COMMITTEE PRINT

[SHOWING THE TEXT OF H.R. 2646 AS FORWARDED BY THE SUBCOMMITTEE ON HEALTH ON NOVEMBER 5, 2015]

114TH CONGRESS
1ST SESSION

H. R. 2646

To make available needed psychiatric, psychological, and supportive services for individuals with mental illness and families in mental health crisis, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 4, 2015

Mr. MURPHY of Pennsylvania (for himself, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. BUCHANAN, Mr. DIAZ-BALART, Mr. BILIRAKIS, Mr. DOLD, Mr. GUINTA, Mrs. MIMI WALTERS of California, Mr. BRENDAN F. BOYLE of Pennsylvania, Mrs. ELLMERS of North Carolina, Mr. DENHAM, Mr. VARGAS, Mrs. MILLER of Michigan, Mr. HASTINGS, Mr. CALVERT, Mr. NUNES, Mr. HUNTER, Mr. BLUMENAUER, and Ms. SINEMA) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means and Education and the Workforce, 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 make available needed psychiatric, psychological, and supportive services for individuals with mental illness and families in mental health crisis, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Helping Families in Mental Health Crisis Act of 2015''.

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

SEC. 2. DEFINITIONS.

In this Act:

(1) Except as inconsistent with the provisions of this Act, the term ''Assistant Secretary'' means

the Assistant Secretary for Mental Health and Substance Use Disorders.

(2) The term ''emergency room boarding'' means the practice of admitting patients to an emergency department and holding them in that department after a decision to admit that patient to an inpatient unit has been made but an inpatient psychiatric bed is unavailable.

(3) The term ''evidence-based'' means the conscientious, systematic, explicit, and judicious appraisal and use of external, current, reliable, and valid research findings as the basis for making decisions about the effectiveness and efficacy of a program, intervention, or treatment in improving outcome measures for those with serious mental illness, serious emotional disturbances, and substance use disorders including—

(A) rates of suicide, suicide attempts, substance abuse, overdose, overdose deaths, emergency psychiatric hospitalizations, and emergency room boarding;

(B) arrests, incarcerations, victimization, homelessness, joblessness, employment, and enrollment in educational or vocational programs;

(C) rates of keeping treatment appointments and compliance with prescribed medications;

(D) participants' perceived effectiveness of the program, intervention, or treatment;

(E) rates of the programs, interventions, or treatments helping those with serious mental illness or serious emotional disturbance gain control over their lives;

(F) violence against persons or property; and

(G) homelessness.

TITLE I—ASSISTANT SECRETARY FOR MENTAL HEALTH AND SUBSTANCE USE DISORDERS

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

(a) IN GENERAL.—There shall be in the Department of Health and Human Services an official to be known as the Assistant Secretary for Mental Health and Substance Use Disorders, who shall—

(1) report directly to the Secretary;

(2) be appointed by the Secretary of Health and Human Services, by and with the advice and consent of the Senate; and

(3) be selected from among individuals who—

(A)(i) have a doctoral degree in medicine or osteopathic medicine and clinical and research experience in psychiatry;

(ii) graduated from an Accreditation Council for Graduate Medical Education-accredited psychiatric residency program; and

(iii) have an understanding of biological, psychosocial, and pharmaceutical treatments of mental illness and substance use disorders; or

(B) have a doctoral degree in psychology with—

(i) clinical and research experience regarding mental illness and substance use disorders; and

(ii) an understanding of biological, psychosocial, and pharmaceutical treatments of mental illness and substance use disorders.

(b) DUTIES.—The Assistant Secretary shall—

(1) coordinate across departments and agencies with respect to the problems of individuals suffering from substance use disorders or a mental illness;

(2) coordinate any functions within the Department of Health and Human Services, other than

functions of the National Institutes of Health and the Centers for Medicare & Medicaid Services—

(A) to improve the treatment of, and related services to, individuals with respect to substance use disorders or mental illness;

(B) to improve selective prevention or indicated prevention services for such individuals;

(C) to ensure access to effective, evidence-based treatment for individuals with mental illnesses and individuals with a substance use disorder;

(D) to ensure that grant programs of the Department adhere to scientific standards with an emphasis on selective prevention and indicated prevention for individuals with a serious mental illness, serious emotional disturbance, or substance use disorder; and

(E) to develop and implement initiatives to encourage individuals to pursue careers (especially in underserved areas and populations) as psychiatrists, psychologists, psychiatric nurse practitioners, clinical social workers, and other licensed mental health professionals specializing in the diagnosis, evaluation, and treatment of

individuals with serious mental illness or serious emotional disturbance, including individuals—

(i) who are vulnerable to crises, psychotic episodes, or suicidal ideation;

(ii) whose condition may deteriorate rapidly; or

(iii) who require more frequent contact or integration of a variety of services by the treating mental health professional;

(3) consult with the National Institutes of Health and the Centers for Medicare & Medicaid Services on the functions of such agencies that are described in any of subparagraphs (A) through (E) of paragraph (2);

(4) coordinate the administrative and financial management, policy development and planning, evaluation, knowledge dissemination, and public information functions that are required for the implementation of mental health and substance use disorder programs, including block grants, treatments, and data collection;

(5) conduct and coordinate demonstration projects, evaluations, and service system assessments and other activities necessary to improve the availability and quality of treatment, prevention, and re-

lated services related to substance use disorders and mental illness;

(6) provide for technical assistance and training, consistent with Federal and State privacy protections, on how patients' protected health information from providers of mental health and substance use disorder services can be shared with other community-based providers of these services—

(A) to facilitate care coordination and medication adherence; and

(B) to better manage patients' care during transitions from one care setting to another;

(7) within the Department of Health and Human Services, oversee and coordinate all programs and activities relating to—

(A) the prevention of, or treatment or rehabilitation for, mental health or substance use disorders;

(B) parity in health insurance benefits and conditions relating to mental health and substance use disorder; and

(C) the reduction of homelessness and incarceration among individuals with mental illness;

(8) across the Federal Government, in conjunction with the Interagency Serious Mental Illness Coordinating Committee under section 301A—

(A) review all programs and activities relating to the prevention of, or treatment or rehabilitation for, mental illness or substance use disorders;

(B) identify any such programs and activities that are duplicative;

(C) identify any such programs and activities that—

(i) are not evidence-based, effective, or efficient; or

(ii) fail to improve a meaningful outcome; and

(D) formulate recommendations for expanding, coordinating, eliminating, and improving programs and activities identified pursuant to subparagraph (B) or (C) and merging any such programs and activities into other, successful programs and activities;

(9) identify evidence-based best practices across the Federal Government for treatment and services for those with mental health and substance use dis-

orders by reviewing practices for efficiency, effectiveness, quality, coordination, and cost effectiveness;

(10) supervise the National Mental Health Policy Laboratory; and

(11) not later than one year after the date of enactment of the Helping Families in Mental Health Crisis Act of 2015 and every two years after, submit to the Congress and make publicly available a report containing a nationwide strategy to increase the psychiatric workforce and recruit medical professionals for the treatment of individuals with a serious mental illness, serious emotional disturbance, or substance use disorder.

(c) NATIONWIDE STRATEGY.—The Assistant Secretary shall ensure that the nationwide strategy in the report under subsection (b)(9) is designed—

(1) to encourage and incentivize students enrolled in an 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 delivery models for individuals with serious mental illness, serious emotional disturbance, or substance use disorders;

(3) to promote appropriate Federal administrative and fiscal mechanisms that support—

(A) evidence-based coordinated care models; and

(B) the necessary psychiatric workforce capacity for these models, including psychiatrists (including child and adolescent psychiatrists), psychologists, psychiatric nurse practitioners, clinical social workers, and mental health, peer-support specialists;

(4) to increase access to child and adolescent psychiatric services in order to promote early intervention for prevention and mitigation of mental illness; and

(5) to identify populations and locations that are the most underserved by mental health professionals and the most in need of psychiatrists (including child and adolescent psychiatrists), psychologists, psychiatric nurse practitioners, clinical social workers, and mental health, peer-support specialists.

(d) PRIORITIZATION OF INTEGRATION OF SERVICES, EARLY DIAGNOSIS, INTERVENTION, AND WORKFORCE DEVELOPMENT.—In carrying out the duties described in subsection (b), the Assistant Secretary shall prioritize—

(1) the integration of mental health, substance use, and physical health services for the purpose of diagnosing, preventing, treating, or providing rehabilitation for mental illness or substance use disorders, including any such services provided through the justice system (including departments of correction), the education system, or other entities other than the Department of Health and Human Services;

(2) crisis intervention for, early diagnosis and intervention services for the prevention of, and treatment and rehabilitation for, serious mental illness, serious emotional disturbance, or substance use disorders;

(3) workforce development for—

(A) appropriate treatment of serious mental illness, serious emotional disturbance, or substance use disorders; and

(B) research activities that advance scientific and clinical understandings of these disorders, including the development and implementation of a continuing nationwide strategy to increase the psychiatric workforce with psychiatrists, child and adolescent psychiatrists, psychologists, psychiatric nurse practitioners,

clinical social workers, and mental health peer support specialists; and

(4) grants that improve a meaningful outcome in people with mental illness, serious mental illness, or serious emotional disturbance such as reducing homelessness, arrest, incarceration, hospitalization, and suicide.

(e) REQUIREMENTS AND RESTRICTIONS ON AUTHORITY TO AWARD GRANTS.—In awarding any mental health grant or financial assistance, the Assistant Secretary, and any agency or official within the Office of the Assistant Secretary, shall comply with the following:

(1) The grant or financial assistance shall be for activities consisting of, or based upon—

(A) applied scientific research;

(B) demonstrated scientific work; or

(C) in exceptional circumstances at the discretion of the Director of the National Mental Health Policy Lab.

(2) Any program to be funded shall be demonstrated—

(A) in the case of an ongoing program, to be effective; and

(B) in the case of a new program, to have the prospect of being effective.

(3) The programs and activities to be funded shall use evidence-based best practices or emerging evidence-based best practices that are translational and can be expanded or replicated to other States, local communities, agencies, or through the Medicaid program under title XIX of the Social Security Act.

(4) An application for the grant or financial assistance shall include, as applicable—

(A) a scientific justification based on previously demonstrated models, the number of individuals to be served, the population to be targeted, what objective outcomes measures will be used, and details on how the program or activity to be funded can be replicated and by whom; and

(B) a description of the studies, methodologies and mathematical models to be used and relied upon and pre-registered, including any such anonymized data sets published, and all results, including null results reported.

(5) Applicants shall be evaluated and selected through a blind, peer-review process by expert mental health care or substance use disorder treatment providers with professional experience in—

(A) mental health research or treatment;

(B) substance abuse research or treatment; or

(C) other areas of expertise appropriate to the grant or other financial assistance.

(6) No member of a peer-review group conducting a blind, peer-review process, as required by paragraph (5), may be related to anyone who may be applying for the type of award being reviewed, may be a current grant applicant, or may have a financial or employment interested in selecting whom to receive the award.

(7) Award recipients may be periodically reviewed and audited at the discretion of the Inspector General of the Department of Health and Human Services or the Comptroller General of the United States to ensure that—

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

(B) Federal funds are being used as required by the conditions of the award and by applicable guidelines of the National Mental Health Policy Laboratory.

(8) Award recipients that fail an audit or fail to provide information pursuant to an audit shall

have their awards terminated or shall be placed on a corrective action plan to address the issues raised in the audit findings.

(f) DEFINITIONS.—In this section:

(1) The term ''selective prevention'' means prevention that is designed to detect or prevent a disease or condition among individuals or a subpopulation determined to be at risk for the disease or condition.

(2) The term ''indicated prevention'' means prevention that is designed to reduce or minimize the consequences of a disease or condition among individuals who have the disease or condition.

SEC. 102. TRANSFER OF SAMHSA AUTHORITIES.

(a) IN GENERAL.—Effective on the date that is 1 year after the date of enactment of this Act of the first full fiscal year following such date of enactment, the Secretary of Health and Human Services shall delegate to the Assistant Secretary all duties and authorities that—

(1) as of the day before the date of enactment of this Act, were vested in the Administrator of the Substance Abuse and Mental Health Services Administration; and

(2) are not terminated by this Act.

(b) TRANSITION.—This section and the amendments made by this section apply beginning on the day that is 6 months after the date of enactment of this Act. As of such day, the Secretary of Health and Human Services shall provide for the transfer of the personnel, assets, and obligations of the Substance Abuse and Mental Health Services Administration to the Office of the Assistant Secretary.

