED.

The HITECH Act (title XIII of division A of Public Law 111–5) is amended by adding at the end of subtitle D of such Act (42 U.S.C. 17921 et seq.) the following:

"PART 3—IMPROVED PRIVACY AND SECURITY PROVISIONS FOR MENTAL ILLNESS PATIENTS

"SEC. 13431. CLARIFICATION OF CIRCUMSTANCES UNDER WHICH DISCLOSURE OF PROTECTED HEALTH INFORMATION IS PERMITTED.

"(a) IN GENERAL.—Not later than one year after the date of enactment of this section, the Secretary shall promulgate final regulations clarifying the circumstances under which, consistent with the standards governing the privacy and security of individually identifiable health information promulgated by the Secretary under sections 262(a) and 264 of the Health Insurance Portability and Accountability Act of 1996, health care providers and covered entities may disclose the protected health information

1 of patients with a mental illness, including for purposes
2 of—
3 “(1) communicating with a patient’s family,
4 caregivers, friends, or others involved in the pa-
5 tient’s care, including communication about treat-
6 ments, side effects, risk factors, and the availability
7 of community resources;
8 “(2) communicating with family or caregivers
9 when the patient is an adult;
10 “(3) communicating with the parent or care-
11 giver of a patient who is a minor;
12 “(4) considering the patient’s capacity to agree
13 or object to the sharing of their information;
14 “(5) communicating and sharing information
15 with a patient’s family or caregivers when—
16 “(A) the patient consents; or
17 “(B) the patient does not consent, but the
18 patient lacks the capacity to agree or object and
19 the communication or sharing of information is
20 in the patient’s best interest;
21 “(6) involving a patient’s family members,
22 friends, or caregivers, or others involved in the pa-
23 tient’s care in the patient’s care plan, including
24 treatment and medication adherence, in dealing with

1 patient failures to adhere to medication or other
2 therapy;
3 “(7) listening to or receiving information from
4 family members or caregivers about their loved ones
5 receiving mental illness treatment;
6 “(8) communicating with family members, care-
7 givers, law enforcement, or others when the patient
8 presents a serious and imminent threat of harm to
9 self or others; and
10 “(9) communicating to law enforcement and
11 family members or caregivers about the admission of
12 a patient to receive care at a facility or the release
13 of a patient who was admitted to a facility for an
14 emergency psychiatric hold or involuntary treatment.
15 “(b) COORDINATION.—The Secretary shall carry out
16 this section in coordination with the Director of the Office
17 for Civil Rights within the Department of Health and
18 Human Services.
19 “(c) CONSISTENCY WITH GUIDANCE.—The Secretary
20 shall ensure that the regulations under this section are
21 consistent with the guidance entitled ‘HIPAA Privacy
22 Rule and Sharing Information Related to Mental Health’,
23 issued by the Department of Health and Human Services
24 on February 20, 2014.”.

1 **SEC. 302. DEVELOPMENT AND DISSEMINATION OF MODEL**
2 **TRAINING PROGRAMS.**

3 (a) INITIAL PROGRAMS AND MATERIALS.—Not later
4 than one year after promulgating final regulations under
5 section 13431 of the HITECH Act, as added by section
6 301, the Secretary of Health and Human Services (in this
7 section referred to as the ''Secretary'') shall develop and
8 disseminate—

9 (1) a model program and materials for training
10 health care providers (including physicians, emer-
11 gency medical personnel, psychologists, counselors,
12 therapists, behavioral health facilities and clinics,
13 care managers, and hospitals) regarding the cir-
14 cumstances under which, consistent with the stand-
15 ards governing the privacy and security of individ-
16 ually identifiable health information promulgated by
17 the Secretary under sections 262(a) and 264 of the
18 Health Insurance Portability and Accountability Act
19 of 1996, the protected health information of patients
20 with a mental illness may be disclosed with and
21 without patient consent;

22 (2) a model program and materials for training
23 lawyers and others in the legal profession on such
24 circumstances; and

25 (3) a model program and materials for training
26 patients and their families regarding their rights to

1 protect and obtain information under the standards
2 specified in paragraph (1).
3 (b) PERIODIC UPDATES.—The Secretary shall—
4 (1) periodically review and update the model
5 programs and materials developed under subsection
6 (a); and
7 (2) disseminate the updated model programs
8 and materials.
9 (c) CONTENTS.—The programs and materials devel-
10 oped under subsection (a) shall address the guidance enti-
11 tled ''HIPAA Privacy Rule and Sharing Information Re-
12 lated to Mental Health'', issued by the Department of
13 Health and Human Services on February 20, 2014.
14 (d) COORDINATION.—The Secretary shall carry out
15 this section in coordination with the Director of the Office
16 for Civil Rights within the Department of Health and
17 Human Services, the Administrator of the Substance
18 Abuse and Mental Health Services Administration, the
19 Administrator of the Health Resources and Services Ad-
20 ministration, and the heads of other relevant agencies
21 within the Department of Health and Human Services.
22 (e) INPUT OF CERTAIN ENTITIES.—In developing the
23 model programs and materials required by subsections (a)
24 and (b), the Secretary shall solicit the input of relevant

1 national, State, and local associations, medical societies,
2 and licensing boards.

3 (f) FUNDING.—There is authorized to be appro-
4 priated to carry out this section $5,000,000 for fiscal year
5 2017 and $25,000,000 for the period of fiscal years 2018
6 through 2023.

7 **SEC. 303. MODERNIZING PRIVACY PROTECTIONS.**

8 Not later than two years after the date of the enact-
9 ment of this Act, the Secretary of Health and Human
10 Services shall issue a final rule modernizing the privacy
11 protections under section 543 of the Public Health Service
12 Act (42 U.S.C. 290dd–2).

13 **SEC. 304. IMPROVING COMMUNICATION WITH INDIVID-**
14 **UALS, FAMILIES, AND PROVIDERS.**

15 (a) GRANTS.—

16 (1) AUTHORITY.—The Secretary of Health and
17 Human Services, acting through the Administrator
18 of the Substance Abuse and Mental Health Services
19 Administration, shall award grants to eligible enti-
20 ties for the implementation of pilot programs de-
21 signed to enhance care and promote recovery by sup-
22 porting communication between individuals in treat-
23 ment, their families, providers, and other individuals
24 involved in their care.

1 (2) RECIPIENTS.—To be eligible to receive a
2 grant under this section, an entity shall be a State,
3 county, city, tribe, tribal organization, institutions of
4 higher education, public organization, or private
5 nonprofit organizations.

6 (3) NATURE OF ACTIVITIES.—The grants
7 awarded under paragraph (1) shall be used to imple-
8 ment evidence-based or innovative programs, such as
9 Adapted or Open Dialogue, that enhance care and
10 promote recovery by supporting communities be-
11 tween individuals and those involved in their treat-
12 ment, care, and support.

13 (b) ADDITIONAL ACTIVITIES.—The Secretary shall—

14 (1) evaluate the activities supported by grants
15 awarded under subsection (a) in order to further the
16 Nation's understanding of effective communication
17 strategies between individuals with mental illness
18 and their families and health care providers;

19 (2) disseminate the findings from the evaluation
20 as the Secretary considers appropriate;

21 (3) make recommendations for scaling up suc-
22 cessful models across the country, including in pub-
23 licly funded programs; and

24 (4) other activities as the Secretary determines
25 appropriate.

1 (c) DURATION.—A grant under this section shall be
2 for a period of not more than 5 years.
3 (d) AUTHORIZATION OF APPROPRIATIONS.—
4 (1) IN GENERAL.—There is authorized to be
5 appropriated to carry out this section $2,000,000 for
6 each of fiscal years 2017 through 2021.
7 (2) USE OF CERTAIN FUNDS.—Of the funds ap-
8 propriated to carry out this section in any fiscal
9 year, no more than 5 percent shall be available to
10 the Secretary for the purposes of carrying out sub-
11 section (b).

12 TITLE IV—IMPROVING MED- 13 ICAID AND MEDICARE MEN- 14 TAL HEALTH SERVICES

15 Subtitle A—Medicaid Provisions

16 SEC. 401. ENHANCED MEDICAID COVERAGE RELATING TO 17 CERTAIN MENTAL HEALTH SERVICES.

18 (a) MEDICAID COVERAGE OF MENTAL HEALTH
19 SERVICES AND PRIMARY CARE SERVICES FURNISHED ON
20 THE SAME DAY.—Section 1902 of the Social Security Act
21 (42 U.S.C. 1396a) is amended—
22 (1) in subsection (a), by inserting after para-
23 graph (77) the following new paragraph:
24 "(78) in the case of a State that does not have
25 in effect (as of the date of the enactment of this

1 paragraph) under its State plan a payment method-
2 ology that allows for full reimbursement of all same-
3 day qualifying services through a single payment,
4 not prohibit payment under the plan for a mental
5 health service or primary care service furnished to
6 an individual at a community mental health center
7 meeting the criteria specified in section 1913(c) of
8 the Public Health Service Act or a federally qualified
9 health center (as defined in section 1861(aa)(3)) for
10 which payment would otherwise be payable under
11 the plan, with respect to such individual, if such
12 service were not a same-day qualifying service (as
13 defined in subsection (ll));''; and
14 (2) by adding at the end the following new sub-
15 section:
16 ''(ll) SAME-DAY QUALIFYING SERVICES DEFINED.—
17 For purposes of subsection (a)(78), the term 'same-day
18 qualifying service' means—
19 ''(1) a primary care service furnished to an in-
20 dividual by a provider at a facility on the same day
21 a mental health service is furnished to such indi-
22 vidual by such provider (or another provider) at the
23 facility; and
24 ''(2) a mental health service furnished to an in-
25 dividual by a provider at a facility on the same day

1 a primary care service is furnished to such individual
2 by such provider (or another provider) at the facil-
3 ity.''.

4 (b) PROVIDING FULL-RANGE OF EPSDT SERVICES
5 TO CHILDREN IN IMDS.—Section 1905(h) of the Social
6 Security Act (42 U.S.C. 1396d(h)) is amended by adding
7 at the end the following new paragraph:

8 ''(3) Such term includes the full-range of early and
9 periodic screening, diagnostic, and treatment services (as
10 defined in subsection (r)).''.

11 (c) OPTIONAL LIMITED COVERAGE OF INPATIENT
12 SERVICES FURNISHED IN INSTITUTIONS FOR MENTAL
13 DISEASES.—Section 1903(m)(2) of the Social Security
14 Act (42 U.S.C. 1396b(m)(2)) is amended by adding at the
15 end the following new subparagraph:

16 ''(I)(i) Notwithstanding the limitation specified in the
17 subdivision (B) following paragraph (29) of section
18 1905(a), beginning on the date of the enactment of this
19 subparagraph, a State may provide, as part of the monthly
20 capitated payment made by the State under this title to
21 a medicaid managed care organization or a prepaid inpa-
22 tient health plan (as defined in section 438.2 of title 42,
23 Code of Federal Regulations (or any successor regula-
24 tion)), for payment for limited inpatient psychiatric hos-
25 pital services provided by such organization or health plan,

1 at the option of the individual receiving such services, in
2 lieu of services covered under the State plan during the
3 month for which the payment is made.

4 ''(ii) In this subparagraph, the term 'limited inpatient
5 psychiatric hospital services' means the services described
6 in subparagraphs (A) and (B) of section 1905(h)(1)—

7 ''(I) that are furnished to individuals over 21
8 years of age and under 65 years of age in an institu-
9 tion for mental diseases (as defined in section
10 1905(i)) that is an inpatient hospital facility or a
11 sub-acute care facility providing crisis residential
12 services (as defined by the Secretary); and

13 ''(II) for which the length of stay in such an in-
14 stitution is for a short-term stay of not more than
15 15 days during the month for which the capitated
16 payment referred to in clause (i) is made.''.

17 (d) EFFECTIVE DATE.—

18 (1) IN GENERAL.—Subject to paragraph (2),
19 the amendments made by subsections (a) and (b)
20 shall apply to items and services furnished after the
21 date of the enactment of this section.

22 (2) EXCEPTION FOR STATE LEGISLATION.—In
23 the case of a State plan under title XIX of the So-
24 cial Security Act, which the Secretary of Health and
25 Human Services determines requires State legisla-

tion in order for the respective plan to meet any requirement imposed by amendments made by subsections (a) and (b), the respective plan shall not be regarded as failing to comply with the requirements of such title solely on the basis of its failure to meet such an additional requirement before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of enactment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of the session shall be considered to be a separate regular session of the State legislature.

SEC. 402. EXTENSION AND EXPANSION OF DEMONSTRATION PROGRAMS TO IMPROVE COMMUNITY MENTAL HEALTH SERVICES.

Paragraph (3) of section 223(d) of the Protecting Access to Medicare Act of 2014 (Public Law 113–93; 128 Stat. 1077) is amended to read as follows:

"(3) NUMBER AND LENGTH OF DEMONSTRATION PROGRAMS.—

"(A) IN GENERAL.—Except as provided in subparagraphs (B) and (C), not more than 8 States shall be selected for 2-year demonstration programs under this subsection.

1 "(B) THREE-YEAR EXTENSION.—A State
2 selected to participate in the demonstration
3 project under this subsection shall, upon the re-
4 quest of the State, be permitted to continue to
5 participate in the demonstration project for an
6 additional 3-year period, if the Secretary makes
7 the determination specified in subparagraph
8 (D) with respect to the State. The Secretary
9 shall provide each such State with notice of that
10 determination.

11 "(C) EXPANSION TO ADDITIONAL
12 STATES.—

13 "(i) IN GENERAL.—The Secretary
14 may expand the number of eligible States
15 participating in the demonstration project,
16 if, with respect to any such State, the Sec-
17 retary makes the determination specified in
18 subparagraph (D). The period of the par-
19 ticipation of any such eligible State in the
20 demonstration project shall end on Decem-
21 ber 31, 2022, regardless of the date on
22 which the State begins participating in the
23 demonstration project.

24 "(ii) NOTIFICATION.—The Secretary
25 shall provide each State that applies to be

1 added to the demonstration project under
2 this subsection with notice of the deter-
3 mination under subparagraph (D) and the
4 standards used to make such determina-
5 tion.

6 "(D) DETERMINATION.—The determina-
7 tion specified in this subparagraph is that the
8 Secretary determines that, in the case of a re-
9 quest under subparagraph (B) or an expansion
10 of the demonstration project under subpara-
11 graph (C)—

12 "(i) the continued participation of a
13 State in the demonstration project under
14 this subsection or an expansion of the
15 project to any additional State (as applica-
16 ble) will measurably improve access to, and
17 participation in, services described in sub-
18 section (a)(2)(D) by individuals eligible for
19 medical assistance under the State Med-
20 icaid program; and

21 "(ii) any such State is in full compli-
22 ance with the reporting requirements
23 under paragraph (7) and any quality re-
24 porting requirements established by the
25 Secretary.".

SEC. 403. TERMS FOR EXTENSION AND EXPANSION OF MEDICAID EMERGENCY PSYCHIATRIC DEMONSTRATION PROJECT.

Section 2707(f)(4) of the Patient Protection and Affordable Care Act (42 U.S.C. 1396a note; Public Law 111–148), as amended by section 2(c) of the Improving Access to Emergency Psychiatric Care Act (Public Law 114–97), is amended by striking subparagraph (C).

SEC. 404. COMMUNITY-BASED MENTAL HEALTH SERVICES MEDICAID OPTION FOR CHILDREN IN OR AT RISK OF PSYCHIATRIC RESIDENTIAL TREATMENT.

Section 1915(c) of the Social Security Act (42 U.S.C. 1396n(c)) is amended—

(1) in paragraph (1)—

(A) in the first sentence, by striking ''or a nursing facility or intermediate care facility for the mentally retarded'' and inserting '', nursing facility, intermediate care facility for the mentally retarded, or psychiatric residential treatment facility''; and

(B) in the second sentence, by striking ''or intermediate care facility for the mentally retarded'' and inserting ''intermediate care facility for the mentally retarded, or psychiatric residential treatment facility'';

1 (2) in paragraph (2)—
2 (A) in subparagraph (B)—
3 (i) in clause (i), by striking ''or serv-
4 ices in an intermediate care facility for the
5 mentally retarded'' and inserting ''services
6 in an intermediate care facility for the
7 mentally retarded, or services in a psy-
8 chiatric residential treatment facility''; and
9 (ii) in the matter following clause (iii),
10 by striking ''or services in an intermediate
11 care facility for the mentally retarded'' and
12 inserting ''services in an intermediate care
13 facility for the mentally retarded, or serv-
14 ices in a psychiatric residential treatment
15 facility''; and
16 (B) in subparagraph (C)—
17 (i) by striking ''or intermediate care
18 facility for the mentally retarded'' and in-
19 serting ''intermediate care facility for the
20 mentally retarded, or psychiatric residen-
21 tial treatment facility''; and
22 (ii) by striking ''or services in an in-
23 termediate care facility for the mentally re-
24 tarded'' and inserting ''services in an inter-
25 mediate care facility for the mentally re-

1 tarded, or services in a psychiatric residen-
2 tial treatment facility'';
3 (3) in paragraph (7)(A), by striking ''or inter-
4 mediate care facilities for the mentally retarded''
5 and inserting ''intermediate care facilities for the
6 mentally retarded, or psychiatric residential treat-
7 ment facilities''; and
8 (4) by adding at the end the following new
9 paragraph:
10 ''(11) For purposes of this subsection, the term 'psy-
11 chiatric residential treatment facility' has the meaning
12 given such term in section 483.352 of title 42, Code of
13 Federal Regulations (or any successor regulation).''.

14 **SEC. 405. EXPANSION OF CMMI AUTHORITY TO SUPPORT**
15 **MAJOR MENTAL ILLNESS PROJECTS IN MED-**
16 **ICAID.**

17 Section 1115A(b)(2)(B) of the Social Security Act
18 (42 U.S.C. 1315a(b)(2)(B)) is amended by adding at the
19 end the following new clause:
20 ''(xxv) Focusing primarily on title
21 XIX, preventing major mental illness and
22 substance use disorders and reducing the
23 impact of long-term mental illness and
24 substance use disorders among children,
25 adolescents, pregnant women, and adults

through multi-level treatment including but not limited to outreach, clinical assessment and mental health services, and supported education and employment.''.

SEC. 406. MEDICAID DATA AND REPORTING.

(a) GUIDANCE ON REPORTING MEDICAID MENTAL HEALTH SCREENING AND TREATMENT FOR YOUTH.—The Secretary of Health and Human Services shall develop guidance for the annual reporting by States of mental health screening provided to children eligible for medical assistance for early and periodic screening, diagnostic, and treatment services under title XIX of the Social Security Act. Such guidance shall be provided in the form of a modification of the CMS 416 Annual EPSDT Participation Report in a manner so that the report includes information on the number of children under 12 years of age, and the number of individuals who are at least 12 years of age but not older than 21 years of age, who receive mental health screening services, the number of such children and individuals who are referred for mental health treatment, and the number of such children and individuals who are receive treatment for mental health conditions under such title.

(b) MACPAC.—Section 1900(b)(6) of the Social Security Act (42 U.S.C. 1396(b)(6)) is amended—

1 (1) by striking "MACPAC shall consult" and
2 inserting the following:
3 "(A) IN GENERAL.—MACPAC shall con-
4 sult"; and
5 (2) by adding at the end the following new sub-
6 paragraph:
7 "(B) REVIEW AND REPORTS REGARDING
8 BEHAVIORAL HEALTH PROVIDER REIMBURSE-
9 MENT.—
10 "(i) IN GENERAL.—MACPAC shall
11 survey selected State Medicaid programs'
12 behavioral health provider reimbursement
13 rates and beneficiary utilization of behav-
14 ioral health services and shall submit an
15 annual report to Congress regarding such
16 review.
17 "(ii) REQUIRED REPORT INFORMA-
18 TION.—Each such report regarding behav-
19 ioral health services shall include selected
20 data relating to—
21 "(I) beneficiary behavioral health
22 service encounters; and
23 "(II) the amount of Medicaid be-
24 havioral health provider reimburse-

1 ment rates and the sources for such
2 rates.
3 "(iii) DATA.—Notwithstanding any
4 other provision of law, the Secretary regu-
5 larly shall provide MACPAC with—
6 "(I) the most recent State re-
7 ports and most recent independent
8 certified audits submitted under sec-
9 tion 1923(j);
10 "(II) cost reports submitted
11 under title XVIII; and
12 "(III) such other data as
13 MACPAC may request,
14 for purposes of conducting the reviews and
15 preparing and submitting the annual re-
16 ports required under this subparagraph.".

17 **SEC. 407. AT-RISK YOUTH MEDICAID PROTECTION.**

18 (a) IN GENERAL.—Section 1902 of the Social Secu-
19 rity Act (42 U.S.C. 1396a), as amended by section 401,
20 is further amended—
21 (1) in subsection (a)—
22 (A) by striking "and" at the end of para-
23 graph (80);
24 (B) by striking the period at the end of
25 paragraph (81) and inserting "; and"; and

1 (C) by inserting after paragraph (81) the
2 following new paragraph:
3 ''(82) provide that—
4 ''(A) the State shall not terminate (but
5 may suspend) eligibility for medical assistance
6 under a State plan for an individual who is an
7 eligible juvenile (as defined in subsection
8 (mm)(2)) because the juvenile is an inmate of
9 a public institution (as defined in subsection
10 (mm)(3));
11 ''(B) the State shall automatically restore
12 eligibility for such medical assistance to such an
13 individual upon the individual's release from
14 any such public institution, unless (and until
15 such date as) there is a determination that the
16 individual no longer meets the eligibility re-
17 quirements for such medical assistance; and
18 ''(C) the State shall process any applica-
19 tion for medical assistance submitted by, or on
20 behalf of, a juvenile who is an inmate of a pub-
21 lic institution notwithstanding that the juvenile
22 is such an inmate.''; and
23 (2) by adding at the end the following new sub-
24 section:

1 "(mm) JUVENILE; ELIGIBLE JUVENILE; PUBLIC IN-
2 STITUTION.—For purposes of subsection (a)(82) and this
3 subsection:
4 "(1) JUVENILE.—The term 'juvenile' means an
5 individual who is—
6 "(A) under 19 years of age (or such higher
7 age as the State has elected under section
8 475(8)(B)(iii)); or
9 "(B) is described in subsection
10 (a)(10)(A)(i)(IX).
11 "(2) ELIGIBLE JUVENILE.—The term 'eligible
12 juvenile' means a juvenile who is an inmate of a
13 public institution and was eligible for medical assist-
14 ance under the State plan immediately before be-
15 coming an inmate of such a public institution or who
16 becomes eligible for such medical assistance while an
17 inmate of a public institution.
18 "(3) INMATE OF A PUBLIC INSTITUTION.—The
19 term 'inmate of a public institution' has the meaning
20 given such term for purposes of applying the sub-
21 division (A) following paragraph (29) of section
22 1905(a), taking into account the exception in such
23 subdivision for a patient of a medical institution.".
24 (b) NO CHANGE IN EXCLUSION FROM MEDICAL AS-
25 SISTANCE FOR INMATES OF PUBLIC INSTITUTIONS.—

1 Nothing in this section shall be construed as changing the
2 exclusion from medical assistance under the subdivision
3 (A) following paragraph (29) of section 1905(a) of the So-
4 cial Security Act (42 U.S.C. 1396d(a)), including any ap-
5 plicable restrictions on a State submitting claims for Fed-
6 eral financial participation under title XIX of such Act
7 for such assistance.

8 (c) EFFECTIVE DATE.—

9 (1) IN GENERAL.—Except as provided in para-
10 graph (2), the amendments made by subsection (a)
11 shall apply to eligibility of juveniles who become in-
12 mates of public institutions on or after the date that
13 is 1 year after the date of the enactment of this Act.

14 (2) RULE FOR CHANGES REQUIRING STATE
15 LEGISLATION.—In the case of a State plan for med-
16 ical assistance under title XIX of the Social Security
17 Act which the Secretary of Health and Human Serv-
18 ices determines requires State legislation (other than
19 legislation appropriating funds) in order for the plan
20 to meet the additional requirements imposed by the
21 amendments made by subsection (a), the State plan
22 shall not be regarded as failing to comply with the
23 requirements of such title solely on the basis of its
24 failure to meet these additional requirements before
25 the first day of the first calendar quarter beginning

after the close of the first regular session of the State legislature that begins after the date of the enactment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of such session shall be deemed to be a separate regular session of the State legislature.

Subtitle B—Medicare Provisions

SEC. 411. ELIMINATION OF 190-DAY LIFETIME LIMIT ON COVERAGE OF INPATIENT PSYCHIATRIC HOSPITAL SERVICES UNDER MEDICARE.

