I

114TH CONGRESS
2D SESSION

H. R. 5327

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

IN THE HOUSE OF REPRESENTATIVES

MAY 25, 2016

Ms. KUSTER (for herself and Mr. MOONEY of West Virginia) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

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

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the ''Mental Health Aware-
5 ness and Improvement Act of 2016''.

6 **SEC. 2. GARRETT LEE SMITH MEMORIAL ACT REAUTHOR-**
7 **IZATION.**

8 (a) SUICIDE PREVENTION TECHNICAL ASSISTANCE
9 CENTER.—Section 520C of the Public Health Service Act
10 (42 U.S.C. 290bb–34) is amended—

1 (1) in the section heading, by striking the sec-
2 tion heading and inserting ‘‘**SUICIDE PREVENTION**
3 **TECHNICAL ASSISTANCE CENTER.**’’;
4 (2) in subsection (a), by striking ‘‘and in con-
5 sultation with’’ and all that follows through the pe-
6 riod at the end of paragraph (2) and inserting ‘‘shall
7 establish a research, training, and technical assist-
8 ance resource center to provide appropriate informa-
9 tion, training, and technical assistance to States, po-
10 litical subdivisions of States, federally recognized In-
11 dian tribes, tribal organizations, institutions of high-
12 er education, public organizations, or private non-
13 profit organizations regarding the prevention of sui-
14 cide among all ages, particularly among groups that
15 are at high risk for suicide.’’;
16 (3) by striking subsections (b) and (c);
17 (4) by redesignating subsection (d) as sub-
18 section (b);
19 (5) in subsection (b), as so redesignated—
20 (A) by striking the subsection heading and
21 inserting ‘‘RESPONSIBILITIES OF THE CEN-
22 TER.’’;
23 (B) in the matter preceding paragraph (1),
24 by striking ‘‘The additional research’’ and all
25 that follows through ‘‘nonprofit organizations

1 for'' and inserting ''The center established
2 under subsection (a) shall conduct activities for
3 the purpose of'';
4 (C) by striking ''youth suicide'' each place
5 such term appears and inserting ''suicide'';
6 (D) in paragraph (1)—
7 (i) by striking ''the development or
8 continuation of'' and inserting ''developing
9 and continuing''; and
10 (ii) by inserting ''for all ages, particu-
11 larly among groups that are at high risk
12 for suicide'' before the semicolon at the
13 end;
14 (E) in paragraph (2), by inserting ''for all
15 ages, particularly among groups that are at
16 high risk for suicide'' before the semicolon at
17 the end;
18 (F) in paragraph (3), by inserting ''and
19 tribal'' after ''statewide'';
20 (G) in paragraph (5), by inserting ''and
21 prevention'' after ''intervention'';
22 (H) in paragraph (8), by striking ''in
23 youth'';

1 (I) in paragraph (9), by striking "and be-
2 havioral health" and inserting "health and sub-
3 stance use disorder"; and
4 (J) in paragraph (10), by inserting "con-
5 ducting" before "other"; and
6 (6) by striking subsection (e) and inserting the
7 following:
8 "(c) AUTHORIZATION OF APPROPRIATIONS.—For the
9 purpose of carrying out this section, there are authorized
10 to be appropriated $6,000,000 for each of fiscal years
11 2016 through 2020.
12 "(d) ANNUAL REPORT.—Not later than 2 years after
13 the date of enactment of this subsection, the Secretary
14 shall submit to Congress a report on the activities carried
15 out by the center established under subsection (a) during
16 the year involved, including the potential impacts of such
17 activities, and the States, organizations, and institutions
18 that have worked with the center.".
19 (b) YOUTH SUICIDE EARLY INTERVENTION AND
20 PREVENTION STRATEGIES.—Section 520E of the Public
21 Health Service Act (42 U.S.C. 290bb–36) is amended—
22 (1) in paragraph (1) of subsection (a) and in
23 subsection (c), by striking "substance abuse" each
24 place such term appears and inserting "substance
25 use disorder";

