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2D SESSION

S. 3696

To establish the position of Interagency Coordinator for Behavioral Health to coordinate the programs and activities of the Federal Government relating to mental health, and for other purposes.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 17, 2022

Mr. WARNOCK (for himself, Mr. PADILLA, and Ms. STABENOW) introduced the following bill; which was read twice and referred to the Committee on Homeland Security and Governmental Affairs

A BILL

To establish the position of Interagency Coordinator for Behavioral Health to coordinate the programs and activities of the Federal Government relating to mental health, and for other purposes.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Behavioral Health Co-
5 ordination and Communication Act of 2022”.

6 **SEC. 2. INTERAGENCY COORDINATOR FOR BEHAVIORAL**
7 **HEALTH.**

8 (a) POSITION.—

1 (1) APPOINTMENT.—There is established in the
2 Executive Office of the President an Interagency Co-
3 ordinator for Behavioral Health (in this Act referred
4 to as the “Interagency Coordinator”) who shall—

5 (A) be appointed by the President, by and
6 with the advice and consent of the Senate; and

7 (B) report directly to the President.

8 (2) QUALIFICATIONS.—The Interagency Coordi-
9 nator shall have—

10 (A) expertise in mental health and sub-
11 stance use disorders; and

12 (B) administrative experience.

13 (3) TERM.—The Interagency Coordinator shall
14 be appointed for a term of 5 years. The same indi-
15 vidual may be reappointed to serve as the Inter-
16 agency Coordinator for subsequent 5-year terms.

17 (4) RATE OF PAY.—To the extent or in the
18 amounts provided in advance in appropriation Acts,
19 the Interagency Coordinator shall be paid at a rate
20 equal to the rate of basic pay for level I of the Exec-
21 utive Schedule.

22 (b) PRINCIPAL RESPONSIBILITY.—

23 (1) IN GENERAL.—The Interagency Coordi-
24 nator shall coordinate the programs and activities of

1 the Federal Government relating to mental health
2 and substance use disorders.

3 (2) CONSULTATION.—

4 (A) REQUIRED CONSULTATION.—In car-
5 rying out paragraph (1) with respect to any
6 program or activity, the Interagency Coordi-
7 nator shall consult with—

8 (i) the Assistant Secretary of Defense
9 for Health Affairs;

10 (ii) the Attorney General, the Admin-
11 istrator of the Office of Juvenile Justice
12 and Delinquency Prevention, and the Di-
13 rector of the Bureau of Prisons;

14 (iii) the Director of National Drug
15 Control Policy;

16 (iv) the Secretary of Education and
17 the Assistant Secretary for Special Edu-
18 cation and Rehabilitative Services;

19 (v) the Secretary of Health and
20 Human Services, the Assistant Secretary
21 for Health, the Assistant Secretary for the
22 Administration for Children and Families,
23 the Assistant Secretary for Mental Health
24 and Substance Use, the Director of the In-

dian Health Service, and the Deputy Assistant Secretary for Minority Health;

(vi) the Secretary of Homeland Security;

(vii) the Secretary of Housing and Urban Development;

(viii) the Secretary of Labor; and

(ix) the Secretary of Veterans Affairs.

(B) ADDITIONAL CONSULTATION.—In carrying out paragraph (1) with respect to any program or activity, the Interagency Coordinator may consult with the Director of the Centers for Disease Control and Prevention, the Commissioner of Food and Drugs, the Director of the National Institutes of Health, the Administrator of the Centers for Medicare & Medicaid Services, and such additional Federal officials as the Interagency Coordinator determines appropriate.

(c) OTHER RESPONSIBILITIES.—

(1) FRAMEWORK FOR MENTAL HEALTH AND SUBSTANCE USE DISORDERS.—The Interagency Coordinator shall work with Federal departments and agencies to create a framework within and across such departments and agencies to improve the provi-

1 sion of, and access to, mental health and substance
2 use disorder services. Such framework shall include
3 the following:

4 (A) Care coordination to better integrate
5 mental health and substance use disorder care
6 into health care settings and ensure seamless
7 transitions for patients, including by—

8 (i) promoting mental health and sub-
9 stance use disorder care earlier in the
10 health care continuum, including preven-
11 tion services;

12 (ii) focusing on providing mental
13 health and substance use disorder care in
14 more appropriate settings and locations;

15 (iii) promoting diversion to mental
16 health and substance use disorder treat-
17 ment programs instead of incarceration for
18 mental health conditions and substance use
19 disorders;

20 (iv) improving access to primary care
21 and other medical services in community
22 mental health and substance use disorder
23 settings;

24 (v) promoting better treatment and
25 services for mental health conditions and

1 substance use disorders while incarcerated;
2 and

3 (vi) providing better coordination for
4 wraparound services at every point in
5 health care and the justice system for indi-
6 viduals with mental health conditions and
7 substance use disorders, including social
8 supports, housing, education, and employ-
9 ment.