Section 1812 of the Social Security Act (42 U.S.C. 1395d) is amended—

(1) in subsection (b)—

(A) in paragraph (1), by adding ''or'' at the end;

(B) in paragraph (2), by striking ''; or'' at the end and inserting a period; and

(C) by striking paragraph (3); and

(2) in subsection (c), by striking ''or in determining the 190-day limit under subsection (b)(3)''.

SEC. 412. MODIFICATIONS TO MEDICARE DISCHARGE PLANNING REQUIREMENTS.

Section 1861(ee) of the Social Security Act (42 U.S.C. 1395x(ee)) is amended—

1 (1) in paragraph (1), by inserting "and, in the
2 case of a psychiatric hospital or a psychiatric unit
3 (as described in the matter following clause (v) of
4 section 1886(d)(1)(B)), if it also meets the guide-
5 lines and standards established by the Secretary
6 under paragraph (4)" before the period at the end;
7 and

8 (2) by adding at the end the following new
9 paragraph:

10 "(4) The Secretary shall develop guidelines and
11 standards, in addition to those developed under paragraph
12 (2), for the discharge planning process of a psychiatric
13 hospital or a psychiatric unit (as described in the matter
14 following clause (v) of section 1886(d)(1)(B)) in order to
15 ensure a timely and smooth transition to the most appro-
16 priate type of and setting for posthospital or rehabilitative
17 care, taking into account variations in posthospital care
18 access, including mental health professional shortage
19 areas designated by the Health Resources and Services
20 Administration. The Secretary shall issue final regulations
21 implementing such guidelines and standards not later than
22 24 months after the date of the enactment of this para-
23 graph. The guidelines and standards shall include the fol-
24 lowing:

1 ‘‘(A) The hospital or unit must identify the
2 types of services needed upon discharge for the pa-
3 tients being treated by the hospital or unit.

4 ‘‘(B) The hospital or unit must—

5 ‘‘(i) identify organizations that offer com-
6 munity services to the community that is served
7 by the hospital or unit and the types of services
8 provided by the organizations; and

9 ‘‘(ii) make demonstrated efforts to estab-
10 lish connections, relationships, and partnerships
11 with such organizations.

12 ‘‘(C) The hospital or unit must arrange (with
13 the participation of the patient and of any other in-
14 dividuals selected by the patient for such purpose)
15 for the development and implementation of a dis-
16 charge plan for the patient as part of the patient's
17 overall treatment plan from admission to discharge.
18 Such discharge plan shall meet the requirements de-
19 scribed in subparagraphs (G) and (H) of paragraph
20 (2).

21 ‘‘(D) The hospital or unit shall coordinate with
22 the patient (or assist the patient with) the referral
23 for posthospital or rehabilitative care and as part of
24 that referral the hospital or unit shall include trans-
25 mitting to the receiving organization, in a timely

manner, appropriate information about the care furnished to the patient by the hospital or unit and recommendations for posthospital or rehabilitative care to be furnished to the patient by the organization.''.

Subtitle C—Provisions Related to Medicaid and Medicare

SEC. 421. REPORTS ON MEDICAID AND MEDICARE PART D FORMULARY AND APPEALS PRACTICES WITH RESPECT TO COVERAGE OF MENTAL HEALTH DRUGS.

(a) MEDICAID.—

(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Comptroller General of the United States shall submit to Congress a report that, with respect to mental health drugs, describes the practices of the State with respect to the following (for both such drugs furnished on a fee-for-service basis and through Medicaid managed care organizations):

(A) The establishment of formularies and preferred drugs lists.

(B) The appeal of any coverage determination.

(2) MENTAL HEALTH DRUG DEFINED.—In this section, the term ''mental health drug'' means a cov-

1 ered outpatient drug (as defined in section 1927(k)
2 of the Social Security Act (42 U.S.C. 1396r–8(k)))
3 that—
4 (A) is approved or licensed under section
5 505 of the Federal Food, Drug, and Cosmetic
6 Act (21 U.S.C. 355) or section 351 of the Pub-
7 lic Health Service Act (42 U.S.C. 262) to be
8 used for the treatment of a mental health dis-
9 order, including major depression, bipolar
10 (manic-depressive) disorder, panic disorder, ob-
11 sessive-compulsive disorder, schizophrenia, and
12 schizoaffective disorder; and
13 (B) is covered under the State plan under
14 title XIX of the Social Security Act (42 U.S.C.
15 1396 et seq.) (or under a waiver of such plan).
16 (b) MEDICARE.—
17 (1) STUDY.—
18 (A) IN GENERAL.—The Inspector General
19 of the Department of Health and Human Serv-
20 ices shall conduct a study that examines, with
21 respect to the Medicare program established
22 under title XVIII of the Social Security Act (42
23 U.S.C. 1395 et seq.), the extent to which Medi-
24 care part D appeals-related processes are trans-

1 parent, fair, effective, and in compliance with
2 existing statutory and regulatory requirements.
3 (B) INCLUDED ELEMENTS OF STUDY.—
4 The study required under paragraph (1) shall
5 include—
6 (i) an identification, with respect to a
7 two-year period beginning not earlier than
8 January 1, 2010, of—
9 (I) the number of grievances, re-
10 considerations, and independent re-
11 views and appeals pursuant to Medi-
12 care part D appeals-related processes
13 that were lodged, requested, or other-
14 wise filed during such period by part
15 D eligible individuals who were en-
16 rolled in prescription drug plans of-
17 fered by PDP sponsors under part D
18 of title XVIII of the Social Security
19 Act (42 U.S.C. 1395 et seq.); and
20 (II) with respect to such griev-
21 ances, reconsiderations, and inde-
22 pendent reviews and appeals that were
23 so lodged, requested, or otherwise
24 filed during such period by such indi-
25 viduals, the number of such griev-

1 ances, reconsiderations, and inde-
2 pendent reviews and appeals that were
3 decided in favor of such individuals;
4 and
5 (ii) an examination of the extent to
6 which Medicare part D appeals-related
7 processes, with respect to grievances, re-
8 considerations, and independent reviews
9 and appeals that relate to benefits for psy-
10 chiatric medications under such part, are
11 transparent, fair, effective, and in compli-
12 ance with existing statutory and regulatory
13 requirements.
14 (2) REPORT.—Not later than one year after the
15 date of the enactment of this Act, such Inspector
16 General shall submit to Congress a report on the re-
17 sults of the study described in subsection (a), includ-
18 ing the recommendations of such Inspector General,
19 if any, for improvements that can be made to Medi-
20 care part D appeals-related processes.
21 (3) DEFINITIONS.—For purposes of this sec-
22 tion:
23 (A) MEDICARE PART D APPEALS-RELATED
24 PROCESSES.—The term ''Medicare part D ap-
25 peals-related processes'' means—

1 (i) grievance procedures provided by
2 PDP sponsors pursuant to subsection (f)
3 of section 1860D–4 of the Social Security
4 Act (42 U.S.C. 1395w–104);
5 (ii) reconsiderations provided by PDP
6 sponsors pursuant to subsection (g) of
7 such section; and
8 (iii) independent reviews and appeals
9 to which part D eligible individuals are en-
10 titled under subsection (h) of such section.
11 (B) PART D TERMS.—The terms ''part D
12 eligible individual'', ''prescription drug plan'',
13 and ''PDP sponsor'' have the meanings given
14 such terms by section 1840D–41 of the Social
15 Security Act (42 U.S.C. 1395w–151).
16 (c) ACCESS TO TREATMENTS FOR RESISTANT DE-
17 PRESSION IN THE MEDICARE AND MEDICAID PRO-
18 GRAMS.—Not later than one year after the date of the en-
19 actment of this Act, the Comptroller General of the United
20 States shall submit to Congress a report that reviews—
21 (1) access of available treatments for resistant
22 depression under the Medicare program under title
23 XVIII of the Social Security Act and the Medicaid
24 program under title XIX of such Act; and

(2) the length of time to adopt, and processes for the adoption of, newly available treatment for resistant depression for individuals entitled to benefits under part A of such title XVIII or enrolled under part B of such title and for individuals enrolled under a State plan under such title XIX.

TITLE V—STRENGTHENING THE BEHAVIORAL HEALTH WORKFORCE AND IMPROVING ACCESS TO CARE

SEC. 501. NATIONWIDE WORKFORCE STRATEGY.

(a) IN GENERAL.—Not later than one year after the date of enactment of this Act, the Substance Abuse Mental Health and Services Administration shall, submit to the Congress a report containing a nationwide strategy to increase the culturally aware behavioral health workforce and recruit professionals for the treatment of individuals with mental illness and substance use disorders.

(b) DESIGN.—The nationwide strategy shall be designed—

(1) to encourage and incentivize students enrolled in accredited medical or osteopathic medical school to enter the specialty of psychiatry;

(2) to promote greater research-oriented psychiatrist residency training on evidence-based service

1 delivery models for individuals with serious mental
2 illness or substance use disorders;
3 (3) to promote appropriate Federal administra-
4 tive and fiscal mechanisms that support—
5 (A) evidence-based collaborative care mod-
6 els; and
7 (B) the necessary trained and culturally
8 aware preventionists, health care practitioners,
9 paraprofessionals, and peers;
10 (4) to increase access to child and adolescent
11 psychiatric services in order to promote early inter-
12 vention for prevention and mitigation of mental ill-
13 ness; and
14 (5) to identify populations and locations that
15 are most underserved by mental health and sub-
16 stance use professionals and the most in need of
17 psychiatrists (including child and adolescent psychia-
18 trists), psychologists, psychiatric nurse practitioners,
19 physician assistants, clinical social workers, mental
20 health counselors, substance abuse counselors, peer-
21 support specialists, recovery coaches, and other men-
22 tal health and substance use disorder professionals.

SEC. 502. REPORT ON BEST PRACTICES FOR PEER-SUPPORT SPECIALIST PROGRAMS, TRAINING, AND CERTIFICATION.

(a) IN GENERAL.—Not later than 2 years after the date of enactment of this Act, the Secretary shall submit to the Congress and make publicly available a report on best practices and professional standards in States for—

(1) establishing and operating health care programs using peer-support specialists; and

(2) training and certifying peer-support specialists.

(b) PEER-SUPPORT SPECIALIST DEFINED.—In this subsection, the term ''peer-support specialist'' means an individual who—

(1) uses his or her lived experience of recovery from mental illness or substance abuse, plus skills learned in formal training, to facilitate support groups, and to work on a one-on-one basis, with individuals with a serious mental illness or a substance use disorder;

(2) has benefited or is benefiting from mental health or substance use treatment services or supports;

(3) provides non-medical services; and

1 (4) performs services only within his or her
2 area of training, expertise, competence, or scope of
3 practice.
4 (c) CONTENTS.—The report under this section shall
5 include information on best practices and standards with
6 regard to the following:
7 (1) Hours of formal work or volunteer experi-
8 ence related to mental health and substance use
9 issues.
10 (2) Types of peer support specialists used by
11 different health care programs.
12 (3) Types of peer specialist exams required.
13 (4) Code of ethics.
14 (5) Additional training required prior to certifi-
15 cation, including in areas such as—
16 (A) ethics;
17 (B) scope of practice;
18 (C) crisis intervention;
19 (D) State confidentiality laws;
20 (E) Federal privacy protections, including
21 under the Health Insurance Portability and Ac-
22 countability Act of 1996; and
23 (F) other areas as determined by the Sec-
24 retary.

(6) Requirements to explain what, where, when, and how to accurately complete all required documentation activities.

(7) Required or recommended skill sets, such as knowledge of—

(A) risk indicators, including individual stressors, triggers, and indicators of escalating symptoms;

(B) basic de-escalation techniques;

(C) basic suicide prevention concepts and techniques;

(D) indicators that the consumer may be experiencing abuse or neglect;

(E) stages of change or recovery;

(F) the typical process that should be followed to access or participate in community mental health and related services; and

(G) circumstances when it is appropriate to request assistance from other professionals to help meet the consumer's recovery goals.

(8) Requirements for continuing education.

SEC. 503. ADVISORY COUNCIL ON GRADUATE MEDICAL EDUCATION.

Section 762(b) of the Public Health Service Act (42 U.S.C. 294o(b)) is amended—

1 (1) by redesignating paragraphs (4) through
2 (6) as paragraphs (5) through (7), respectively; and
3 (2) by inserting after paragraph (3) the fol-
4 lowing:
5 ''(4) the Assistant Secretary for Mental Health
6 and Substance Use Disorders;''.

7 **SEC. 504. TELEPSYCHIATRY AND PRIMARY CARE PROVIDER**
8 **TRAINING GRANT PROGRAM.**

9 (a) IN GENERAL.—The Secretary of Health and
10 Human Services shall establish a grant program (in this
11 subsection referred to as the ''grant program'') under
12 which the Secretary shall award to 10 eligible States (as
13 described in subsection (e)) grants for carrying out all of
14 the purposes described in subsections (b), (c), and (d).
15 (b) TRAINING PROGRAM FOR CERTAIN PRIMARY
16 CARE PROVIDERS.—For purposes of subsection (a), the
17 purpose described in this paragraph, with respect to a
18 grant awarded to a State under the grant program, is for
19 the State to establish a training program to train primary
20 care providers in—
21 (1) valid and reliable behavioral-health screen-
22 ing tools for violence and suicide risk, early signs of
23 serious mental illness, and untreated substance
24 abuse, including any standardized behavioral-health

1 screening tools that are determined appropriate by
2 the Secretary;
3 (2) implementing the use of behavioral-health
4 screening tools in their practices;
5 (3) establishment of recommended intervention
6 and treatment protocols for individuals in mental
7 health crisis, especially for individuals whose illness
8 makes them less receptive to mental health services;
9 and
10 (4) implementing the evidence-based collabo-
11 rative care model of integrated medical-behavioral
12 health care in their practices.
13 (c) PAYMENTS FOR MENTAL HEALTH SERVICES
14 PROVIDED BY CERTAIN PRIMARY CARE PROVIDERS.—
15 (1) IN GENERAL.—For purposes of subsection
16 (a), the purpose described in this paragraph, with
17 respect to a grant awarded to a State under the
18 grant program, is for the State to provide, in ac-
19 cordance with this paragraph, in the case of a pri-
20 mary care physician who participates in the training
21 program of the State establish pursuant to sub-
22 section (b), payments to the primary care providers
23 for services furnished by the primary care providers.
24 (2) CONSIDERATIONS.—The Secretary, in de-
25 termining the structure, quality, and form of pay-

1 ment under paragraph (1) shall seek to find innova-
2 tive payment systems which may take into account—
3 (A) the nature and quality of services ren-
4 dered;
5 (B) the patients' health outcome;
6 (C) the geographical location where serv-
7 ices were provided;
8 (D) the acuteness of the patient's medical
9 condition;
10 (E) the duration of services provided;
11 (F) the feasibility of replicating the pay-
12 ment model in other locations nationwide; and
13 (G) proper triage and enduring linkage to
14 appropriate treatment provider for subspecialty
15 care in child or forensic issues; family crisis
16 intervention; drug or alcohol rehabilitation;
17 management of suicidal or violent behavior risk,
18 and treatment for serious mental illness.
19 (d) TELEHEALTH SERVICES FOR MENTAL HEALTH
20 DISORDERS.—
21 (1) IN GENERAL.—For purposes of subsection
22 (a), the purpose described in this paragraph, with
23 respect to a grant awarded to a State under the
24 grant program, is for the State to provide, in the
25 case of an individual furnished items and services by

1 a primary care physician during an office visit, for
2 payment for a consultation provided by a psychia-
3 trist or psychologist to such primary care provider
4 with respect to such individual through the use of
5 qualified telehealth technology for the identification,
6 diagnosis, mitigation, or treatment of a mental
7 health disorder if such consultation occurs not later
8 than the first business day that follows such visit.

9 (2) QUALIFIED TELEHEALTH TECHNOLOGY.—
10 For purposes of paragraph (1), the term ''qualified
11 telehealth technology'', with respect to the provision
12 of items and services to a patient by a health care
13 provider, includes the use of interactive audio, audio-
14 only telephone conversation, video, or other tele-
15 communications technology by a health care provider
16 to deliver health care services within the scope of the
17 provider's practice including the use of electronic
18 media for consultation relating to the health care di-
19 agnosis or treatment of the patient.

20 (e) ELIGIBLE STATE.—

21 (1) IN GENERAL.—For purposes of this sub-
22 section, an eligible State is a State that has sub-
23 mitted to the Secretary an application under para-
24 graph (2) and has been selected under paragraph
25 (4).

1 (2) APPLICATION.—A State seeking to partici-
2 pate in the grant program under this subsection
3 shall submit to the Secretary, at such time and in
4 such format as the Secretary requires, an applica-
5 tion that includes such information, provisions, and
6 assurances as the Secretary may require.

7 (3) MATCHING REQUIREMENT.—The Secretary
8 may not make a grant under the grant program un-
9 less the State involved agrees, with respect to the
10 costs to be incurred by the State in carrying out the
11 purposes described in this subsection, to make avail-
12 able non-Federal contributions (in cash or in kind)
13 toward such costs in an amount equal to not less
14 than 20 percent of Federal funds provided in the
15 grant.

16 (4) SELECTION.—A State shall be determined
17 eligible for the grant program by the Secretary on
18 a competitive basis among States with applications
19 meeting the requirements of paragraphs (2) and (3).
20 In selecting State applications for the grant pro-
21 gram, the Secretary shall seek to achieve an appro-
22 priate national balance in the geographic distribu-
23 tion of grants awarded under the grant program.

24 (f) TARGET POPULATION.—In seeking a grant under
25 this subsection, a State shall demonstrate how the grant

1 will improve care for individuals with co-occurring behav-
2 ioral health and physical health conditions, vulnerable pop-
3 ulations, socially isolated populations, rural populations,
4 and other populations who have limited access to qualified
5 mental health providers.

6 (g) LENGTH OF GRANT PROGRAM.—The grant pro-
7 gram under this subsection shall be conducted for a period
8 of 3 consecutive years.

9 (h) PUBLIC AVAILABILITY OF FINDINGS AND CON-
10 CLUSIONS.—Subject to Federal privacy protections with
11 respect to individually identifiable information, the Sec-
12 retary shall make the findings and conclusions resulting
13 from the grant program under this subsection available
14 to the public.

15 (i) AUTHORIZATION OF APPROPRIATIONS.—Out of
16 any funds in the Treasury not otherwise appropriated,
17 there is authorized to be appropriated to carry out this
18 subsection, $3,000,000 for each of the fiscal years 2017
19 through 2021.

20 (j) REPORTS.—

21 (1) REPORTS.—For each fiscal year that grants
22 are awarded under this subsection, the Secretary
23 shall conduct a study on the results of the grants
24 and submit to the Congress a report on such results
25 that includes the following:

1 (A) An evaluation of the grant program
2 outcomes, including a summary of activities
3 carried out with the grant and the results
4 achieved through those activities.
5 (B) Recommendations on how to improve
6 access to mental health services at grantee loca-
7 tions.
8 (C) An assessment of access to mental
9 health services under the program.
10 (D) An assessment of the impact of the
11 demonstration project on the costs of the full
12 range of mental health services (including inpa-
13 tient, emergency and ambulatory care).
14 (E) Recommendations on congressional ac-
15 tion to improve the grant.
16 (F) Recommendations to improve training
17 of primary care providers.
18 (2) REPORT.—Not later than December 31,
19 2018, the Secretary shall submit to Congress and
20 make available to the public a report on the findings
21 of the evaluation under subparagraph (A) and also
22 a policy outline on how Congress can expand the
23 grant program to the national level.

SEC. 505. LIABILITY PROTECTIONS FOR HEALTH CARE PROFESSIONAL VOLUNTEERS AT COMMUNITY HEALTH CENTERS AND FEDERALLY QUALIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS.

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

"(q)(1) In this subsection, the term 'federally qualified community behavioral health clinic' means—

"(A) a federally qualified community behavioral health clinic with a certification in effect under section 223 of the Protecting Access to Medicare Act of 2014; or

"(B) a community mental health center meeting the criteria specified in section 1913(c) of this Act.

"(2) For purposes of this section, a health care professional volunteer at an entity described in subsection (g)(4) or a federally qualified community behavioral health clinic shall, in providing health care services eligible for funding under section 330 or subpart I of part B of title XIX to an individual, be deemed to be an employee of the Public Health Service for a calendar year that begins during a fiscal year for which a transfer was made under paragraph (5)(C). The preceding sentence is subject to the provisions of this subsection.

1 "(3) In providing a health care service to an indi-
2 vidual, a health care professional shall for purposes of this
3 subsection be considered to be a health professional volun-
4 teer at an entity described in subsection (g)(4) or at a
5 federally qualified community behavioral health clinic if
6 the following conditions are met:

7 "(A) The service is provided to the individual at
8 the facilities of an entity described in subsection
9 (g)(4), at a federally qualified community behavioral
10 health clinic, or through offsite programs or events
11 carried out by the center.

12 "(B) The center or entity is sponsoring the
13 health care professional volunteer pursuant to para-
14 graph (4)(B).

15 "(C) The health care professional does not re-
16 ceive any compensation for the service from the indi-
17 vidual or from any third-party payer (including re-
18 imbursement under any insurance policy or health
19 plan, or under any Federal or State health benefits
20 program), except that the health care professional
21 may receive repayment from the entity described in
22 subsection (g)(4) or the center for reasonable ex-
23 penses incurred by the health care professional in
24 the provision of the service to the individual.

1 "(D) Before the service is provided, the health
2 care professional or the center or entity described in
3 subsection (g)(4) posts a clear and conspicuous no-
4 tice at the site where the service is provided of the
5 extent to which the legal liability of the health care
6 professional is limited pursuant to this subsection.

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

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

18 "(A) The first sentence of paragraph (2) ap-
19 plies in lieu of the first sentence of subsection
20 (g)(1)(A).

21 "(B) With respect to an entity described in sub-
22 section (g)(4) or a federally qualified community be-
23 havioral health clinic, a health care professional is
24 not a health professional volunteer at such center
25 unless the center sponsors the health care profes-

1 sional. For purposes of this subsection, the center
2 shall be considered to be sponsoring the health care
3 professional if—

4 ‘‘(i) with respect to the health care profes-
5 sional, the center submits to the Secretary an
6 application meeting the requirements of sub-
7 section (g)(1)(D); and

8 ‘‘(ii) the Secretary, pursuant to subsection
9 (g)(1)(E), determines that the health care pro-
10 fessional is deemed to be an employee of the
11 Public Health Service.

12 ‘‘(C) In the case of a health care professional
13 who is determined by the Secretary pursuant to sub-
14 section (g)(1)(E) to be a health professional volun-
15 teer at such center, this subsection applies to the
16 health care professional (with respect to services de-
17 scribed in paragraph (2)) for any cause of action
18 arising from an act or omission of the health care
19 professional occurring on or after the date on which
20 the Secretary makes such determination.

21 ‘‘(D) Subsection (g)(1)(F) applies to a health
22 professional volunteer for purposes of this subsection
23 only to the extent that, in providing health services
24 to an individual, each of the conditions specified in
25 paragraph (3) is met.

1 ''(5)(A) Amounts in the fund established under sub-
2 section (k)(2) shall be available for transfer under sub-
3 paragraph (C) for purposes of carrying out this subsection
4 for health professional volunteers at entities described in
5 subsection (g)(4).

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

20 ''(C) Not later than December 31 of each fiscal year,
21 the Secretary shall transfer from the fund under sub-
22 section (k)(2) to the appropriate accounts in the Treasury
23 an amount equal to the estimate made under subpara-
24 graph (B) for the calendar year beginning in such fiscal
25 year, subject to the extent of amounts in the fund.

''(6)(A) This subsection takes effect on October 1, 2017, except as provided in subparagraph (B).

''(B) Effective on the date of the enactment of this subsection—

''(i) the Secretary may issue regulations for carrying out this subsection, and the Secretary may accept and consider applications submitted pursuant to paragraph (4)(B); and

''(ii) reports under paragraph (5)(B) may be submitted to the Congress.''.

SEC. 506. MINORITY FELLOWSHIP PROGRAM.

Title V of the Public Health Service Act (42 U.S.C. 290aa et seq.), as amended, is further amended by adding at the end the following:

''PART K—MINORITY FELLOWSHIP PROGRAM

''SEC. 597. FELLOWSHIPS.

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

''(1) increasing behavioral health practitioners' knowledge of issues related to prevention, treatment, and recovery support for mental and substance use disorders among racial and ethnic minority populations;

1 "(2) improving the quality of mental and sub-
2 stance use disorder prevention and treatment deliv-
3 ered to ethnic minorities; and

4 "(3) increasing the number of culturally com-
5 petent behavioral health professionals who teach, ad-
6 minister, conduct services research, and provide di-
7 rect mental health or substance use services to un-
8 derserved minority populations.