1 (2) in subsection (b)(2)—
2 (A) by striking "each State is awarded
3 only 1 grant or cooperative agreement under
4 this section" and inserting "a State does not
5 receive more than 1 grant or cooperative agree-
6 ment under this section at any 1 time"; and
7 (B) by striking "been awarded" and insert-
8 ing "received";
9 (3) in subsection (g)(2), by striking "2 years
10 after the date of enactment of this section," and in-
11 sert "2 years after the date of enactment of the
12 Mental Health Awareness and Improvement Act of
13 2015,"; and
14 (4) by striking subsection (m) and inserting the
15 following:
16 "(m) AUTHORIZATION OF APPROPRIATIONS.—For
17 the purpose of carrying out this section, there are author-
18 ized to be appropriated $30,000,000 for each of fiscal
19 years 2016 through 2020.".
20 (c) MENTAL HEALTH AND SUBSTANCE USE DIS-
21 ORDER SERVICES.—Section 520E–2 of the Public Health
22 Service Act (42 U.S.C. 290bb–36b) is amended—
23 (1) in the section heading, by striking "**AND**
24 **BEHAVIORAL HEALTH**" and inserting "**HEALTH**
25 **AND SUBSTANCE USE DISORDER**";

1 (2) in subsection (a)—
2 (A) by striking “Services,” and inserting
3 “Services and”;
4 (B) by striking “and behavioral health
5 problems” and inserting “health or substance
6 use disorders”; and
7 (C) by striking “substance abuse” and in-
8 serting “substance use disorders”;
9 (3) in subsection (b)—
10 (A) in the matter preceding paragraph (1),
11 by striking “for—” and inserting “for one or
12 more of the following:”; and
13 (B) by striking paragraphs (1) through (6)
14 and inserting the following:
15 “(1) Educating students, families, faculty, and
16 staff to increase awareness of mental health and
17 substance use disorders.
18 “(2) The operation of hotlines.
19 “(3) Preparing informational material.
20 “(4) Providing outreach services to notify stu-
21 dents about available mental health and substance
22 use disorder services.
23 “(5) Administering voluntary mental health and
24 substance use disorder screenings and assessments.

1 "(6) Supporting the training of students, fac-
2 ulty, and staff to respond effectively to students with
3 mental health and substance use disorders.
4 "(7) Creating a network infrastructure to link
5 colleges and universities with health care providers
6 who treat mental health and substance use dis-
7 orders.";
8 (4) in subsection (c)(5), by striking "substance
9 abuse" and inserting "substance use disorder";
10 (5) in subsection (d)—
11 (A) in the matter preceding paragraph (1),
12 by striking "An institution of higher education
13 desiring a grant under this section" and insert-
14 ing "To be eligible to receive a grant under this
15 section, an institution of higher education";
16 (B) in paragraph (1)—
17 (i) by striking "and behavioral
18 health" and inserting "health and sub-
19 stance use disorder"; and
20 (ii) by inserting ", including veterans
21 whenever possible and appropriate," after
22 "students"; and
23 (C) in paragraph (2), by inserting ", which
24 may include, as appropriate and in accordance
25 with subsection (b)(7), a plan to seek input

1 from relevant stakeholders in the community,
2 including appropriate public and private enti-
3 ties, in order to carry out the program under
4 the grant'' before the period at the end;
5 (6) in subsection (e)(1), by striking ''and behav-
6 ioral health problems'' and inserting ''health and
7 substance use disorders'';
8 (7) in subsection (f)(2)—
9 (A) by striking ''and behavioral health''
10 and inserting ''health and substance use dis-
11 order''; and
12 (B) by striking ''suicide and substance
13 abuse'' and inserting ''suicide and substance
14 use disorders''; and
15 (8) in subsection (h), by striking ''$5,000,000
16 for fiscal year 2005'' and all that follows through
17 the period at the end and inserting ''$6,500,000 for
18 each of fiscal years 2016 through 2020.''.
19 **SEC. 3. MENTAL HEALTH AWARENESS TRAINING GRANTS.**
20 Section 520J of the Public Health Service Act (42
21 U.S.C. 290bb–41) is amended—
22 (1) in the section heading, by inserting ''**MEN-**
23 **TAL HEALTH AWARENESS**'' before ''**TRAINING**'';
24 and
25 (2) in subsection (b)—