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

(1) in the title heading, by striking ''**SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION**'' and inserting ''**MENTAL HEALTH AND SUBSTANCE USE DISORDERS**'';

(2) by amending section 501(a) to read as follows:

''(a) ASSISTANT SECRETARY.—The Assistant Secretary for Mental Health and Substance Use Disorders shall have the duties and authorities vested in the Assistant Secretary by this title in addition to the duties and authorities vested in the Assistant Secretary by section 501 of the Helping Families in Mental Health Crisis Act of 2015 and other provisions of law.'';

(3) by amending section 501(c) to read as follows:

''(c) DEPUTY ASSISTANT SECRETARY.—The Assistant Secretary, with the approval of the Secretary, may appoint a Deputy Assistant Secretary and may employ and prescribe the functions of such officers and employees, including attorneys, as are necessary to administer the activities to be carried out under this title.'';

(4) by striking ''Administrator of the Substance Abuse and Mental Health Services Administration'' each place it appears and inserting ''Assistant Secretary for Mental Health and Substance Use Disorders'';

(5) by striking ''Administrator'' each place it appears and inserting ''Assistant Secretary'', except where the term ''Administrator'' appears within the term—

(A) Associate Administrator;

(B) Administrator of the Health Resources and Services Administration;

(C) Administrator of the Centers for Medicare & Medicaid Services; or

(D) Administrator of the Office of Juvenile Justice and Delinquency Prevention;

(6) by striking ''Substance Abuse and Mental Health Services Administration'' each place it appears and inserting ''Office of the Assistant Secretary'';

(7) in section 502, by striking ''Administration or Center'' each place it appears and inserting ''Office or Center'';

(8) in section 502, by striking ''Administration's'' and inserting ''Office of the Assistant Secretary's''; and

(9) by striking the term ''Administration'' each place it appears and inserting ''Office of the Assistant Secretary'', except in the heading of section 520G(b) and where the term ''Administration'' appears with the term—

(A) Health Resources and Services Administration; or

(B) National Highway Traffic Safety Administration.

(d) REFERENCES.—After executing subsection (a), subsection (b), and the amendments made by subsection (c)—

(1) any reference in statute, regulation, or guidance to the Administrator of the Substance Abuse and Mental Health Services Administration shall be

construed to be a reference to the Assistant Secretary for Mental Health and Substance Use Disorders; and

(2) any reference in statute, regulation, or guidance to the Substance Abuse and Mental Health Services Administration shall be construed to be a reference to the Office of the Assistant Secretary.

SEC. 103. REPORTS.

(a) REPORT ON INVESTIGATIONS REGARDING PARITY IN MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS.—

(1) IN GENERAL.—Not later than 180 days after the enactment of this Act, and annually thereafter, the Administrator of the Centers for Medicare & Medicaid Services, in collaboration with the Assistant Secretary of Labor of the Employee Benefits Security Administration and the Secretary of the Treasury, and in consultation with the Assistant Secretary for Mental Health and Substance Use Disorders, shall submit to the Congress and make publicly available a report—

(A) identifying Federal investigations conducted or completed during the preceding 12-month period regarding compliance with parity in mental health and substance use disorder

benefits, including benefits provided to persons with serious mental illness, serious emotional disturbance, and substance use disorders, under 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); and

(B) summarizing the results of such investigations.

(2) CONTENTS.—Subject to paragraph (3), each report under paragraph (1) shall include the following information:

(A) The number of investigations opened and closed during the covered reporting period.

(B) The benefit classification or classifications examined by each investigation.

(C) The subject matter or subject matters of each investigation, including quantitative and nonquantitative treatment limitations.

(D) A summary of the basis of the final decision rendered for each investigation.

(3) LIMITATION.—Individually identifiable information shall be excluded from reports under paragraph (1) consistent with Federal privacy protections.

(b) REPORT ON BEST PRACTICES FOR PEER-SUPPORT SPECIALIST PROGRAMS, TRAINING, AND CERTIFICATION.—

(1) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, and biannually thereafter, the Assistant Secretary shall submit to the Congress and make publicly available a report on innovations, best practices, and professional standards in States for—

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

(B) training and certifying peer-support specialists.

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

(A) 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, serious emotional disturbance, or a substance use disorder, in consultation with and under the supervision of a licensed mental health or substance use treatment professional;

(B) has been an active participant in mental health or substance use treatment for at least the preceding 2 years;

(C) does not provide direct medical services; and

(D) does not perform services outside of his or her area of training, expertise, competence, or scope of practice.

In defining the term ''peer-support specialist'' for purposes of this section, the Assistant Secretary shall take into consideration the competencies of a peer-support specialist applied by the Department of Veterans Affairs.

(3) CONTENTS.—Each report under this subsection shall include information on best practices and standards with regard to the following:

(A) Hours of formal work or volunteer experience related to mental health and substance use issues.

(B) Types of peer specialist exams required.

(C) Code of ethics.

(D) Additional training required prior to certification, including in areas such as—

(i) psychopharmacology;

(ii) integrating physical medicine and mental health supportive services;

(iii) ethics;

(iv) scope of practice;

(v) crisis intervention;

(vi) identification and treatment of mental health disorders;

(vii) State confidentiality laws;

(viii) Federal privacy protections, including under the Health Insurance Portability and Accountability Act of 1996; and

(ix) other areas as determined by the Assistant Secretary.

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

(F) Required or recommended skill sets, including—

(i) identifying consumer risk indicators, including individual stressors, triggers, and indicators of pre-crisis symptoms;

(ii) explaining basic crisis avoidance techniques;

(iii) explaining basic suicide prevention concepts and techniques;

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

(v) identifying and responding appropriately to personal stressors, triggers, and indicators;

(vi) identifying the consumer's current stage of change or recovery;

(vii) teaching individuals how to access or participate in community mental health and related services; and

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

(G) Requirements for continuing education credits annually.

(c) REPORT ON THE STATE OF THE STATES IN MENTAL HEALTH AND SUBSTANCE USE TREATMENT.—Not later than 1 year after the date of enactment of this Act, and not less than every 2 years thereafter, the Assistant Secretary shall submit to the Congress and make available to the public a report on the state of the States in serious

mental illness, serious emotional disturbance, and substance use treatment, including the following:

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

(A) The numbers of individuals with serious mental illness, serious emotional disturbance, or substance use disorders who are served with Federal funds.

(B) The types of programs made available to individuals with serious mental illness, serious emotional disturbance, or substance use disorders.

(2) A summary of best practice models in the States highlighting programs that are cost effective, provide evidence-based care, increase access to care, integrate physical, psychiatric, psychological, and behavioral medicine, and improve outcomes for individuals with mental illness or substance use disorders.

(3) A statistical report of outcome measures in each State, including—

(A) rates of suicide, suicide attempts, substance abuse, overdose, overdose deaths, emergency psychiatric hospitalizations, and emergency room boarding; and

(B) for those with mental illness, arrests, incarcerations, victimization, homelessness, joblessness, employment, and enrollment in educational or vocational programs.

(4) Outcome measures on State-assisted outpatient treatment programs, including—

(A) rates of keeping treatment appointments and compliance with prescribed medications;

(B) participants' perceived effectiveness of the program;

(C) rates of the programs helping those with serious mental illness or serious emotional disturbance gain control over their lives;

(D) alcohol and drug abuse rates;

(E) incarceration and arrest rates;

(F) violence against persons or property;

(G) homelessness; and

(H) total treatment costs for compliance with the program.

(5) For States and counties with assisted outpatient treatment programs, the information reported under this subsection shall include a comparison of the outcomes of individuals with serious mental illness or serious emotional disturbance who par-

ticipated in the programs versus the outcomes of individuals who did not participate but were eligible to do so by nature of their history.

(6) For States and counties without assisted outpatient treatment programs, the information reported under this subsection shall include data on individuals with mental illness who—

(A) have a history of violence, incarceration, and arrests;

(B) have a history of emergency psychiatric hospitalizations;

(C) are substantially unlikely to participate in treatment on their own;

(D) may be unable for reasons other than indigence, to provide for any of their basic needs such as food, clothing, shelter, health, or safety;

(E) have a history of mental illness or condition that is likely to substantially deteriorate if the individual is not provided with timely treatment; and

(F) due to their mental illness, have a lack of capacity to fully understand or lack judgment, or diminished capacity to make informed

decisions, regarding their need for treatment, care, or supervision.

(d) REPORTING COMPLIANCE STUDY.—

(1) IN GENERAL.—The Assistant Secretary for Mental Health and Substance Use Disorders shall enter into an arrangement with the Institute of Medicine of the National Academies (or, if the Institute declines, another appropriate entity) under which, not later than 12 months after the date of enactment of this Act, the Institute will submit to the appropriate committees of Congress and make publicly available a report that evaluates the combined paperwork burden of—

(A) community mental health centers meeting the criteria specified in section 1913(c) of the Public Health Service Act (42 U.S.C. 300x–2), including such centers meeting such criteria as in effect on the day before the date of enactment of this Act; and

(B) certified community behavioral health clinics certified pursuant to section 223 of the Protecting Access to Medicare Act of 2014 (Public Law 113–93), as amended by section 505.

(2) SCOPE.—In preparing the report under subsection (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 and social service agencies to—

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

(B) 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

(C) make administrative and statutory recommendations to Congress (which recommendations may include a uniform methodology) to reduce the paperwork burden experienced by centers and clinics described in subparagraph (A) or (B) of paragraph (1).

SEC. 104. ADVISORY COUNCIL ON GRADUATE MEDICAL EDUCATION.

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

(1) by redesignating paragraphs (4) through (6) as paragraphs (5) through (7), respectively; and

(2) by inserting after paragraph (3) the following:

''(4) the Assistant Secretary for Mental Health and Substance Use Disorders;''.

TITLE II—GRANT REFORM AND RESTRUCTURING

SEC. 201. NATIONAL MENTAL HEALTH POLICY LABORATORY.

(a) IN GENERAL.—

(1) ESTABLISHMENT.—The Assistant Secretary for Mental Health and Substance Use Disorders shall establish, within the Office of the Assistant Secretary, the National Mental Health Policy Lab-

oratory (in this section referred to as the ''NMHPL'').

(2) DUTIES.—The Assistant Secretary, acting through the NMHPL, shall—

(A) identify, coordinate, and implement policy changes and other trends likely to have the most significant impact on mental health services and monitor their impact for grants administered by the Assistant Secretary;

(B) evaluate and disseminate to such grantees evidence-based practices and services delivery models using the best available science shown to be cost effective while enhancing the quality of care furnished to individuals;

(C) establish standards for the appointment of scientific peer-review panels to evaluate grant applications;

(D) establish standards for mental health grant programs under subsection (b); and

(E) make public recommendations on how sharing patients' protected health information among community-based mental health and substance use disorder providers can improve care coordination, medication adherence, and

the management of patients' care during transitions from one care setting to another.

(3) EVIDENCE-BASED PRACTICES AND SERVICE DELIVERY MODELS.—In selecting evidence-based best practices and service delivery models for evaluation and dissemination under paragraph (2)(C), the Assistant Secretary, acting through the NMHPL—

(A) shall give preference to models that improve—

(i) the coordination between mental health and physical health providers;

(ii) the coordination among such providers and the justice and corrections system; and

(iii) the cost effectiveness, quality, effectiveness, and efficiency of health care services furnished to individuals with serious mental illness or serious emotional disturbance, in mental health crisis, or at risk to themselves, their families, and the general public; and

(B) may include clinical protocols and practices used in the Recovery After Initial Schizophrenia Episode (RAISE) project and the North American Prodrome Longitudinal Study

(NAPLS) of the National Institute of Mental Health.

(4) DEADLINE FOR BEGINNING IMPLEMENTATION.—The Assistant Secretary, acting through the NMHPL, shall begin implementation of the duties described in this subsection not later than January 1, 2018.

(5) CONSULTATION.—In carrying out the duties under this subsection, the Assistant Secretary, acting through the NMHPL, shall consult with—

(A) representatives of the National Institute of Mental Health on organization, hiring decisions, and operations with respect to the NMHPL, initially and on an ongoing basis;

(B) other appropriate Federal agencies;

(C) clinical and analytical experts with expertise in psychiatric medical care and clinical psychological care, health care management, education, corrections health care, and mental health court systems; and

(D) other individuals and agencies as determined appropriate by the Assistant Secretary.

(b) STANDARDS FOR GRANT PROGRAMS.—

(1) IN GENERAL.—The Assistant Secretary, acting through the NMHPL, shall set standards for mental health grant programs administered by the Assistant Secretary, including standards for—

(A) the extent to which the grantee must have the capacity to implement the award;

(B) the extent to which the grant plan submitted by the grantee as part of its application must explain how the grantee will help to provide comprehensive community mental health or substance use services to adults with serious mental illness, serious emotional disturbance, or substance use disorders and children with serious emotional disturbances;

(C) the extent to which the grantee must identify priorities, as well as strategies and performance indicators to address those priorities for the duration of the grant;

(D) the extent to which the grantee must submit statements on the extent to which the grantee is meeting annual program priorities with quantifiable, objective, and scientific targets, measures, and outcomes;

(E) the extent to which grantees are expected to collaborate with other child-serving

systems such as child welfare, education, juvenile justice, and primary care systems;

(F) the extent to which the grantee must collect and report data;

(G) the extent to which the grantee must use evidence-based practices and the extent to which those evidence-based practices must be used with respect to a population similar to the population for which the evidence-based practices were shown to be effective; and

(H) the extent to which a grantee, when possible, must have a control group.

(2) PUBLIC DISCLOSURE OF RESULTS.—The Assistant Secretary, acting through the NMHPL—

(A) shall make the standards under paragraph (1) available to the public in a timely fashion; and

(B) may establish requirements for States and other entities receiving funds through grants under programs established or amended by this Act and under other mental health programs under the Public Health Service Act, including under a block grant under part B of title XIX of the Public Health Service Act (42 U.S.C. 300x et seq.), to collect information on

evidence-based best practices and services delivery models selected under section 101(c)(2), as the Assistant Secretary determines necessary to monitor and evaluate such models.