9 "(b) TRAINING COVERED.—The fellowships under
10 subsection (a) shall be for postbaccalaureate training (in-
11 cluding for master's and doctoral degrees) for mental
12 health professionals, including in the fields of psychiatry,
13 nursing, social work, psychology, marriage and family
14 therapy, professional counseling, and substance use and
15 addiction counseling.

16 "(c) AUTHORIZATION OF APPROPRIATIONS.—To
17 carry out this section, there are authorized to be appro-
18 priated $11,000,000 for fiscal year 2017, $14,000,000 for
19 fiscal year 2018, $16,000,000 for fiscal year 2019,
20 $18,000,000 for fiscal year 2020, and $20,000,000 for fis-
21 cal year 2021.".

22 **SEC. 507. NATIONAL HEALTH SERVICE CORPS.**

23 (a) DEFINITIONS.—

24 (1) PRIMARY HEALTH SERVICES.—Section
25 331(a)(3)(D) of the Public Health Service Act (42

1 U.S.C. 254d(a)(3)) is amended by inserting ''(in-
2 cluding pediatric mental health subspecialty serv-
3 ices)'' after ''pediatrics''.

4 (2) BEHAVIORAL AND MENTAL HEALTH PRO-
5 FESSIONALS.—Clause (i) of section 331(a)(3)(E) of
6 the Public Health Service Act (42 U.S.C.
7 254d(a)(3)(E)) is amended by inserting ''(and pedi-
8 atric subspecialists thereof)'' before the period at the
9 end.

10 (b) ELIGIBILITY TO PARTICIPATE IN LOAN REPAY-
11 MENT PROGRAM.—Section 338B(b)(1)(B) of the Public
12 Health Service Act (42 U.S.C. 254l–1(b)(1)(B)) is amend-
13 ed by inserting '', including any physician child and ado-
14 lescent psychiatry residency or fellowship training pro-
15 gram'' after ''be enrolled in an approved graduate training
16 program in medicine, osteopathic medicine, dentistry, be-
17 havioral and mental health, or other health profession''.

18 **SEC. 508. SAMHSA GRANT PROGRAM FOR DEVELOPMENT**
19 **AND IMPLEMENTATION OF CURRICULA FOR**
20 **CONTINUING EDUCATION ON SERIOUS MEN-**
21 **TAL ILLNESS.**

22 Title V of the Public Health Service Act is amended
23 by inserting after section 520I (42 U.S.C. 290bb–40) the
24 following:

"SEC. 520I–1. CURRICULA FOR CONTINUING EDUCATION ON SERIOUS MENTAL ILLNESS.

"(a) GRANTS.—The Secretary may award grants to eligible entities for the development and implementation of curricula for providing continuing education and training to health care professionals on identifying, referring, and treating individuals with serious mental illness or serious emotional disturbance.

"(b) ELIGIBLE ENTITIES.—To be eligible to seek a grant under this section, an entity shall be a public or nonprofit entity that—

"(1) provides continuing education or training to health care professionals; or

"(2) applies for the grant in partnership with another entity that provides such education and training.

"(c) PREFERENCE.—In awarding grants under this section, the Secretary shall give preference to eligible entities proposing to develop and implement curricula for providing continuing education and training to—

"(1) health care professionals in primary care specialties; or

"(2) health care professionals who are required, as a condition of State licensure, to participate in continuing education or training specific to mental health.

1 "(d) AUTHORIZATION OF APPROPRIATIONS.—To
2 carry out this section, there are authorized to be appro-
3 priated $1,000,000 for each of fiscal years 2017 through
4 2021.".

5 **SEC. 509. PEER PROFESSIONAL WORKFORCE DEVELOP-**
6 **MENT GRANT PROGRAM.**

7 (a) IN GENERAL.—For the purposes described in
8 subsection (b), the Secretary of Health and Human Serv-
9 ices shall award grants to develop and sustain behavioral
10 health paraprofessional training and education programs,
11 including through tuition support.

12 (b) PURPOSES.—The purposes of grants under this
13 section are—

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

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

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

(d) GEOGRAPHIC DISTRIBUTION.—In awarding grants under this section, the Secretary shall seek to achieve an appropriate national balance in the geographic distribution of such awards.

(e) SPECIAL CONSIDERATION.—In awarding grants under this section, the Secretary may give special consideration to proposed and existing programs targeting peer professionals serving youth ages 16 to 25.

(f) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated to carry out this section $5,000,000 for each of fiscal years 2017 through 2021.

SEC. 510. DEMONSTRATION GRANT PROGRAM TO RECRUIT, TRAIN, AND PROFESSIONALLY SUPPORT PSYCHIATRIC PHYSICIANS IN INDIAN HEALTH PROGRAMS.

(a) ESTABLISHMENT.—The Secretary of Health and Human Services (in this section referred to as the ''Secretary''), in consultation with the Director of the Indian Health Service and demonstration programs established under section 123 of the Indian Health Care Improvement Act (25 U.S.C. 1616p), shall award one 5-year grant to one eligible entity to carry out a demonstration program (in this Act referred to as the ''Program'') under which

1 the eligible entity shall carry out the activities described
2 in subsection (b).

3 (b) ACTIVITIES TO BE CARRIED OUT BY RECIPIENT
4 OF GRANT UNDER PROGRAM.—Under the Program, the
5 grant recipient shall—

6 (1) create a nationally replicable workforce
7 model that identifies and incorporates best practices
8 for recruiting, training, deploying, and professionally
9 supporting Native American and non-Native Amer-
10 ican psychiatric physicians to be fully integrated into
11 medical, mental, and behavioral health systems in
12 Indian health programs;

13 (2) recruit to participate in the Program Native
14 American and non-Native American psychiatric phy-
15 sicians who demonstrate interest in providing spe-
16 cialty health care services (as defined in section
17 313(a)(3) of the Indian Health Care Improvement
18 Act (25 U.S.C. 1638g(a)(3))) and primary care serv-
19 ices to American Indians and Alaska Natives;

20 (3) provide such psychiatric physicians partici-
21 pating in the Program with not more than 1 year of
22 supplemental clinical and cultural competency train-
23 ing to enable such physicians to provide such spe-
24 cialty health care services and primary care services
25 in Indian health programs;

1 (4) with respect to such psychiatric physicians
2 who are participating in the Program and trained
3 under paragraph (3), deploy such physicians to prac-
4 tice specialty care or primary care in Indian health
5 programs for a period of not less than 2 years and
6 professionally support such physicians for such pe-
7 riod with respect to practicing such care in such pro-
8 grams; and

9 (5) not later than 1 year after the last day of
10 the 5-year period for which the grant is awarded
11 under subsection (a), submit to the Secretary and to
12 the appropriate committees of Congress a report
13 that shall include—

14 (A) the workforce model created under
15 paragraph (1);

16 (B) strategies for disseminating the work-
17 force model to other entities with the capability
18 of adopting it; and

19 (C) recommendations for the Secretary and
20 Congress with respect to supporting an effective
21 and stable psychiatric and mental health work-
22 force that serves American Indians and Alaska
23 Natives.

24 (c) ELIGIBLE ENTITIES.—

1 (1) REQUIREMENTS.—To be eligible to receive
2 the grant under this section, an entity shall—
3 (A) submit to the Secretary an application
4 at such time, in such manner, and containing
5 such information as the Secretary may require;
6 (B) be a department of psychiatry within
7 a medical school in the United States that is
8 accredited by the Liaison Committee on Medical
9 Education or a public or private nonprofit enti-
10 ty affiliated with a medical school in the United
11 States that is accredited by the Liaison Com-
12 mittee on Medical Education; and
13 (C) have in existence, as of the time of
14 submission of the application under subpara-
15 graph (A), a relationship with Indian health
16 programs in at least two States with a dem-
17 onstrated need for psychiatric physicians and
18 provide assurances that the grant will be used
19 to serve rural and non-rural American Indian
20 and Alaska Native populations in at least two
21 States.
22 (2) PRIORITY IN SELECTING GRANT RECIPI-
23 ENT.—In awarding the grant under this section, the
24 Secretary shall give priority to an eligible entity that
25 satisfies each of the following:

1 (A) Demonstrates sufficient infrastructure
2 in size, scope, and capacity to undertake the
3 supplemental clinical and cultural competency
4 training of a minimum of 5 psychiatric physi-
5 cians, and to provide ongoing professional sup-
6 port to psychiatric physicians during the de-
7 ployment period to an Indian health program.

8 (B) Demonstrates a record in successfully
9 recruiting, training, and deploying physicians
10 who are American Indians and Alaska Natives.

11 (C) Demonstrates the ability to establish a
12 program advisory board, which may be pri-
13 marily composed of representatives of federally
14 recognized tribes, Alaska Natives, and Indian
15 health programs to be served by the Program.

16 (d) ELIGIBILITY OF PSYCHIATRIC PHYSICIANS TO
17 PARTICIPATE IN THE PROGRAM.—

18 (1) IN GENERAL.—To be eligible to participate
19 in the Program, as described in subsection (b), a
20 psychiatric physician shall—

21 (A) be licensed or eligible for licensure to
22 practice in the State to which the physician is
23 to be deployed under subsection (b)(4); and

24 (B) demonstrate a commitment beyond the
25 one year of training described in subsection

(b)(3) and two years of deployment described in subsection (b)(4) to a career as a specialty care physician or primary care physician providing mental health services in Indian health programs.

(2) PREFERENCE.—In selecting physicians to participate under the Program, as described in subsection (b)(2), the grant recipient shall give preference to physicians who are American Indians and Alaska Natives.

(e) LOAN FORGIVENESS.—Under the Program, any psychiatric physician accepted to participate in the Program shall, notwithstanding the provisions of subsection (b) of section 108 of the Indian Health Care Improvement Act (25 U.S.C. 1616a) and upon acceptance into the Program, be deemed eligible and enrolled to participate in the Indian Health Service Loan Repayment Program under such section 108. Under such Loan Repayment Program, the Secretary shall pay on behalf of the physician for each year of deployment under the Program under this section up to $35,000 for loans described in subsection (g)(1) of such section 108.

(f) DEFERRAL OF CERTAIN SERVICE.—The starting date of required service of individuals in the National Health Service Corps Service Program under title II of

1 the Public Health Service Act (42 U.S.C. 202 et seq.) who
2 are psychiatric physicians participating under the Pro-
3 gram under this section shall be deferred until the date
4 that is 30 days after the date of completion of the partici-
5 pation of such a physician in the Program under this sec-
6 tion.

7 (g) DEFINITIONS.—For purposes of this section:

8 (1) AMERICAN INDIANS AND ALASKA NA-
9 TIVES.—The term ''American Indians and Alaska
10 Natives'' has the meaning given the term ''Indian''
11 in section 447.50(b)(1) of title 42, Code of Federal
12 Regulations, as in existence as of the date of the en-
13 actment of this Act.

14 (2) INDIAN HEALTH PROGRAM.—The term ''In-
15 dian health program'' has the meaning given such
16 term in section 104(12) of the Indian Health Care
17 Improvement Act (25 U.S.C. 1603(12)).

18 (3) PROFESSIONALLY SUPPORT.—The term
19 ''professionally support'' means, with respect to psy-
20 chiatric physicians participating in the Program and
21 deployed to practice specialty care or primary care
22 in Indian health programs, the provision of com-
23 pensation to such physicians for the provision of
24 such care during such deployment and may include
25 the provision, dissemination, or sharing of best prac-

tices, field training, and other activities deemed appropriate by the recipient of the grant under this section.

(4) PSYCHIATRIC PHYSICIAN.—The term ''psychiatric physician'' means a medical doctor or doctor of osteopathy in good standing who has successfully completed four-year psychiatric residency training or who is enrolled in four-year psychiatric residency training in a residency program accredited by the Accreditation Council for Graduate Medical Education.

(h) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $1,000,000 for each of the fiscal years 2017 through 2021.

SEC. 511. EDUCATION AND TRAINING ON EATING DISORDERS FOR HEALTH PROFESSIONALS.

(a) IN GENERAL.—The Secretary of Health and Human Services, acting through the Administrator of the Substance Abuse and Mental Health Services Administration, shall award grants to eligible entities to integrate training into existing curricula for primary care physicians, other licensed or certified health and mental health professionals, and public health professionals that may include—

1 (1) early intervention and identification of eat-
2 ing disorders;
3 (2) types of treatment (including family-based
4 treatment, inpatient, residential, partial hospitaliza-
5 tion programming, intensive outpatient and out-
6 patient);
7 (3) how to properly refer patients to treatment;
8 (4) steps to aid in the prevention of the devel-
9 opment of eating disordered behaviors; and
10 (5) how to treat individuals with eating dis-
11 orders.
12 (b) APPLICATION.—An entity that desires a grant
13 under this section shall submit to the Secretary an appli-
14 cation at such time, in such manner, and containing such
15 information as the Secretary may require, including a plan
16 for the use of funds that may be awarded and an evalua-
17 tion of the training that will be provided.
18 (c) USE OF FUNDS.—An entity that receives a grant
19 under this section shall use the funds made available
20 through such grant to—
21 (1) use a training program containing evidence-
22 based findings, promising emerging best practices,
23 or recommendations that pertain to the identifica-
24 tion, early intervention, prevention of the develop-
25 ment of eating disordered behaviors, and treatment

1 of eating disorders to conduct educational training
2 and conferences, including Internet-based courses
3 and teleconferences, on—
4 (A) how to help prevent the development of
5 eating disordered behaviors, identify, intervene
6 early, and appropriately and adequately treat
7 eating disordered patients;
8 (B) how to identify individuals with eating
9 disorders, and those who are at risk for suf-
10 fering from eating disorders and, therefore, at
11 risk for related severe medical and mental
12 health conditions;
13 (C) how to conduct a comprehensive as-
14 sessment of individual and familial health risk
15 factors; and
16 (D) how to conduct a comprehensive as-
17 sessment of a treatment plan; and
18 (2) evaluate and report to the Secretary on the
19 effectiveness of the training provided by such entity
20 in increasing knowledge and changing attitudes and
21 behaviors of trainees.
22 (d) AUTHORIZATION OF APPROPRIATIONS.—There is
23 authorized to be appropriated to carry out this section
24 $1,000,000 for each of the fiscal years 2017 through
25 2021.

1 **SEC. 512. PRIMARY AND BEHAVIORAL HEALTH CARE INTE-**
2 **GRATION GRANT PROGRAMS.**

3 Section 520K of the Public Health Service Act (42
4 U.S.C. 290bb–42) is amended to read as follows:

5 **"SEC. 520K. INTEGRATION INCENTIVE GRANTS.**

6 "(a) IN GENERAL.—The Secretary shall establish a
7 primary and behavioral health care integration grant pro-
8 gram. The Secretary may award grants and cooperative
9 agreements to eligible entities to expend funds for im-
10 provements in integrated settings with integrated prac-
11 tices.

12 "(b) DEFINITIONS.—In this section:

13 "(1) INTEGRATED CARE.—The term 'integrated
14 care' means full collaboration in merged or trans-
15 formed practices offering behavioral and physical
16 health services within the same shared practice
17 space in the same facility, where the entity—

18 "(A) provides services in a shared space
19 that ensures services will be available and ac-
20 cessible promptly and in a manner which pre-
21 serves human dignity and assures continuity of
22 care;

23 "(B) ensures communication among the in-
24 tegrated care team that is consistent and team-
25 based;

1 "(C) ensures shared decisionmaking be-
2 tween behavioral health and primary care pro-
3 viders;
4 "(D) provides evidence-based services in a
5 mode of service delivery appropriate for the tar-
6 get population;
7 "(E) employs staff who are multidisci-
8 plinary and culturally and linguistically com-
9 petent;
10 "(F) provides integrated services related to
11 screening, diagnosis, and treatment of mental
12 illness and substance use disorder and co-occur-
13 ring primary care conditions and chronic dis-
14 eases; and
15 "(G) provides targeted case management,
16 including services to assist individuals gaining
17 access to needed medical, social, educational,
18 and other services and applying for income se-
19 curity, housing, employment, and other benefits
20 to which they may be entitled.
21 "(2) INTEGRATED CARE TEAM.—The term 'in-
22 tegrated care team' means a team that includes—
23 "(A) allopathic or osteopathic medical doc-
24 tors, such as a primary care physician and a
25 psychiatrist;

1 ''(B) licensed clinical behavioral health
2 professionals, such as psychologists or social
3 workers;
4 ''(C) a case manager; and
5 ''(D) other members, such as psychiatric
6 advanced practice nurses, physician assistants,
7 peer-support specialists or other allied health
8 professionals, such as mental health counselors.
9 ''(3) SPECIAL POPULATION.—The term 'special
10 population' means—
11 ''(A) adults with mental illnesses who have
12 co-occurring primary care conditions with
13 chronic diseases;
14 ''(B) adults with serious mental illnesses
15 who have co-occurring primary care conditions
16 with chronic diseases;
17 ''(C) children and adolescents with serious
18 emotional disturbances with co-occurring pri-
19 mary care conditions and chronic diseases;
20 ''(D) older adults with mental illness who
21 have co-occurring primary care conditions with
22 chronic conditions;
23 ''(E) individuals with substance use dis-
24 order; or

1 “(F) individuals from populations for
2 which there is a significant disparity in the
3 quality, outcomes, cost, or use of mental health
4 or substance use disorder services or a signifi-
5 cant disparity in access to such services, as
6 compared to the general population, such as ra-
7 cial and ethnic minorities and rural populations.
8 “(c) PURPOSE.—The grant program under this sec-
9 tion shall be designed to lead to full collaboration between
10 primary and behavioral health in an integrated practice
11 model to ensure that—
12 “(1) the overall wellness and physical health
13 status of individuals with serious mental illness or
14 serious emotional disturbance and co-occurring sub-
15 stance use disorders is supported through integra-
16 tion of primary care into community mental health
17 centers meeting the criteria specified in section
18 1913(c) of the Social Security Act or certified com-
19 munity behavioral health clinics described in section
20 223 of the Protecting Access to Medicare Act of
21 2014; or
22 “(2) the mental health status of individuals
23 with significant co-occurring psychiatric and physical
24 conditions will be supported through integration of
25 behavioral health into primary care settings.

1 ‘‘(d) ELIGIBLE ENTITIES.—To be eligible to receive
2 a grant or cooperative agreement under this section, an
3 entity shall be a State department of health, State mental
4 health or addiction agency, State Medicaid agency, or li-
5 censed health care provider or institution. The Adminis-
6 trator may give preference to States that have existing in-
7 tegrated care models, such as those authorized by section
8 1945 of the Social Security Act.

9 ‘‘(e) APPLICATION.—An eligible entity desiring a
10 grant or cooperative agreement under this section shall
11 submit an application to the Administrator at such time,
12 in such manner, and accompanied by such information as
13 the Administrator may require, including a description of
14 a plan to achieve fully collaborative agreements to provide
15 services to special populations and—

16 ‘‘(1) a document that summarizes the State-
17 specific policies that inhibit the provision of inte-
18 grated care, and the specific steps that will be taken
19 to address such barriers, such as through licensing
20 and billing procedures; and

21 ‘‘(2) a plan to develop and share a de-identified
22 patient registry to track treatment implementation
23 and clinical outcomes to inform clinical interven-
24 tions, patient education, and engagement with
25 merged or transformed integrated practices in com-

1 pliance with applicable national and State health in-
2 formation privacy laws.
3 ‘‘(f) GRANT AMOUNTS.—The maximum annual grant
4 amount under this section shall be $2,000,000, of which
5 not more than 10 percent may be allocated to State ad-
6 ministrative functions, and the remaining amounts shall
7 be allocated to health facilities that provide integrated
8 care.
9 ‘‘(g) DURATION.—A grant under this section shall be
10 for a period of 5 years.
11 ‘‘(h) REPORT ON PROGRAM OUTCOMES.—An entity
12 receiving a grant or cooperative agreement under this sec-
13 tion shall submit an annual report to the Administrator
14 that includes—
15 ‘‘(1) the progress to reduce barriers to inte-
16 grated care, including regulatory and billing bar-
17 riers, as described in the entity's application under
18 subsection (d); and
19 ‘‘(2) a description of functional outcomes of
20 special populations, such as—
21 ‘‘(A) with respect to individuals with seri-
22 ous mental illness, participation in supportive
23 housing or independent living programs, en-
24 gagement in social or education activities, par-
25 ticipation in job training or employment oppor-

1 tunities, attendance at scheduled medical and
2 mental health appointments, and compliance
3 with treatment plans;
4 ''(B) with respect to individuals with co-oc-
5 curring mental illness and primary care condi-
6 tions and chronic diseases, attendance at sched-
7 uled medical and mental health appointments,
8 compliance with treatment plans, and participa-
9 tion in learning opportunities related to im-
10 proved health and lifestyle practice; and
11 ''(C) with respect to children and adoles-
12 cents with serious emotional disorders who have
13 co-occurring primary care conditions and chron-
14 ic diseases, attendance at scheduled medical
15 and mental health appointments, compliance
16 with treatment plans, and participation in
17 learning opportunities at school and extra-
18 curricular activities.
19 ''(i) TECHNICAL ASSISTANCE CENTER FOR PRIMARY-
20 BEHAVIORAL HEALTH CARE INTEGRATION.—
21 ''(1) IN GENERAL.—The Secretary shall estab-
22 lish a program through which such Secretary shall
23 provide appropriate information, training, and tech-
24 nical assistance to eligible entities that receive a
25 grant or cooperative agreement under this section, in

1 order to help such entities to meet the requirements
2 of this section, including assistance with—
3 ''(A) development and selection of inte-
4 grated care models;
5 ''(B) dissemination of evidence-based inter-
6 ventions in integrated care;
7 ''(C) establishment of organizational prac-
8 tices to support operational and administrative
9 success; and
10 ''(D) other activities, as the Secretary de-
11 termines appropriate.
12 ''(2) ADDITIONAL DISSEMINATION OF TECH-
13 NICAL INFORMATION.—The information and re-
14 sources provided by the technical assistance program
15 established under paragraph (1) shall be made avail-
16 able to States, political subdivisions of a State, In-
17 dian tribes or tribal organizations (as defined in sec-
18 tion 4 of the Indian Self-Determination and Edu-
19 cation Assistance Act), outpatient mental health and
20 addiction treatment centers, community mental
21 health centers that meet the criteria under section
22 1913(c), certified community behavioral health clin-
23 ics described in section 223 of the Protecting Access
24 to Medicare Act of 2014, primary care organizations
25 such as Federally qualified health centers or rural

1 health centers, other community-based organiza-
2 tions, or other entities engaging in integrated care
3 activities, as the Secretary determines appropriate.

4 "(j) AUTHORIZATION OF APPROPRIATIONS.—To
5 carry out this section, there are authorized to be appro-
6 priated $50,000,000 for each of fiscal years 2017 through
7 2021, of which $2,000,000 shall be available to the tech-
8 nical assistance program under subsection (i).".

9 **SEC. 513. HEALTH PROFESSIONS COMPETENCIES TO AD-**
10 **DRESS RACIAL, ETHNIC, SEXUAL, AND GEN-**
11 **DER MINORITY BEHAVIORAL HEALTH DIS-**
12 **PARITIES.**

13 (a) IN GENERAL.—The Secretary of Health and
14 Human Services shall award grants to national organiza-
15 tions for the purpose of developing, and disseminating to
16 health professional educational programs, curricula or
17 core competencies addressing behavioral health disparities
18 among racial, ethnic, sexual, and gender minority groups.

19 (b) USE OF FUNDS.—Organizations receiving funds
20 under subsection (a) shall use the funds to develop and
21 disseminate curricula or core competencies, as described
22 in such subsection, for use in the training of students in
23 the professions of social work, psychology, psychiatry,
24 nursing, physician assistants, marriage and family ther-
25 apy, mental health counseling, substance abuse coun-

1 seling, or other mental health and substance use disorder
2 providers that the Secretary deems appropriate.
3 (c) ALLOWABLE ACTIVITIES.—Organizations receiv-
4 ing funds under subsection (a) may use the funds to en-
5 gage in the following activities related to the development
6 and dissemination of curricula or core competencies:
7 (1) Formation of committees or working groups
8 comprised of experts from accredited health profes-
9 sions schools to identify core competencies relating
10 to mental health disparities among racial and ethnic
11 minority groups.
12 (2) Planning of workshops in national fora to
13 allow for public input into the educational needs as-
14 sociated with mental health disparities among racial
15 and ethnic minority groups.
16 (3) Dissemination and promotion of the use of
17 curricula or core competencies in undergraduate and
18 graduate health professions training programs na-
19 tionwide.
20 (d) DEFINITIONS.—In this section, the term ''racial
21 and ethnic minority group'' has the meaning given to such
22 term in section 1707(g) of the Public Health Service Act
23 (42 U.S.C. 300u–6(g)).

