

117TH CONGRESS  
2D SESSION

# S. 4472

To expand the availability of mental, emotional, behavioral, and substance use disorder health services, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

JUNE 23, 2022

Mr. CASEY (for himself and Mr. CASSIDY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To expand the availability of mental, emotional, behavioral, and substance use disorder health services, 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 “Health Care Capacity  
5 for Pediatric Mental Health Act of 2022”.

1 **SEC. 2. PROGRAMS TO SUPPORT PEDIATRIC MENTAL, EMO-**  
 2 **TIONAL, BEHAVIORAL, AND SUBSTANCE USE**  
 3 **DISORDER HEALTH CARE.**

4 Subpart V of part D of title III of the Public Health  
 5 Service Act (42 U.S.C. 256 et seq.) is amended by adding  
 6 at the end the following:

7 **“SEC. 340A-1. PROGRAM TO SUPPORT PEDIATRIC MENTAL,**  
 8 **EMOTIONAL, BEHAVIORAL, AND SUBSTANCE**  
 9 **USE DISORDER HEALTH CARE INTEGRATION**  
 10 **AND COORDINATION.**

11 “(a) IN GENERAL.—The Secretary, acting through  
 12 the Administrator of the Health Resources and Services  
 13 Administration, in consultation with the Assistant Sec-  
 14 retary for Mental Health and Substance Use, shall award  
 15 grants, contracts, or cooperative agreements to eligible en-  
 16 tities for the purpose of supporting pediatric mental, emo-  
 17 tional, behavioral, and substance use disorder health care  
 18 integration and coordination to meet local community  
 19 needs in underserved and high-need communities.

20 “(b) ELIGIBLE ENTITIES.—Entities eligible for  
 21 grants under subsection (a) include—

22 “(1) children’s hospitals;

23 “(2) facilities that provide trauma-informed,  
 24 culturally-sensitive, developmentally-appropriate in-  
 25 tensive pediatric mental, emotional, behavioral, or  
 26 substance use disorder health services in partial hos-

1       pital, day treatment, intensive outpatient program,  
2       or walk-in crisis assessment program settings; and

3           “(3) other entities providing trauma-informed,  
4       culturally-sensitive, developmentally-appropriate in-  
5       tensive pediatric mental, emotional, behavioral, or  
6       substance use disorder health services, as the Sec-  
7       retary determines appropriate.

8       “(c) PRIORITIZATION.—In making awards under sub-  
9       section (a), the Secretary shall prioritize—

10           “(1) applicants that demonstrate plans to uti-  
11       lize funds to expand access to integrated care and  
12       care coordination for the prevention, screening, as-  
13       sessment, and treatment of pediatric mental health  
14       disorders, eating disorders, developmental disorders,  
15       and substance use disorders in high-need, rural, or  
16       underserved communities;

17           “(2) applicants that demonstrate plans to co-  
18       ordinate with and complement initiatives to improve  
19       pediatric mental health and substance use disorder  
20       care implemented through other Federal programs;  
21       and

22           “(3) applicants that demonstrate a significant  
23       role in care for children in the region.

24       “(d) USE OF FUNDS.—Activities that may be funded  
25       through an award under subsection (a) include—

1           “(1) increasing the capacity of eligible entities  
2           to integrate trauma-informed, culturally-sensitive,  
3           developmentally-appropriate pediatric mental, emo-  
4           tional, behavioral, and substance use disorder health  
5           services, including through telehealth access to, and  
6           co-location of, mental, emotional, behavioral, and  
7           substance use disorder health providers;

8           “(2) facilitating access to trauma-informed, cul-  
9           turally-sensitive, developmentally-appropriate inten-  
10          sive pediatric mental, emotional, behavioral, or sub-  
11          stance use disorder health services in partial hos-  
12          pital, day treatment, intensive outpatient program,  
13          or walk-in crisis assessment program settings, in  
14          order to prevent hospitalizations and support chil-  
15          dren as they transition back to their homes and  
16          communities;

17          “(3) supporting the collection of data on pedi-  
18          atric mental, emotional, behavioral, and substance  
19          use disorder health care needs, service utilization  
20          and availability, and demographic data, to identify  
21          unmet needs and barriers in access to care, in a  
22          manner that protects personal privacy, consistent  
23          with applicable Federal and State privacy laws;

24          “(4) establishing or maintaining community-  
25          based pediatric mental health and substance use dis-

1 order partnerships, such as partnerships with  
 2 schools, early childhood education programs, commu-  
 3 nity-based organizations, and community-based men-  
 4 tal health and substance use disorder care providers,  
 5 to address identified gaps in access to care; and

6 “(5) training for non-clinical pediatric health  
 7 care workers, including care coordinators, commu-  
 8 nity health workers, and navigators, on providing  
 9 trauma-informed, culturally-sensitive, develop-  
 10 mentally-appropriate care for pediatric mental health  
 11 disorders, eating disorders, developmental disorders,  
 12 and substance use disorders, and on local resources  
 13 to support children and their caregivers.