(c) COMPOSITION.—In selecting the staff of the NMHPL, the Assistant Secretary, acting through the NMHPL, in consultation with the Director of the National Institute of Mental Health, shall ensure that the staff shall consist of 5 categories of persons (for a total of 100 percent) as follows:

(1) At least 20 percent of the staff shall—

(A) have a doctoral degree in medicine or osteopathic medicine and clinical and research experience in psychiatry;

(B) have graduated from an Accreditation Council for Graduate Medical Education-accredited psychiatric residency program; and

(C) have an understanding of biological, psychosocial, and pharmaceutical treatments of mental illness and substance use disorders.

(2) At least 20 percent of the staff shall have a doctoral degree in psychology with—

(A) clinical and research experience regarding mental illness and substance use disorders; and

(B) an understanding of biological, psychosocial, and pharmaceutical treatments of mental illness and substance use disorders.

(3) At least 20 percent of the staff shall be professionals or academics with clinical or research expertise in substance use disorders and treatment.

(4) At least 20 percent of the staff shall be professionals or academics with expertise in research design and methodologies.

(5) At least 20 percent of the staff shall be mental health or substance use disorder treatment professionals, including those specializing in youth and adolescent treatment.

(d) REPORT ON QUALITY OF CARE.—Not later than 1 year after the date of enactment of this Act, and every 2 years thereafter, the Assistant Secretary, acting through the NMHPL, shall submit to the Congress and make publicly available a report on the quality of care furnished through grant programs administered by the Assistant Secretary under the respective services delivery models, including measurement of patient-level outcomes and public health outcomes such as—

(1) reduced rates of suicide, suicide attempts, substance abuse, overdose, overdose deaths, emergency psychiatric hospitalizations, emergency room

boarding, incarceration, crime, arrest, victimization, homelessness, and joblessness;

(2) rates of employment and enrollment in educational and vocational programs; and

(3) such other criteria as the Assistant Secretary may determine.

SEC. 202. INNOVATION GRANTS.

(a) IN GENERAL.—The Assistant Secretary shall award grants to State and local governments, educational institutions, and nonprofit organizations for expanding a model that has been scientifically demonstrated to show promise, but would benefit from further applied research, for—

(1) enhancing the screening, diagnosis, and treatment of mental illness, serious mental illness, serious emotional disturbance, and substance use disorders; or

(2) integrating or coordinating physical, mental health, and substance use services.

(b) DURATION.—A grant under this section shall be not less than 2 and not more than 5 years.

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

(1) not more than one-third shall be awarded for use for primary prevention; and

(2) not less than one-third shall be awarded for screening, diagnosis, treatment, or services, as described in subsection (a), for individuals (or subpopulations of individuals) who are below the age of 18 when activities funded through the grant award are initiated.

(d) GUIDELINES.—As a condition on receipt of an award under this section, an applicant shall agree to adhere to guidelines issued by the National Mental Health Policy Laboratory on research designs and data collection.

(e) TERMINATION.—The Assistant Secretary may terminate any award under this section upon a determination that—

(1) the recipient is not providing information requested by the National Mental Health Policy Laboratory or the Assistant Secretary in connection with the award; or

(2) there is a clear failure in the effectiveness of the recipient's programs or activities funded through the award.

(f) REPORTING.—As a condition on receipt of an award under this section, an applicant shall agree—

(1) to report to the National Mental Health Policy Laboratory and the Assistant Secretary the

results of programs and activities funded through the award;

(2) to make each such report publicly available; and

(3) to include in such reporting any relevant data requested by the National Mental Health Policy Laboratory and the Assistant Secretary.

(g) DEFINITION.—In this section, the term ''primary prevention'' means prevention that is designed to prevent a disease or condition from occurring among the general population without regard to identifying the presence of risk factors or symptoms in the population.

(h) FUNDING.—Of the amounts made available to the Center for Mental Health Services for fiscal year 2016 and each subsequent fiscal year, $20,000,000 are authorized to be used to carry out this section.

SEC. 203. DEMONSTRATION GRANTS.

(a) GRANTS.—The Assistant Secretary shall award grants to States, counties, local governments, educational institutions, and private nonprofit organizations for the expansion, replication, or scaling of evidence-based programs across a wider area to enhance effective screening, early diagnosis, intervention, and treatment with respect to mental illness, serious mental illness, serious emotional disturbance, and substance use disorders, primarily by—

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

(2) integrating models of care across specialties and jurisdictions; and

(3) assuring the sharing by providers, consistent with Federal and State privacy protections, of patients' protected health information—

(A) to facilitate care coordination and medication adherence; and

(B) to better manage patients' care during changes from one care setting to another.

(b) DURATION.—A grant under this section shall be for a period of not less than 5 years and not more than 10 years.

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

(1) not less than half shall be awarded for screening, diagnosis, intervention, and treatment, as described in subsection (a), for individuals (or subpopulations of individuals) who are below the age of 26 when activities funded through the grant award are initiated;

(2) no amounts shall be made available for any program or project that is not evidence-based unless

approved unanimously by the staff of the National Mental Health Policy Laboratory;

(3) no amounts shall be made available for primary prevention; and

(4) no amounts shall be made available solely for the purpose of expanding facilities or increasing staff at an existing program.

(d) GUIDELINES.—As a condition on receipt of an award under this section, an applicant shall agree to adhere to guidelines issued by the National Mental Health Policy Laboratory on research designs and data collection.

(e) TERMINATION.—The Assistant Secretary may terminate any award under this section upon a determination that—

(1) the recipient is not providing information requested by the National Mental Health Policy Laboratory or the Assistant Secretary in connection with the award; or

(2) there is a clear failure in the effectiveness of the recipient's programs or activities funded through the award.

(f) REPORTING.—As a condition on receipt of an award under this section, an applicant shall agree—

(1) to report to the National Mental Health Policy Laboratory and the Assistant Secretary the

results of programs and activities funded through the award;

(2) to make each such report publicly available; and

(3) to include in such reporting any relevant data requested by the National Mental Health Policy Laboratory and the Assistant Secretary.

(g) DEFINITION.—In this section, the term ''primary prevention'' means prevention that is designed to prevent a disease or condition from occurring among the general population without regard to identifying the presence of risk factors or symptoms in the population.

(h) FUNDING.—Of the amounts made available to the Center for Mental Health Services for fiscal year 2016 and each subsequent fiscal year, $20,000,000 are authorized to be used to carry out this section.

SEC. 204. EARLY CHILDHOOD INTERVENTION AND TREATMENT.

(a) GRANTS.—The Assistant Secretary, acting through the National Mental Health Policy Laboratory (in this section referred to as the ''NMHPL''), shall—

(1) award grants to eligible entities to initiate and undertake, for eligible children, early childhood intervention and treatment programs, and specialized preschool and elementary school programs, with

the goal of preventing chronic and serious mental illness or serious emotional disturbance;

(2) award grants to not more than 3 eligible entities for intervention outcomes study of children before and after treatment in programs funded under paragraph (1) on eligible children who were treated 5 or more years prior to the enactment of this Act; and

(3) ensure that programs and activities funded through grants under this subsection are based on a sound scientific model that shows evidence and promise and can be replicated in other settings.

(b) ELIGIBLE ENTITIES AND CHILDREN.—In this section:

(1) ELIGIBLE ENTITY.—The term ''eligible entity'' means a nonprofit institution that—

(A) is duly accredited by State mental health and education agencies, as applicable, for the treatment and education of children from 1 to 10 years of age; and

(B) provides services that include early childhood intervention and specialized preschool and elementary school programs focused on children whose primary need is a social or emo-

tional disability (in addition to any learning disability).

(2) ELIGIBLE CHILD.—The term ''eligible child'' means a child who is at least 0 years old and not more than 12 years old—

(A) whose primary need is a social and emotional disability (in addition to any learning disability);

(B) who is at risk of developing serious mental illness or serious emotional disturbance or shows early signs of mental illness; and

(C) who could benefit from early childhood intervention and specialized preschool or elementary school programs with the goal of preventing or treating chronic and serious mental illness or serious emotional disturbance.

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

(d) USE OF FUNDS FOR EARLY CHILDHOOD INTERVENTION AND TREATMENT PROGRAMS.—An eligible entity shall use amounts awarded under a grant under subsection (a)(1) to carry out the following activities:

(1) Deliver (or facilitate) for eligible children treatment and education, early childhood intervention, and specialized preschool and elementary school programs, including the provision of medically based child care and early education services.

(2) Treat and educate eligible children, including startup, curricula development, operating and capital needs, staff and equipment, assessment and intervention services, administration and medication requirements, enrollment costs, collaboration with primary care physicians, psychiatrists, and other licensed mental health professionals, other related services to meet emergency needs of children, and communication with families and medical professionals concerning the children.

(3) Develop and implement other strategies to address identified treatment and educational needs of eligible children that have reliable and valid evaluation modalities built into assess outcomes based on sound scientific metrics as determined by the NMHPL.

(e) USE OF FUNDS FOR INTERVENTION OUTCOMES STUDY.—In conducting a study on intervention outcomes through a grant under subsection (a)(2), an eligible entity shall include an analysis of—

(1) the individuals treated and educated;

(2) the success of such treatment and education in avoiding the onset of serious mental illness or serious emotional disturbance or the preparation of such children for the care and management of serious mental illness or serious emotional disturbance;

(3) any evidence-based best practices generally applicable as a result of such treatment and educational techniques used with such children; and

(4) the ability of programs to be replicated as a best practice model of intervention.

(f) REQUIREMENTS.—In carrying out this section, the Secretary shall ensure that each entity receiving a grant under subsection (a) maintains a written agreement with the Secretary, and provides regular written reports, as required by the Secretary, regarding the quality, efficiency, and effectiveness of intervention and treatment for eligible children preventing or treating the development and onset of serious mental illness or serious emotional disturbance.

(g) AMOUNT OF AWARDS.—

(1) AMOUNTS FOR EARLY CHILDHOOD INTERVENTION AND TREATMENT PROGRAMS.—The amount of an award to an eligible entity under sub-

section (a)(1) shall be not more than $600,000 per fiscal year.

(2) AMOUNTS FOR INTERVENTION OUTCOMES STUDY.—The total amount of an award to an eligible entity under subsection (a)(2) (for one or more fiscal years) shall be not less than $1,000,000 and not greater than $2,000,000.

(h) PROJECT TERMS.—The period of a grant—

(1) for awards under subsection (a)(1), shall be not less than 3 fiscal years and not more than 10 fiscal years; and

(2) for awards under subsection (a)(2), shall be not more than 10 fiscal years.

(i) MATCHING FUNDS.—The Assistant Secretary, acting through the NMHPL, may not award a grant under this section to an eligible entity unless the eligible entity agrees, with respect to the costs to be incurred by the eligible entity in carrying out the activities described in subsection (d), to make available non-Federal contributions (in cash or in kind) toward such costs in an amount equal to not less than 10 percent of Federal funds provided in the grant.

(j) FUNDING.—Of the amounts made available to the Center for Mental Health Services for fiscal year 2016 and

each subsequent fiscal year, $5,000,000 are authorized to be used to carry out this section.

SEC. 205. EXTENSION OF ASSISTED OUTPATIENT TREATMENT GRANT PROGRAM FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS OR SERIOUS EMOTIONAL DISTURBANCE.

Section 224 of the Protecting Access to Medicare Act of 2014 (42 U.S.C. 290aa note) is amended—

(1) in subsection (e), by striking ''and 2018'' and inserting ''2018, 2019, and 2020''; and

(2) in subsection (g)—

(A) in paragraph (1), by striking ''2018'' and inserting ''2020'';

(B) in paragraph (2)—

(i) by striking ''$15,000,000'' and inserting ''$20,000,000''; and

(ii) by striking ''2018'' and inserting ''2020''; and

(C) by adding at the end the following:

''(3) ALLOCATION.—Of the funds made available to carry out this section for a fiscal year, the Secretary shall allocate—

''(A) 20 percent of such funds for existing assisted outpatient treatment programs; and

''(B) 80 percent of such funds for new assisted outpatient treatment programs.''.

SEC. 206. BLOCK GRANTS.

(a) BEST PRACTICES IN CLINICAL CARE MODELS.—Section 1920 of the Public Health Service Act (42 U.S.C. 300x–9) is amended by adding at the end the following:

''(c) BEST PRACTICES IN CLINICAL CARE MODELS.—The Secretary, acting through the Director of the National Institute of Mental Health, shall obligate 5 percent of the amounts appropriated for a fiscal year under subsection (a) for translating evidence-based (as defined in section 2 of the Helping Families in Mental Health Crisis Act of 2015) interventions and best available science into systems of care, such as through models including—

''(1) the Recovery After an Initial Schizophrenia Episode research project of the National Institute of Mental Health; and

''(2) the North American Prodrome Longitudinal Study.''.

(b) ADMINISTRATION OF BLOCK GRANTS BY ASSISTANT SECRETARY.—Section 1911(a) of the Public Health Service Act (42 U.S.C. 300x) is amended by striking ''acting through the Director of the Center for Mental Health Services'' and inserting ''acting through the Assistant Secretary for Mental Health and Substance Use Disorders''.