1 (e) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated to carry out this section
3 $1,000,000 for each of fiscal years 2017 through 2021.

4 **SEC. 514. BEHAVIORAL HEALTH CRISIS SYSTEMS.**

5 (a) DEFINITIONS.—For purposes of this section, the
6 following definitions shall apply:
7 (1) ELIGIBLE ENTITY.—The term ''eligible enti-
8 ty'' means a State, political subdivision of a State,
9 or nonprofit private entity.
10 (2) SECRETARY.—The term ''Secretary'' means
11 the Secretary of Health and Human Services.
12 (3) STATE.—The term ''State'' means each
13 State of the United States, the District of Columbia,
14 each commonwealth, territory or possession of the
15 United States, and each federally recognized Indian
16 tribe.
17 (b) ESTABLISHMENT OF GRANT PROGRAM.—
18 (1) ESTABLISHMENT.—The Secretary shall es-
19 tablish a program to award grants to eligible entities
20 to establish and implement a system for preventing
21 and de-escalating behavioral health crises.
22 (2) USE OF FUNDS.—
23 (A) IN GENERAL.—Grants under this sec-
24 tion may be used to carry out programs that—

1 (i) expand early intervention and
2 treatment services to improve access to be-
3 havioral health crisis assistance and ad-
4 dress unmet behavioral health care needs;
5 (ii) expand the continuum of services
6 to address crisis prevention, crisis interven-
7 tion, and crisis stabilization; and
8 (iii) reduce unnecessary hospitaliza-
9 tions by appropriately utilizing community-
10 based services and improving access to
11 timely behavioral health crisis assistance.
12 (B) AUTHORIZED ACTIVITIES.—The pro-
13 grams described in subparagraph (A) may in-
14 clude activities such as:
15 (i) Mobile support or crisis support
16 centers that provide field-based behavioral
17 health assistance to individuals with men-
18 tal health or substance use disorders and
19 links such individuals in crisis to appro-
20 priate services.
21 (ii) School and community-based early
22 intervention and prevention programs that
23 provide mobile response, screening and as-
24 sessment, training and education, and
25 peer-based and family services.

1 (iii) Mental health crisis intervention
2 and response training for law enforcement
3 officers to increase officers' understanding
4 and recognition of mental illnesses as well
5 as increase their awareness of health care
6 services available to individuals in crisis.
7 (3) APPLICATION.—To be considered for a
8 grant under this section, an eligible entity shall sub-
9 mit an application to the Secretary at such time, in
10 such manner, and containing such information as
11 the Secretary may require. At minimum, such appli-
12 cation shall include a description of—
13 (A) the activities to be funded with the
14 grant;
15 (B) community needs;
16 (C) the population to be served; and
17 (D) the interaction between the activities
18 described in subparagraph (A) and public sys-
19 tems of health and mental health care, law en-
20 forcement, social services, and related assist-
21 ance programs.
22 (4) SELECTING AMONG APPLICANTS.—
23 (A) IN GENERAL.—Grants shall be award-
24 ed to eligible entities on a competitive basis.

1 (B) SELECTION CRITERIA.—The Secretary
2 shall evaluate applicants based on such criteria
3 as the Secretary determines to be appropriate,
4 including the ability of an applicant to carry
5 out the activities described in paragraph (2).
6 (5) REPORTS.—
7 (A) ANNUAL REPORTS.—
8 (i) ELIGIBLE ENTITIES.—As a condi-
9 tion of receiving a grant under this section,
10 an eligible entity shall agree to submit a
11 report to the Secretary, on an annual
12 basis, describing the activities carried out
13 with the grant and assessing the effective-
14 ness of such activities.
15 (ii) SECRETARY.—The Secretary
16 shall, on an annual basis, and using the re-
17 ports received under clause (i), report to
18 Congress on the overall impact and effec-
19 tiveness of the grant program under this
20 section.
21 (B) FINAL REPORT.—Not later than Janu-
22 ary 15, 2021, the Secretary shall submit to
23 Congress a final report that includes rec-
24 ommendations with respect to the feasibility
25 and advisability of extending or expanding the

1 grant program. The report shall also provide an
2 assessment of which systems and system ele-
3 ments proved most effective.
4 (6) COLLECTION OF DATA.—The Secretary
5 shall collect data on the grant program to determine
6 its effectiveness in reducing the social impact of
7 mental health crises and the feasibility and advis-
8 ability of extending the grant program.
9 (c) AUTHORIZATION OF APPROPRIATIONS.—There is
10 authorized to be appropriated to carry out this section
11 $10,000,000 for each of fiscal years 2017 through 2021.
12 **SEC. 515. MENTAL HEALTH IN SCHOOLS.**
13 (a) TECHNICAL AMENDMENTS.—The second part G
14 (relating to services provided through religious organiza-
15 tions) of title V of the Public Health Service Act (42
16 U.S.C. 290kk et seq.) is amended—
17 (1) by redesignating such part as part J; and
18 (2) by redesignating sections 581 through 584
19 as sections 596 through 596C, respectively.
20 (b) SCHOOL-BASED MENTAL HEALTH AND CHIL-
21 DREN AND VIOLENCE.—Section 581 of the Public Health
22 Service Act (42 U.S.C. 290hh) is amended to read as fol-
23 lows:

1 **"SEC. 581. SCHOOL-BASED MENTAL HEALTH AND CHIL-**
2 **DREN AND VIOLENCE.**

3 "(a) IN GENERAL.—The Secretary, in collaboration
4 with the Secretary of Education and in consultation with
5 the Attorney General, shall, directly or through grants,
6 contracts, or cooperative agreements awarded to public en-
7 tities and local education agencies, assist local commu-
8 nities and schools in applying a public health approach
9 to mental health services both in schools and in the com-
10 munity. Such approach should provide comprehensive age
11 appropriate services and supports, be linguistically and
12 culturally appropriate, be trauma-informed, and incor-
13 porate age appropriate strategies of positive behavioral
14 interventions and supports. A comprehensive school men-
15 tal health program funded under this section shall assist
16 children in dealing with trauma and violence.

17 "(b) ACTIVITIES.—Under the program under sub-
18 section (a), the Secretary may—

19 "(1) provide financial support to enable local
20 communities to implement a comprehensive cul-
21 turally and linguistically appropriate, trauma-in-
22 formed, and age-appropriate, school mental health
23 program that incorporates positive behavioral inter-
24 ventions, client treatment, and supports to foster the
25 health and development of children;

1 “(2) provide technical assistance to local com-
2 munities with respect to the development of pro-
3 grams described in paragraph (1);
4 “(3) provide assistance to local communities in
5 the development of policies to address child and ado-
6 lescent trauma and mental health issues and violence
7 when and if it occurs;
8 “(4) facilitate community partnerships among
9 families, students, law enforcement agencies, edu-
10 cation systems, mental health and substance use dis-
11 order service systems, family-based mental health
12 service systems, welfare agencies, health care service
13 systems (including physicians), faith-based pro-
14 grams, trauma networks, and other community-
15 based systems; and
16 “(5) establish mechanisms for children and ado-
17 lescents to report incidents of violence or plans by
18 other children, adolescents, or adults to commit vio-
19 lence.
20 “(c) REQUIREMENTS.—
21 “(1) IN GENERAL.—To be eligible for a grant,
22 contract, or cooperative agreement under subsection
23 (a), an entity shall—
24 “(A) be a partnership between a local edu-
25 cation agency and at least one community pro-

1 gram or agency that is involved in mental
2 health; and

3 ‘‘(B) submit an application, that is en-
4 dorsed by all members of the partnership, that
5 contains the assurances described in paragraph
6 (2).

7 ‘‘(2) REQUIRED ASSURANCES.—An application
8 under paragraph (1) shall contain assurances as fol-
9 lows:

10 ‘‘(A) That the applicant will ensure that,
11 in carrying out activities under this section, the
12 local educational agency involved will enter into
13 a memorandum of understanding—

14 ‘‘(i) with, at least one, public or pri-
15 vate mental health entity, health care enti-
16 ty, law enforcement or juvenile justice enti-
17 ty, child welfare agency, family-based men-
18 tal health entity, family or family organiza-
19 tion, trauma network, or other community-
20 based entity; and

21 ‘‘(ii) that clearly states—

22 ‘‘(I) the responsibilities of each
23 partner with respect to the activities
24 to be carried out;

1 "(II) how each such partner will
2 be accountable for carrying out such
3 responsibilities; and
4 "(III) the amount of non-Federal
5 funding or in-kind contributions that
6 each such partner will contribute in
7 order to sustain the program.
8 "(B) That the comprehensive school-based
9 mental health program carried out under this
10 section supports the flexible use of funds to ad-
11 dress—
12 "(i) the promotion of the social, emo-
13 tional, and behavioral health of all students
14 in an environment that is conducive to
15 learning;
16 "(ii) the reduction in the likelihood of
17 at risk students developing social, emo-
18 tional, behavioral health problems, or sub-
19 stance use disorders;
20 "(iii) the early identification of social,
21 emotional, behavioral problems, or sub-
22 stance use disorders and the provision of
23 early intervention services;
24 "(iv) the treatment or referral for
25 treatment of students with existing social,

1 emotional, behavioral health problems, or
2 substance use disorders; and
3 "(v) the development and implementa-
4 tion of programs to assist children in deal-
5 ing with trauma and violence.
6 "(C) That the comprehensive school-based
7 mental health program carried out under this
8 section will provide for in-service training of all
9 school personnel, including ancillary staff and
10 volunteers, in—
11 "(i) the techniques and supports need-
12 ed to identify early children with trauma
13 histories and children with, or at risk of,
14 mental illness;
15 "(ii) the use of referral mechanisms
16 that effectively link such children to appro-
17 priate treatment and intervention services
18 in the school and in the community and to
19 follow-up when services are not available;
20 "(iii) strategies that promote a school-
21 wide positive environment;
22 "(iv) strategies for promoting the so-
23 cial, emotional, mental, and behavioral
24 health of all students; and

1 ''(v) strategies to increase the knowl-
2 edge and skills of school and community
3 leaders about the impact of trauma and vi-
4 olence and on the application of a public
5 health approach to comprehensive school-
6 based mental health programs.
7 ''(D) That the comprehensive school-based
8 mental health program carried out under this
9 section will include comprehensive training for
10 parents, siblings, and other family members of
11 children with mental health disorders, and for
12 concerned members of the community in—
13 ''(i) the techniques and supports need-
14 ed to identify early children with trauma
15 histories, and children with, or at risk of,
16 mental illness;
17 ''(ii) the use of referral mechanisms
18 that effectively link such children to appro-
19 priate treatment and intervention services
20 in the school and in the community and
21 follow-up when such services are not avail-
22 able; and
23 ''(iii) strategies that promote a school-
24 wide positive environment.

1 ''(E) That the comprehensive school-based
2 mental health program carried out under this
3 section will demonstrate the measures to be
4 taken to sustain the program after funding
5 under this section terminates.

6 ''(F) That the local education agency part-
7 nership involved is supported by the State edu-
8 cational and mental health system to ensure
9 that the sustainability of the programs is estab-
10 lished after funding under this section termi-
11 nates.

12 ''(G) That the comprehensive school-based
13 mental health program carried out under this
14 section will be based on trauma-informed and
15 evidence-based practices.

16 ''(H) That the comprehensive school-based
17 mental health program carried out under this
18 section will be coordinated with early inter-
19 vening activities carried out under the Individ-
20 uals with Disabilities Education Act.

21 ''(I) That the comprehensive school-based
22 mental health program carried out under this
23 section will be trauma-informed and culturally
24 and linguistically appropriate.

1 "(J) That the comprehensive school-based
2 mental health program carried out under this
3 section will include a broad needs assessment of
4 youth who drop out of school due to policies of
5 'zero tolerance' with respect to drugs, alcohol,
6 or weapons and an inability to obtain appro-
7 priate services.

8 "(K) That the mental health services pro-
9 vided through the comprehensive school-based
10 mental health program carried out under this
11 section will be provided by qualified mental and
12 behavioral health professionals who are certified
13 or licensed by the State involved and practicing
14 within their area of expertise.

15 "(3) COORDINATOR.—Any entity that is a
16 member of a partnership described in paragraph
17 (1)(A) may serve as the coordinator of funding and
18 activities under the grant if all members of the part-
19 nership agree.

20 "(4) COMPLIANCE WITH HIPAA.—A grantee
21 under this section shall be deemed to be a covered
22 entity for purposes of compliance with the regula-
23 tions promulgated under section 264(c) of the
24 Health Insurance Portability and Accountability Act

1 of 1996 with respect to any patient records devel-
2 oped through activities under the grant.

3 ''(d) GEOGRAPHICAL DISTRIBUTION.—The Secretary
4 shall ensure that grants, contracts, or cooperative agree-
5 ments under subsection (a) will be distributed equitably
6 among the regions of the country and among urban and
7 rural areas.

8 ''(e) DURATION OF AWARDS.—With respect to a
9 grant, contract, or cooperative agreement under sub-
10 section (a), the period during which payments under such
11 an award will be made to the recipient shall be 5 years.
12 An entity may receive only one award under this section,
13 except that an entity that is providing services and sup-
14 ports on a regional basis may receive additional funding
15 after the expiration of the preceding grant period.

16 ''(f) EVALUATION AND MEASURES OF OUTCOMES.—

17 ''(1) DEVELOPMENT OF PROCESS.—The Ad-
18 ministrator shall develop a fiscally appropriate proc-
19 ess for evaluating activities carried out under this
20 section. Such process shall include—

21 ''(A) the development of guidelines for the
22 submission of program data by grant, contract,
23 or cooperative agreement recipients;

24 ''(B) the development of measures of out-
25 comes (in accordance with paragraph (2)) to be

1 applied by such recipients in evaluating pro-
2 grams carried out under this section; and
3 ''(C) the submission of annual reports by
4 such recipients concerning the effectiveness of
5 programs carried out under this section.
6 ''(2) MEASURES OF OUTCOMES.—
7 ''(A) IN GENERAL.—The Administrator
8 shall develop measures of outcomes to be ap-
9 plied by recipients of assistance under this sec-
10 tion, and the Administrator, in evaluating the
11 effectiveness of programs carried out under this
12 section. Such measures shall include student
13 and family measures as provided for in sub-
14 paragraph (B) and local educational measures
15 as provided for under subparagraph (C).
16 ''(B) STUDENT AND FAMILY MEASURES OF
17 OUTCOMES.—The measures of outcomes devel-
18 oped under paragraph (1)(B) relating to stu-
19 dents and families shall, with respect to activi-
20 ties carried out under a program under this
21 section, at a minimum include provisions to
22 evaluate whether the program is effective in—
23 ''(i) increasing social and emotional
24 competency;

1 "(ii) increasing academic competency
2 (as defined by the Secretary);
3 "(iii) reducing disruptive and aggres-
4 sive behaviors;
5 "(iv) improving child functioning;
6 "(v) reducing substance use disorders;
7 "(vi) reducing suspensions, truancy,
8 expulsions and violence;
9 "(vii) increasing graduation rates (as
10 defined in section 1111(b)(2)(C)(vi) of the
11 Elementary and Secondary Education Act
12 of 1965); and
13 "(viii) improving access to care for
14 mental health disorders.
15 "(C) LOCAL EDUCATIONAL OUTCOMES.—
16 The outcome measures developed under para-
17 graph (1)(B) relating to local educational sys-
18 tems shall, with respect to activities carried out
19 under a program under this section, at a min-
20 imum include provisions to evaluate—
21 "(i) the effectiveness of comprehensive
22 school mental health programs established
23 under this section;
24 "(ii) the effectiveness of formal part-
25 nership linkages among child and family

1 serving institutions, community support
2 systems, and the educational system;
3 "(iii) the progress made in sustaining
4 the program once funding under the grant
5 has expired;
6 "(iv) the effectiveness of training and
7 professional development programs for all
8 school personnel that incorporate indica-
9 tors that measure cultural and linguistic
10 competencies under the program in a man-
11 ner that incorporates appropriate cultural
12 and linguistic training;
13 "(v) the improvement in perception of
14 a safe and supportive learning environment
15 among school staff, students, and parents;
16 "(vi) the improvement in case-finding
17 of students in need of more intensive serv-
18 ices and referral of identified students to
19 early intervention and clinical services;
20 "(vii) the improvement in the imme-
21 diate availability of clinical assessment and
22 treatment services within the context of
23 the local community to students posing a
24 danger to themselves or others;

1 ''(viii) the increased successful matric-
2 ulation to postsecondary school; and
3 ''(ix) reduced referrals to juvenile jus-
4 tice.
5 ''(3) SUBMISSION OF ANNUAL DATA.—An entity
6 that receives a grant, contract, or cooperative agree-
7 ment under this section shall annually submit to the
8 Administrator a report that includes data to evalu-
9 ate the success of the program carried out by the en-
10 tity based on whether such program is achieving the
11 purposes of the program. Such reports shall utilize
12 the measures of outcomes under paragraph (2) in a
13 reasonable manner to demonstrate the progress of
14 the program in achieving such purposes.
15 ''(4) EVALUATION BY ADMINISTRATOR.—Based
16 on the data submitted under paragraph (3), the Ad-
17 ministrator shall annually submit to Congress a re-
18 port concerning the results and effectiveness of the
19 programs carried out with assistance received under
20 this section.
21 ''(5) LIMITATION.—A grantee shall use not to
22 exceed 10 percent of amounts received under a grant
23 under this section to carry out evaluation activities
24 under this subsection.

1 "(g) INFORMATION AND EDUCATION.—The Sec-
2 retary shall establish comprehensive information and edu-
3 cation programs to disseminate the findings of the knowl-
4 edge development and application under this section to the
5 general public and to health care professionals.

6 "(h) AMOUNT OF GRANTS AND AUTHORIZATION OF
7 APPROPRIATIONS.—

8 "(1) AMOUNT OF GRANTS.—A grant under this
9 section shall be in an amount that is not more than
10 $1,000,000 for each of fiscal years 2017 through
11 2021. The Secretary shall determine the amount of
12 each such grant based on the population of children
13 up to age 21 of the area to be served under the
14 grant.

15 "(2) AUTHORIZATION OF APPROPRIATIONS.—
16 There is authorized to be appropriated to carry out
17 this section, $20,000,000 for each of fiscal years
18 2017 through 2021.".

19 (c) CONFORMING AMENDMENT.—Part G of title V of
20 the Public Health Service Act (42 U.S.C. 290hh et seq.),
21 as amended by this section, is further amended by striking
22 the part heading and inserting the following:

1 **"PART G—SCHOOL-BASED MENTAL HEALTH".**

2 **SEC. 516. EXAMINING MENTAL HEALTH CARE FOR CHIL-**
3 **DREN.**

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

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

15 (1) the ways in which children access mental
16 health care, including information on whether chil-
17 dren are screened and treated by primary care or
18 specialty physicians or other health care providers,
19 what types of referrals for additional care are rec-
20 ommended, and any barriers to accessing this care;

21 (2) the extent to which children prescribed psy-
22 chotropic medications in the United States face bar-
23 riers to more comprehensive or other mental health
24 services, interventions, and treatments;

25 (3) the extent to which children are prescribed
26 psychotropic medications in the United States in-

1 cluding the frequency of concurrent medication
2 usage; and
3 (4) the tools, assessments, and medications that
4 are available and used to diagnose and treat children
5 with mental health disorders.

6 **SEC. 517. REPORTING COMPLIANCE STUDY.**

7 (a) IN GENERAL.—The Secretary of Health and
8 Human Services shall enter into an arrangement with the
9 Institute of Medicine of the National Academies (or, if the
10 Institute declines, another appropriate entity) under
11 which, not later than 2 years after the date of enactment
12 of this Act, the Institute will submit to the appropriate
13 committees of Congress a report that evaluates the com-
14 bined paperwork burden of—
15 (1) community mental health centers meeting
16 the criteria specified in section 1913(c) of the Public
17 Health Service Act (42 U.S.C. 300x–2), including
18 such centers meeting such criteria as in effect on the
19 day before the date of enactment of this Act; and
20 (2) federally qualified community mental health
21 clinics certified pursuant to section 223 of the Pro-
22 tecting Access to Medicare Act of 2014 (Public Law
23 113–93), as amended by section 505.
24 (b) SCOPE.—In preparing the report under sub-
25 section (a), the Institute of Medicine (or, if applicable,

other appropriate entity) shall examine licensing, certification, service definitions, claims payment, billing codes, and financial auditing requirements used by the Office of Management and Budget, the Centers for Medicare & Medicaid Services, the Health Resources and Services Administration, the Substance Abuse and Mental Health Services Administration, the Office of the Inspector General of the Department of Health and Human Services, State Medicaid agencies, State departments of health, State departments of education, and State and local juvenile justice, social service agencies, and private insurers to—

(1) establish an estimate of the combined nationwide cost of complying with such requirements, in terms of both administrative funding and staff time;

(2) establish an estimate of the per capita cost to each center or clinic described in subparagraph (A) or (B) of paragraph (1) to comply with such requirements, in terms of both administrative funding and staff time; and

(3) make administrative and statutory recommendations to Congress (which recommendations may include a uniform methodology) to reduce the paperwork burden experienced by centers and clinics

1 described in subparagraph (A) or (B) of paragraph
2 (1).

3 **SEC. 518. STRENGTHENING CONNECTIONS TO COMMUNITY**
4 **CARE DEMONSTRATION GRANT PROGRAM.**

5 (a) IN GENERAL.—The Secretary of Health and
6 Human Services, acting through the Substance Abuse and
7 Mental Health Services Administration, shall establish a
8 demonstration grant program to award grants to eligible
9 entities to help to connect incarcerated and recently re-
10 leased individuals with mental illness or substance use dis-
11 orders with community-based treatment providers and
12 coverage opportunities upon release from a corrections fa-
13 cility.

14 (b) DESIGN.—The demonstration grant program
15 under this section shall be designed to ensure that incar-
16 cerated and recently released individuals with mental ill-
17 ness or substance use disorders have the information and
18 help they need to connect to community-based care and
19 coverage upon release from a corrections facility.

20 (c) RECIPIENTS.—To be eligible to receive a grant
21 under this section, an entity shall be a State Medicaid
22 agency, State mental health agency, State substance abuse
23 agency, county, city, nonprofit community-based organiza-
24 tion, or any other entity the Secretary deems appropriate.

1 (d) APPLICATION REQUIREMENT.—To seek an award
2 under this section, an applicant shall provide a plan detail-
3 ing the applicant's strategy for carrying out the program
4 to be funded through the award.

5 (e) SPECIAL CONSIDERATIONS.—In awarding grants
6 under this section, the Secretary may consider—

7 (1) the number of individuals or correctional fa-
8 cilities proposed to be served; and

9 (2) the potential for replicability of the model
10 proposed.

11 (f) REPORTS.—

12 (1) ANNUAL REPORTS.—As a condition of re-
13 ceiving a grant under this section, an eligible entity
14 shall agree to submit a report to the Secretary, on
15 an annual basis, describing the activities carried out
16 with the grant and assessing the effectiveness of
17 such activities. Such information shall include—

18 (A) the number of individuals served with
19 mental illness, serious mental illness, substance
20 use disorders, or co-occurring mental health
21 and substance use disorders;

22 (B) the number of connections completed
23 between individuals and community-based pro-
24 viders;

1 (C) the number of connections completed
2 between individuals and community-based cov-
3 erage; and
4 (D) any other information required by the
5 Secretary.
6 (2) SECRETARY.—The Secretary shall, on an
7 annual basis, and using the reports received under
8 paragraph (1), report to Congress on the overall im-
9 pact and effectiveness of the grant program under
10 this section.
11 (3) FINAL REPORT.—Not later than January
12 15, 2020, the Secretary shall submit to Congress a
13 final report that includes recommendations with re-
14 spect to the feasibility and advisability of extending
15 or expanding the grant program under this section.
16 The report shall also provide an assessment of which
17 programs and program elements proved most effec-
18 tive.
19 (g) AUTHORIZATION OF APPROPRIATIONS.—To carry
20 out this section, there is authorized to be appropriated to
21 carry out this section $5,000,000 for each of fiscal years
22 2017 through 2021.

1 **SEC. 519. ASSERTIVE COMMUNITY TREATMENT GRANT**
2 **PROGRAM FOR INDIVIDUALS WITH SERIOUS**
3 **MENTAL ILLNESS.**

4 (a) IN GENERAL.—The Secretary of Health and
5 Human Services, acting through the Substance Abuse and
6 Mental Health Services Administration, shall award
7 grants to eligible entities—

8 (1) to establish assertive community treatment
9 programs for individuals with serious mental illness;
10 or

11 (2) to maintain or expand such programs.