10 (B) A focus on adults, children, youth, and
11 adolescents, and on communities of color, peo-
12 ple with disabilities, and other marginalized
13 groups.

14 (C) Creating and implementing a transi-
15 tion plan for patients with mental health condi-
16 tions or substance use disorders who transition
17 between systems, departments, agencies, or
18 services.

19 (2) INVENTORY.—Not later than 1 year after
20 the date of enactment of this Act, the Interagency
21 Coordinator shall—

22 (A) take an inventory of all positions, com-
23 mittees, task forces, grants, and funding
24 streams in the Federal Government that are re-

1 lated to mental health and substance use dis-
2 orders; and

3 (B) provide recommendations to the Presi-
4 dent, Congress, and relevant Federal depart-
5 ments and agencies on removing, restructuring,
6 and reorganizing such positions, committees,
7 task forces, grants, and funding streams.

8 (3) PUBLIC WEBSITE.—The Interagency Coor-
9 dinator shall establish and maintain a public website
10 that provides reliable information on mental health
11 and substance use disorders, including insurance in-
12 formation and navigation tools for the appeals proc-
13 ess for insurance denials.

14 (4) BEST PRACTICES.—The Interagency Coor-
15 dinator shall identify best practices for—

16 (A) culturally competent and linguistically
17 appropriate mental health and substance use
18 disorder care;

19 (B) comprehensive mental health and sub-
20 stance use disorder care;

21 (C) continuity of mental health and sub-
22 stance use disorder care;

23 (D) destigmatization of mental health con-
24 ditions and substance use disorders; and

(E) public awareness campaigns on mental health and substance use disorders in a variety of settings that include—

(i) the full spectrum of education levels, ranging from prekindergarten through higher education;

(ii) a range of patient populations, including pediatric, adult, geriatric, veteran, racial and ethnic minority populations, and patient populations in the justice system;

(iii) a range of health care provider populations; and

(iv) a range of providers in the justice system.

(5) GUIDANCE ON MENTAL HEALTH AND SUBSTANCE USE DISORDER TELEHEALTH TREATMENT ACROSS STATE LINES.—Not later than 180 days after the date of enactment of this Act, the Interagency Coordinator shall issue guidance on collaboration among States to enable mental health and substance use disorder care professionals to treat patients across State lines through telehealth technologies.

(6) ANNUAL REPORT ON ACTIVITIES AND GOALS.—Not later than one year after the date of

1 enactment of this Act, and annually thereafter, the
2 Interagency Coordinator shall submit a public report
3 to Congress and the President that includes—

4 (A) a description of the activities of the
5 Interagency Coordinator over the reporting pe-
6 riod;

7 (B) the strategic goals of the Interagency
8 Coordinator over the next 5- and 10-year peri-
9 ods; and

10 (C) an inventory of all Federal programs
11 pertaining to mental health and substance use
12 disorders.

13 (7) REPORT ON DISPARITIES AND DIVERSITY.—

14 Not later than one year after the date of enactment
15 of this Act, the Interagency Coordinator shall submit
16 a public report to Congress and the President—

17 (A) describing the racial, ethnic, disability,
18 sex, and gender disparities within the mental
19 health and substance use disorder workforce,
20 describing how such disparities impact access to
21 care, particularly for minority populations, and
22 recommending how to address such disparities;

23 (B) projecting the diversity of mental
24 health and substance use disorder care profes-

1 sionals in terms of race, ethnicity, sex, and gen-
2 der in 5 and 10 years;

3 (C) describing the racial, ethnic, disability,
4 sex, and gender disparities in education and
5 training for mental health and substance use
6 disorder care professionals, and recommending
7 how to address such disparities;

8 (D) describing geographic racial, ethnic,
9 disability, sex, and gender disparities of the
10 mental health and substance use disorder work-
11 force, and recommending how to address such
12 disparities;

13 (E) recommending ways to include non-
14 subjective mental health and substance use dis-
15 order screenings as a vital sign;

16 (F) recommending ways to create a com-
17 plexity index for mental health and substance
18 use disorders; and

19 (G) assessing access to community-based
20 mental health and substance use disorder serv-
21 ices in underserved geographic areas and com-
22 munities of color.