1 (A) in the subsection heading, by striking
2 "ILLNESS" and inserting "HEALTH";
3 (B) in paragraph (1), by inserting "and
4 other categories of individuals, as determined
5 by the Secretary," after "emergency services
6 personnel";
7 (C) in paragraph (5)—
8 (i) in the matter preceding subpara-
9 graph (A), by striking "to" and inserting
10 "for evidence-based programs for the pur-
11 pose of"; and
12 (ii) by striking subparagraphs (A)
13 through (C) and inserting the following:
14 "(A) recognizing the signs and symptoms
15 of mental illness; and
16 "(B)(i) providing education to personnel
17 regarding resources available in the community
18 for individuals with a mental illness and other
19 relevant resources; or
20 "(ii) the safe de-escalation of crisis situa-
21 tions involving individuals with a mental ill-
22 ness."; and
23 (D) in paragraph (7), by striking ",
24 $25,000,000" and all that follows through the

1 period at the end and inserting ''$15,000,000
2 for each of fiscal years 2016 through 2020.''.

3 **SEC. 4. CHILDREN'S RECOVERY FROM TRAUMA.**

4 Section 582 of the Public Health Service Act (42
5 U.S.C. 290hh–1) is amended—
6 (1) in subsection (a), by striking ''developing
7 programs'' and all that follows through the period at
8 the end and inserting ''developing and maintaining
9 programs that provide for—
10 ''(1) the continued operation of the National
11 Child Traumatic Stress Initiative (referred to in this
12 section as the 'NCTSI'), which includes a coopera-
13 tive agreement with a coordinating center, that fo-
14 cuses on the mental, behavioral, and biological as-
15 pects of psychological trauma response, prevention
16 of the long-term consequences of child trauma, and
17 early intervention services and treatment to address
18 the long-term consequences of child trauma; and
19 ''(2) the development of knowledge with regard
20 to evidence-based practices for identifying and treat-
21 ing mental, behavioral, and biological disorders of
22 children and youth resulting from witnessing or ex-
23 periencing a traumatic event.'';
24 (2) in subsection (b)—

1 (A) by striking "subsection (a) related"
2 and inserting "subsection (a)(2) (related";
3 (B) by striking "treating disorders associ-
4 ated with psychological trauma" and inserting
5 "treating mental, behavioral, and biological dis-
6 orders associated with psychological trauma)";
7 and
8 (C) by striking "mental health agencies
9 and programs that have established clinical and
10 basic research" and inserting "universities, hos-
11 pitals, mental health agencies, and other pro-
12 grams that have established clinical expertise
13 and research";
14 (3) by redesignating subsections (c) through (g)
15 as subsections (g) through (k), respectively;
16 (4) by inserting after subsection (b), the fol-
17 lowing:
18 "(c) CHILD OUTCOME DATA.—The NCTSI coordi-
19 nating center shall collect, analyze, and report NCTSI-
20 wide child treatment process and outcome data regarding
21 the early identification and delivery of evidence-based
22 treatment and services for children and families served by
23 the NCTSI grantees.
24 "(d) TRAINING.—The NCTSI coordinating center
25 shall facilitate the coordination of training initiatives in

1 evidence-based and trauma-informed treatments, interven-
2 tions, and practices offered to NCTSI grantees, providers,
3 and partners.

4 ''(e) DISSEMINATION AND COLLABORATION.—The
5 NCTSI coordinating center shall, as appropriate, collabo-
6 rate with—

7 ''(1) the Secretary, in the dissemination of evi-
8 dence-based and trauma-informed interventions,
9 treatments, products, and other resources to appro-
10 priate stakeholders; and

11 ''(2) appropriate agencies that conduct or fund
12 research within the Department of Health and
13 Human Services, for purposes of sharing NCTSI ex-
14 pertise, evaluation data, and other activities, as ap-
15 propriate.