12 (b) ELIGIBLE ENTITIES.—To be eligible to receive a
13 grant under this section, an entity shall be a State, county,
14 city, tribes, tribal organizations, mental health system,
15 health care facility, or any other entity the Secretary
16 deems appropriate.

17 (c) SPECIAL CONSIDERATION.—In selecting among
18 applicants for a grant under this section, the Secretary
19 may give special consideration to the potential of the appli-
20 cant's program to reduce hospitalization, homelessness, in-
21 carceration, and interaction with the criminal justice sys-
22 tem while improving the health and social outcomes of the
23 patient.

24 (d) ADDITIONAL ACTIVITIES.—The Secretary shall—

25 (1) at the conclusion of each fiscal year, submit
26 a report to the appropriate congressional committees

1 on the grant program under this section, including
2 an evaluation of—
3 (A) cost savings and public health out-
4 comes such as mortality, suicide, substance
5 abuse, hospitalization, and use of services;
6 (B) rates of incarceration of patients;
7 (C) rates of homelessness among patients;
8 and
9 (D) patient and family satisfaction with
10 program participation; and
11 (2) provide appropriate information, training,
12 and technical assistance to grant recipients under
13 this section to help such recipients to establish,
14 maintain, or expand their assertive community treat-
15 ment programs.
16 (e) AUTHORIZATION OF APPROPRIATIONS.—
17 (1) IN GENERAL.—To carry out this section,
18 there is authorized to be appropriated $20,000,000
19 for each of fiscal years 2017 through 2021.
20 (2) USE OF CERTAIN FUNDS.—Of the funds ap-
21 propriated to carry out this section in any fiscal
22 year, no more than 5 percent shall be available to
23 the Secretary for carrying out subsection (d).

1 **SEC. 520. IMPROVING MENTAL AND BEHAVIORAL HEALTH**
2 **ON COLLEGE CAMPUSES.**

3 Title V of the Public Health Service Act (42 U.S.C.
4 290aa et seq.) is amended by inserting after section
5 520E–3, as added by section 111 of this Act, the fol-
6 lowing:

7 **"SEC. 520E–4. GRANTS TO IMPROVE MENTAL AND BEHAV-**
8 **IORAL HEALTH ON COLLEGE CAMPUSES.**

9 "(a) PURPOSE.—It is the purpose of this section,
10 with respect to college and university settings, to—
11 "(1) increase access to mental and behavioral
12 health services;
13 "(2) foster and improve the prevention of men-
14 tal and behavioral health disorders, and the pro-
15 motion of mental health wellness;
16 "(3) improve the identification and treatment
17 for students at risk;
18 "(4) improve collaboration and the development
19 of appropriate levels of mental and behavioral health
20 care;
21 "(5) reduce the stigma for students with mental
22 health disorders and enhance their access to mental
23 health services; and
24 "(6) improve the efficacy of outreach efforts.
25 "(b) GRANTS.—The Secretary, acting through the
26 Administrator and in consultation with the Secretary of

1 Education, shall award competitive grants to eligible enti-
2 ties to improve mental and behavioral health services and
3 outreach on college and university campuses.

4 ‘‘(c) ELIGIBILITY.—To be eligible to receive a grant
5 under subsection (b), an entity shall—

6 ‘‘(1) be an institution of higher education (as
7 defined in section 101 of the Higher Education Act
8 of 1965 (20 U.S.C. 1001)); and

9 ‘‘(2) submit to the Secretary an application at
10 such time, in such manner, and containing such in-
11 formation as the Secretary may require, including
12 the information required under subsection (d).

13 ‘‘(d) APPLICATION.—An application for a grant
14 under this section shall include—

15 ‘‘(1) a description of the population to be tar-
16 geted by the program carried out under the grant,
17 the particular mental and behavioral health needs of
18 the students involved;

19 ‘‘(2) a description of the Federal, State, local,
20 private, and institutional resources available for
21 meeting the needs of such students at the time the
22 application is submitted;

23 ‘‘(3) an outline of the objectives of the program
24 carried out under the grant;

1 ''(4) a description of activities, services, and
2 training to be provided under the program, including
3 planned outreach strategies to reach students not
4 currently seeking services;

5 ''(5) a plan to seek input from community men-
6 tal health providers, when available, community
7 groups, and other public and private entities in car-
8 rying out the program;

9 ''(6) a plan, when applicable, to meet the spe-
10 cific mental and behavioral health needs of veterans
11 attending institutions of higher education;

12 ''(7) a description of the methods to be used to
13 evaluate the outcomes and effectiveness of the pro-
14 gram; and

15 ''(8) an assurance that grant funds will be used
16 to supplement, and not supplant, any other Federal,
17 State, or local funds available to carry out activities
18 of the type carried out under the grant.

19 ''(e) SPECIAL CONSIDERATIONS.—In awarding
20 grants under this section, the Secretary shall give special
21 consideration to applications that describe programs to be
22 carried out under the grant that—

23 ''(1) demonstrate the greatest need for new or
24 additional mental and behavioral health services, in
25 part by providing information on current ratios of

1 students to mental and behavioral health profes-
2 sionals;
3 ‘‘(2) propose effective approaches for initiating
4 or expanding campus services and supports using
5 evidence-based practices;
6 ‘‘(3) target traditionally underserved popu-
7 lations and populations most at risk;
8 ‘‘(4) where possible, demonstrate an awareness
9 of, and a willingness to, coordinate with a commu-
10 nity mental health center or other mental health re-
11 source in the community, to support screening and
12 referral of students requiring intensive services;
13 ‘‘(5) identify how the college or university will
14 address psychiatric emergencies, including how in-
15 formation will be communicated with families or
16 other appropriate parties;
17 ‘‘(6) propose innovative practices that will im-
18 prove efficiencies in clinical care, broaden collabora-
19 tions with primary care, or improve prevention pro-
20 grams; and
21 ‘‘(7) demonstrate the greatest potential for rep-
22 lication and dissemination.
23 ‘‘(f) USE OF FUNDS.—Amounts received under a
24 grant under this section may be used to—

1 “(1) provide mental and behavioral health serv-
2 ices to students, including prevention, promotion of
3 mental health, voluntary screening, early interven-
4 tion, voluntary assessment, voluntary treatment,
5 management, and education services relating to the
6 mental and behavioral health of students;
7 “(2) conduct research through a counseling or
8 health center at the institution of higher education
9 involved regarding improving the mental and behav-
10 ioral health of college and university students
11 through clinical services, outreach, prevention, or
12 academic success;
13 “(3) provide outreach services to notify stu-
14 dents about the existence of mental and behavioral
15 health services;
16 “(4) educate students, families, faculty, staff,
17 and communities to increase awareness of mental
18 health issues;
19 “(5) support student groups on campus that
20 engage in activities to educate students, including
21 activities to reduce stigma surrounding mental and
22 behavioral disorders, and promote mental health
23 wellness;
24 “(6) employ appropriately trained staff;

1 "(7) provide training to students, faculty, and
2 staff to respond effectively to students with mental
3 and behavioral health issues;
4 "(8) expand mental health training through in-
5 ternship, post-doctorate, and residency programs;
6 "(9) develop and support evidence-based and
7 emerging best practices, including a focus on cul-
8 turally and linguistically appropriate best practices;
9 and
10 "(10) evaluate and disseminate best practices to
11 other colleges and universities.
12 "(g) DURATION OF GRANTS.—A grant under this
13 section shall be awarded for a period not to exceed 3 years.
14 "(h) EVALUATION AND REPORTING.—
15 "(1) EVALUATION.—Not later than 18 months
16 after the date on which a grant is received under
17 this section, the eligible entity involved shall submit
18 to the Secretary the results of an evaluation to be
19 conducted by the entity (or by another party under
20 contract with the entity) concerning the effectiveness
21 of the activities carried out under the grant and
22 plans for the sustainability of such efforts.
23 "(2) REPORT.—Not later than 2 years after the
24 date of enactment of this section, the Secretary shall

1 submit to the appropriate committees of Congress a
2 report concerning the results of—
3 ‘‘(A) the evaluations conducted under
4 paragraph (1); and
5 ‘‘(B) an evaluation conducted by the Sec-
6 retary to analyze the effectiveness and efficacy
7 of the activities conducted with grants under
8 this section.
9 ‘‘(i) TECHNICAL ASSISTANCE.—The Secretary may
10 provide technical assistance to grantees in carrying out
11 this section.
12 ‘‘(j) AUTHORIZATION OF APPROPRIATIONS.—There
13 are authorized to be appropriated $15,000,000 for each
14 of fiscal years 2017 through 2021.’’.
15 **SEC. 521. INCLUSION OF OCCUPATIONAL THERAPISTS IN**
16 **NATIONAL HEALTH SERVICE CORPS PRO-**
17 **GRAM.**
18 (a) INCLUSION OF OCCUPATIONAL THERAPISTS.—
19 Section 331(a)(3)(E)(i) of the Public Health Service Act
20 (42 U.S.C. 254d(a)(3)(E)(i)) is amended by inserting
21 ‘‘subject to section 521(b)(2) of the Comprehensive Be-
22 havioral Health Reform and Recovery Act of 2016, occu-
23 pational therapists,’’ after ‘‘psychiatric nurse specialists,’’.
24 (b) EFFECTIVE DATE; CONTINGENT IMPLEMENTA-
25 TION.—

1 (1) EFFECTIVE DATE.—Subject to paragraph
2 (2), the amendment made by subsection (a) shall
3 apply beginning on October 1, 2016.
4 (2) CONTINGENT IMPLEMENTATION.—The
5 amendment made by subsection (a) shall apply with
6 respect to obligations entered into for a fiscal year
7 after fiscal year 2016 only if the total amount made
8 available for the purpose of carrying out subparts II
9 and III of part D of title III of the Public Health
10 Service Act (42 U.S.C. 254d et seq.) for such fiscal
11 year is greater than the total amount made available
12 for such purpose for fiscal year 2016.

13 TITLE VI—IMPROVING MENTAL 14 HEALTH RESEARCH AND CO-15 ORDINATION

16 **SEC. 601. INCREASE IN FUNDING FOR CERTAIN RESEARCH.**

17 Section 402A(a) of the Public Health Service Act (42
18 U.S.C. 282a(a)) is amended by adding at the end the fol-
19 lowing:
20 ''(3) FUNDING FOR THE BRAIN INITIATIVE AT
21 THE NATIONAL INSTITUTE OF MENTAL HEALTH.—
22 ''(A) FUNDING.—In addition to amounts
23 made available pursuant to paragraphs (1) and
24 (2), there are authorized to be appropriated to
25 the National Institute of Mental Health for the

1 purpose described in subparagraph (B)(ii)
2 $40,000,000 for each of fiscal years 2017
3 through 2021.
4 ''(B) PURPOSES.—Amounts appropriated
5 pursuant to subparagraph (A) shall be used ex-
6 clusively for the purpose of conducting or sup-
7 porting—
8 ''(i) research on the determinants of
9 self- and other directed-violence in mental
10 illness, including studies directed at the
11 causes of such violence and at intervention
12 to reduce the risk of self harm, suicide,
13 and interpersonal violence; or
14 ''(ii) brain research through the Brain
15 Research through Advancing Innovative
16 Neurotechnologies Initiative.''.

17 TITLE VII—BEHAVIORAL 18 HEALTH INFORMATION TECH- 19 NOLOGY

20 SEC. 701. EXTENSION OF HEALTH INFORMATION TECH- 21 NOLOGY ASSISTANCE FOR BEHAVIORAL AND 22 MENTAL HEALTH AND SUBSTANCE ABUSE.

23 Section 3000(3) of the Public Health Service Act (42
24 U.S.C. 300jj(3)) is amended by inserting before ''and any
25 other category'' the following: ''behavioral and mental

1 health professionals (as defined in section
2 331(a)(3)(E)(i)), a substance abuse professional, a psy-
3 chiatric hospital (as defined in section 1861(f) of the So-
4 cial Security Act), a community mental health center
5 meeting the criteria specified in section 1913(c), a residen-
6 tial or outpatient mental health or substance use treat-
7 ment facility,''.

8 **SEC. 702. EXTENSION OF ELIGIBILITY FOR MEDICARE AND**
9 **MEDICAID HEALTH INFORMATION TECH-**
10 **NOLOGY IMPLEMENTATION ASSISTANCE.**

11 (a) PAYMENT INCENTIVES FOR ELIGIBLE PROFES-
12 SIONALS UNDER MEDICARE.—Section 1848 of the Social
13 Security Act (42 U.S.C. 1395w–4) is amended—
14 (1) in subsection (a)(7)—
15 (A) in subparagraph (E), by adding at the
16 end the following new clause:
17 ''(iv) ADDITIONAL ELIGIBLE PROFES-
18 SIONAL.—The term 'additional eligible pro-
19 fessional' means a clinical psychologist pro-
20 viding qualified psychologist services (as
21 defined in section 1861(ii)).''; and
22 (B) by adding at the end the following new
23 subparagraph:
24 ''(F) APPLICATION TO ADDITIONAL ELIGI-
25 BLE PROFESSIONALS.—The Secretary shall

1 apply the provisions of this paragraph with re-
2 spect to an additional eligible professional in
3 the same manner as such provisions apply to an
4 eligible professional, except in applying sub-
5 paragraph (A)—

6 ‘‘(i) in clause (i), the reference to
7 2015 shall be deemed a reference to 2020;

8 ‘‘(ii) in clause (ii), the references to
9 2015, 2016, and 2017 shall be deemed ref-
10 erences to 2020, 2021, and 2022, respec-
11 tively; and

12 ‘‘(iii) in clause (iii), the reference to
13 2018 shall be deemed a reference to
14 2023.’’; and

15 (2) in subsection (o)—

16 (A) in paragraph (5), by adding at the end
17 the following new subparagraph:

18 ‘‘(D) ADDITIONAL ELIGIBLE PROFES-
19 SIONAL.—The term ‘additional eligible profes-
20 sional’ means a clinical psychologist providing
21 qualified psychologist services (as defined in
22 section 1861(ii)).’’; and

23 (B) by adding at the end the following new
24 paragraph:

1 "(6) APPLICATION TO ADDITIONAL ELIGIBLE
2 PROFESSIONALS.—The Secretary shall apply the
3 provisions of this subsection with respect to an addi-
4 tional eligible professional in the same manner as
5 such provisions apply to an eligible professional, ex-
6 cept in applying—
7 "(A) paragraph (1)(A)(ii), the reference to
8 2016 shall be deemed a reference to 2021;
9 "(B) paragraph (1)(B)(ii), the references
10 to 2011 and 2012 shall be deemed references to
11 2016 and 2017, respectively;
12 "(C) paragraph (1)(B)(iii), the references
13 to 2013 shall be deemed references to 2018;
14 "(D) paragraph (1)(B)(v), the references
15 to 2014 shall be deemed references to 2019;
16 and
17 "(E) paragraph (1)(E), the reference to
18 2011 shall be deemed a reference to 2016.".
19 (b) ELIGIBLE HOSPITALS.—Section 1886 of the So-
20 cial Security Act (42 U.S.C. 1395ww) is amended—
21 (1) in subsection (b)(3)(B)(ix), by adding at the
22 end the following new subclause:
23 "(V) The Secretary shall apply
24 the provisions of this subsection with
25 respect to an additional eligible hos-

1 pital (as defined in subsection
2 (n)(6)(C)) in the same manner as
3 such provisions apply to an eligible
4 hospital, except in applying—
5 "(aa) subclause (I), the ref-
6 erences to 2015, 2016, and 2017
7 shall be deemed references to
8 2020, 2021, and 2022, respec-
9 tively; and
10 "(bb) subclause (III), the
11 reference to 2015 shall be
12 deemed a reference to 2020.";
13 and
14 (2) in subsection (n)—
15 (A) in paragraph (6), by adding at the end
16 the following new subparagraph:
17 "(C) ADDITIONAL ELIGIBLE HOSPITAL.—
18 The term 'additional eligible hospital' means an
19 inpatient hospital that is a psychiatric hospital
20 (as defined in section 1861(f))."; and
21 (B) by adding at the end the following new
22 paragraph:
23 "(7) APPLICATION TO ADDITIONAL ELIGIBLE
24 HOSPITALS.—The Secretary shall apply the provi-
25 sions of this subsection with respect to an additional

1 eligible hospital in the same manner as such provi-
2 sions apply to an eligible hospital, except in apply-
3 ing—
4 ''(A) paragraph (2)(E)(ii), the references
5 to 2013 and 2015 shall be deemed references to
6 2018 and 2020, respectively; and
7 ''(B) paragraph (2)(G)(i), the reference to
8 2011 shall be deemed a reference to 2016.''.
9 (c) MEDICAID PROVIDERS.—Section 1903(t) of the
10 Social Security Act (42 U.S.C. 1396b(t)) is amended—
11 (1) in paragraph (2)(B)—
12 (A) in clause (i), by striking '', or'' at the
13 end and inserting a semicolon;
14 (B) in clause (ii), by striking the period at
15 the end and inserting a semicolon; and
16 (C) by inserting after clause (ii) the fol-
17 lowing new clauses:
18 ''(iii) a public hospital that is principally a
19 psychiatric hospital (as defined in section
20 1861(f));
21 ''(iv) a private hospital that is principally
22 a psychiatric hospital (as defined in section
23 1861(f)) and that has at least 10 percent of its
24 patient volume (as estimated in accordance with
25 a methodology established by the Secretary) at-

1 tributable to individuals receiving medical as-
2 sistance under this title;
3 ‘‘(v) a community mental health center
4 meeting the criteria specified in section 1913(c)
5 of the Public Health Service Act; or
6 ‘‘(vi) a residential or outpatient mental
7 health or substance use treatment facility
8 that—
9 ‘‘(I) is accredited by the Joint Com-
10 mission on Accreditation of Healthcare Or-
11 ganizations, the Commission on Accredita-
12 tion of Rehabilitation Facilities, the Coun-
13 cil on Accreditation, or any other national
14 accrediting agency recognized by the Sec-
15 retary; and
16 ‘‘(II) has at least 10 percent of its pa-
17 tient volume (as estimated in accordance
18 with a methodology established by the Sec-
19 retary) attributable to individuals receiving
20 medical assistance under this title.’’; and
21 (2) in paragraph (3)(B)—
22 (A) in clause (iv), by striking ‘‘; and’’ at
23 the end and inserting a semicolon;
24 (B) in clause (v), by striking the period at
25 the end and inserting ‘‘; and’’; and

1 (C) by adding at the end the following new
2 clause:
3 ''(vi) clinical psychologist providing quali-
4 fied psychologist services (as defined in section
5 1861(ii)), if such clinical psychologist is prac-
6 ticing in an outpatient clinic that—
7 ''(I) is led by a clinical psychologist;
8 and
9 ''(II) is not otherwise receiving pay-
10 ment under paragraph (1) as a Medicaid
11 provider described in paragraph (2)(B).''.
12 (d) MEDICARE ADVANTAGE ORGANIZATIONS.—Sec-
13 tion 1853 of the Social Security Act (42 U.S.C. 1395w–
14 23) is amended—
15 (1) in subsection (l)—
16 (A) in paragraph (1)—
17 (i) by inserting ''or additional eligible
18 professionals (as described in paragraph
19 (9))'' after ''paragraph (2)''; and
20 (ii) by inserting ''and additional eligi-
21 ble professionals'' before ''under such sec-
22 tions'';
23 (B) in paragraph (3)(B)—
24 (i) in clause (i) in the matter pre-
25 ceding subclause (I), by inserting ''or an

1 additional eligible professional described in
2 paragraph (9)'' after ''paragraph (2)''; and
3 (ii) in clause (ii)—
4 (I) in the matter preceding sub-
5 clause (I), by inserting ''or an addi-
6 tional eligible professional described in
7 paragraph (9)'' after ''paragraph
8 (2)''; and
9 (II) in subclause (I), by inserting
10 ''or an additional eligible professional,
11 respectively,'' after ''eligible profes-
12 sional'';
13 (C) in paragraph (3)(C), by inserting ''and
14 additional eligible professionals'' after ''all eligi-
15 ble professionals'';
16 (D) in paragraph (4)(D), by adding at the
17 end the following new sentence: ''In the case
18 that a qualifying MA organization attests that
19 not all additional eligible professionals of the
20 organization are meaningful EHR users with
21 respect to an applicable year, the Secretary
22 shall apply the payment adjustment under this
23 paragraph based on the proportion of all such
24 additional eligible professionals of the organiza-

1 tion that are not meaningful EHR users for
2 such year.'';
3 (E) in paragraph (6)(A), by inserting
4 ''and, as applicable, each additional eligible pro-
5 fessional described in paragraph (9)'' after
6 ''paragraph (2)'';
7 (F) in paragraph (6)(B), by inserting
8 ''and, as applicable, each additional eligible hos-
9 pital described in paragraph (9)'' after ''sub-
10 section (m)(1)'';
11 (G) in paragraph (7)(A), by inserting
12 ''and, as applicable, additional eligible profes-
13 sionals'' after ''eligible professionals'';
14 (H) in paragraph (7)(B), by inserting
15 ''and, as applicable, additional eligible profes-
16 sionals'' after ''eligible professionals'';
17 (I) in paragraph (8)(B), by inserting ''and
18 additional eligible professionals described in
19 paragraph (9)'' after ''paragraph (2)''; and
20 (J) by adding at the end the following new
21 paragraph:
22 ''(9) ADDITIONAL ELIGIBLE PROFESSIONAL DE-
23 SCRIBED.—With respect to a qualifying MA organi-
24 zation, an additional eligible professional described
25 in this paragraph is an additional eligible profes-

1 sional (as defined for purposes of section 1848(o))
2 who—
3 ‘‘(A)(i) is employed by the organization; or
4 ‘‘(ii)(I) is employed by, or is a partner of,
5 an entity that through contract with the organi-
6 zation furnishes at least 80 percent of the enti-
7 ty’s Medicare patient care services to enrollees
8 of such organization; and
9 ‘‘(II) furnishes at least 80 percent of the
10 professional services of the additional eligible
11 professional covered under this title to enrollees
12 of the organization; and
13 ‘‘(B) furnishes, on average, at least 20
14 hours per week of patient care services.’’; and
15 (2) in subsection (m)—
16 (A) in paragraph (1)—
17 (i) by inserting ‘‘or additional eligible
18 hospitals (as described in paragraph (7))’’
19 after ‘‘paragraph (2)’’; and
20 (ii) by inserting ‘‘and additional eligi-
21 ble hospitals’’ before ‘‘under such sec-
22 tions’’;
23 (B) in paragraph (3)(A)(i), by inserting
24 ‘‘or additional eligible hospital’’ after ‘‘eligible
25 hospital’’;

1 (C) in paragraph (3)(A)(ii), by inserting
2 ‘‘or an additional eligible hospital’’ after ‘‘eligi-
3 ble hospital’’ in each place it occurs;
4 (D) in paragraph (3)(B)—
5 (i) in clause (i), by inserting ‘‘or an
6 additional eligible hospital described in
7 paragraph (7)’’ after ‘‘paragraph (2)’’; and
8 (ii) in clause (ii)—
9 (I) in the matter preceding sub-
10 clause (I), by inserting ‘‘or an addi-
11 tional eligible hospital described in
12 paragraph (7)’’ after ‘‘paragraph
13 (2)’’; and
14 (II) in subclause (I), by inserting
15 ‘‘or an additional eligible hospital, re-
16 spectively,’’ after ‘‘eligible hospital’’;
17 (E) in paragraph (4)(A), by inserting ‘‘or
18 one or more additional eligible hospitals (as de-
19 fined in section 1886(n)), as appropriate,’’ after
20 ‘‘section 1886(n)(6)(A))’’;
21 (F) in paragraph (4)(D), by adding at the
22 end the following new sentence: ‘‘In the case
23 that a qualifying MA organization attests that
24 not all additional eligible hospitals of the orga-
25 nization are meaningful EHR users with re-

1 spect to an applicable period, the Secretary
2 shall apply the payment adjustment under this
3 paragraph based on the methodology specified
4 by the Secretary, taking into account the pro-
5 portion of such additional eligible hospitals, or
6 discharges from such hospitals, that are not
7 meaningful EHR users for such period.'';

8 (G) in paragraph (5)(A), by inserting
9 ''and, as applicable, each additional eligible hos-
10 pital described in paragraph (7)'' after ''para-
11 graph (2)'';

12 (H) in paragraph (5)(B), by inserting
13 ''and additional eligible hospitals, as applica-
14 ble,'' after ''eligible hospitals'';

15 (I) in paragraph (6)(B), by inserting ''and
16 additional eligible hospitals described in para-
17 graph (7)'' after ''paragraph (2)''; and

18 (J) by adding at the end the following new
19 paragraph:

20 ''(7) ADDITIONAL ELIGIBLE HOSPITAL DE-
21 SCRIBED.—With respect to a qualifying MA organi-
22 zation, an additional eligible hospital described in
23 this paragraph is an additional eligible hospital (as
24 defined in section 1886(n)(6)(C)) that is under com-
25 mon corporate governance with such organization

and serves individuals enrolled under an MA plan offered by such organization.''.