23 (d) TEAM.—

24 (1) IN GENERAL.—The Interagency Coordi-
25 nator may appoint such personnel (in this Act re-

1 ferred to as the “team”) as the Interagency Coordi-
2 nator considers appropriate.

3 (2) COMPOSITION.—The Interagency Coordi-
4 nator shall ensure that the team, collectively, has the
5 following experience:

6 (A) Working in an adult mental health set-
7 ting.

8 (B) Working in a geriatric mental health
9 setting.

10 (C) Working in a child mental health set-
11 ting.

12 (D) Working in an adult substance use dis-
13 order setting.

14 (E) Working in a child substance use dis-
15 order setting.

16 (F) Working in the adult justice system
17 with a focus on mental health and substance
18 use disorders.

19 (G) Working in the juvenile justice system
20 with a focus on mental health and substance
21 use disorders.

22 (H) Working in a school or college cam-
23 pus-based setting with a focus on mental health
24 and substance use disorders.

1 (I) Working in a health care facility of the
2 Department of Veterans Affairs with a focus on
3 mental health and substance use disorders.

4 (J) Working in a foster care setting.

5 (K) Working in an integrated care setting.

6 (L) Receiving mental health and substance
7 use disorder care as an adult.

8 (M) Receiving mental health and substance
9 use disorder care as a child.

10 (N) Having been incarcerated in the adult
11 justice system while suffering from a mental ill-
12 ness or substance use disorder.

13 (O) Having been detained in the juvenile
14 justice system while suffering from a mental ill-
15 ness or substance use disorder.

16 (P) Having been placed in a foster care
17 setting.

18 (Q) Providing mental health or substance
19 use disorder care in minority and underserved
20 communities.

21 (3) DUTIES OF THE TEAM.—The team shall
22 conduct such activities as the Interagency Coordi-
23 nator determines appropriate, including—

1 (A) assisting appropriate entities in using
2 the framework developed under subsection
3 (c)(1);

4 (B) identifying Federal, State, Tribal, and
5 local partnerships between the public and pri-
6 vate sectors for improving mental health and
7 substance use disorders; and

8 (C) otherwise assisting the Interagency Co-
9 ordinator with implementation of this Act.

10 (4) APPLICABILITY OF CERTAIN CIVIL SERVICE
11 LAWS.—The team may be appointed without regard
12 to the provisions of title 5, United States Code, gov-
13 erning appointments in the competitive service, and
14 may be paid without regard to the provisions of
15 chapter 51 and subchapter III of chapter 53 of such
16 title 5 relating to classification and General Sched-
17 ule pay rates, except that an individual so appointed
18 may not receive pay in excess of the annual rate of
19 basic pay for GS–15 of the General Schedule.

20 (5) EXPERTS AND CONSULTANTS.—The Inter-
21 agency Coordinator may procure temporary and
22 intermittent services under section 3109(b) of title
23 5, United States Code, but at rates for individuals
24 not to exceed the daily equivalent of the annual rate
25 of basic pay for GS–15 of the General Schedule.

1 (6) STAFF OF FEDERAL AGENCIES.—Upon re-
2 quest of the Interagency Coordinator, the head of
3 any Federal department or agency may detail, on a
4 reimbursable basis, any of the personnel of that de-
5 partment or agency to the Interagency Coordinator
6 to assist it in carrying out the responsibilities under
7 this Act.

8 (e) POWERS.—

9 (1) HEARINGS AND SESSIONS.—The Inter-
10 agency Coordinator may, for the purpose of carrying
11 out this Act, hold hearings, sit and act at times and
12 places, take testimony, and receive evidence as the
13 Interagency Coordinator considers appropriate.

14 (2) POWERS OF TEAM AND AGENTS.—Any
15 member of the team or agent of the Interagency Co-
16 ordinator may, if authorized by the Interagency Co-
17 ordinator, take any action which such Coordinator is
18 authorized to take by this section.

19 (3) OBTAINING OFFICIAL DATA.—The Inter-
20 agency Coordinator may secure directly from any de-
21 partment or agency of the United States information
22 necessary to enable the Interagency Coordinator to
23 carry out this Act. Upon request of the Interagency
24 Coordinator, the head of that department or agency
25 shall, within 30 days of receiving the request, fur-

1 nish that information to the Interagency Coordi-
2 nator, in a manner that protects personal privacy,
3 consistent with applicable Federal and State privacy
4 law.