16 ''(f) REVIEW.—The Secretary shall, consistent with
17 the peer review process, ensure that NCTSI applications
18 are reviewed by appropriate experts in the field as part
19 of a consensus review process. The Secretary shall include
20 review criteria related to expertise and experience in child
21 trauma and evidence-based practices.'';

22 (5) in subsection (g) (as so redesignated), by
23 striking ''with respect to centers of excellence are
24 distributed equitably among the regions of the coun-

1 try'' and inserting ''are distributed equitably among
2 the regions of the United States'';

3 (6) in subsection (i) (as so redesignated), by
4 striking ''recipient may not exceed 5 years'' and in-
5 serting ''recipient shall not be less than 4 years, but
6 shall not exceed 5 years''; and

7 (7) in subsection (j) (as so redesignated), by
8 striking ''$50,000,000'' and all that follows through
9 ''2006'' and inserting ''$46,000,000 for each of fis-
10 cal years 2016 through 2020''.

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

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

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

1 (1) An evaluation of the administrative or regu-
2 latory burden on behavioral health care providers.
3 (2) The identification of outcome and quality
4 measures relevant to integrated health care, evalua-
5 tion of the data collection burden on behavioral
6 health care providers, and any alternative methods
7 for evaluation.
8 (3) An analysis of the degree to which elec-
9 tronic data standards, including interoperability and
10 meaningful use includes behavioral health measures,
11 and an analysis of strategies to address barriers to
12 health information exchange posed by part 2 of title
13 42, Code of Federal Regulations.
14 (4) An analysis of the degree to which Federal
15 rules and regulations for behavioral and physical
16 health care are aligned, including recommendations
17 to address any identified barriers.
18 (5) An analysis of the challenges to behavioral
19 health and primary care integration faced by pro-
20 viders in rural areas.

21 **SEC. 6. INCREASING EDUCATION AND AWARENESS OF**
22 **TREATMENTS FOR OPIOID USE DISORDERS.**

23 (a) IN GENERAL.—In order to improve the quality
24 of care delivery and treatment outcomes among patients
25 with opioid use disorders, the Secretary of Health and

1 Human Services (referred to in this section as the ''Sec-
2 retary''), acting through the Administrator for the Sub-
3 stance Abuse and Mental Health Services Administration,
4 may advance, through existing programs as appropriate,
5 the education and awareness of providers, patients, and
6 other appropriate stakeholders regarding all products ap-
7 proved by the Food and Drug Administration to treat
8 opioid use disorders.

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

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

13 (2) facilitating continuing education programs
14 for health professionals involved in treating opioid
15 use disorders;

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

18 (4) assessing current barriers to the treatment
19 of opioid use disorders for patients and providers
20 and development and implementation of strategies to
21 mitigate such barriers; and

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

1 (c) REPORT.—Not later than 1 year after the date
2 of enactment of this Act, if the Secretary carries out the
3 activities under this section, the Secretary shall submit to
4 the Committee on Health, Education, Labor, and Pen-
5 sions of the Senate and the Committee on Energy and
6 Commerce of the House of Representatives a report that
7 examines—
8 (1) the activities the Substance Abuse and Men-
9 tal Health Services Administration conducts under
10 this section, including any potential impacts on
11 health care costs associated with such activities;
12 (2) the role of adherence in the treatment of
13 opioid use disorders and methods to reduce opioid
14 use disorders; and
15 (3) recommendations on priorities and strate-
16 gies to address co-occurring substance use disorders
17 and mental illnesses.
18 **SEC. 7. EXAMINING MENTAL HEALTH CARE FOR CHILDREN.**
19 (a) IN GENERAL.—Not later than 1 year after the
20 date of enactment of this Act, the Comptroller General
21 of the United States shall conduct an independent evalua-
22 tion, and submit to the Committee on Health, Education,
23 Labor, and Pensions of the Senate and the Committee on
24 Energy and Commerce of the House of Representatives,
25 a report concerning the utilization of mental health serv-