TITLE VIII—MAKING PARITY WORK

SEC. 801. STRENGTHENING PARITY IN MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS.

(a) PUBLIC HEALTH SERVICE ACT.—Section 2726(a) of the Public Health Service Act (42 U.S.C. 300gg–26(a)) is amended by adding at the end the following new paragraphs:

''(6) DISCLOSURE AND ENFORCEMENT REQUIREMENTS.—

''(A) DISCLOSURE REQUIREMENTS.—

''(i) REGULATIONS.—Not later than December 31, 2016, the Secretary, in cooperation with the Secretaries of Labor and the Treasury, as appropriate, shall issue additional regulations for carrying out this section, including an explanation of documents that must be disclosed by plans and issuers, the process governing such disclosures by plans and issuers, and analyses that must be conducted by plans and issuers by a group health plan or health insurance issuer offering health in-

1 surance coverage in the group or individual
2 market in order for such plan or issuer to
3 demonstrate compliance with the provisions
4 of this section.

5 "(ii) DISCLOSURE REQUIREMENTS.—
6 Documents required to be disclosed by a
7 group health plan or health insurance
8 issuer offering health insurance coverage in
9 the group or individual market under
10 clause (i) shall include an annual report
11 that details the specific analyses performed
12 to ensure compliance of such plan or cov-
13 erage with the law and regulations. At a
14 minimum, with respect to the application
15 of non-quantitative treatment limitations
16 (in this paragraph referred to as NQTLs)
17 to benefits under the plan or coverage,
18 such report shall—

19 "(I) identify the specific factors
20 the plan or coverage used in per-
21 forming its NQTL analysis;

22 "(II) identify and define the spe-
23 cific evidentiary standards relied on to
24 evaluate the factors;

1 "(III) describe how the evi-
2 dentiary standards are applied to each
3 service category for mental health,
4 substance use disorders, medical bene-
5 fits, and surgical benefits;

6 "(IV) disclose the results of the
7 analyses of the specific evidentiary
8 standards in each service category;
9 and

10 "(V) disclose the specific findings
11 of the plan or coverage in each service
12 category and the conclusions reached
13 with respect to whether the processes,
14 strategies, evidentiary standards, or
15 other factors used in applying the
16 NQTL to mental health or substance
17 use disorder benefits are comparable
18 to, and applied no more stringently
19 than, the processes, strategies, evi-
20 dentiary standards, or other factors
21 used in applying the limitation with
22 respect to medical and surgical bene-
23 fits in the same classification.

24 "(iii) GUIDANCE.—The Secretary, in
25 cooperation with the Secretaries of Labor

1 and the Treasury, as appropriate, shall
2 issue guidance to group health plans and
3 health insurance issuers offering health in-
4 surance coverage in the group or individual
5 markets on how to satisfy the requirements
6 of this section with respect to making in-
7 formation available to current and poten-
8 tial participants and beneficiaries. Such in-
9 formation shall include certificate of cov-
10 erage documents and instruments under
11 which the plan or coverage involved is ad-
12 ministered and operated that specify, in-
13 clude, or refer to procedures, formulas, and
14 methodologies applied to determine a par-
15 ticipant or beneficiary's benefit under the
16 plan or coverage, regardless of whether
17 such information is contained in a docu-
18 ment designated as the 'plan document'.
19 Such guidance shall include a disclosure of
20 how the plan or coverage involved has pro-
21 vided that processes, strategies, evidentiary
22 standards, and other factors used in apply-
23 ing the NQTL to mental health or sub-
24 stance use disorder benefits are com-
25 parable to, and applied no more stringently

1 than, the processes, strategies, evidentiary
2 standards, or other factors used in apply-
3 ing the limitation with respect to medical
4 and surgical benefits in the same classi-
5 fication.

6 "(iv) DEFINITIONS.—In this para-
7 graph and paragraph (7), the terms 'non-
8 quantitative treatment limitations', 'com-
9 parable to', and 'applied no more strin-
10 gently than' have the meanings given such
11 terms in sections 146 and 147 of title 45,
12 Code of Federal Regulations (or any suc-
13 cessor regulation).

14 "(B) ENFORCEMENT.—

15 "(i) PROCESS FOR COMPLAINTS.—The
16 Secretary, in cooperation with the Secre-
17 taries of Labor and the Treasury, as ap-
18 propriate, shall, with respect to group
19 health plans and health insurance issuers
20 offering health insurance coverage in the
21 group or individual market, issue guidance
22 to clarify the process and timeline for cur-
23 rent and potential participants and bene-
24 ficiaries (and authorized representatives
25 and health care providers of such partici-

1 pants and beneficiaries) with respect to
2 such plans and coverage to file formal
3 complaints of such plans or issuers being
4 in violation of this section, including guid-
5 ance, by plan type, on the relevant State,
6 regional, and national offices with which
7 such complaints should be filed.

8 "(ii) AUTHORITY FOR PUBLIC EN-
9 FORCEMENT.—The Secretary, in consulta-
10 tion with the Secretaries of Labor and the
11 Treasury, shall make available to the pub-
12 lic on the Consumer Parity Portal website
13 established under paragraph (7) de-identi-
14 fied information on audits and investiga-
15 tions of group health plans and health in-
16 surance issuers conducted under this sec-
17 tion.

18 "(iii) AUDITS.—

19 "(I) RANDOMIZED AUDITS.—The
20 Secretary in cooperation with the Sec-
21 retaries of Labor and the Treasury, is
22 authorized to conduct randomized au-
23 dits of group health plans and health
24 insurance issuers offering health in-
25 surance coverage in the group or indi-

1 vidual market to determine compli-
2 ance with this section. Such audits
3 shall be conducted on no fewer than
4 twelve plans and issuers per plan
5 year. Information from such audits
6 shall be made plainly available on the
7 Consumer Parity Portal website es-
8 tablished under paragraph (7).

9 "(II) ADDITIONAL AUDITS.—In
10 the case of a group health plan or
11 health insurance issuer offering health
12 insurance coverage in the group or in-
13 dividual market with respect to which
14 any claim has been filed during a plan
15 year, the Secretary may audit the
16 books and records of such plan or
17 issuer to determine compliance with
18 this section. Information detailing the
19 results of the audit shall be made
20 available on the Consumer Parity Por-
21 tal website established under para-
22 graph (7).

23 "(iv) DENIAL RATES.—The Secretary
24 shall collect information on the rates of
25 and reasons for denial by group health

1 plans and health insurance issuers offering
2 health insurance coverage in the group or
3 individual market of claims for outpatient
4 and inpatient mental health and substance
5 use disorder services compared to the rates
6 of and reasons for denial of claims for
7 medical and surgical services. For the first
8 plan year beginning at least two years
9 after the date of the enactment of this
10 paragraph and each subsequent plan year,
11 the Secretary shall submit to the Com-
12 mittee on Energy and Commerce of the
13 House of Representatives and the Com-
14 mittee on Health, Education, Labor, and
15 Pensions of the Senate, and make plainly
16 available on the Consumer Parity Portal
17 website under paragraph (7), the informa-
18 tion collected under the previous sentence
19 with respect to the previous plan year.

20 ‘‘(7) CONSUMER PARITY PORTAL WEBSITE.—
21 The Secretary, in consultation with the Secretaries
22 of Labor and the Treasury, shall establish a one-
23 stop Internet website portal for—

24 ‘‘(A) submitting complaints and violations
25 relating to this section, section 712 of the Em-

1 ployee Retirement Income Security Act of 1974,
2 and section 9812 of the Internal Revenue Code
3 of 1986; and

4 "(B) for each of such Secretaries to submit
5 information in order to provide such informa-
6 tion to health care consumers pursuant to para-
7 graph (6), section 712(a)(6) of the Employee
8 Retirement Income Security Act of 1974, and
9 section 9812(a)(6) of the Internal Revenue
10 Code of 1986.

11 Such portal shall have the ability to take basic infor-
12 mation related to the complaint, including name,
13 contact information, and brief narrative, and trans-
14 mit such information in a timely fashion to the ap-
15 propriate State or Federal enforcement agency. Once
16 the consumer information is submitted, such portal
17 shall provide the consumer with contact information
18 for the appropriate enforcement agency to follow-up
19 on the complaint.".

20 (b) EMPLOYEE RETIREMENT INCOME SECURITY ACT
21 OF 1974.—Section 712(a) of the Employee Retirement In-
22 come Security Act of 1974 (29 U.S.C. 1185a(a)) is
23 amended by adding at the end the following new para-
24 graph:

1 "(6) DISCLOSURE AND ENFORCEMENT RE-
2 QUIREMENTS.—
3 "(A) DISCLOSURE REQUIREMENTS.—
4 "(i) REGULATIONS.—Not later than
5 December 31, 2016, the Secretary, in co-
6 operation with the Secretaries of Health
7 and Human Services and the Treasury, as
8 appropriate, shall issue additional regula-
9 tions for carrying out this section, includ-
10 ing an explanation of documents that must
11 be disclosed by plans and issuers, the proc-
12 ess governing such disclosures by plans
13 and issuers, and analyses that must be
14 conducted by plans and issuers by a group
15 health plan (or health insurance coverage
16 offered in connection with such a plan) in
17 order for such plan or issuer to dem-
18 onstrate compliance with the provisions of
19 this section.
20 "(ii) DISCLOSURE REQUIREMENTS.—
21 Documents required to be disclosed by a
22 group health plan (or health insurance cov-
23 erage offered in connection with such a
24 plan) under clause (i) shall include an an-
25 nual report that details the specific anal-

1 yses performed to ensure compliance of
2 such plan or coverage with the law or regu-
3 lations. At a minimum, with respect to the
4 application of non-quantitative treatment
5 limitations (in this paragraph referred to
6 as NQTLs) to benefits under the plan or
7 coverage, such report shall—
8 ''(I) identify the specific factors
9 the plan or coverage used in per-
10 forming its NQTL analysis;
11 ''(II) identify and define the spe-
12 cific evidentiary standards relied on to
13 evaluate the factors;
14 ''(III) describe how the evi-
15 dentiary standards are applied to each
16 service category for mental health,
17 substance use disorders, medical bene-
18 fits, and surgical benefits;
19 ''(IV) disclose the results of the
20 analyses of the specific evidentiary
21 standards in each service category;
22 and
23 ''(V) disclose the specific findings
24 of the plan or coverage in each service
25 category and the conclusions reached

1 with respect to whether the processes,
2 strategies, evidentiary standards, or
3 other factors used in applying the
4 NQTL to mental health or substance
5 use disorder benefits are comparable
6 to, and applied no more stringently
7 than, the processes, strategies, evi-
8 dentiary standards, or other factors
9 used in applying the limitation with
10 respect to medical and surgical bene-
11 fits in the same classification.

12 ''(iii) GUIDANCE.—The Secretary, in
13 cooperation with the Secretaries of Health
14 and Human Services and the Treasury, as
15 appropriate, shall issue guidance to group
16 health plans (and health insurance cov-
17 erage offered in connection with such a
18 plan) on how to satisfy the requirements of
19 this section with respect to making infor-
20 mation available to current and potential
21 participants and beneficiaries. Such infor-
22 mation shall include certificate of coverage
23 documents and instruments under which
24 the plan or coverage involved is adminis-
25 tered and operated that specify, include, or

1 refer to procedures, formulas, and meth-
2 odologies applied to determine a partici-
3 pant or beneficiary's benefit under the plan
4 or coverage, regardless of whether such in-
5 formation is contained in a document des-
6 ignated as the 'plan document'. Such guid-
7 ance shall include a disclosure of how the
8 plan or coverage involved has provided that
9 processes, strategies, evidentiary stand-
10 ards, and other factors used in applying
11 the NQTL to mental health or substance
12 use disorder benefits are comparable to,
13 and applied no more stringently than, the
14 processes, strategies, evidentiary stand-
15 ards, or other factors used in applying the
16 limitation with respect to medical and sur-
17 gical benefits in the same classification.

18 "(iv) DEFINITIONS.—In this para-
19 graph, the terms 'non-quantitative treat-
20 ment limitations', 'comparable to', and 'ap-
21 plied no more stringently than' have the
22 meanings given such terms in sections 146
23 and 147 of title 45, Code of Federal Regu-
24 lations (or any successor regulation).

25 "(B) ENFORCEMENT.—

1 "(i) PROCESS FOR COMPLAINTS.—The
2 Secretary, in cooperation with the Secre-
3 taries of Health and Human Services and
4 the Treasury, as appropriate, shall, with
5 respect to group health plans (and health
6 insurance coverage offered in connection
7 with such a plan), issue guidance to clarify
8 the process and timeline for current and
9 potential participants and beneficiaries
10 (and authorized representatives and health
11 care providers of such participants and
12 beneficiaries) with respect to such plans
13 (and coverage) to file formal complaints of
14 such plans (or coverage) being in violation
15 of this section, including guidance, by plan
16 type, on the relevant State, regional, and
17 national offices with which such complaints
18 should be filed.

19 "(ii) AUTHORITY FOR PUBLIC EN-
20 FORCEMENT.—The Secretary, in consulta-
21 tion with the Secretaries of Labor and the
22 Treasury, shall make available to the pub-
23 lic on the Consumer Parity Portal website
24 established under section 2726(a)(7) of the
25 Public Health Service Act de-identified in-

1 formation on audits and investigations of
2 group health plans (and health insurance
3 coverage offered in connection with such a
4 plan) conducted under this section.

5 ''(iii) AUDITS.—

6 ''(I) RANDOMIZED AUDITS.—The
7 Secretary in cooperation with the Sec-
8 retaries of Health and Human Serv-
9 ices and the Treasury, is authorized
10 to conduct randomized audits of
11 group health plans (and health insur-
12 ance coverage offered in connection
13 with such a plan) to determine com-
14 pliance with this section. Such audits
15 shall be conducted on no fewer than
16 twelve plans and coverage per plan
17 year. Information from such audits
18 shall be made plainly available on the
19 Consumer Parity Portal website es-
20 tablished under section 2726(a)(7) of
21 the Public Health Service Act.

22 ''(II) ADDITIONAL AUDITS.—In
23 the case of a group health plan (or
24 health insurance coverage offered in
25 connection with such a plan) with re-

1 spect to which any claim has been
2 filed during a plan year, the Secretary
3 may audit the books and records of
4 such plan (or coverage) to determine
5 compliance with this section. Informa-
6 tion detailing the results of the audit
7 shall be made available on the Con-
8 sumer Parity Portal website estab-
9 lished under section 2726(a)(7) of the
10 Public Health Service Act.

11 "(iv) DENIAL RATES.—The Secretary
12 shall collect information on the rates of
13 and reasons for denial by group health
14 plans (and health insurance coverage of-
15 fered in connection with such a plan) of
16 claims for outpatient and inpatient mental
17 health and substance use disorder services
18 compared to the rates of and reasons for
19 denial of claims for medical and surgical
20 services. For the first plan year beginning
21 at least two years after the date of the en-
22 actment of this paragraph and each subse-
23 quent plan year, the Secretary shall submit
24 to the Committee on Energy and Com-
25 merce of the House of Representatives and

1 the Committee on Health, Education,
2 Labor, and Pensions of the Senate, and
3 make plainly available on the Consumer
4 Parity Portal website under section
5 2726(a)(7) of the Public Health Service
6 Act, the information collected under the
7 previous sentence with respect to the pre-
8 vious plan year.''.

9 (c) INTERNAL REVENUE CODE OF 1986.—Section
10 9812(a) of the Internal Revenue Code of 1986 is amended
11 by adding at the end the following new paragraph:

12 ''(6) DISCLOSURE AND ENFORCEMENT RE-
13 QUIREMENTS.—

14 ''(A) DISCLOSURE REQUIREMENTS.—

15 ''(i) REGULATIONS.—Not later than
16 December 31, 2016, the Secretary, in co-
17 operation with the Secretaries of Health
18 and Human Services and Labor, as appro-
19 priate, shall issue additional regulations for
20 carrying out this section, including an ex-
21 planation of documents that must be dis-
22 closed by plans and issuers, the process
23 governing such disclosures by plans and
24 issuers, and analyses that must be con-
25 ducted by plans and issuers by a group

1 health plan in order for such plan to dem-
2 onstrate compliance with the provisions of
3 this section.

4 "(ii) DISCLOSURE REQUIREMENTS.—
5 Documents required to be disclosed by a
6 group health plan under clause (i) shall in-
7 clude an annual report that details the spe-
8 cific analyses performed to ensure compli-
9 ance of such plan with the law and regula-
10 tions. At a minimum, with respect to the
11 application of non-quantitative treatment
12 limitations (in this paragraph referred to
13 as NQTLs) to benefits under the plan or
14 coverage, such report shall—

15 "(I) identify the specific factors
16 the plan or coverage used in per-
17 forming its NQTL analysis;

18 "(II) identify and define the spe-
19 cific evidentiary standards relied on to
20 evaluate the factors;

21 "(III) describe how the evi-
22 dentiary standards are applied to each
23 service category for mental health,
24 substance use disorders, medical bene-
25 fits, and surgical benefits;

1 "(IV) disclose the results of the
2 analyses of the specific evidentiary
3 standards in each service category;
4 and

5 "(V) disclose the specific findings
6 of the plan in each service category
7 and the conclusions reached with re-
8 spect to whether the processes, strate-
9 gies, evidentiary standards, or other
10 factors used in applying the NQTL to
11 mental health or substance use dis-
12 order benefits are comparable to, and
13 applied no more stringently than, the
14 processes, strategies, evidentiary
15 standards, or other factors used in ap-
16 plying the limitation with respect to
17 medical and surgical benefits in the
18 same classification.

19 "(iii) GUIDANCE.—The Secretary, in
20 cooperation with the Secretaries of Health
21 and Human Services and Labor, as appro-
22 priate, shall issue guidance to group health
23 plans on how to satisfy the requirements of
24 this section with respect to making infor-
25 mation available to current and potential

1 participants and beneficiaries. Such infor-
2 mation shall include certificate of coverage
3 documents and instruments under which
4 the plan involved is administered and oper-
5 ated that specify, include, or refer to pro-
6 cedures, formulas, and methodologies ap-
7 plied to determine a participant or bene-
8 ficiary's benefit under the plan, regardless
9 of whether such information is contained
10 in a document designated as the 'plan doc-
11 ument'. Such guidance shall include a dis-
12 closure of how the plan involved has pro-
13 vided that processes, strategies, evidentiary
14 standards, and other factors used in apply-
15 ing the NQTL to mental health or sub-
16 stance use disorder benefits are com-
17 parable to, and applied no more stringently
18 than, the processes, strategies, evidentiary
19 standards, or other factors used in apply-
20 ing the limitation with respect to medical
21 and surgical benefits in the same classi-
22 fication.
23 "(iv) DEFINITIONS.—In this para-
24 graph, the terms 'non-quantitative treat-
25 ment limitations', 'comparable to', and 'ap-

1 plied no more stringently than' have the
2 meanings given such terms in sections 146
3 and 147 of title 45, Code of Federal Regu-
4 lations (or any successor regulation).
5 "(B) ENFORCEMENT.—
6 "(i) PROCESS FOR COMPLAINTS.—The
7 Secretary, in cooperation with the Secre-
8 taries of Health and Human Services and
9 Labor, as appropriate, shall, with respect
10 to group health plans, issue guidance to
11 clarify the process and timeline for current
12 and potential participants and beneficiaries
13 (and authorized representatives and health
14 care providers of such participants and
15 beneficiaries) with respect to such plans
16 (and coverage) to file formal complaints of
17 such plans being in violation of this sec-
18 tion, including guidance, by plan type, on
19 the relevant State, regional, and national
20 offices with which such complaints should
21 be filed.
22 "(ii) AUTHORITY FOR PUBLIC EN-
23 FORCEMENT.—The Secretary, in consulta-
24 tion with the Secretaries of Labor and the
25 Treasury, shall make available to the pub-

1 lic on the Consumer Parity Portal website
2 established under section 2726(a)(7) of the
3 Public Health Service Act de-identified in-
4 formation on audits and investigations of
5 group health plans conducted under this
6 section.

7 "(iii) AUDITS.—

8 "(I) RANDOMIZED AUDITS.—The
9 Secretary in cooperation with the Sec-
10 retaries of Health and Human Serv-
11 ices and Labor, is authorized to con-
12 duct randomized audits of group
13 health plans to determine compliance
14 with this section. Such audits shall be
15 conducted on no fewer than twelve
16 plans per plan year. Information from
17 such audits shall be made plainly
18 available on the Consumer Parity Por-
19 tal website established under section
20 2726(a)(7) of the Public Health Serv-
21 ice Act.

22 "(II) ADDITIONAL AUDITS.—In
23 the case of a group health plan with
24 respect to which any claim has been
25 filed during a plan year, the Secretary

1 may audit the books and records of
2 such plan to determine compliance
3 with this section. Information detail-
4 ing the results of the audit shall be
5 made available on the Consumer Par-
6 ity Portal website established under
7 section 2726(a)(7) of the Public
8 Health Service Act.

9 "(iv) DENIAL RATES.—The Secretary
10 shall collect information on the rates of
11 and reasons for denial by group health
12 plans of claims for outpatient and inpa-
13 tient mental health and substance use dis-
14 order services compared to the rates of and
15 reasons for denial of claims for medical
16 and surgical services. For the first plan
17 year beginning at least two years after the
18 date of the enactment of this paragraph
19 and each subsequent plan year, the Sec-
20 retary shall submit to the Committee on
21 Energy and Commerce of the House of
22 Representatives and the Committee on
23 Health, Education, Labor, and Pensions of
24 the Senate, and make plainly available on
25 the Consumer Parity Portal website under

1 section 2726(a)(7) of the Public Health
2 Service Act, the information collected
3 under the previous sentence with respect to
4 the previous plan year.''.

5 (d) AUTHORIZATION OF APPROPRIATIONS.—There is
6 authorized to be appropriated $2,000,000 for each of fis-
7 cal years 2017 through 2021 to carry out this section, in-
8 cluding the amendments made by this section.

9 **SEC. 802. REPORT ON INVESTIGATIONS REGARDING PAR-**
10 **ITY IN MENTAL HEALTH AND SUBSTANCE**
11 **USE DISORDER BENEFITS.**

12 (a) IN GENERAL.—Not later than one year after the
13 date of the enactment of this Act, and annually thereafter,
14 the Administrator of the Centers for Medicare & Medicaid
15 Services, in collaboration with the Assistant Secretary of
16 Labor of the Employee Benefits Security Administration
17 and the Secretary of the Treasury shall submit to the Con-
18 gress a report—

19 (1) identifying Federal investigations conducted
20 or completed during the preceding 12-month period
21 regarding compliance with parity in mental health,
22 substance use disorder benefits, including benefits
23 provided to persons with mental illness, including se-
24 rious mental illness, and substance use disorders
25 under the Paul Wellstone and Pete Domenici Mental

1 Health Parity and Addiction Equity Act of 2008
2 (subtitle B of title V of division C of Public Law
3 110–343); and
4 (2) summarizing the results of such investiga-
5 tions.
6 (b) CONTENTS.—Subject to paragraph (3), each re-
7 port under paragraph (1) shall include the following infor-
8 mation:
9 (1) The number of investigations opened and
10 closed during the covered reporting period.
11 (2) The benefit classification or classifications
12 examined by each investigation.
13 (3) The subject matter or subject matters of
14 each investigation, including quantitative and non-
15 quantitative treatment limitations.
16 (4) A summary of the basis of the final decision
17 rendered for each investigation.
18 (c) LIMITATION.—Individually identifiable informa-
19 tion shall be excluded from reports under paragraph (1)
20 consistent with Federal privacy protections.

SEC. 803. GAO STUDY ON PREVENTING DISCRIMINATORY COVERAGE LIMITATIONS FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS AND SUBSTANCE USE DISORDERS.

