

**AMENDMENT TO THE AMENDMENT IN THE
NATURE OF A SUBSTITUTE TO H.R. 2646
OFFERED BY MR. KENNEDY OF MASSACHUSETTS**

Insert after title VIII the following new title (and conform the table of contents accordingly):

1 **TITLE IX—MISCELLANEOUS**

2 **SEC. 901. GAO STUDY ON COSTS OF UNDIAGNOSED, UN-**
3 **TREATED, AND UNDER-TREATED MENTAL**
4 **ILLNESS AND SUBSTANCE USE DISORDERS.**

5 (a) STUDY.—Not later than one year after the date
6 of enactment of this Act, the Comptroller General of the
7 United States, in consultation with the Secretary of
8 Health and Human Services, shall conduct a study on the
9 individual, economic, and societal costs of undiagnosed,
10 untreated, and under-treated mental illness and substance
11 use disorders in the United States. Such study shall in-
12 clude, at a minimum, an analysis of the following:

13 (1) Current spending and investments in the
14 entire mental and behavioral health care system, in-
15 cluding for prevention, intervention, inpatient treat-
16 ment, outpatient treatment, recovery, and long-term
17 supports.

1 (2) The number of individuals who currently ac-
2 cess mental and behavioral health care and the num-
3 ber of individuals who must forgo such care due to
4 lack of access to providers, inadequate or no existing
5 insurance coverage, or the inability to pay for such
6 care.

7 (3) Workforce shortages in, and the total num-
8 ber of providers who offer, mental and behavioral
9 health care services in the United States and how
10 such number relates to the overall demand for such
11 services.

12 (4) The costs the entire health care system in-
13 curs through increased hospital visits and stays,
14 higher rates of comorbidity, and the over utilization
15 of services at high-cost settings such as emergency
16 departments and inpatient psychiatric hospitals.

17 (5) Data on how undiagnosed, untreated, and
18 under-treated care for mental illness and substance
19 use disorders drive up costs to health insurance pro-
20 grams, including Medicaid, the Children's Health In-
21 surance Program, Medicare, Tricare, the Depart-
22 ment of Veterans Affairs' Veterans Health Adminis-
23 tration, and private payers; beneficiaries of such pro-
24 grams; and taxpayers who finance public insurance
25 programs.

1 (6) The cost of human life lost due to suicide.

2 (7) The cost of undiagnosed, untreated, and
3 under-treated care for mental illness and substance
4 use disorders specifically for active military and vet-
5 erans populations.

6 (8) The costs to the judicial system, both at the
7 Federal and State levels, including with respect to
8 incarceration, recidivism, and probation.

9 (9) The costs associated with increased rates of
10 homelessness and subsequent efforts to reduce
11 homelessness.

12 (10) The costs associated with lost productivity,
13 such as missed work or school.

14 (11) The cost to individuals through out-of-
15 pocket spending, the burden of providing care to
16 family members, and absences at work resulting in
17 reduced salaries.

18 (12) Existing cost-benefit analyses of providing
19 comprehensive mental and behavioral health insur-
20 ance coverage.

21 (13) The outcomes of such reviews.

22 (b) REPORT.—Not later than two years after the date
23 of the enactment of this Act, the Comptroller General shall
24 submit to the Committee on Energy and Commerce of the
25 House of Representatives and the Committee on Health,

1 Education, Labor, and Pensions of the Senate a report
2 containing the results of the study conducted under sub-
3 section (a), including recommendations for such legislation
4 and administrative action with respect to expanding access
5 to care, reducing costs, and generating savings, as the
6 Comptroller General determines appropriate.