14 “(e) AUTHORIZATION OF APPROPRIATIONS.—To  
 15 carry out this section, there is authorized to be appro-  
 16 priated such sums as may be necessary for each of fiscal  
 17 years 2023 through 2027.

18 **“SEC. 340A-2. PEDIATRIC MENTAL, EMOTIONAL, BEHAV-**  
 19 **IORAL, AND SUBSTANCE USE DISORDER**  
 20 **HEALTH WORKFORCE TRAINING PROGRAM.**

21 “(a) IN GENERAL.—The Secretary, acting through  
 22 the Administrator of the Health Resources and Services  
 23 Administration, in consultation with the Assistant Sec-  
 24 retary for Mental Health and Substance Use and the Ad-  
 25 ministrator of the Centers for Medicare & Medicaid Serv-

1 ices, shall award grants, contracts, or cooperative agree-  
2 ments to eligible entities for the purpose of supporting evi-  
3 dence-based pediatric mental, emotional, behavioral, and  
4 substance use disorder health workforce training.

5 “(b) ELIGIBLE ENTITIES.—Entities eligible for  
6 grants under subsection (a) include—

7 “(1) children’s hospitals;

8 “(2) facilities that provide trauma-informed,  
9 culturally-sensitive, developmentally-appropriate in-  
10 tensive pediatric mental, emotional, behavioral, or  
11 substance use disorder health services in partial hos-  
12 pital, day treatment, intensive outpatient program,  
13 or walk-in crisis assessment program settings, that  
14 can prevent hospitalizations and support children as  
15 they transition back to their homes and commu-  
16 nities; and

17 “(3) other entities providing trauma-informed,  
18 culturally-sensitive, developmentally-appropriate in-  
19 tensive pediatric mental, emotional, behavioral, or  
20 substance use disorder health services, as the Sec-  
21 retary determines appropriate.

22 “(c) PRIORITIZATION.—In making awards under sub-  
23 section (a), the Secretary shall prioritize applicants that  
24 serve high-need, rural, or underserved communities, and  
25 that demonstrate plans to utilize funds to expand access

1 to prevention, screening, assessment, and treatment of pe-  
2 diatric mental health disorders, eating disorders, develop-  
3 mental disorders, and substance use disorders.

4 “(d) USE OF FUNDS.—Activities that may be sup-  
5 ported through an award under subsection (a) include ex-  
6 panded training to enhance the capabilities of the existing  
7 workforce, including primary care providers, pediatricians,  
8 psychiatrists, psychologists, nurses, social workers, coun-  
9 selors, and other health care providers, as the Secretary  
10 determines appropriate, to provide trauma-informed, cul-  
11 turally-sensitive, developmentally-appropriate care for pe-  
12 diatric mental health disorders, eating disorders, develop-  
13 mental disorders, and substance use disorders.

14 “(e) REPORTING.—

15 “(1) REPORTS FROM AWARD RECIPIENTS.—Not  
16 later than 180 days after the completion of activities  
17 funded by an award under this section, the entity  
18 that received such award shall submit a report to  
19 the Secretary on the activities conducted using funds  
20 from such award, and other information as the Sec-  
21 retary may require.

22 “(2) REPORTS TO CONGRESS.—Not later than  
23 180 days after receiving reports from all award re-  
24 cipients, the Secretary shall submit to the Com-  
25 mittee on Health, Education, Labor, and Pensions

1 of the Senate and the Committee on Energy and  
 2 Commerce of the House of Representatives a report  
 3 on the projects and activities conducted with funds  
 4 awarded under this section, and the outcome of such  
 5 projects and activities. Such report shall include—

6 “(A) the number of projects supported by  
 7 awards made under this section;

8 “(B) an overview of the impact, if any, of  
 9 such projects on access to pediatric mental,  
 10 emotional, behavioral, and substance use dis-  
 11 order health services;

12 “(C) recommendations for improving the  
 13 investment program under this section; and

14 “(D) any other considerations as the Sec-  
 15 retary determines appropriate.

16 “(f) AUTHORIZATION OF APPROPRIATIONS.—To  
 17 carry out this section, there is authorized to be appro-  
 18 priated such sums as may be necessary for each of fiscal  
 19 years 2023 through 2027.”.

20 **SEC. 3. INCREASING FEDERAL INVESTMENT IN PEDIATRIC**  
 21 **MENTAL, EMOTIONAL, BEHAVIORAL, AND**  
 22 **SUBSTANCE USE DISORDER HEALTH SERV-**  
 23 **ICES.**

24 The Public Health Service Act (42 U.S.C. 201 et  
 25 seq.) is amended by adding at the end the following:

1 **“TITLE XXXIV—ASSISTANCE FOR**  
 2 **MODERNIZATION OF PEDI-**  
 3 **ATRIC MENTAL, EMOTIONAL,**  
 4 **BEHAVIORAL, AND SUB-**  
 5 **STANCE USE DISORDER**  
 6 **HEALTH CARE INFRASTRUC-**  
 7 **TURE**