Not later than one year after the date of the enactment of this Act, the Comptroller General of the United States shall submit to Congress a report describing the evidence regarding the extent to which private health insurance plans have nonquantitative treatment limits for mental health, substance use disorder, and other health services. The report shall also assess the Departments of Health and Human Services, Labor, and the Treasury's oversight of private health insurance plans and Medicaid managed care plans under section 1903 of the Social Security Act (42 U.S.C. 1396b), compliance with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (subtitle B of title V of division C of Public Law 110–343) (as amended by Public Law 111–148) (in this section referred to as the ''law''), including—

(1) how the responsible Federal departments and agencies ensure that plans comply with the law, including how the plans apply nonquantitative treatment limitations and medical necessity criteria to behavioral health services compared to medical or surgical services; and

(2) how proper enforcement, education, and coordination activities within responsible Federal departments and agencies can be used to ensure full compliance with the law, including educational activities directed to State insurance commissioners.

SEC. 804. REPORT TO CONGRESS ON FEDERAL ASSISTANCE TO STATE INSURANCE REGULATORS REGARDING MENTAL HEALTH PARITY ENFORCEMENT.

Not later than one year after the date of enactment of this Act, the Secretary of Health and Human Services shall submit to Congress a report detailing—

(1) the ways in which State governments and State insurance regulators are either empowered or required to enforce the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (subtitle B of title V of division C of Public Law 110–343);

(2) their capability to carry out these enforcement powers or requirements; and

(3) any technical assistance to State government and State insurance regulators that has been communicated by the Department of Health and Human Services.

TITLE IX—SUBSTANCE ABUSE

Subtitle A—Prevention

SEC. 901. PRACTITIONER EDUCATION.

(a) EDUCATION REQUIREMENTS.—

(1) REGISTRATION CONSIDERATION.—Section 303(f) of the Controlled Substances Act (21 U.S.C. 823(f)) is amended by inserting after paragraph (5) the following:

"(6) The applicant's compliance with the training requirements described in subsection (g)(3) during any previous period in which the applicant has been subject to such training requirements.".

(2) TRAINING REQUIREMENTS.—Section 303(g) of the Controlled Substances Act (21 U.S.C. 823(g)) is amended by adding at the end the following:

"(3)(A) To be registered to prescribe or otherwise dispense opioids for the treatment of pain, or pain management, a practitioner described in paragraph (1) shall comply with the 12-hour training requirement of subparagraph (B) at least once during each 3-year period.

"(B) The training requirement of this subparagraph is that the practitioner has completed not less than 12 hours of training (through classroom situations, seminars at professional society meetings, electronic communications, or otherwise) with respect to—

1 "(i) the treatment and management of opioid-
2 dependent patients;
3 "(ii) pain management treatment guidelines;
4 and
5 "(iii) early detection of opioid addiction, includ-
6 ing through such methods as Screening, Brief Inter-
7 vention, and Referral to Treatment (SBIRT),
8 that is provided by the American Society of Addiction
9 Medicine, the American Academy of Addiction Psychiatry,
10 the American Medical Association, the American Osteo-
11 pathic Association, the American Psychiatric Association,
12 the American Academy of Pain Management, the Amer-
13 ican Pain Society, the American Academy of Pain Medi-
14 cine, the American Board of Pain Medicine, the American
15 Society of Interventional Pain Physicians, or any other or-
16 ganization that the Secretary determines is appropriate
17 for purposes of this subparagraph.".
18 (b) FUNDING.—The Drug Enforcement Administra-
19 tion shall fund the enforcement of the requirements speci-
20 fied in section 303(g)(3) of the Controlled Substances Act
21 (as added by subsection (a)) through the use of a portion
22 of the licensing fees paid by controlled substance pre-
23 scribers under the Controlled Substances Act (21 U.S.C.
24 801 et seq.).

1 (c) AUTHORIZATION OF APPROPRIATIONS.—There is
2 authorized to be appropriated to carry out this section
3 $1,000,000 for each of fiscal years 2017 through 2021.

4 **SEC. 902. CO-PRESCRIBING OPIOID OVERDOSE REVERSAL**
5 **DRUGS GRANT PROGRAM.**

6 (a) ESTABLISHMENT.—
7 (1) IN GENERAL.—Not later than six months
8 after the date of the enactment of this Act, the Sec-
9 retary of Health and Human Services shall estab-
10 lish, in accordance with this section, a four-year co-
11 prescribing opioid overdose reversal drugs grant pro-
12 gram (in this title referred to as the ''grant pro-
13 gram'') under which the Secretary shall provide not
14 more than a total of 12 grants to eligible entities to
15 carry out the activities described in subsection (c).
16 (2) ELIGIBLE ENTITY.—For purposes of this
17 section, the term ''eligible entity'' means a federally
18 qualified health center (as defined in section
19 1861(aa) of the Social Security Act (42 U.S.C.
20 1395x(aa))), an opioid treatment program under
21 part 8 of title 42, Code of Federal Regulations, or
22 section 303(g) of the Controlled Substances Act (21
23 U.S.C. 823(g)), a program approved by a State sub-
24 stance abuse agency, or any other entity that the
25 Secretary deems appropriate.

1 (3) CO-PRESCRIBING.—For purposes of this
2 title, the term ''co-prescribing'' means, with respect
3 to an opioid overdose reversal drug, the practice of
4 prescribing such drug in conjunction with an opioid
5 prescription for patients at an elevated risk of over-
6 dose, or in conjunction with an opioid agonist ap-
7 proved under section 505 of the Federal Food,
8 Drug, and Cosmetic Act (21 U.S.C. 355) for the
9 treatment of opioid abuse disorders, or in other cir-
10 cumstances in which a provider identifies a patient
11 at an elevated risk for an intentional or uninten-
12 tional drug overdose from heroin or prescription
13 opioid therapies. For purposes of the previous sen-
14 tence, a patient may be at an elevated risk of over-
15 dose if the patient meets the criteria under the exist-
16 ing co-prescribing guidelines that the Secretary
17 deems appropriate, such as the criteria provided in
18 the Opioid Overdose Toolkit published by the Sub-
19 stance Abuse and Mental Health Services Adminis-
20 tration.
21 (b) APPLICATION.—To be eligible to receive a grant
22 under this section, an eligible entity shall submit to the
23 Secretary of Health and Human Services, in such form
24 and manner as specified by the Secretary, an application
25 that describes—

1 (1) the extent to which the area to which the
2 entity will furnish services through use of the grant
3 is experiencing significant morbidity and mortality
4 caused by opioid abuse;

5 (2) the criteria that will be used to identify eli-
6 gible patients to participate in such program; and

7 (3) how such program will work to try to iden-
8 tify State, local, or private funding to continue the
9 program after expiration of the grant.

10 (c) USE OF FUNDS.—An eligible entity receiving a
11 grant under this section may use the grant for any of the
12 following activities:

13 (1) To establish a program for co-prescribing
14 opioid overdose reversal drugs, such as naloxone.

15 (2) To train and provide resources for health
16 care providers and pharmacists on the co-prescribing
17 of opioid overdose reversal drugs.

18 (3) To establish mechanisms and processes,
19 consistent with applicable Federal and State privacy
20 rules, for tracking patients participating in the pro-
21 gram described in paragraph (1) and the health out-
22 comes of such patients.

23 (4) To purchase opioid overdose reversal drugs
24 for distribution under the program described in
25 paragraph (1).

1 (5) To offset the co-pays and other cost sharing
2 associated with opioid overdose reversal drugs to en-
3 sure that cost is not a limiting factor for eligible pa-
4 tients.

5 (6) To conduct community outreach, in con-
6 junction with community-based organizations, de-
7 signed to raise awareness of co-prescribing practices,
8 and the availability of opioid overdose reversal
9 drugs.

10 (7) To establish protocols to connect patients
11 who have experienced a drug overdose with appro-
12 priate treatment, including medication assisted
13 treatment and appropriate counseling and behavioral
14 therapies.

15 (d) EVALUATIONS BY RECIPIENTS.—As a condition
16 of receipt of a grant under this section, an eligible entity
17 shall, for each year for which the grant is received, submit
18 to the Secretary of Health and Human Services informa-
19 tion on appropriate outcome measures specified by the
20 Secretary to assess the outcomes of the program funded
21 by the grant, including—

22 (1) the number of prescribers trained;

23 (2) the number of prescribers who have co-pre-
24 scribed an opioid overdose reversal drugs to at least
25 one patient;

1 (3) the total number of prescriptions written for
2 opioid overdose reversal drugs;
3 (4) the percentage of patients at elevated risk
4 who received a prescription for an opioid overdose
5 reversal drug;
6 (5) the number of patients reporting use of an
7 opioid overdose reversal drug; and
8 (6) any other outcome measures that the Sec-
9 retary deems appropriate.
10 (e) REPORTS BY SECRETARY.—For each year of the
11 grant program under this section, the Secretary of Health
12 and Human Services shall submit to the appropriate com-
13 mittees of the House of Representatives and of the Senate
14 a report aggregating the information received from the
15 grant recipients for such year under subsection (d) and
16 evaluating the outcomes achieved by the programs funded
17 by grants made under this section.
18 (f) AUTHORIZATION OF APPROPRIATIONS.—There is
19 authorized to be appropriated to carry out this section and
20 section 903 $4,000,000 for each of fiscal years 2017
21 through 2021.

22 **SEC. 903. OPIOID OVERDOSE REVERSAL CO-PRESCRIBING**
23 **GUIDELINES.**

24 (a) IN GENERAL.—The Secretary of Health and
25 Human Services shall establish a grant program under

1 which the Secretary shall award grants to eligible State
2 entities to develop opioid overdose reversal co-prescribing
3 guidelines.

4 (b) ELIGIBLE STATE ENTITIES.—For purposes of
5 subsection (a), eligible State entities are State depart-
6 ments of health in conjunction with State medical boards;
7 city, county, and local health departments; and community
8 stakeholder groups involved in reducing opioid overdose
9 deaths.

10 (c) ADMINISTRATIVE PROVISIONS.—

11 (1) GRANT AMOUNTS.—A grant made under
12 this section may not be for more than $200,000 per
13 grant.

14 (2) PRIORITIZATION.—In awarding grants
15 under this section, the Secretary shall give priority
16 to eligible State entities which propose to base their
17 guidelines on existing guidelines on co-prescribing to
18 speed enactment, including guidelines of—

19 (A) the Department of Veterans Affairs;

20 (B) nationwide medical societies, such as
21 the American Society of Addiction Medicine or
22 American Medical Association; and

23 (C) the Centers for Disease Control and
24 Prevention.

1 **SEC. 904. SURVEILLANCE CAPACITY BUILDING.**

2 (a) PROGRAM AUTHORIZED.—The Secretary of
3 Health and Human Services, acting through the Director
4 of the Centers for Disease Control and Prevention, shall
5 award cooperative agreements or grants to eligible entities
6 to improve fatal and nonfatal drug overdose surveillance
7 and reporting capabilities, including—

8 (1) providing training to improve identification
9 of drug overdose as the cause of death by coroners
10 and medical examiners;

11 (2) establishing, in cooperation with the Na-
12 tional Poison Data System, coroners, and medical
13 examiners, a comprehensive national program for
14 surveillance of, and reporting to an electronic data-
15 base on, drug overdose deaths in the United States;
16 and

17 (3) establishing, in cooperation with the Na-
18 tional Poison Data System, a comprehensive na-
19 tional program for surveillance of, and reporting to
20 an electronic database on, fatal and nonfatal drug
21 overdose occurrences, including epidemiological and
22 toxicologic analysis and trends.

23 (b) ELIGIBLE ENTITY.—To be eligible to receive a
24 grant or cooperative agreement under this section, an enti-
25 ty shall be—

26 (1) a State, local, or tribal government; or

1 (2) the National Poison Data System working
2 in conjunction with a State, local, or tribal govern-
3 ment.
4 (c) APPLICATION.—
5 (1) IN GENERAL.—An eligible entity desiring a
6 grant or cooperative agreement under this section
7 shall submit to the Secretary an application at such
8 time, in such manner, and containing such informa-
9 tion as the Secretary may require.
10 (2) CONTENTS.—An application described in
11 paragraph (1) shall include—
12 (A) a description of the activities to be
13 funded through the grant or cooperative agree-
14 ment; and
15 (B) evidence that the eligible entity has the
16 capacity to carry out such activities.
17 (d) REPORT.—As a condition of receipt of a grant
18 or cooperative agreement under this section, an eligible en-
19 tity shall agree to prepare and submit, not later than 90
20 days after the end of the grant or cooperative agreement
21 period, a report to the Secretary describing the results of
22 the activities supported through the grant or cooperative
23 agreement.
24 (e) NATIONAL POISON DATA SYSTEM.—In this sec-
25 tion, the term ''National Poison Data System'' means the

system operated by the American Association of Poison Control Centers, in partnership with the Centers for Disease Control and Prevention, for real-time local, State, and national electronic reporting, and the corresponding database network.

(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $5,000,000 for each of the fiscal years 2017 through 2021.

Subtitle B—Crisis

SEC. 921. GRANTS TO SUPPORT SYRINGE EXCHANGE PROGRAMS.

(a) IN GENERAL.—The Secretary of Health and Human Services may award grants to State, local, and tribal governments and community organizations to support syringe exchange programs.

(b) USE OF FUNDS.—Grants under subsection (a) may be used to support carrying out syringe exchange programs, including through—

(1) providing outreach, counseling, health education, case management, syringe disposal, and other services as determined appropriate by the Secretary of Health and Human Services; and

(2) providing technical assistance, including training and capacity building, to assist the develop-

ment and implementation of syringe exchange programs.

(c) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated $15,000,000 for each of fiscal years 2017 through 2021 to carry out this section, of which—

(1) at least 15 percent shall be for syringe exchange programs that have been in operation for less than 3 years; and

(2) 5 percent shall be for technical assistance under subsection (b)(2).

SEC. 922. GRANT PROGRAM TO REDUCE DRUG OVERDOSE DEATHS.

(a) PROGRAM AUTHORIZED.—The Secretary of Health and Human Services, acting through the Administrator of the Substance Abuse and Mental Health Services Administration, shall award grants or enter into cooperative agreements with eligible entities to enable the eligible entities to reduce deaths occurring from overdoses of drugs.

(b) ELIGIBLE ENTITIES.—To be eligible to receive a grant or cooperative agreement under this section, an entity shall be a partnership between any of the following: a State, local, or tribal government, a correctional institution, a law enforcement agency, a community agency, a

1 professional organization in the field of poison control and
2 surveillance, or a private nonprofit organization.
3 (c) APPLICATION.—
4 (1) IN GENERAL.—An eligible entity desiring a
5 grant or cooperative agreement under this section
6 shall submit to the Secretary of Health and Human
7 Services an application at such time, in such man-
8 ner, and containing such information as the Sec-
9 retary may require.
10 (2) CONTENTS.—An application under para-
11 graph (1) shall include—
12 (A) a description of the activities to be
13 funded through the grant or cooperative agree-
14 ment; and
15 (B) evidence that the eligible entity has the
16 capacity to carry out such activities.
17 (d) PRIORITY.—In entering into grants and coopera-
18 tive agreements under subsection (a), the Secretary of
19 Health and Human Services shall give priority to eligible
20 entities that—
21 (1) include a public health agency or commu-
22 nity-based organization; and
23 (2) have expertise in preventing deaths occur-
24 ring from overdoses of drugs in populations at high
25 risk of such deaths.

1 (e) ELIGIBLE ACTIVITIES.—As a condition of receipt
2 of a grant or cooperative agreement under this section,
3 an eligible entity shall agree to use the grant or coopera-
4 tive agreement to do each of the following:
5 (1) Purchase and distribute the drug naloxone
6 or a similarly effective medication.
7 (2) Carry out one or more of the following ac-
8 tivities:
9 (A) Educating prescribers and pharmacists
10 about overdose prevention and naloxone pre-
11 scription, or prescriptions of a similarly effec-
12 tive medication.
13 (B) Training first responders, other indi-
14 viduals in a position to respond to an overdose,
15 and law enforcement and corrections officials on
16 the effective response to individuals who have
17 overdosed on drugs. Training pursuant to this
18 subparagraph may include any activity that is
19 educational, instructional, or consultative in na-
20 ture, and may include volunteer training,
21 awareness building exercises, outreach to indi-
22 viduals who are at risk of a drug overdose, and
23 distribution of educational materials.
24 (C) Implementing and enhancing programs
25 to provide overdose prevention, recognition,

1 treatment, and response to individuals in need
2 of such services.
3 (D) Educating the public and providing
4 outreach to the public about overdose preven-
5 tion and naloxone prescriptions, or prescriptions
6 of other similarly effective medications.
7 (f) COORDINATING CENTER.—
8 (1) ESTABLISHMENT.—The Secretary of Health
9 and Human Services shall establish and provide for
10 the operation of a coordinating center responsible
11 for—
12 (A) collecting, compiling, and dissemi-
13 nating data on the programs and activities
14 under this section, including tracking and eval-
15 uating the distribution and use of naloxone and
16 other similarly effective medication;
17 (B) evaluating such data and, based on
18 such evaluation, developing best practices for
19 preventing deaths occurring from drug
20 overdoses;
21 (C) making such best practices specific to
22 the type of community involved;
23 (D) coordinating and harmonizing data
24 collection measures;

1 (E) evaluating the effects of the program
2 on overdose rates; and
3 (F) education and outreach to the public
4 about overdose prevention and prescription of
5 naloxone and other similarly effective medica-
6 tion.
7 (2) REPORTS TO CENTER.—As a condition on
8 receipt of a grant or cooperative agreement under
9 this section, an eligible entity shall agree to prepare
10 and submit, not later than 90 days after the end of
11 the award period, a report to such coordinating cen-
12 ter and the Secretary of Health and Human Services
13 describing the results of the activities supported
14 through the grant or cooperative agreement.
15 (g) DURATION.—The period of a grant or cooperative
16 agreement under this section shall be 4 years.
17 (h) DEFINITION.—In this part, the term ''drug''—
18 (1) means a drug, as defined in section 201 of
19 the Federal Food, Drug, and Cosmetic Act (21
20 U.S.C. 321); and
21 (2) includes controlled substances, as defined in
22 section 102 of the Controlled Substances Act (21
23 U.S.C. 802).
24 (i) AUTHORIZATION OF APPROPRIATIONS.—There is
25 authorized to be appropriated $20,000,000 to carry out

1 this section for each of the fiscal years 2017 through
2 2021.

3 Subtitle C—Treatment

4 **SEC. 931. EXPANSION OF PATIENT LIMITS UNDER WAIVER.**

5 Section 303(g)(2)(B) of the Controlled Substances
6 Act (21 U.S.C. 823(g)(2)(B)) is amended—
7 (1) in clause (i), by striking ''physician'' and in-
8 serting ''practitioner'';
9 (2) in clause (iii)—
10 (A) by striking ''30'' and inserting ''100'';
11 and
12 (B) by striking '', unless, not sooner'' and
13 all that follows through the end and inserting a
14 period; and
15 (3) by inserting at the end the following new
16 clause:
17 ''(iv) Not earlier than 1 year after the date
18 on which a qualifying practitioner obtained an
19 initial waiver pursuant to clause (iii), the quali-
20 fying practitioner may submit a second notifica-
21 tion to the Secretary of the need and intent of
22 the qualifying practitioner to treat an unlimited
23 number of patients, if the qualifying practi-
24 tioner—

1 ''(I)(aa) satisfies the requirements of
2 item (aa), (bb), (cc), or (dd) of subpara-
3 graph (G)(ii)(I); and
4 ''(bb) agrees to fully participate in the
5 Prescription Drug Monitoring Program of
6 the State in which the qualifying practi-
7 tioner is licensed, pursuant to applicable
8 State guidelines; or
9 ''(II)(aa) satisfies the requirements of
10 item (ee), (ff), or (gg) of subparagraph
11 (G)(ii)(I);
12 ''(bb) agrees to fully participate in the
13 Prescription Drug Monitoring Program of
14 the State in which the qualifying practi-
15 tioner is licensed, pursuant to applicable
16 State guidelines;
17 ''(cc) practices in a qualified practice
18 setting; and
19 ''(dd) has completed not less than 24
20 hours of training (through classroom situa-
21 tions, seminars at professional society
22 meetings, electronic communications, or
23 otherwise) with respect to the treatment
24 and management of opiate-dependent pa-
25 tients for substance use disorders provided

1 by the American Society of Addiction Med-
2 icine, the American Academy of Addiction
3 Psychiatry, the American Medical Associa-
4 tion, the American Osteopathic Associa-
5 tion, the American Psychiatric Association,
6 or any other organization that the Sec-
7 retary determines is appropriate for pur-
8 poses of this subclause.''.

9 **SEC. 932. DEFINITIONS.**

10 Section 303(g)(2)(G) of the Controlled Substances
11 Act (21 U.S.C. 823(g)(2)(G)) is amended—
12 (1) by striking clause (ii) and inserting the fol-
13 lowing:
14 ''(ii) The term 'qualifying practitioner'
15 means the following:
16 ''(I) A physician who is licensed under
17 State law and who meets 1 or more of the
18 following conditions:
19 ''(aa) The physician holds a
20 board certification in addiction psychi-
21 atry from the American Board of
22 Medical Specialties.
23 ''(bb) The physician holds an ad-
24 diction certification from the Amer-
25 ican Society of Addiction Medicine.

1 "(cc) The physician holds a
2 board certification in addiction medi-
3 cine from the American Osteopathic
4 Association.
5 "(dd) The physician holds a
6 board certification from the American
7 Board of Addiction Medicine.
8 "(ee) The physician has com-
9 pleted not less than 8 hours of train-
10 ing (through classroom situations,
11 seminar at professional society meet-
12 ings, electronic communications, or
13 otherwise) with respect to the treat-
14 ment and management of opiate-de-
15 pendent patients for substance use
16 disorders provided by the American
17 Society of Addiction Medicine, the
18 American Academy of Addiction Psy-
19 chiatry, the American Medical Asso-
20 ciation, the American Osteopathic As-
21 sociation, the American Psychiatric
22 Association, or any other organization
23 that the Secretary determines is ap-
24 propriate for purposes of this sub-
25 clause.

1 "(ff) The physician has participated as an investigator in 1 or more clinical trials leading to the approval of a narcotic drug in schedule III, IV, or V for maintenance or detoxification treatment, as demonstrated by a statement submitted to the Secretary by this sponsor of such approved drug.

10 "(gg) The physician has such other training or experience as the Secretary determines will demonstrate the ability of the physician to treat and manage opiate-dependent patients.

16 "(II) A nurse practitioner or physician assistant who is licensed under State law and meets all of the following conditions:

20 "(aa) The nurse practitioner or physician assistant is licensed under State law to prescribe schedule III, IV, or V medications for pain.

1 “(bb) The nurse practitioner or
2 physician assistant satisfies 1 or more
3 of the following:
4 “(AA) Has completed not
5 fewer than 24 hours of training
6 (through classroom situations,
7 seminar at professional society
8 meetings, electronic communica-
9 tions, or otherwise) with respect
10 to the treatment and manage-
11 ment of opiate-dependent pa-
12 tients for substance use disorders
13 provided by the American Society
14 of Addiction Medicine, the Amer-
15 ican Academy of Addiction Psy-
16 chiatry, the American Medical
17 Association, the American Osteo-
18 pathic Association, the American
19 Psychiatric Association, or any
20 other organization that the Sec-
21 retary determines is appropriate
22 for purposes of this subclause.
23 “(BB) Has such other train-
24 ing or experience as the Sec-
25 retary determines will dem-

1 onstrate the ability of the nurse
2 practitioner or physician assist-
3 ant to treat and manage opiate-
4 dependent patients.

5 "(cc) The nurse practitioner or
6 physician assistant practices within
7 the scope of their State license, in-
8 cluding compliance with any super-
9 vision or collaboration requirements
10 under State law.

11 "(dd) The nurse practitioner or
12 physician assistant practice in a quali-
13 fied practice setting."; and

14 (2) by adding at the end the following:

15 "(iii) The term 'qualified practice setting'
16 means 1 or more of the following treatment set-
17 tings:

18 "(I) A National Committee for Qual-
19 ity Assurance-recognized Patient-Centered
20 Medical Home or Patient-Centered Spe-
21 cialty Practice.

22 "(II) A Centers for Medicaid & Medi-
23 care Services-recognized Accountable Care
24 Organization.

1 "(III) A clinical facility administered
2 by the Department of Veterans Affairs,
3 Department of Defense, or Indian Health
4 Service.
5 "(IV) A Behavioral Health Home ac-
6 credited by the Joint Commission.
7 "(V) A Federally-qualified health cen-
8 ter (as defined in section 1905(l)(2)(B) of
9 the Social Security Act (42 U.S.C.
10 1396d(l)(2)(B))) or a Federally-qualified
11 health center look-alike.
12 "(VI) A Substance Abuse and Mental
13 Health Services-certified Opioid Treatment
14 Program.
15 "(VII) A clinical program of a State
16 or Federal jail, prison, or other facility
17 where individuals are incarcerated.
18 "(VIII) A clinic that demonstrates
19 compliance with the Model Policy on
20 DATA 2000 and Treatment of Opioid Ad-
21 diction in the Medical Office issued by the
22 Federation of State Medical Boards.
23 "(IX) A treatment setting that is part
24 of an Accreditation Council for Graduate
25 Medical Education, American Association

of Colleges of Osteopathic Medicine, or American Osteopathic Association-accredited residency or fellowship training program.