(c) ADDITIONAL PROGRAM REQUIREMENTS.—

(1) INTEGRATED SERVICES.—Subsection (b)(1) of section 1912 of the Public Health Service Act (42 U.S.C. 300x–1(b)(1)) is amended—

(A) by striking ''The plan provides'' and inserting:

''(A) The plan provides'';

(B) in the subparagraph (A) inserted by paragraph (1), in the second sentence, by striking ''health and mental health services'' and inserting ''integrated physical and mental health services'';

(C) in such subparagraph (A), by striking ''The plan shall include'' through the period at the end and inserting ''The plan shall integrate and coordinate services to maximize the efficiency, effectiveness, quality, coordination, and cost effectiveness of those services and programs to produce the best possible outcomes for those with a serious mental illness or serious emotional disturbance.''; and

(D) by adding at the end the following new subparagraph:

''(B) The plan shall include a separate description of case management services and pro-

vide for activities leading to the reduction of rates of suicides, suicide attempts, substance abuse, overdose deaths, emergency hospitalizations, incarceration, crimes, arrest, and victimization, and the increase of rates of secure housing, employment, medication adherence, and educational attainment. The plan shall also include a detailed list of services available for eligible patients (as defined in subsection (d)(3)) in each county or county equivalent, including assisted outpatient treatment.''.

(2) DATA COLLECTION SYSTEM.—Subsection (b)(2) of section 1912 of the Public Health Service Act (42 U.S.C. 300x–1(b)(2)) is amended—

(A) by striking ''The plan contains an estimate of'' and inserting the following: ''The plan contains—

''(A) an estimate of'';

(B) in subparagraph (A), as inserted by paragraph (1), by inserting '', including reductions in homelessness, emergency hospitalization, arrest, incarceration, and unemployment for eligible patients (as defined in subsection (d)(3)),'' after ''targets'';

(C) in such subparagraph, by striking the period at the end and inserting ''; and''; and

(D) by adding at the end the following new subparagraph:

''(B) an agreement by the State to report to the National Mental Health Policy Laboratory and make publicly available such data as may be required by the Secretary concerning—

''(i) comprehensive community mental health services in the State; and

''(ii) public health outcomes for persons with serious mental illness or serious emotional disturbance in the State, including changes in rates of—

''(I) suicides, suicide attempts, substance abuse, overdose deaths, emergency hospitalizations, incarceration, crimes, arrest, and victimization; and

''(II) secure housing, employment, medication adherence, and educational attainment.''.

(3) IMPLEMENTATION OF PLAN.—Subsection (d) of section 1912 of the Public Health Service Act (42 U.S.C. 300x–1(d)) is amended—

(A) in paragraph (1)—

(i) by striking ''Except as provided'' and inserting:

''(A) Except as provided''; and

(ii) by adding at the end the following new subparagraph:

''(B) For eligible patients receiving treatment through funds awarded under a grant under section 1911, a State shall include in the State plan for the first year beginning after the date of the enactment of this subparagraph and each subsequent year, a de-individualized report, containing information that is open source and de-identified, on the services provided to those individuals, including—

''(i) outcomes and the overall cost of such treatment provided; and

''(ii) county or county equivalent level data on such patient population, including overall costs and raw number data on rates of involuntary inpatient and outpatient commitment orders, suicides, suicide attempts, substance abuse, overdose deaths, emergency hospitalizations, incarceration, crimes, arrest, victimization, secure hous-

ing, employment, medication adherence, and educational attainment.''; and

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

''(3) DEFINITION.—In this subsection, the term 'eligible patient' means an adult mentally ill person who—

''(A) may have a history of violence, incarceration, or medically unnecessary hospitalizations;

''(B) without supervision and treatment, may be a danger to self or others in the community;

''(C) is substantially unlikely to voluntarily participate in treatment;

''(D) may be unable, for reasons other than indigence, to provide for any of the basic needs of such person, such as food, clothing, shelter, health, or safety;

''(E) with a history of mental illness or condition that is likely to substantially deteriorate if the person is not provided with timely treatment;

''(F) due to mental illness, lacks capacity to fully understand or lacks judgment to make

informed decisions regarding his or her need for treatment, care, or supervision; and

''(G) is likely to improve in mental health and reduce the symptoms of serious mental illness or serious emotional disturbance when in treatment.''.

(4) TREATMENT UNDER STATE LAW.—

(A) IN GENERAL.—Section 1912 of the Public Health Service Act (42 U.S.C. 300x–1) is amended by adding at the end the following new subsections:

''(e) ASSISTED OUTPATIENT TREATMENT UNDER STATE LAW.—

''(1) IN GENERAL.—To receive a funding increase under section 1918(d)(1), a State shall have in effect a law under which a State court may order a treatment plan for an eligible patient that—

''(A) requires such patient to obtain outpatient mental health treatment while the patient is living in a community; and

''(B) is designed to improve access and adherence by such patient to intensive behavioral health services in order to—

''(i) avert relapse, repeated hospitalizations, arrest, incarceration, suicide,

property destruction, and violent behavior; and

''(ii) provide such patient with the opportunity to live in a less restrictive alternative to incarceration or involuntary hospitalization.

''(2) CERTIFICATION OF STATE COMPLIANCE.—A State may receive a funding increase under section 1918(d)(1) only if the Assistant Secretary for Mental Health and Substance Use Disorders reviews the State's law and certifies that it satisfies the criteria specified in paragraph (1).

''(3) MAINTENANCE OF EFFORT.—With respect to a law described in paragraph (1) for which a State seeks an increase under section 1918(d)(1), the State may receive such an increase only if the State agrees to maintain expenditures of non-Federal amounts for carrying out such law at a level that is not less than the average level of such expenditures maintained by the State for two years preceding the fiscal year for which the State is seeking the increase.

''(f) TREATMENT STANDARD UNDER STATE LAW.—

''(1) IN GENERAL.—To receive a funding increase under section 1918(d)(2)—

''(A) a State shall have in effect a law under which, if a State court finds by clear and convincing evidence that an individual, as a result of mental illness, is a danger to self, is a danger to others, is persistently or acutely disabled, or is gravely disabled and in need of treatment, and is either unwilling or unable to accept voluntary treatment, the court may order the individual to undergo inpatient or outpatient treatment; or

''(B) a State shall have in effect a law under which a State court must order an individual with a mental illness to undergo inpatient or outpatient treatment, the law was in effect on the date of enactment of the Helping Families in Mental Health Crisis Act of 2015, and the Secretary finds that the law allows a State court to order such treatment across all or a sufficient range of the type of circumstances described in subparagraph (A).

''(2) DEFINITION.—For purposes of paragraph (1), the term 'persistently or acutely disabled' refers to a serious mental illness or serious emotional disturbance that meets all the following criteria:

''(A) If not treated, the illness has a substantial probability of causing the individual to suffer or continue to suffer severe and abnormal mental, emotional, or physical harm that significantly impairs judgment, reason, behavior, or capacity to recognize reality.

''(B) The illness substantially impairs the individual's capacity to make an informed decision regarding treatment, and this impairment causes the individual to be incapable of understanding and expressing an understanding of the advantages and disadvantages of accepting treatment and understanding and expressing an understanding of the alternatives to the particular treatment offered after the advantages, disadvantages, and alternatives are explained to that individual.

''(C) The illness has a reasonable prospect of being treatable by outpatient, inpatient, or combined inpatient and outpatient treatment.''.

(B) FUNDING INCREASE.—Section 1918 of the Public Health Service Act (42 U.S.C. 300x–7) is amended—

(i) in subsection (a)(1), by striking ''subsection (b)'' and inserting ''subsections (b) and (d)''; and

(ii) by adding at the end the following new subsection:

''(d) INCREASES FOR CERTAIN STATES.—With respect to fiscal year 2016 and each subsequent fiscal year, the amount of the allotment of a State under section 1911 shall be for such fiscal year the amount that would otherwise be determined, without application of this subsection, for such State for such fiscal year—

''(1) increased by 2 percent (in addition to any increase under subparagraph (B)) if the State that has in effect a law described in section 1912(e)(1), which increase shall be solely for carrying out such law; and

''(2) increased by 2 percent (in addition to any increase under subparagraph (A)) if the State that has in effect a law described in subparagraph (A) or (B) of section 1912(f)(1).''.

(5) EVIDENCE-BASED SERVICES DELIVERY MODELS.—Section 1912 of the Public Health Service Act (42 U.S.C. 300x–1), as amended by paragraph (4), is further amended by adding at the end the following new subsection:

''(g) EXPANSION OF MODELS.—

''(1) IN GENERAL.—Taking into account the results of evaluations under section 201(a)(2)(C) of the Helping Families in Mental Health Crisis Act of 2015, the Assistant Secretary may, by rule, as part of the program of block grants under this subpart, provide for expanded use across the Nation of evidence-based service delivery models by providers funded under such block grants, so long as—

''(A) the Assistant Secretary for Mental Health and Substance Use Disorders (in this subsection referred to as the 'Assistant Secretary') determines that such expansion will—

''(i) result in more effective use of funds under such block grants without reducing the quality of care; or

''(ii) improve the quality of patient care without significantly increasing spending;

''(B) the Director of the National Institute of Mental Health determines that such expansion would improve the quality of patient care; and

''(C) the Assistant Secretary determines that the change will—

''(i) significantly reduce severity and duration of symptoms of mental illness;

''(ii) reduce rates of suicide, suicide attempts, substance abuse, overdose, emergency hospitalizations, emergency room boarding, incarceration, crime, arrest, victimization, homelessness, or joblessness; or

''(iii) significantly improve the quality of patient care and mental health crisis outcomes without significantly increasing spending.

''(2) CONGRESSIONAL REVIEW.—Any rule promulgated pursuant to paragraph (1) is deemed to be a major rule subject to congressional review and disapproval under chapter 8 of title 5, United States Code.''.

(d) PERIOD FOR EXPENDITURE OF GRANT FUNDS.—Section 1913 of the Public Health Service Act (42 U.S.C. 300x–2), as amended, is further amended by adding at the end the following:

''(d) PERIOD FOR EXPENDITURE OF GRANT FUNDS.—In implementing a plan submitted under section 1912(a), a State receiving grant funds under section 1911 may make such funds available to providers of services de-

scribed in subsection (b) for the provision of services without fiscal year limitation.''.

(e) ACTIVE OUTREACH AND ENGAGEMENT.—Section 1915 of the Public Health Service Act (42 U.S.C. 300x–4) is amended by adding at the end of the following:

''(c) ACTIVE OUTREACH AND ENGAGEMENT TO PERSONS WITH SERIOUS MENTAL ILLNESS OR SERIOUS EMOTIONAL DISTURBANCE.—A funding agreement for a grant under section 1911 is that the State involved has in effect active programs which may include assisted outpatient treatment, to engage persons with serious mental illness or serious emotional disturbance who are substantially unlikely to voluntarily seek treatment, in comprehensive services in order to avert relapse, repeated hospitalizations, arrest, incarceration, and suicide to provide the patient with the opportunity to live in the community through evidence-based (as defined in section 2 of the Helping Families in Mental Health Crisis Act of 2015) assertive outreach and engagement services targeting individuals that are homeless, have co-occurring disorders, or have a history of treatment failure. The Assistant Secretary for Mental Health and Substance Use Disorders shall work with the Director of the National Institute of Mental Health to develop a list of such evidence-based (as defined in section 2 of the Helping Families in Mental

Health Crisis Act of 2015) assertive outreach and engagement services, as well as criteria to be used to assess the scope and effectiveness of such approaches. These programs may include assistant outpatient treatment programs under State law where State courts may order a treatment plan for an eligible patient that requires—

''(1) such patient to obtain outpatient mental health treatment while the patient is living in the community; and

''(2) a design to improve access and adherence by such patient to intensive mental health services.''.

(f) FLEXIBLE USE OF MENTAL HEALTH AND SUBSTANCE USE DISORDER BLOCK GRANT FUNDS.—Section 1952 of the Public Health Service Act (42 U.S.C. 300x–62) is amended—

(1) by striking ''Any amounts'' and inserting ''(a) AVAILABILITY IN SUBSEQUENT FISCAL YEARS.–Any amounts''; and

(2) by adding at the end the following new subsection:

''(b) FLEXIBLE USE OF MENTAL HEALTH AND SUBSTANCE USE DISORDER BLOCK GRANT FUNDS.—Notwithstanding subparts I and II, any amounts paid to a State for a fiscal year under section 1911 may be used by the State in accordance with subpart II and any

amounts paid to a State for a fiscal year under section 1921 may be used by the State in accordance with subpart I.''.

SEC. 207. WORKFORCE DEVELOPMENT.

(a) TELEPSYCHIATRY AND PRIMARY CARE PHYSICIAN TRAINING GRANT PROGRAM.—

(1) IN GENERAL.—The Assistant Secretary of Mental Health and Substance Use Disorders (in this subsection referred to as the ''Assistant Secretary'') shall establish a grant program (in this subsection referred to as the ''grant program'') under which the Assistant Secretary shall award to 10 eligible States (as described in paragraph (5)) grants for carrying out all of the purposes described in paragraphs (2), (3), and (4).