8 **“SEC. 3401. INCREASING FEDERAL INVESTMENT IN PEDI-**  
 9 **ATRIC MENTAL, EMOTIONAL, BEHAVIORAL,**  
 10 **AND SUBSTANCE USE DISORDER HEALTH**  
 11 **SERVICES.**

12 “(a) IN GENERAL.—The Secretary, acting through  
 13 the Administrator of the Health Resources and Services  
 14 Administration, in consultation with the Assistant Sec-  
 15 retary for Mental Health and Substance Use, shall award  
 16 grants, contracts, or cooperative agreements to eligible en-  
 17 tities for the purpose of improving their ability to provide  
 18 trauma-informed, culturally-sensitive, developmentally-ap-  
 19 propriate pediatric mental, emotional, behavioral, and sub-  
 20 stance use disorder health services, including by—

21 “(1) constructing or modernizing sites of care  
 22 for trauma-informed, culturally-sensitive, develop-  
 23 mentally-appropriate pediatric mental, emotional, be-  
 24 havioral, and substance use disorder health services;

1           “(2) expanding capacity to provide trauma-in-  
2       formed, culturally-sensitive, developmentally-appro-  
3       priate pediatric mental, emotional, behavioral, or  
4       substance use disorder health services, including en-  
5       hancements to digital infrastructure, telehealth capa-  
6       bilities, or other improvements to patient care infra-  
7       structure; and

8           “(3) supporting the reallocation of existing re-  
9       sources to accommodate pediatric mental, emotional,  
10      and behavioral health and substance use disorder pa-  
11      tients, including by converting or adding sufficient  
12      capacity to establish or increase the entity’s inven-  
13      tory of licensed and operational, trauma-informed,  
14      culturally-sensitive, developmentally-appropriate in-  
15      tensive pediatric mental, emotional, behavioral, and  
16      substance use disorder health care programs, such  
17      as partial hospital, day treatment, intensive out-  
18      patient programs, or walk-in crisis assessment pro-  
19      grams, in order to prevent hospitalizations and sup-  
20      port children as they transition back to their homes  
21      and communities.

22       “(b) ELIGIBLE ENTITIES.—Entities eligible for  
23   grants under subsection (a) include—

24           “(1) children’s hospitals;

1           “(2) facilities that provide trauma-informed,  
2           culturally-sensitive, developmentally-appropriate in-  
3           tensive pediatric mental, emotional, behavioral, or  
4           substance use disorder health services in partial hos-  
5           pital, day treatment, intensive outpatient program,  
6           or walk-in crisis assessment program settings, that  
7           can prevent hospitalizations and support children as  
8           they transition back to their homes and commu-  
9           nities; and

10           “(3) other entities providing trauma-informed,  
11           culturally-sensitive, developmentally-appropriate in-  
12           tensive pediatric mental, emotional, behavioral, or  
13           substance use disorder health services, as the Sec-  
14           retary determines appropriate.

15           “(c) PRIORITIZATION.—In making awards under sub-  
16 section (a), the Secretary shall prioritize applicants that  
17 serve high-need, rural, or underserved communities, and  
18 that demonstrate plans to utilize funds to expand access  
19 to prevention, screening, assessment, and treatment of pe-  
20 diatric mental health disorders, eating disorders, develop-  
21 mental disorders, and substance use disorders.

22           “(d) SUPPLEMENT, NOT SUPPLANT.—Funds pro-  
23 vided under this section shall be used to supplement, and  
24 not supplant, Federal and non-Federal funds available for  
25 carrying out the activities described in this section.

1 “(e) REPORTING.—

2 “(1) REPORTS FROM AWARD RECIPIENTS.—Not  
3 later than 180 days after the completion of activities  
4 funded by an award under this section, the entity  
5 that received such award shall submit a report to  
6 the Secretary on the activities conducted using funds  
7 from such award, and other information as the Sec-  
8 retary may require.

9 “(2) REPORTS TO CONGRESS.—Not later than  
10 180 days after receiving reports from all award re-  
11 cipients under paragraph (1), the Secretary shall  
12 submit to the Committee on Health, Education,  
13 Labor, and Pensions of the Senate and the Com-  
14 mittee on Energy and Commerce of the House of  
15 Representatives a report on the projects and activi-  
16 ties conducted with funds awarded under this sec-  
17 tion, and the outcome of such projects and activities.  
18 Such report shall include—

19 “(A) the number of projects supported by  
20 awards made under this section;

21 “(B) an overview of the impact, if any, of  
22 such projects on pediatric health care infra-  
23 structure, including any impact on access to pe-  
24 diatric mental, emotional, behavioral, and sub-  
25 stance use disorder health services;

1                   “(C) recommendations for improving the  
2                   investment program under this section; and

3                   “(D) any other considerations as the Sec-  
4                   retary determines appropriate.

5           “(f) AUTHORIZATION OF APPROPRIATIONS.—To  
6 carry out this section, there is authorized to be appro-  
7 priated such sums as may be necessary for each of fiscal  
8 years 2023 through 2027.”.

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