"(X) Any other practice setting approved by a State regulatory board, State substance abuse agency, or State Medicaid Plan to provide addiction treatment services.

"(XI) Any other practice setting approved by the Secretary.".

SEC. 933. EVALUATION BY ASSISTANT SECRETARY FOR PLANNING AND EVALUATION.

Two years after the date on which the first notification under clause (iv) of section 303(g)(2)(B) of the Controlled Substances Act (21 U.S.C. 823(g)(2)(B)), as added by section 931, is received by the Secretary of Health and Human Services, the Assistant Secretary for Planning and Evaluation shall initiate an evaluation of the effectiveness of the amendments made by sections 301 and 302, which shall include an evaluation of—

(1) any changes in the availability and use of medication-assisted treatment for opioid addiction;

(2) the quality of medication-assisted treatment programs;

1 (3) the integration of medication-assisted treat-
2 ment with routine healthcare services;
3 (4) diversion of opioid addiction treatment
4 medication;
5 (5) changes in State or local policies and legis-
6 lation relating to opioid addiction treatment;
7 (6) the use of nurse practitioners and physician
8 assistants who prescribe opioid addiction medication;
9 (7) the use of Prescription Drug Monitoring
10 Programs by waived practitioners to maximize safety
11 of patient care and prevent diversion of opioid addic-
12 tion medication;
13 (8) the findings of the Drug Enforcement Ad-
14 ministration inspections of waived practitioners, in-
15 cluding the frequency with which the Drug Enforce-
16 ment Administration finds no documentation of ac-
17 cess to behavioral health services; and
18 (9) the effectiveness of cross-agency collabora-
19 tion between the Department of Health and Human
20 Services and the Drug Enforcement Administration
21 for expanding effective opioid addiction treatment.

1 **SEC. 934. REAUTHORIZATION OF RESIDENTIAL TREAT-**
2 **MENT PROGRAMS FOR PREGNANT AND**
3 **POSTPARTUM WOMEN.**

4 Section 508 of the Public Health Service Act (42
5 U.S.C. 290bb–1) is amended—
6 (1) in subsection (p), by inserting "(other than
7 subsection (r))" after "section"; and
8 (2) in subsection (r), by striking "such sums"
9 and all that follows through "2003" and inserting
10 "$40,000,000 for each of fiscal years 2017 through
11 2021".

12 **SEC. 935. PILOT PROGRAM GRANTS FOR STATE SUBSTANCE**
13 **ABUSE AGENCIES.**

14 (a) IN GENERAL.—Section 508 of the Public Health
15 Service Act (42 U.S.C. 290bb–1) is amended—
16 (1) by redesignating subsection (r), as amended
17 by section 934, as subsection (s); and
18 (2) by inserting after subsection (q) the fol-
19 lowing new subsection:
20 "(r) PILOT PROGRAM FOR STATE SUBSTANCE
21 ABUSE AGENCIES.—
22 "(1) IN GENERAL.—From amounts made avail-
23 able under subsection (s), the Director of the Center
24 for Substance Abuse Treatment shall carry out a
25 pilot program under which competitive grants are

1 made by the Director to State substance abuse agen-
2 cies to—
3 ‘‘(A) enhance flexibility in the use of funds
4 designed to support family-based services for
5 pregnant and postpartum women with a pri-
6 mary diagnosis of a substance use disorder, in-
7 cluding opioid use disorders;
8 ‘‘(B) help State substance abuse agencies
9 address identified gaps in services furnished to
10 such women along the continuum of care, in-
11 cluding services provided to women in non-resi-
12 dential based settings; and
13 ‘‘(C) promote a coordinated, effective, and
14 efficient State system managed by State sub-
15 stance abuse agencies by encouraging new ap-
16 proaches and models of service delivery.
17 ‘‘(2) REQUIREMENTS.—In carrying out the
18 pilot program under this subsection, the Director
19 shall—
20 ‘‘(A) require State substance abuse agen-
21 cies to submit to the Director applications, in
22 such form and manner and containing such in-
23 formation as specified by the Director, to be eli-
24 gible to receive a grant under the program;

1 ''(B) identify, based on such submitted ap-
2 plications, State substance abuse agencies that
3 are eligible for such grants;
4 ''(C) require services proposed to be fur-
5 nished through such a grant to support family
6 based treatment and other services for pregnant
7 and postpartum women with a primary diag-
8 nosis of a substance use disorder, including
9 opioid use disorders;
10 ''(D) not require that services furnished
11 through such a grant be provided solely to
12 women that reside in facilities;
13 ''(E) not require that grant recipients
14 under the program make available through use
15 of the grant all services described in subsection
16 (d); and
17 ''(F) consider not applying requirements
18 described in paragraphs (1) and (2) of sub-
19 section (f) to applicants, depending on the cir-
20 cumstances of the applicant.
21 ''(3) REQUIRED SERVICES.—
22 ''(A) IN GENERAL.—The Director shall
23 specify a minimum set of services required to be
24 made available to eligible women through a

1 grant awarded under the pilot program under
2 this subsection. Such minimum set—
3 ''(i) shall include requirements de-
4 scribed in subsection (c) and be based on
5 the recommendations submitted under sub-
6 paragraph (B); and
7 ''(ii) may be selected from among the
8 services described in subsection (d) and in-
9 clude other services as appropriate.
10 ''(B) STAKEHOLDER INPUT.—The Director
11 shall convene and solicit recommendations from
12 stakeholders, including State substance abuse
13 agencies, health care providers, persons in re-
14 covery from substance abuse, and other appro-
15 priate individuals, for the minimum set of serv-
16 ices described in subparagraph (A).
17 ''(4) DURATION.—The pilot program under this
18 subsection shall not exceed 5 years.
19 ''(5) EVALUATION AND REPORT TO CON-
20 GRESS.—The Director of the Center for Behavioral
21 Health Statistics and Quality shall fund an evalua-
22 tion of the pilot program at the conclusion of the
23 first grant cycle funded by the pilot program. The
24 Director of the Center for Behavioral Health Statis-
25 tics and Quality, in coordination with the Director of

1 the Center for Substance Abuse Treatment shall
2 submit to the relevant Committees of jurisdiction of
3 the House of Representatives and the Senate a re-
4 port on such evaluation. The report shall include at
5 a minimum outcomes information from the pilot pro-
6 gram, including any resulting reductions in the use
7 of alcohol and other drugs; engagement in treatment
8 services; retention in the appropriate level and dura-
9 tion of services; increased access to the use of medi-
10 cations approved by the Food and Drug Administra-
11 tion for the treatment of substance use disorders in
12 combination with counseling; and other appropriate
13 measures.

14 ''(6) STATE SUBSTANCE ABUSE AGENCIES DE-
15 FINED.—For purposes of this subsection, the term
16 'State substance abuse agency' means, with respect
17 to a State, the agency in such State that manages
18 the Substance Abuse Prevention and Treatment
19 Block Grant under part B of title XIX.''.

20 (b) FUNDING.—Subsection (s) of section 508 of the
21 Public Health Service Act (42 U.S.C. 290bb–1), as
22 amended by section 934 and redesignated by subsection
23 (a), is further amended by adding at the end the following
24 new sentence: ''Of the amounts made available for a year
25 pursuant to the previous sentence to carry out this section,

not more than 25 percent of such amounts shall be made available for such year to carry out subsection (r), other than paragraph (5) of such subsection.''.

SEC. 936. EVIDENCE-BASED OPIOID AND HEROIN TREATMENT AND INTERVENTIONS DEMONSTRATION.

Subpart 1 of part B of title V of the Public Health Service Act (42 U.S.C. 290bb et seq.) is amended—

(1) by redesignating section 514 (42 U.S.C. 290bb–9), as added by section 3632 of the Methamphetamine Anti-Proliferation Act of 2000 (Public Law 106–310; 114 Stat. 1236), as section 514B; and

(2) by adding at the end the following:

''SEC. 514C. EVIDENCE-BASED OPIOID AND HEROIN TREATMENT AND INTERVENTIONS DEMONSTRATION.

''(a) GRANTS.—

''(1) AUTHORITY TO MAKE GRANTS.—The Director of the Center for Substance Abuse Treatment (referred to in this section as the 'Director') shall award grants to State substance abuse agencies, units of local government, nonprofit organizations, and Indian tribes or tribal organizations (as defined in section 4 of the Indian Health Care Improvement

1 Act (25 U.S.C. 1603)) that have a high rate, or
2 have had a rapid increase, in the use of heroin or
3 other opioids, in order to permit such entities to ex-
4 pand activities, including an expansion in the avail-
5 ability of medication assisted treatment, evidence-
6 based counseling, or behavioral therapies with re-
7 spect to the treatment of addiction in the specific
8 geographical areas of such entities where there is a
9 rate or rapid increase in the use of heroin or other
10 opioids.

11 ''(2) RECIPIENTS.—The entities receiving
12 grants under paragraph (1) shall be selected by the
13 Director.

14 ''(3) NATURE OF ACTIVITIES.—The grant funds
15 awarded under paragraph (1) shall be used for ac-
16 tivities that are based on reliable scientific evidence
17 of efficacy in the treatment of problems related to
18 heroin or other opioids.

19 ''(b) GEOGRAPHIC DISTRIBUTION.—The Director
20 shall ensure that grants awarded under subsection (a) are
21 distributed equitably among the various regions of the Na-
22 tion and among rural, urban, and suburban areas that are
23 affected by the use of heroin or other opioids.

24 ''(c) ADDITIONAL ACTIVITIES.—The Director shall—

1 "(1) evaluate the activities supported by grants
2 awarded under subsection (a);
3 "(2) disseminate widely such significant infor-
4 mation derived from the evaluation as the Director
5 considers appropriate;
6 "(3) provide States, Indian tribes and tribal or-
7 ganizations, and providers with technical assistance
8 in connection with the provision of treatment of
9 problems related to heroin and other opioids; and
10 "(4) fund only those applications that specifi-
11 cally support recovery services as a critical compo-
12 nent of the grant program.
13 "(d) DEFINITION.—The term 'medication assisted
14 treatment' means the use, for problems relating to heroin
15 and other opioids, of medications approved by the Food
16 and Drug Administration in combination with counseling
17 and behavioral therapies.
18 "(e) AUTHORIZATION OF APPROPRIATIONS.—
19 "(1) IN GENERAL.—There is authorized to be
20 appropriated to carry out this section $300,000,000
21 for each of fiscal years 2017 through 2021.
22 "(2) USE OF CERTAIN FUNDS.—Of the funds
23 appropriated to carry out this section in any fiscal
24 year, not more than 5 percent of such funds shall

1 be available to the Director for purposes of carrying
2 out subsection (c).''.

3 **SEC. 937. ADOLESCENT TREATMENT AND RECOVERY SERV-**
4 **ICES DEMONSTRATION GRANT PROGRAM.**

5 Subpart 1 of part B of title V of the Public Health
6 Service Act (42 U.S.C. 290bb et seq.), as amended by sec-
7 tion 936, is further amended by adding at the end the
8 following:

9 **''SEC. 514D. GRANTS TO IMPROVE ACCESS TO TREATMENT**
10 **AND RECOVERY FOR ADOLESCENTS.**

11 ''(a) IN GENERAL.—The Secretary, acting through
12 the Director of the Center for Substance Abuse Treat-
13 ment, shall award grants, contracts, or cooperative agree-
14 ments to eligible State substance abuse agencies and other
15 entities determined appropriate by the Director for the
16 purpose of increasing the capacity of substance use dis-
17 order treatment and recovery services for adolescents.

18 ''(b) ELIGIBILITY.—To be eligible to receive a grant,
19 contract, or cooperative agreement under subsection (a)
20 an entity shall—

21 ''(1) prepare and submit to the Director an ap-
22 plication at such time, in such manner, and contain
23 such information as the Director may require, in-
24 cluding a plan for the evaluation of any activities

1 carried out with the funds provided under this sec-
2 tion;

3 "(2) ensure that all entities receiving support
4 under the grant, contract, or cooperative agreement
5 comply with all applicable State licensure or certifi-
6 cation requirements regarding the provision of the
7 services involved; and

8 "(3) provide the Director with periodic evalua-
9 tions of the progress of the activities funded under
10 this section and an evaluation at the completion of
11 such activities, as the Director determines to be ap-
12 propriate.

13 "(c) PRIORITY.—In awarding grants, contracts, and
14 cooperative agreements under subsection (a), the Director
15 shall give priority to applicants who propose to fill a dem-
16 onstrated geographic need for adolescent specific residen-
17 tial treatment services.

18 "(d) USE OF FUNDS.—Amounts awarded under
19 grants, contracts, or cooperative agreements under this
20 section may be used to enable health care providers or fa-
21 cilities that provide treatment and recovery assistance for
22 adolescents with a substance use disorder to provide the
23 following services:

24 "(1) Individualized patient centered care that is
25 specific to circumstances of the individual patient.

1 "(2) Clinically appropriate, trauma-informed,
2 gender-specific and age appropriate treatment serv-
3 ices that are based on reliable scientific evidence of
4 efficacy in the treatment of problems related to sub-
5 stance use disorders.
6 "(3) Clinically appropriate care to address
7 treatment for substance use and any co-occurring
8 physical and mental health disorders at the same lo-
9 cation, and through access to primary care services.
10 "(4) Coordination of treatment services with re-
11 covery and other social support, including edu-
12 cational, vocational training, assistance with the ju-
13 venile justice system, child welfare, and mental
14 health agencies.
15 "(5) Aftercare and long-term recovery support,
16 including peer support services.
17 "(e) DURATION OF ASSISTANCE.—Grants, contracts,
18 and cooperative agreements awarded under subsection (a)
19 shall be for a period not to exceed 5 years.
20 "(f) ADDITIONAL ACTIVITIES.—The Director shall—
21 "(1) collect and evaluate the activities carried
22 out with amount received under subsection (a);
23 "(2) disseminate widely such significant infor-
24 mation derived from the evaluation as the Secretary
25 considers appropriate; and

1 ''(3) provide States, Indian tribes and tribal or-
2 ganizations, and providers with technical assistance
3 in connection with the provision of treatment and re-
4 covery services funded through this section to ado-
5 lescents related to the abuse of heroin and other
6 opioids.
7 ''(g) AUTHORIZATION OF APPROPRIATIONS.—
8 ''(1) IN GENERAL.—There is authorized to be
9 appropriated to carry out this section, $25,000,000
10 for each of fiscal years 2017 through 2021.
11 ''(2) USE OF CERTAIN FUNDS.—Of the funds
12 appropriated to carry out this section in any fiscal
13 year, not more than 5 percent of such funds shall
14 be available to the Director for purposes of carrying
15 out subsection (f).''.

16 **SEC. 938. STUDY ON TREATMENT INFRASTRUCTURE.**

17 Not later than 24 months after the date of enactment
18 of this Act, the Comptroller General of the United States
19 shall initiate an evaluation, and submit to Congress a re-
20 port, of the inpatient and outpatient treatment capacity,
21 availability, and needs of the United States, which shall
22 include, to the extent data is available—
23 (1) the capacity of acute residential or inpatient
24 detoxification programs;

1 (2) the capacity of inpatient clinical stabiliza-
2 tion programs, transitional residential support serv-
3 ices, and residential rehabilitation programs;
4 (3) the capacity of demographic specific resi-
5 dential or inpatient treatment programs, such as
6 those designed for pregnant women or adolescents;
7 (4) geographical differences of the availability
8 of residential and outpatient treatment and recovery
9 options for substance use disorders across the con-
10 tinuum of care;
11 (5) the availability of residential and outpatient
12 treatment programs that offer treatment options
13 based on reliable scientific evidence of efficacy for
14 the treatment of substance use disorders, including
15 the use of Food and Drug Administration-approved
16 medicines and evidence-based nonpharmacological
17 therapies;
18 (6) the number of patients in residential and
19 specialty outpatient treatment services for substance
20 use disorders; and
21 (7) an assessment of the need for residential
22 and outpatient treatment for substance use disorders
23 across the continuum of care.

1 **SEC. 939. SUBSTANCE USE DISORDER PROFESSIONAL LOAN**
2 **REPAYMENT PROGRAM.**

3 Subpart 3 of part E of title VII of the Public Health
4 Service Act (42 U.S.C. 295f et seq.) is amended by adding
5 at the end the following:

6 **"SEC. 779. SUBSTANCE USE DISORDER PROFESSIONAL**
7 **LOAN REPAYMENT PROGRAM.**

8 ''(a) ESTABLISHMENT.—The Secretary shall estab-
9 lish and carry out a substance use disorder health profes-
10 sional loan repayment program under which qualified
11 health professionals agree to be employed full time for a
12 specified period (which shall be not less than 2 years) in
13 providing substance use disorder prevention and treatment
14 services.

15 ''(b) PROGRAM ADMINISTRATION.—Through the pro-
16 gram established under this section, the Secretary shall
17 enter into contracts with qualified health professionals
18 under which—

19 ''(1) a qualified health professional agrees to
20 provide substance use disorder prevention and treat-
21 ment services with respect to an area or population
22 that (as determined by the Secretary)—

23 ''(A) has a shortage of such services (as
24 defined by the Secretary); and

1 “(B) has a sufficient population of individ-
2 uals with a substance use disorder to support
3 the provision of such services; and
4 “(2) the Secretary agrees to make payments on
5 the principal and interest of undergraduate, or grad-
6 uate education loans of the qualified health profes-
7 sional—
8 “(A) of not more than $35,000 for each
9 year of service described in paragraph (1); and
10 “(B) for not more than 3 years.
11 “(c) QUALIFIED HEALTH PROFESSIONAL DE-
12 FINED.—In this section, the term ‘qualified health profes-
13 sional’ means an individual who is (or will be upon the
14 completion of the individual’s graduate education) a psy-
15 chiatrist, psychologist, nurse practitioner, physician assist-
16 ant, clinical social worker, substance abuse counselor, or
17 other substance use disorder health professional.
18 “(d) PRIORITY.—In entering into agreements under
19 this section, the Secretary shall give priority to applicants
20 who—
21 “(1) have familiarity with evidence-based meth-
22 ods and culturally and linguistically competent
23 health care services; and
24 “(2) demonstrate financial need.

1 "(e) AUTHORIZATION OF APPROPRIATIONS.—There
2 is authorized to be appropriated $20,000,000 for each of
3 fiscal years 2017 through 2021 to carry out this section.".

4 Subtitle D—Recovery

5 **SEC. 951. NATIONAL YOUTH RECOVERY INITIATIVE.**

6 (a) DEFINITIONS.—In this section:
7 (1) ELIGIBLE ENTITY.—The term "eligible enti-
8 ty" means—
9 (A) a high school that has been accredited
10 as a recovery high school by the Association of
11 Recovery Schools;
12 (B) an accredited high school that is seek-
13 ing to establish or expand recovery support
14 services;
15 (C) an institution of higher education;
16 (D) a recovery program at a nonprofit col-
17 legiate institution; or
18 (E) a nonprofit organization.
19 (2) INSTITUTION OF HIGHER EDUCATION.—The
20 term "institution of higher education" has the
21 meaning given the term in section 101 of the Higher
22 Education Act of 1965 (20 U.S.C. 1001).
23 (3) RECOVERY PROGRAM.—The term "recovery
24 program"—

1 (A) means a program to help individuals
2 who are recovering from substance use dis-
3 orders to initiate, stabilize, and maintain
4 healthy and productive lives in the community;
5 and

6 (B) includes peer-to-peer support and com-
7 munal activities to build recovery skills and
8 supportive social networks.

9 (b) GRANTS AUTHORIZED.—The Secretary of Health
10 and Human Services, acting through the Substance Abuse
11 and Mental Health Services Administration, in consulta-
12 tion with the Secretary of Education, may award grants
13 to eligible entities to enable the entities to—

14 (1) provide substance use recovery support serv-
15 ices to young people in high school and enrolled in
16 institutions of higher education;

17 (2) help build communities of support for young
18 people in recovery through a spectrum of activities
19 such as counseling and healthy and wellness-oriented
20 social activities; and

21 (3) encourage initiatives designed to help young
22 people achieve and sustain recovery from substance
23 use disorders.

1 (c) USE OF FUNDS.—Grants awarded under sub-
2 section (b) may be used for activities to develop, support,
3 and maintain youth recovery support services, including—
4 (1) the development and maintenance of a dedi-
5 cated physical space for recovery programs;
6 (2) dedicated staff for the provision of recovery
7 programs;
8 (3) healthy and wellness-oriented social activi-
9 ties and community engagement;
10 (4) establishment of recovery high schools;
11 (5) coordination of recovery programs with—
12 (A) substance use disorder treatment pro-
13 grams and systems;
14 (B) providers of mental health services;
15 (C) primary care providers;
16 (D) the criminal justice system, including
17 the juvenile justice system;
18 (E) employers;
19 (F) housing services;
20 (G) child welfare services;
21 (H) institutions of secondary higher edu-
22 cation and institutions of higher education; and
23 (I) other programs or services related to
24 the welfare of an individual in recovery from a
25 substance use disorder;

(6) the development of peer-to-peer support programs or services; and

(7) additional activities that help youths and young adults to achieve recovery from substance use disorders.

(d) TECHNICAL SUPPORT.—The Secretary of Health and Human Services shall provide technical support to recipients of grants under this section.

(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $30,000,000 for each of fiscal years 2017 through 2021.

SEC. 952. GRANTS TO ENHANCE AND EXPAND RECOVERY SUPPORT SERVICES.

Subpart 1 of part B of title V of the Public Health Service Act (42 U.S.C. 290bb et seq.), as amended by sections 306 and 307, is further amended by adding at the end the following:

"SEC. 514E. GRANTS TO ENHANCE AND EXPAND RECOVERY SUPPORT SERVICES.

"(a) IN GENERAL.—The Secretary, acting through the Administrator of the Substance Abuse and Mental Health Services Administration, shall award grants to State substance abuse agencies and nonprofit organizations to develop, expand, and enhance recovery support services for individuals with substance use disorders.

1 ‘‘(b) ELIGIBLE ENTITIES.—In the case of an appli-
2 cant that is not a State substance abuse agency, to be
3 eligible to receive a grant under this section, the entity
4 shall—
5 ‘‘(1) prepare and submit to the Secretary an
6 application at such time, in such manner, and con-
7 tain such information as the Secretary may require,
8 including a plan for the evaluation of any activities
9 carried out with the funds provided under this sec-
10 tion;
11 ‘‘(2) demonstrate the inclusion of individuals in
12 recovery from a substance use disorder in leadership
13 levels or governing bodies of the entity;
14 ‘‘(3) have as a primary mission the provision of
15 long-term recovery support for substance use dis-
16 orders; and
17 ‘‘(4) be accredited by the Council on the Ac-
18 creditation of Peer Recovery Support Services or
19 meet any applicable State certification requirements
20 regarding the provision of the recovery services in-
21 volved.
22 ‘‘(c) USE OF FUNDS.—Amounts awarded under a
23 grant under this section shall be used to provide for the
24 following activities:

1 ‘‘(1) Educating and mentoring that assists individuals and families with substance use disorders in navigating systems of care.

‘‘(2) Peer recovery support services which include peer coaching and mentoring.

‘‘(3) Recovery-focused community education and outreach programs, including training on the use of all forms of opioid overdose antagonists used to counter the effects of an overdose.

‘‘(4) Training, mentoring, and education to develop and enhance peer mentoring and coaching.

‘‘(5) Programs aimed at identifying and reducing stigma and discriminatory practices that serve as barriers to substance use disorder recovery and treatment of these disorders.

‘‘(6) Developing partnerships between networks that support recovery and other community organizations and services, including—

‘‘(A) public and private substance use disorder treatment programs and systems;

‘‘(B) health care providers;

‘‘(C) recovery-focused addiction and recovery professionals;

‘‘(D) faith-based organizations;

1 "(E) organizations focused on criminal jus-
2 tice reform;
3 "(F) schools; and
4 "(G) social service agencies in the commu-
5 nity, including educational, juvenile justice,
6 child welfare, housing, and mental health agen-
7 cies.
8 "(d) AUTHORIZATION OF APPROPRIATIONS.—There
9 is authorized to be appropriated to carry out this section,
10 $100,000,000 for each of fiscal years 2017 through
11 2021.".

○