(2) TRAINING PROGRAM FOR CERTAIN PRIMARY CARE PHYSICIANS.—For purposes of paragraph (1), the purpose described in this paragraph, with respect to a grant awarded to a State under the grant program, is for the State to establish a training program to train primary care physicians in—

(A) valid and reliable behavioral-health screening tools and interventions for violence and suicide risk, early signs of serious mental illness or serious emotional disturbance, and

untreated substance abuse, which may include any standardized behavioral-health screening tools and interventions that are determined appropriate by the Assistant Secretary;

(B) implementing the use of mental-health screening tools in their practices;

(C) establishment of recommended intervention and treatment protocols for individuals with early warning signs of mental illness or mental health crisis, including interventions for parents with children at risk for developing mental illness, and especially for individuals whose illness makes them less receptive to mental health services; and

(D) implementing the evidence-based collaborative care model of integrated medical-behavioral health care in their practices.

(3) PAYMENTS FOR MENTAL HEALTH SERVICES PROVIDED BY CERTAIN PRIMARY CARE PHYSICIANS.—

(A) IN GENERAL.—For purposes of paragraph (1), the purpose described in this paragraph, with respect to a grant awarded to a State under the grant program, is for the State to provide, in accordance with this paragraph,

in the case of a primary care physician who participates in the training program of the State established pursuant to paragraph (2), payments to the primary care physician for services furnished by the primary care physician.

(B) CONSIDERATIONS.—The Assistant Secretary, in determining the structure, quality, and form of payment under subparagraph (A) shall seek to find innovative payment systems which may take into account—

(i) the nature and quality of services rendered;

(ii) the patients' health outcome;

(iii) the geographical location where services were provided;

(iv) the acuteness of the patient's medical condition;

(v) the duration of services provided;

(vi) the feasibility of replicating the payment model in other locations nationwide; and

(vii) proper triage and enduring linkage to appropriate treatment providers for subspecialty care in child or forensic

issues; family crisis intervention; drug or alcohol rehabilitation; management of suicidal or violent behavior risk, and treatment for serious mental illness or serious emotional disturbance.

(4) TELEHEALTH SERVICES FOR MENTAL HEALTH DISORDERS.—

(A) IN GENERAL.—For purposes of paragraph (1), the purpose described in this paragraph, with respect to a grant awarded to a State under the grant program, is for the State to provide, in the case of an individual furnished items and services by a primary care physician during an office visit, for payment for a consultation provided by a psychiatrist or psychologist to such physician with respect to such individual through the use of qualified telehealth technology for the identification, diagnosis, mitigation, or treatment of a mental health disorder if such consultation occurs not later than the first business day that follows such visit.

(B) QUALIFIED TELEHEALTH TECHNOLOGY.—For purposes of subparagraph (A), the term ''qualified telehealth technology'', with

respect to the provision of items and services to a patient by a health care provider, includes the use of interactive audio, audio-only telephone conversation, video, or other telecommunications technology by a health care provider to deliver health care services within the scope of the provider's practice at a site other than the site where the patient is located, including the use of electronic media for consultation relating to the health care diagnosis or treatment of the patient.

(5) ELIGIBLE STATE.—

(A) IN GENERAL.—For purposes of this subsection, an eligible State is a State that has submitted to the Assistant Secretary an application under subparagraph (B) and has been selected under subparagraph (D).

(B) APPLICATION.—A State seeking to participate in the grant program under this subsection shall submit to the Assistant Secretary, at such time and in such format as the Assistant Secretary requires, an application that includes such information, provisions, and assurances as the Assistant Secretary may require.

(C) MATCHING REQUIREMENT.—The Assistant Secretary may not make a grant under the grant program unless the State involved agrees, with respect to the costs to be incurred by the State in carrying out the purposes described in this subsection, to make available non-Federal contributions (in cash or in kind) toward such costs in an amount equal to not less than 20 percent of Federal funds provided in the grant.

(D) SELECTION.—A State shall be determined eligible for the grant program by the Assistant Secretary on a competitive basis among States with applications meeting the requirements of subparagraphs (B) and (C). In selecting State applications for the grant program, the Secretary shall seek to achieve an appropriate national balance in the geographic distribution of grants awarded under the grant program.

(6) TARGET POPULATION.—In seeking a grant under this subsection, a State shall demonstrate how the grant will improve care for individuals with co-occurring mental health and physical health conditions, vulnerable populations, socially isolated popu-

lations, rural populations, and other populations who have limited access to qualified mental health providers.

(7) LENGTH OF GRANT PROGRAM.—The grant program under this subsection shall be conducted for a period of 3 consecutive years.

(8) PUBLIC AVAILABILITY OF FINDINGS AND CONCLUSIONS.—Subject to Federal privacy protections with respect to individually identifiable information, the Assistant Secretary shall make the findings and conclusions resulting from the grant program under this subsection available to the public.

(9) AUTHORIZATION OF APPROPRIATIONS.—Out of any funds in the Treasury not otherwise appropriated, there is authorized to be appropriated to carry out this subsection, $3,000,000 for each of the fiscal years 2016 through 2020.

(10) REPORTS.—

(A) REPORTS.—For each fiscal year that grants are awarded under this subsection, the Assistant Secretary and the National Mental Health Policy Laboratory shall conduct a study on the results of the grants and submit to the Congress and make publicly available a report on such results that includes the following:

(i) An evaluation of the grant program outcomes, including a summary of activities carried out with the grant and the results achieved through those activities.

(ii) Recommendations on how to improve access to mental health services at grantee locations.

(iii) An assessment of access to mental health services under the program.

(iv) An assessment of the impact of the demonstration project on the costs of the full range of mental health services (including inpatient, emergency, and ambulatory care).

(v) Recommendations on congressional action to improve the grant.

(vi) Recommendations to improve training of primary care physicians.

(B) REPORT.—Not later than December 31, 2018, the Assistant Secretary and the National Mental Health Policy Laboratory shall submit to Congress and make available to the public a report on the findings of the evaluation under subparagraph (A) and also a policy out-

line on how Congress can expand the grant program to the national level.

(b) LIABILITY PROTECTIONS FOR HEALTH CARE PROFESSIONAL VOLUNTEERS AT COMMUNITY HEALTH CENTERS AND CERTIFIED 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.

''(3) In providing a health care service to an individual, a health care professional shall for purposes of this subsection be considered to be a health professional volunteer at an entity described in subsection (g)(4) or at a federally qualified community behavioral health clinic if the following conditions are met:

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

''(B) The center or entity is sponsoring the health care professional volunteer pursuant to paragraph (4)(B).

''(C) The health care professional does not receive any compensation for the service from the individual or from any third-party payer (including reimbursement under any insurance policy or health plan, or under any Federal or State health benefits program), except that the health care professional may receive repayment from the entity described in subsection (g)(4) or the center for reasonable ex-

penses incurred by the health care professional in the provision of the service to the individual.

''(D) Before the service is provided, the health care professional or the center or entity described in subsection (g)(4) posts a clear and conspicuous notice at the site where the service is provided of the extent to which the legal liability of the health care professional is limited pursuant to this subsection.

''(E) At the time the service is provided, the health care professional is licensed or certified in accordance with applicable law regarding the provision of the service.

''(4) Subsection (g) (other than paragraphs (3) and (5)) and subsections (h), (i), and (l) apply to a health care professional for purposes of this subsection to the same extent and in the same manner as such subsections apply to an officer, governing board member, employee, or contractor of an entity described in subsection (g)(4), subject to paragraph (5) and subject to the following:

''(A) The first sentence of paragraph (2) applies in lieu of the first sentence of subsection (g)(1)(A).

''(B) With respect to an entity described in subsection (g)(4) or a federally qualified community behavioral health clinic, a health care professional is

not a health professional volunteer at such center unless the center sponsors the health care professional. For purposes of this subsection, the center shall be considered to be sponsoring the health care professional if—

''(i) with respect to the health care professional, the center submits to the Secretary an application meeting the requirements of subsection (g)(1)(D); and

''(ii) the Secretary, pursuant to subsection (g)(1)(E), determines that the health care professional is deemed to be an employee of the Public Health Service.

''(C) In the case of a health care professional who is determined by the Secretary pursuant to subsection (g)(1)(E) to be a health professional volunteer at such center, this subsection applies to the health care professional (with respect to services described in paragraph (2)) for any cause of action arising from an act or omission of the health care professional occurring on or after the date on which the Secretary makes such determination.

''(D) Subsection (g)(1)(F) applies to a health professional volunteer for purposes of this subsection only to the extent that, in providing health services

to an individual, each of the conditions specified in paragraph (3) is met.

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

''(B) Not later than May 1 of each fiscal year, the Attorney General, in consultation with the Secretary, shall submit to the Congress and make publicly available a report providing an estimate of the amount of claims (together with related fees and expenses of witnesses) that, by reason of the acts or omissions of health care professional volunteers, will be paid pursuant to this subsection during the calendar year that begins in the following fiscal year. Subsection (k)(1)(B) applies to the estimate under the preceding sentence regarding health care professional volunteers to the same extent and in the same manner as such subsection applies to the estimate under such subsection regarding officers, governing board members, employees, and contractors of entities described in subsection (g)(4).

''(C) Not later than December 31 of each fiscal year, the Secretary shall transfer from the fund under subsection (k)(2) to the appropriate accounts in the Treasury

an amount equal to the estimate made under subparagraph (B) for the calendar year beginning in such fiscal 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.''.

(c) 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;

''(2) improving the quality of mental and substance use disorder prevention and treatment delivered to ethnic minorities; and

''(3) increasing the number of culturally competent behavioral health professionals who teach, administer, conduct services research, and provide direct mental health or substance use services to underserved minority populations.

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

''(c) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated $11,000,000 for fiscal year 2016, $14,000,000 for fiscal year 2017, $16,000,000 for fiscal year 2018, $18,000,000 for fiscal year 2019, and $20,000,000 for fiscal year 2020.''.

(d) NATIONAL HEALTH SERVICE CORPS.—

(1) DEFINITIONS.—

(A) PRIMARY HEALTH SERVICES.—Section 331(a)(3)(D) of the Public Health Service Act (42 U.S.C. 254d(a)(3)) is amended by inserting ''(including pediatric mental health subspecialty services)'' after ''pediatrics''.

(B) BEHAVIORAL AND MENTAL HEALTH PROFESSIONALS.—Clause (i) of section 331(a)(3)(E)(i) of the Public Health Service Act (42 U.S.C. 254d(a)(3)(E)(i)) is amended by inserting ''(and pediatric subspecialists thereof)'' before the period at the end.

(C) HEALTH PROFESSIONAL SHORTAGE AREA.—Section 332(a)(1) of the Public Health Service Act is amended by inserting ''(including children and adolescents)'' after ''population group''.

(D) MEDICAL FACILITY.—Section 332(a)(2)(A) of the Public Health Service Act is amended by inserting ''medical residency or fellowship training site for training in child and adolescent psychiatry,'' before ''facility operated by a city or county health department,''.

(2) ELIGIBILITY TO PARTICIPATE IN LOAN REPAYMENT PROGRAM.—Section 338A(b)(1)(B) of the Public Health Service Act (42 U.S.C. 254l–

1(b)(1)(B)) is amended by inserting ", including any physician child and adolescent psychiatry residency or fellowship training program" after "be enrolled in an approved graduate training program in medicine, osteopathic medicine, dentistry, behavioral and mental health, or other health profession".

(e) CRISIS INTERVENTION GRANTS FOR POLICE OFFICERS AND FIRST RESPONDERS.—

(1) GRANTS.—The Assistant Secretary may award grants to provide specialized training to law enforcement officers, corrections officers, paramedics, emergency medical services workers, and other first responders (including village public safety officers (as defined in section 247 of the Indian Arts and Crafts Amendments Act of 2010 (42 U.S.C. 3796dd note)))—

(A) to recognize individuals who have mental illness and how to properly intervene with individuals with mental illness; and

(B) to establish programs that enhance the ability of law enforcement agencies to address the mental health, behavioral, and substance use problems of individuals encountered in the line of duty.

(2) FUNDING.—Of the amounts made available to the Center for Mental Health Services for fiscal year 2016 and each subsequent fiscal year, $5,000,000 are authorized to be used to carry out this section.

SEC. 208. AUTHORIZED GRANTS AND PROGRAMS.

(a) CHILDREN'S RECOVERY FROM TRAUMA.—Section 582 of the Public Health Service Act (42 U.S.C. 290hh–1) is amended—

(1) in subsection (a), by striking ''developing programs'' and all that follows and inserting the following: ''developing and maintaining programs that provide for—

''(1) the continued operation of the National Child Traumatic Stress Initiative (referred to in this section as the 'NCTSI'), which includes a coordinating center, that focuses on the mental, behavioral, and biological aspects of psychological trauma response; and

''(2) the development of knowledge with regard to evidence-based (as defined in section 2 of the Helping Families in Mental Health Crisis Act of 2015) practices for identifying and treating mental, behavioral, and biological disorders of children and

youth resulting from witnessing or experiencing a traumatic event.'';

(2) in subsection (b)—

(A) by striking ''subsection (a) related'' and inserting ''subsection (a)(2) (related'';

(B) by striking ''treating disorders associated with psychological trauma'' and inserting ''treating mental, behavioral, and biological disorders associated with psychological trauma)''; and

(C) by striking ''mental health agencies and programs that have established clinical and basic research'' and inserting ''universities, hospitals, mental health agencies, and other programs that have established clinical expertise and research'';

(3) by redesignating subsections (c) through (g) as subsections (g) through (k), respectively;

(4) by inserting after subsection (b), the following:

''(c) CHILD OUTCOME DATA.—The NCTSI coordinating center shall collect, analyze, report, and make publicly available NCTSI-wide child treatment process and outcome data regarding the early identification and delivery of evidence-based (as defined in section 2 of the Help-

ing Families in Mental Health Crisis Act of 2015) treatment and services for children and families served by the NCTSI grantees.