1 ices for children, including the usage of psychotropic medi-
2 cations.
3 (b) CONTENT.—The report submitted under sub-
4 section (a) shall review and assess—
5 (1) the ways in which children access mental
6 health care, including information on whether chil-
7 dren are treated by primary care or specialty pro-
8 viders, what types of referrals for additional care are
9 recommended, and any barriers to accessing this
10 care;
11 (2) the extent to which children are prescribed
12 psychotropic medications in the United States in-
13 cluding the frequency of concurrent medication
14 usage; and
15 (3) the tools, assessments, and medications that
16 are available and used to diagnose and treat children
17 with mental health disorders.
18 **SEC. 8. EVIDENCE-BASED PRACTICES FOR OLDER ADULTS.**
19 Section 520A(e) of the Public Health Service Act (42
20 U.S.C. 290bb–32(e)) is amended by adding at the end the
21 following:
22 "(3) GERIATRIC MENTAL HEALTH DIS-
23 ORDERS.—The Secretary shall, as appropriate, pro-
24 vide technical assistance to grantees regarding evi-
25 dence-based practices for the prevention and treat-

1 ment of geriatric mental health disorders and co-oc-
2 curring mental health and substance use disorders
3 among geriatric populations, as well as disseminate
4 information about such evidence-based practices to
5 States and nongrantees throughout the United
6 States.''.

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

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

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

18 (a) IN GENERAL.—Not later than 1 year after the
19 date of enactment of this Act, the Comptroller General
20 of the United States shall conduct an independent evalua-
21 tion, and submit to the appropriate committees of Con-
22 gress a report, concerning the status of implementation
23 of recommendations made in the report to the President,
24 On Issues Raised by the Virginia Tech Tragedy, by the
25 Secretaries of Health and Human Services and Education

1 and the Attorney General of the United States, submitted
2 to the President on June 13, 2007.

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

6 (1) the extent to which the recommendations in
7 the report that include participation by the Depart-
8 ment of Health and Human Services were imple-
9 mented;

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

12 (3) identification of any additional actions the
13 Federal Government can take to support States and
14 local communities and ensure that the Federal Gov-
15 ernment and Federal law are not obstacles to ad-
16 dressing at the community level—

17 (A) school violence; and

18 (B) mental illness.

19 **SEC. 11. PERFORMANCE METRICS.**

20 (a) EVALUATION OF CURRENT PROGRAMS.—

21 (1) IN GENERAL.—Not later than 180 days
22 after the date of enactment of this Act, the Assist-
23 ant Secretary for Planning and Evaluation of the
24 Department of Health and Human Services shall
25 conduct an evaluation of the impact of activities re-

1 lated to the prevention and treatment of mental ill-
2 ness and substance use disorders conducted by the
3 Substance Abuse and Mental Health Services Ad-
4 ministration.

5 (2) ASSESSMENT OF PERFORMANCE
6 METRICS.—The evaluation conducted under para-
7 graph (1) shall include an assessment of the use of
8 performance metrics to evaluate activities carried
9 out by entities receiving grants, contracts, or cooper-
10 ative agreements related to mental illness or sub-
11 stance use disorders under title V or title XIX of the
12 Public Health Service Act (42 U.S.C. 290aa et seq.;
13 42 U.S.C. 300w et seq.).

14 (3) RECOMMENDATIONS.—The evaluation con-
15 ducted under paragraph (1) shall include rec-
16 ommendations for the use of performance metrics to
17 improve the quality of programs related to the pre-
18 vention and treatment of mental illness and sub-
19 stance use disorders.

20 (b) USE OF PERFORMANCE METRICS.—Not later
21 than 1 year after the date of enactment of this Act, the
22 Secretary of Health and Human Services, acting through
23 the Administrator of the Substance Abuse and Mental
24 Health Services Administration, shall advance, through
25 existing programs, the use of performance metrics, taking

1 into consideration the recommendations under subsection
2 (a)(3), to improve programs related to the prevention and
3 treatment of mental illness and substance use disorders.

○