5 (4) **MAILS.**—The Interagency Coordinator may
6 use the United States mails in the same manner and
7 under the same conditions as other departments and
8 agencies of the United States.

9 (5) **ADMINISTRATIVE SUPPORT SERVICES.**—
10 Upon the request of the Interagency Coordinator,
11 the Administrator of General Services shall provide
12 to the Interagency Coordinator, on a reimbursable
13 basis, the administrative support services necessary
14 for the Interagency Coordinator to carry out the re-
15 sponsibilities under this Act.

16 (6) **CONTRACT AUTHORITY.**—To the extent or
17 in the amounts provided in advance in appropriation
18 Acts, the Interagency Coordinator may contract with
19 and compensate government and private agencies or
20 persons for supplies and services.

21 (f) **DEFINITION.**—In this section, the term “cul-
22 turally competent” means consistent with preferred cul-
23 tural values, beliefs, worldview, language, and practices.

1 **SEC. 3. COOPERATION BY OTHER FEDERAL AGENCIES.**

2 The head of each Federal department or agency seek-
3 ing to commence development or implementation of a pol-
4 icy, including through rulemaking or guidance, that is di-
5 rectly related to mental health or substance use disorder
6 care shall—

7 (1) give notice of the policy to the Interagency
8 Coordinator;

9 (2) in accordance with section 2(e)(3), share
10 such information relating to the policy as the Inter-
11 agency Coordinator may request; and

12 (3) participate in such discussions and meetings
13 regarding the policy as the Interagency Coordinator
14 may request for purposes of coordination pursuant
15 to section 2(b).

16 **SEC. 4. STUDY ON REIMBURSEMENT OF MENTAL HEALTH**
17 **AND SUBSTANCE USE DISORDER SERVICES**
18 **FOR JUVENILES.**

19 (a) REIMBURSEMENT OF MENTAL HEALTH AND
20 SUBSTANCE USE DISORDER SERVICES PROVIDED IN
21 PRESCHOOL, ELEMENTARY SCHOOL, AND SECONDARY
22 SCHOOL SETTINGS.—Not later than 2 years after the date
23 of enactment of this Act, the Comptroller General of the
24 United States shall—

25 (1) complete a study and develop recommenda-
26 tions on the reimbursement of mental health and

1 substance use disorder care professionals for services
2 provided in preschool, elementary school, and sec-
3 ondary school settings; and

4 (2) submit a public report to Congress and the
5 President on the findings, conclusions, and rec-
6 ommendations resulting from such study.

7 (b) SERVICES AVAILABLE TO JUSTICE INVOLVED JU-
8 VENILES.—Not later than 2 years after the date of enact-
9 ment of this Act, the Comptroller General of the United
10 States shall—

11 (1) complete a study to determine the percent-
12 age of the budget of the Federal Government and
13 each State government, disaggregated by agency,
14 used to support mental health and substance use
15 disorder services for juveniles who are arrested or
16 become part of the juvenile or criminal justice sys-
17 tems; and

18 (2) submit a public report to Congress and the
19 President on the findings, conclusions, and rec-
20 ommendations resulting from such study, including
21 recommendations on—

22 (A) whether the amount expended by each
23 Federal and State agency on mental health and
24 substance use disorder services for such juve-
25 niles needs to be adjusted; and

1 (B) any gaps in community-based services
2 for juveniles with mental health conditions or
3 substance use disorders that should be available
4 to prevent such juveniles from becoming part of
5 the juvenile or criminal justice systems.

6 **SEC. 5. REPORT ON INTERAGENCY COORDINATOR'S ACTIVI-**
7 **TIES.**

8 Not later than 5 years after the date of enactment
9 of this Act, the Comptroller General of the United States
10 shall submit a report to Congress and the President on
11 the role of the Interagency Coordinator and the Inter-
12 agency Coordinator's team in programs, decisions, and
13 changes relating to mental and behavioral health. In such
14 report, the Comptroller General shall include rec-
15 ommendations on—

16 (1) ways to improve such involvement of the
17 Interagency Coordinator and the Interagency Coor-
18 dinator's team; and

19 (2) addressing any identified gaps in the role of
20 the Interagency Coordinator.

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