''(d) TRAINING.—The NCTSI coordinating center shall facilitate the coordination of training initiatives in evidence-based (as defined in section 2 of the Helping Families in Mental Health Crisis Act of 2015) and trauma-informed treatments, interventions, and practices offered to NCTSI grantees, providers, and partners.

''(e) DISSEMINATION.—The NCTSI coordinating center shall, as appropriate, collaborate with the Secretary in the dissemination of evidence-based and trauma-informed interventions, treatments, products, and other resources to appropriate stakeholders.

''(f) REVIEW.—The Secretary shall, consistent with the peer-review process, ensure that NCTSI applications are reviewed by appropriate experts in the field as part of a consensus review process. The Secretary shall include review criteria related to expertise and experience in child trauma and evidence-based (as defined in section 2 of the Helping Families in Mental Health Crisis Act of 2015) practices.'';

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

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

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

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

(b) REDUCING THE STIGMA OF SERIOUS MENTAL ILLNESS OR SERIOUS EMOTIONAL DISTURBANCE.—

(1) IN GENERAL.—The Secretary of Education, along with the Assistant Secretary for Mental Health and Substance Use Disorders, shall organize a national awareness campaign involving public health organizations, advocacy groups for persons with serious mental illness or serious emotional disturbance, and social media companies to assist secondary school students and postsecondary students in—

(A) reducing the stigma associated with serious mental illness or serious emotional disturbance;

(B) understanding how to assist an individual who is demonstrating signs of a serious mental illness or serious emotional disturbance;

(C) understanding the importance of seeking treatment from a physician, clinical psychologist, or licensed mental health professional when a student believes the student may be suffering from a serious mental illness, serious emotional disturbance, or behavioral health disorder; and

(D) understanding how serious mental illness or serious emotional disturbance can cause hallucinations, delusions, and cognitive impairment that affect behavior.

(2) DATA COLLECTION.—The Assistant Secretary for Mental Health and Substance Use Disorders shall—

(A) evaluate the program under subsection (a) on public health to determine whether the program has made an impact on public health, including mortality rates of persons with serious mental illness or serious emotional disturbance, prevalence of serious mental illness and serious emotional disturbance, physician and

clinical psychological visits, emergency room visits; and

(B) submit a report on the evaluation to the National Mental Health Policy Laboratory and make such report publicly available.

(3) SECONDARY SCHOOL DEFINED.—For purposes of this section, the term ''secondary school'' has the meaning given the term in section 9101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801).

(c) GARRETT LEE SMITH REAUTHORIZATION.—

(1) INTERAGENCY RESEARCH, TRAINING, AND TECHNICAL ASSISTANCE CENTERS.—Section 520C of the Public Health Service Act (42 U.S.C. 290bb–34) is amended—

(A) in subsection (d)—

(i) in paragraph (1), by striking ''youth suicide early intervention and prevention strategies'' and inserting ''suicide early intervention and prevention strategies for all ages, particularly for youth'';

(ii) in paragraph (2), by striking ''youth suicide early intervention and prevention strategies'' and inserting ''suicide

early intervention and prevention strategies for all ages, particularly for youth'';

(iii) in paragraph (3)—

(I) by striking ''youth''; and

(II) by inserting before the semicolon the following: ''for all ages, particularly for youth'';

(iv) in paragraph (4), by striking ''youth suicide'' and inserting ''suicide for all ages, particularly among youth'';

(v) in paragraph (5), by striking ''youth suicide early intervention techniques and technology'' and inserting ''suicide early intervention techniques and technology for all ages, particularly for youth'';

(vi) in paragraph (7)—

(I) by striking ''youth''; and

(II) by inserting ''for all ages, particularly for youth,'' after ''strategies''; and

(vii) in paragraph (8)—

(I) by striking ''youth suicide'' each place that such appears and inserting ''suicide''; and

(II) by striking ''in youth'' and inserting ''among all ages, particularly among youth''; and

(B) by amending subsection (e) to read as follows:

''(e) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated $5,988,000 for each of fiscal years 2016 through 2020.''.

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

(A) in subsection (b), by striking paragraph (2) and inserting the following:

''(2) LIMITATION.—In carrying out this section, the Secretary shall ensure that a State does not receive more than one grant or cooperative agreement under this section at any one time. For purposes of the preceding sentences, a State shall be considered to have received a grant or cooperative agreement if the eligible entity involved is the State or an entity designated by the State under paragraph (1)(B). Nothing in this paragraph shall be construed to

apply to entities described in paragraph (1)(C).''; and

(B) by striking subsection (m) and inserting the following:

''(m) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated $35,427,000 for each of fiscal years 2016 through 2020.''.

(3) MENTAL AND BEHAVIORAL HEALTH SERVICES ON CAMPUS.—Section 520E–2(h) of the Public Health Service Act (42 U.S.C. 290bb–36b(h)) is amended by striking ''$5,000,000 for fiscal year 2005'' and all that follows through the period and inserting ''$6,488,000 for each of fiscal years 2016 through 2020.''.

SEC. 209. SENSE OF CONGRESS ON PRIORITIZING NATIVE AMERICAN YOUTH AND SUICIDE PREVENTION PROGRAMS.

(a) FINDINGS.—The Congress finds as follows:

(1) Suicide is the eighth leading cause of death among American Indians and Alaska Natives across all ages.

(2) Among American Indians and Alaska Natives who are 10 to 34 years of age, suicide is the second leading cause of death.

(3) The suicide rate among American Indian and Alaska Native adolescents and young adults ages 15 to 34 (19.5 per 100,000) is 1.5 times higher than the national average for that age group (12.9 per 100,000).

(b) SENSE OF CONGRESS.—It is the sense of Congress that the Secretary of Health and Human Services, in carrying out programs for Native American youth and suicide prevention programs for youth suicide intervention, should prioritize programs and activities for individuals who have a high risk or disproportional burden of suicide, such as Native Americans.

TITLE III—INTERAGENCY SERIOUS MENTAL ILLNESS COORDINATING COMMITTEE

SEC. 301. INTERAGENCY SERIOUS MENTAL ILLNESS COORDINATING COMMITTEE.

Title V of the Public Health Service Act, as amended by section 101, is further amended by inserting after section 501 of such Act the following:

"SEC. 501A. INTERAGENCY SERIOUS MENTAL ILLNESS COORDINATING COMMITTEE.

''(a) ESTABLISHMENT.—The Assistant Secretary for Mental Health and Substance Use Disorders (in this section referred to as the 'Assistant Secretary') shall convene

a committee, to be known as the Interagency Serious Mental Illness Coordinating Committee (in this section referred to as the 'Committee'), to assist the Assistant Secretary in carrying out the Assistant Secretary's duties.

''(b) RESPONSIBILITIES.—The Committee shall—

''(1) develop and annually update a summary of advances in serious mental illness and serious emotional disturbance research related to causes, prevention, treatment, early screening, diagnosis or rule out, intervention, and access to services and supports for individuals with serious mental illness or serious emotional disturbance;

''(2) review Federal activities with respect to serious mental illness and serious emotional disturbance;

''(3) make recommendations to the Assistant Secretary regarding any appropriate changes to such activities, including recommendations to the Director of NIH with respect to the strategic plan developed under paragraph (6);

''(4) make recommendations to the Assistant Secretary regarding public participation in decisions relating to serious mental illness or serious emotional disturbance;

''(5) develop and annually update a strategic plan for advancing—

''(A) public utilization of effective mental health services; and

''(B) adherence with treatment;

''(6) develop and annually update a strategic plan for the conduct of, and support for, serious mental illness and serious emotional disturbance research, including proposed budgetary requirements;

''(7) develop a plan—

''(A) to end incarceration of individuals with serious mental illness or serious emotional disturbance for nonviolent offenses within 10 years; and

''(B) to use the resulting savings for funding the prevention, treatment, and rehabilitation of mental illness and substance abuse, and other services authorized under this Act; and

''(8) submit to the Congress such strategic plan and any updates to such plan.

''(c) MEMBERSHIP.—

''(1) IN GENERAL.—The Committee shall be composed of—

''(A) the Assistant Secretary for Mental Health and Substance Use Disorders (or the

Assistant Secretary's designee), who shall serve as the Chair of the Committee;

''(B) the Director of the National Institute of Mental Health (or the Director's designee);

''(C) the Attorney General of the United States (or the Attorney General's designee);

''(D) the Director of the Centers for Disease Control and Prevention (or the Director's designee);

''(E) the Administrator of the Centers for Medicare & Medicaid Services;

''(F) the Director of the National Institutes of Health (or the Director's designee);

''(G) the directors of such national research institutes of the National Institutes of Health as the Assistant Secretary for Mental Health and Substance Use Disorders determines appropriate (or their designees);

''(H) a member of the United States Interagency Council on Homelessness;

''(I) the Director of the Bureau of Indian Affairs (or the Director's designee);

''(J) the Secretary of Defense (or the Secretary's designee);

''(K) the Secretary of Education (or the Secretary's designee);

''(L) the Secretary of Housing and Urban Development (or the Secretary's designee);

''(M) the Secretary of Labor (or the Secretary's designee);

''(N) the Secretary of Veterans Affairs (or the Secretary's designee);

''(O) the Commissioner of Social Security (or the Commissioner's designee); and

''(P) 4 members, of which—

''(i) 1 shall be appointed by the Speaker of the House of Representatives;

''(ii) 1 shall be appointed by the minority leader of the House of Representatives;

''(iii) 1 shall be appointed by the majority leader of the Senate; and

''(iv) 1 shall be appointed by the minority leader of the Senate; and

''(Q) the additional members appointed under paragraph (2).

''(2) ADDITIONAL MEMBERS.—Not fewer than 14 members of the Committee, or ⅓ of the total membership of the Committee, whichever is greater,

shall be composed of non-Federal public members to be appointed by the Assistant Secretary, of which—

''(A) at least one such member shall be an individual in recovery from a diagnosis of serious mental illness or serious emotional disturbance who has benefitted from (or is benefitting from) and is receiving medical treatment under the care of a licensed mental health professional;

''(B) at least one such member shall be a parent or legal guardian of an individual with a history of serious mental illness or serious emotional disturbance who has either attempted suicide or is incarcerated for violence committed while experiencing a serious mental illness or serious emotional disturbance;

''(C) at least one such member shall be a representative of a leading research, advocacy, and service organization for individuals with serious mental illness or serious emotional disturbance;

''(D) at least one such member shall be—

''(i) a licensed psychiatrist with experience treating serious mental illness or serious emotional disturbance; or

''(ii) a licensed clinical psychologist with experience treating serious mental illness and serious emotional disturbance;

''(E) at least one member shall be a licensed mental health counselor or psychotherapist;

''(F) at least one member shall be a licensed clinical social worker;

''(G) at least one member shall be a licensed psychiatric nurse or nurse practitioner;

''(H) at least one member shall be a mental health professional with a significant focus in his or her practice working with children and adolescents;

''(I) at least one member shall be a mental health professional who spends a significant concentration of his or her professional time or leadership practicing community mental health;

''(J) at least one member shall be a mental health professional with substantial experience working with mentally ill individuals who have a history of violence or suicide;

''(K) at least one such member shall be an accredited or State certified mental health peer specialist;

''(L) at least one member shall be a judge with experiences applying assisted outpatient treatment;

''(M) at least one member shall be a law enforcement officer with extensive experience in interfacing with individuals in mental health crisis; and

''(N) at least one member shall be a local corrections officer.

''(d) REPORTS TO CONGRESS.—Not later than 1 year after the date of enactment of this Act, and every 2 years thereafter, the Committee shall submit and make publicly available a report to the Congress—

''(1) analyzing the efficiency, effectiveness, quality, coordination, and cost effectiveness of Federal programs and activities relating to the prevention of, or treatment or rehabilitation for, mental health or substance use disorders, including an accounting of the costs of such programs and activities, with administrative costs disaggregated from the costs of services and care provided;

''(2) evaluating the impact on public health of projects addressing priority mental health needs of regional and national significance under sections

501, 509, 516, and 520A including measurement of public health outcomes such as—

''(A) reduced rates of suicide, suicide attempts, substance abuse, overdose, overdose deaths, emergency hospitalizations, emergency room boarding, incarceration, crime, arrest, victimization, homelessness, and joblessness;

''(B) increased rates of employment and enrollment in educational and vocational programs; and

''(C) such other criteria as may be determined by the Assistant Secretary;

''(3) formulating recommendations for the coordination and improvement of Federal programs and activities described in paragraph (2);

''(4) identifying any such programs and activities that are duplicative; and

''(5) summarizing all recommendations made, activities carried out, and results achieved pursuant to the workforce development strategy under section 501(b)(9) of the Public Health Service Act, as amended by section 101.

''(e) ADMINISTRATIVE SUPPORT; TERMS OF SERVICE; OTHER PROVISIONS.—The following provisions shall apply with respect to the Committee:

''(1) The Assistant Secretary shall provide such administrative support to the Committee as may be necessary for the Committee to carry out its responsibilities.

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

''(3) The Committee shall meet at the call of the chair or upon the request of the Assistant Secretary. The Committee shall meet not fewer than 2 times each year.

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

''(f) SUBCOMMITTEES; ESTABLISHMENT AND MEMBERSHIP.—In carrying out its functions, the Committee may establish subcommittees and convene workshops and conferences. Such subcommittees shall be composed of Committee members and may hold such meetings as are

necessary to enable the subcommittees to carry out their duties.''.

TITLE IV—COMPASSIONATE COMMUNICATION UNDER HIPAA AND FERPA

SEC. 401. PROMOTING APPROPRIATE TREATMENT FOR MENTALLY ILL INDIVIDUALS BY TREATING THEIR CAREGIVERS AS PERSONAL REPRESENTATIVES FOR PURPOSES OF HIPAA PRIVACY REGULATIONS.

(a) CAREGIVER ACCESS TO INFORMATION.—In applying section 164.502(g) of title 45, Code of Federal Regulations, to an individual with a serious mental illness or serious emotional disturbance who does not provide consent for the disclosure of protected health information of such individual to a caregiver of such individual, the caregiver shall be treated by a covered entity as a personal representative of such individual if—

(1) the provider furnishing services to the individual reasonably believes that making the protected health information of such individual available to the caregiver is necessary to protect the health, safety, or welfare of the individual or the safety of one or more other individuals;

(2) such disclosure is for information limited to the diagnoses, treatment recommendations, appointment scheduling, medications, and medication-related instructions, but not including any personal psychotherapy notes; and

(3) the absence of such information and proper treatment will lead to a worsening prognosis or an acute medical condition (which may include diabetes, heart disease, lung disease, or infectious disease) or mental health condition.

(b) TRAINING.—In applying section 164.530 of title 45, Code of Federal Regulations, the training described in paragraph (b)(1) of such section shall include training with respect to the permissible disclosure of information under section 164.502(g) of such title.

(c) AGE OF MAJORITY.—In applying section 164.502(g) of title 45, Code of Federal Regulations, notwithstanding any other provision of law, an unemancipated minor shall be an individual under the age of 18 years.

(d) PROVIDER ACCESS TO INFORMATION.—Health care providers may listen to information or review medical history provided by family members or other caregivers who may have concerns about the health and well-being

of the patient, so the health care provider can factor that information into the patient's care.

(e) DEFINITIONS.—For purposes of this section:

(1) COVERED ENTITY.—The term ''covered entity'' has the meaning given such term in section 106.103 of title 45, Code of Federal Regulations.

(2) PROTECTED HEALTH INFORMATION.—The term ''protected health information'' has the meaning given such term in section 106.103 of title 45, Code of Federal Regulations.

(3) CAREGIVER.—The term ''caregiver'' means, with respect to an individual with a serious mental illness or serious emotional disturbance—

(A) an immediate family member of such individual;

(B) an individual who assumes primary responsibility for providing a basic need of such individual; or

(C) a personal representative of the individual as determined by the law of the State in which such individual resides;

who can establish a longstanding involvement and is responsible with the individual and the health care of the individual, and who does not have a documented history of abuse of the individual.

(4) INDIVIDUAL WITH A SERIOUS MENTAL ILLNESS OR SERIOUS EMOTIONAL DISTURBANCE.—The term ''individual with a serious mental illness or serious emotional disturbance'' means, with respect to the disclosure to a caregiver of protected health information of an individual, an individual who—

(A) is 18 years of age or older;

(B) by nature of the severe mental illness, as determined by a physician or psychologist, has or has had a diminished capacity to fully understand or follow a treatment plan for the medical condition involved or may become gravely disabled in absence of treatment; and

(C) has, within one year before the date of the disclosure, been evaluated, diagnosed, or treated for a mental, behavioral, or emotional disorder that—

(i) is determined by a physician to be of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual of Mental Disorders; and

(ii) results in functional impairment of the individual that substantially inter-

feres with or limits one or more major life activities of the individual.

Such term includes an individual with autism spectrum disorder or other developmental disability if such individual has a co-occurring mental illness.

SEC. 402. CAREGIVERS PERMITTED ACCESS TO CERTAIN EDUCATION RECORDS UNDER FERPA.

Section 444 of the General Education Provisions Act (20 U.S.C. 1232g) is amended by adding at the end the following new subsection:

''(k) DISCLOSURES TO CAREGIVERS.—

''(1) IN GENERAL.—With respect to a student who is 18 years of age or older, an educational agency or institution may disclose to the caregiver of the student, without regard to whether the student has explicitly provided consent to the agency or institution for the disclosure of the student's education record, the education record of such student if a physician (as defined in paragraphs (1) and (2) of section 1861(r) of the Social Security Act), psychologist, or other recognized health professional or paraprofessional acting in his or her professional or paraprofessional capacity, or assisting in that capacity reasonably believes such disclosure to the care-

giver is necessary to protect the health, safety, or welfare of such student or the safety of one or more other individuals.

''(2) DEFINITIONS.—In this subsection:

''(A) CAREGIVER.—The term 'caregiver' means, with respect to a student, a family member or immediate past legal guardian who assumes a primary responsibility for providing a basic need of such student (such as a family member or past legal guardian of the student who has assumed the responsibility of co-signing a loan with the student).

''(B) EDUCATION RECORD.—Notwithstanding subsection (a)(4)(B), the term 'education record' shall include a record described in clause (iv) of such subsection.''.

SEC. 403. CONFIDENTIALITY OF RECORDS.

Section 543 of the Public Health Service Act (42 U.S.C. 290dd–2) is amended—

(1) in subsection (b)(2), by adding at the end the following:

''(C)(i) Within accountable care organizations described in section 1899 of the Social Security Act, health information exchanges (as defined for purposes of section 3013), health

homes (as defined in section 1945(h)(3) of such Act, or other organized health care arrangements or community-based systems of care; and

''(ii) insofar as the disclosure—

''(I) involves the interchange of electronic health records (as defined in section 13400 of division A of Public Law 111–5)); and

''(II) is for the purposes of enabling treatment, payment, and health care operations as defined in section 164.501 of title 45 of the Code of Federal Regulations, or securing and providing patient safety.''; and

(2) by adding at the end the following new subsection:

[''(i) CLARIFICATION.—In applying this section and part 2 of title 42 of the Code of Federal Regulations, the Secretary shall be considered a 'program director' and not a 'third party payor', as such terms are defined under such part, for purposes of disclosing patient identifying information to qualified researchers. In carrying out the previous sentence, the Secretary shall, by not later than January 1, 2016, and subject to privacy restrictions under such part, restore access to qualified researchers of patient

identifying information held by the Centers for Medicare & Medicaid Services for the programs under titles XVIII and XIX of the Social Security Act.''.]

SEC. 404. MODEL PROGRAM AND MATERIALS FOR TRAINING HEALTH CARE PROVIDERS ON DISCLOSING PROTECTED HEALTH INFORMATION TO COMMUNITY-BASED PROVIDERS.

To facilitate care coordination and medication adherence, and to manage patients' care during transitions from one care setting to another, the Secretary of Health and Human Services shall develop and disseminate a model program and materials, including examples, for training health care providers (including mental health and substance use disorder providers) on the manner in which, consistent with Federal and State privacy protections, the protected health information of patients with a mental illness or substance use disorder may be disclosed to health care providers of these services.

SEC. 405. CLARIFICATION OF CIRCUMSTANCES UNDER WHICH DISCLOSURE OF PROTECTED HEALTH INFORMATION OF MENTAL ILLNESS PATIENTS IS PERMITTED; MODEL TRAINING PROGRAMS.

(a) IN GENERAL.—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 the Helping Families in Mental Health Crisis Act of 2015, 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 of patients with a mental illness, including for purposes of—

''(1) communicating with a patient's family, caregivers, friends, or others involved in the patient's care, including communication about treatments, side effects, risk factors, and the availability of community resources;

''(2) communicating with family or caregivers when the patient is an adult;

''(3) communicating with the parent or caregiver of a patient who is a minor;

''(4) considering the patient's capacity to agree or object to the sharing of their information;

''(5) communicating and sharing information with a patient's family or caregivers when—

''(A) the patient consents; or

''(B) the patient does not consent, but the patient lacks the capacity to agree or object and the communication or sharing of information is in the patient's best interest;

''(6) involving a patient's family members, friends, or caregivers, or others involved in the patient's care in the patient's care plan, including treatment and medication adherence, in dealing with patient failures to adhere to medication or other therapy;

''(7) listening to or receiving information from family members or caregivers about their loved ones receiving mental illness treatment;

''(8) communicating with family members, caregivers, law enforcement, or others when the patient presents a serious and imminent threat of harm to self or others; and

''(9) communicating to law enforcement and family members or caregivers about the admission of a patient to receive care at a facility or the release of a patient who was admitted to a facility for an emergency psychiatric hold or involuntary treatment.

''(b) COORDINATION.—The Secretary shall carry out this section in coordination with the Director of the Office for Civil Rights within the Department of Health and Human Services.

''(c) CONSISTENCY WITH GUIDANCE.—The Secretary shall ensure that the regulations under this section are consistent with the guidance entitled 'HIPAA Privacy Rule and Sharing Information Related to Mental Health', issued by the Department of Health and Human Services on February 20, 2014.''.

(b) DEVELOPMENT AND DISSEMINATION OF MODEL TRAINING PROGRAMS.—

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

(A) a model program and materials for training health care providers (including physi-

cians, emergency medical personnel, psychologists, counselors, therapists, behavioral health facilities and clinics, care managers, and hospitals) regarding 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, the protected health information of patients with a mental illness may be disclosed with and without patient consent;

(B) a model program and materials for training lawyers and others in the legal profession on such circumstances; and

(C) a model program and materials for training patients and their families regarding their rights to protect and obtain information under the standards specified in subparagraph (A).

(2) PERIODIC UPDATES.—The Secretary shall—

(A) periodically review and update the model programs and materials developed under paragraph (1); and

(B) disseminate the updated model programs and materials.

(3) CONTENTS.—The programs and materials developed under paragraph (1) shall address the guidance entitled ''HIPAA Privacy Rule and Sharing Information Related to Mental Health'', issued by the Department of Health and Human Services on February 20, 2014.

(4) COORDINATION.—The Secretary shall carry out this section in coordination with the Director of the Office for Civil Rights within the Department of Health and Human Services, the Administrator of the Substance Abuse and Mental Health Services Administration, the Administrator of the Health Resources and Services Administration, and the heads of other relevant agencies within the Department of Health and Human Services.

(5) INPUT OF CERTAIN ENTITIES.—In developing the model programs and materials required by paragraphs (1) and (2), the Secretary shall solicit the input of relevant national, State, and local associations, medical societies, and licensing boards.

TITLE V—MEDICARE AND MEDICAID REFORMS

SEC. 501. ENHANCED MEDICAID COVERAGE RELATING TO CERTAIN MENTAL HEALTH SERVICES.

(a) RULE OF CONSTRUCTION RELATED TO MEDICAID COVERAGE OF MENTAL HEALTH SERVICES AND PRIMARY CARE SERVICES FURNISHED ON THE SAME DAY.—Nothing in title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) shall be construed as prohibiting under the State plan under this title (or under a waiver of the plan) the provision of a mental health service or primary care service furnished to an individual which would otherwise be considered medical assistance under such plan, with respect to such individual, if such service were not—

(1) a primary care service furnished to the individual by a provider at a facility on the same day a mental health service is furnished to such individual by such provider (or another provider) at the facility; or

(2) a mental health service furnished to the individual by a provider at a facility on the same day a primary care service is furnished to such individual by such provider (or another provider) at the facility.

[(b) STATE OPTION TO PROVIDE MEDICAL ASSISTANCE FOR CERTAIN INPATIENT PSYCHIATRIC SERVICES TO NONELDERLY ADULTS.—Section 1905 of the Social Security Act (42 U.S.C. 1396d) is amended—]

[(1) in subsection (a)—]

[(A) in paragraph (16)—]

[(i) by striking ''effective'' and inserting ''(A) effective''; and]

[(ii) by inserting before the semicolon at the end the following: ''and (B) qualified inpatient psychiatric hospital services (as defined in subsection (h)(3)) for individuals over 21 years of age and under 65 years of age''; and]

[(B) in the subdivision (B) that follows paragraph (29), by inserting ''(other than services described in subparagraph (B) of paragraph (16) for individuals described in such subparagraphs)'' after ''patient in an institution for mental diseases''; and]

[(2) in subsection (h), by adding at the end the following new paragraph:]

[''(3) For purposes of subsection (a)(16)(B), the term 'qualified inpatient psychiatric hospital services' means, with respect to individuals described in such sub-

section, services described in subparagraphs (A) and (B) of paragraph (1) that are furnished—]

[''(A) in an acute care psychiatric unit in a State-operated psychiatric hospital or a psychiatric hospital (as defined section 1861(f)); and]

[''(B) with respect to such an individual, for a period not to exceed 20 days in any month.''.]

[(c) REPORT.—]

[(1) IN GENERAL.—The Assistant Secretary for Mental Health and Substance Use Disorders shall report (and make such report publicly available) on the impact of the amendments made by subsection (b) on the funds made available by States for inpatient psychiatric hospital care and for community-based mental health services. Such study shall include an assessment of each of the following:]

[(A) The amount of funds expended annually by States on qualified inpatient psychiatric hospital services (as defined in paragraph (3) of section 1905(h) of the Social Security Act (42 U.S.C. 1396d(h)), as added by subsection (b)(2)).]

[(B) The amount of funds expended annually on qualified inpatient psychiatric hospital

services through disproportionate share hospital payments under section 1923 of the Social Security Act (42 U.S.C. 1396r–4).]

[(C) The reduction in the amount of funds described in subparagraph (A) that is attributable to the amendments made by subsection (b).]

[(D) The reduction in the amount of funds described in subparagraph (B) that is attributable to the amendment made by such subsection.]

[(E) The total amount of the reductions described in subparagraphs (C) and (D).]

[(2) REPORT.—Not later than two years after the date of the enactment of this Act, such Assistant Secretary shall submit a report to Congress (and make such report publicly available) on the results of the study described in paragraph (1), including recommendations with respect to strategies that can be used to reinvest in community-based mental health services funds equal to the total amount of the reductions described in paragraph (1)(E).]

[(d) EFFECTIVE DATE.—]

[(1) IN GENERAL.—Subject to paragraphs (2) and (3), the amendments made by this section shall

apply to items and services furnished after the first day of the first calendar year that begins after the date of the enactment of this section.]

[(2) CERTIFICATION OF NO INCREASED SPENDING.—The amendments made by this section shall not be effective, with respect to a State, unless the Chief Actuary of the Centers for Medicare & Medicaid Services certifies that the inclusion of qualified inpatient psychiatric hospital services (as defined in section 1905(h) of the Social Security Act (42 U.S.C. 1396d(h))) furnished to nonelderly adults as medical assistance under section 1905(a) of the Social Security Act (42 U.S.C. 1396d(a)), as amended by subsection (a), would not result in an increase in such State's net program spending under title XIX of such Act.]

[(3) EXCEPTION FOR STATE LEGISLATION.—In the case of a State plan under title XIX of the Social Security Act, which the Secretary of Health and Human Services determines requires State legislation in order for the respective plan to meet any requirement imposed by amendments made by this section, 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 ad-

ditional 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 section. 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. 502. COVERAGE OF PRESCRIPTION DRUGS USED TO TREAT MENTAL HEALTH DISORDERS UNDER MEDICAID.

[(a) IN GENERAL.—Section 1927(d) of the Social Security Act (42 U.S.C. 1396r–8(d)) is amended by adding at the end the following new paragraph:]

[''(8) ACCESS TO MENTAL HEALTH DRUGS.—A State shall not exclude from coverage or otherwise restrict access to drugs that are being used for the treatment of a diagnosis of major depression, bipolar (manic-depressive) disorder, panic disorder, obsessive-compulsive disorder, schizophrenia, and schizoaffective disorder other than pursuant to a prior authorization program that is consistent with paragraph (5).''.]

[(b) MEDICAID MANAGED CARE ORGANIZATIONS.—]

[(1) IN GENERAL.—Section 1932(b) of the Social Security Act (42 U.S.C. 1396u–2(b)) is amended by adding at the end the following new paragraph:]

[''(9) COVERAGE OF PRESCRIPTION DRUGS USED TO TREAT MENTAL HEALTH DISORDERS.—Each contract with a medicaid managed care organization under section 1903(m) and each contract with a primary care case manager under section 1905(t)(3) shall require coverage of all covered outpatient drugs used for the treatment of a mental health disorder, in accordance with section 1927(d)(8).''.]

[(2) EXEMPTION.—Section 1927(j)(1) of the Social Security Act (42 U.S.C. 1396r–8(j)(1)) is amended by inserting '', other than covered outpatient drugs described in subsection (d)(8),'' after ''Covered outpatient drugs''.]

SEC. 503. MODIFICATIONS TO MEDICARE DISCHARGE PLANNING REQUIREMENTS.

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

(1) in subparagraph (2)(A), by inserting '', as well as those patients in a psychiatric hospital or a psychiatric unit of a hospital (as described in the

matter following clause (v) of section 1886(d)(1)(B))'' before the period at the end; and

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

''(4) The hospital or unit must identify organizations, as applicable, that offer services such as social, nutrition, and housing to patients receiving services from the hospital or unit and communicate with such organizations for the purpose of appropriately referring patients to such organizations.''.

(b) REGULATIONS.—Not later than June 1, 2018, the Secretary of Health and Human Services shall issue final regulations implementing the amendments made by subsection (a).

SEC. 504. AT-RISK YOUTH MEDICAID PROTECTION.

(a) IN GENERAL.—Section 1902 of the Social Security Act (42 U.S.C. 1396a) is amended—

(1) in subsection (a)—

(A) by striking ''and'' at the end of paragraph (80);

(B) by striking the period at the end of paragraph (81) and inserting ''; and''; and

(C) by inserting after paragraph (81) the following new paragraph:

''(82) provide that—

''(A) the State shall not terminate (but may suspend) enrollment under a State plan for medical assistance for an individual who is an eligible juvenile (as defined in subsection (ll)(2)) because the juvenile is an inmate of a public institution (as defined in subsection (ll)(3));

''(B) the State shall automatically restore enrollment for such medical assistance to such an individual upon the individual's release from any such public institution and shall take all necessary steps to ensure the enrollment is effective immediately upon release from such institution, unless (and until such date as) there is a determination that the individual no longer meets the eligibility requirements for such medical assistance; and

''(C) the State shall process any application for medical assistance submitted by, or on behalf of, a juvenile who is an inmate of a public institution notwithstanding that the juvenile is such an inmate.''; and

(2) by adding at the end the following new subsection:

''(ll) JUVENILE; ELIGIBLE JUVENILE; PUBLIC INSTITUTION.—For purposes of subsection (a)(82) and this subsection:

''(1) JUVENILE.—The term 'juvenile' means an individual who is—

''(A) under 19 years of age (or such higher age as the State has elected under section 475(8)(B)(iii)); or

''(B) is described in subsection (a)(10)(A)(i)(IX).

''(2) ELIGIBLE JUVENILE.—The term 'eligible juvenile' means a juvenile who is an inmate of a public institution and was enrolled for medical assistance under the State plan immediately before becoming an inmate of such a public institution or who becomes eligible to enroll for such medical assistance while an inmate of a public institution.

''(3) INMATE OF A PUBLIC INSTITUTION.—The term 'inmate of a public institution' has the meaning given such term for purposes of applying the subdivision (A) following paragraph (29) of section 1905(a), taking into account the exception in such subdivision for a patient of a medical institution.''.

(b) NO CHANGE IN EXCLUSION FROM MEDICAL ASSISTANCE FOR INMATES OF PUBLIC INSTITUTIONS.—

Nothing in this section shall be construed as changing the exclusion from medical assistance under the subdivision (A) following paragraph (29) of section 1905(a) of the Social Security Act (42 U.S.C. 1396d(a)), including any applicable restrictions on a State submitting claims for Federal financial participation under title XIX of such Act for such assistance.

(c) EFFECTIVE DATE.—

(1) IN GENERAL.—Except as provided in paragraph (2), the amendments made by subsection (a) shall apply to eligibility and enrollment of juveniles who become inmates of public institutions on or after the date that is 1 year after the date of the enactment of this Act.

(2) RULE FOR CHANGES REQUIRING STATE LEGISLATION.—In the case of a State plan for medical assistance under title XIX of the Social Security Act which the Secretary of Health and Human Services determines requires State legislation (other than legislation appropriating funds) in order for the plan to meet the additional requirements imposed by the amendments made by subsection (a), the State plan shall not be regarded as failing to comply with the requirements of such title solely on the basis of its failure to meet these additional requirements 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 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.

SEC. 505. OPTIONAL LIMITED COVERAGE OF INPATIENT SERVICES FURNISHED IN INSTITUTIONS FOR MENTAL DISEASES.

Section 1903(m)(2) of the Social Security Act (42 U.S.C. 1396b(m)(2)) is amended by adding at the end the following new subparagraph:

''(I)(i) Notwithstanding the limitation specified in the subdivision (B) following paragraph (29) of section 1905(a), beginning on the date of the enactment of this subparagraph, a State may provide, as part of the monthly capitated payment made by the State under this title to a medicaid managed care organization or a prepaid inpatient health plan (as defined in section 438.2 of title 42, Code of Federal Regulations (or any successor regulation)), for payment for limited inpatient psychiatric

hospital services provided by such organization or health plan, at the option of the individual receiving such services, in lieu of services covered under the State plan during the month for which the payment is made.

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

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

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

TITLE VI—RESEARCH BY THE NATIONAL INSTITUTE OF MENTAL HEALTH

SEC. 601. INCREASE IN FUNDING FOR CERTAIN RESEARCH.

Section 402A(a) of the Public Health Service Act (42 U.S.C. 282a(a)) is amended by adding at the end the following:

''(3) FUNDING FOR THE BRAIN INITIATIVE AND OTHER RESEARCH AT THE NATIONAL INSTITUTE OF MENTAL HEALTH.—

''(A) FUNDING.—In addition to amounts made available pursuant to paragraphs (1) and (2), there are authorized to be appropriated to the National Institute of Mental Health for the purposes described in subparagraph (B)(ii) $40,000,000 for each of fiscal years 2016 through 2020.

''(B) PURPOSES.—Amounts appropriated pursuant to subparagraph (A) shall be used exclusively for the purpose of conducting or supporting—

''(i) research on the determinants of self- and other directed-violence in mental illness, including studies directed at reduc-

ing the risk of self harm, suicide, and interpersonal violence; or

''(ii) brain research through the Brain Research through Advancing Innovative Neurotechnologies Initiative.''.

TITLE VII—REAUTHORIZATION AND REFORMS

Subtitle A—Organization and General Authorities

SEC. 701. IN GENERAL.

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

(1) in subsection (h), by inserting at the end the following: ''For any such peer-review group reviewing a proposal or grant related to mental illness, no fewer than half of the members of the group shall have a medical degree, have a corresponding doctoral degree in psychology, or be a licensed mental health professional with clinical experience.''; and

(2) in subsection (l)—

(A) in paragraph (2), by striking ''and'' at the end;

(B) in paragraph (3), by striking the period at the end and inserting ''; and''; and

(C) by adding at the end the following:

''(4) At least 60 days before awarding a grant, cooperative agreement, or contract, the Assistant Secretary shall give written notice of the award to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate.''.

SEC. 702. ADVISORY COUNCILS.

Paragraph (3) of section 502(b) of the Public Health Service Act (42 U.S.C. 290aa–1(b)) is amended by adding at the end the following:

''(C) No fewer than half of the members of an advisory council shall be mental health care or substance use disorder treatment providers with—

''(i) experience in mental health research or treatment; and

''(ii) expertise in the fields on which they are advising.

''(D) None of the appointed members may have at any point been a recipient of any grant, or participated in any program, about which the members are to advise.

''(E) None of the appointed members may be related to anyone who has been a recipient

of any grant, or participated in any program, about which the members are to advise.

''(F) None of the appointed members may have a financial interest in any grant or program with respect to which they advise, or receive funding separately through the Office of Assistant Secretary.

''(G) Each advisory committee must include at least one member of the National Institute of Mental Health and one member from any Federal agency that has a program serving a similar population.''.

SEC. 703. PEER REVIEW.

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

(1) by adding at the end of subsection (b) the following: ''At least half of the members of any peer-review group established under subsection (a) for the review of a proposal or grant related primarily to mental illness shall have a degree in medicine, or a corresponding doctoral degree in psychology, or be a licensed mental health professional. Before awarding a grant, cooperative agreement, or contract, the Secretary shall make publicly available and provide to the Committee on Energy and Commerce of the

House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a list of the members of the peer-review group responsible for reviewing the award.''; and

(2) by adding at the end the following:

''(e) SCIENTIFIC CONTROLS AND STANDARDS.—Peer review under this section shall ensure that any research concerning an intervention is based on scientific controls and standards indicating whether the intervention reduces symptoms, improves medical or behavioral outcomes, and improves social functioning.''.

Subtitle B—Protection and Advocacy for Individuals With Mental Illness

SEC. 711. PROHIBITION AGAINST LOBBYING BY SYSTEMS ACCEPTING FEDERAL FUNDS TO PROTECT AND ADVOCATE THE RIGHTS OF INDIVIDUALS WITH MENTAL ILLNESS.

Section 105(a) of the Protection and Advocacy for Individuals with Mental Illness Act (42 U.S.C. 10805(a)) is amended—

(1) in paragraph (9), by striking ''and'' at the end;

(2) in paragraph (10), by striking the period at the end and inserting a semicolon; and

(3) by adding at the end the following:

''(11) agree to refrain, during any period for which funding is provided to the system under this part, from using Federal funds for—

''(A) lobbying or retaining a lobbyist for the purpose of influencing a Federal, State, or local governmental entity or officer; and

''(B) counseling an individual with a serious mental illness or serious emotional disturbance who lacks insight into their condition on refusing medical treatment or acting against the wishes of such individual's caregiver;''.

SEC. 712. PROTECTION AND ADVOCACY ACTIVITIES TO FOCUS EXCLUSIVELY ON SAFEGUARDING RIGHTS TO BE FREE FROM ABUSE AND NEGLECT.

(a) PURPOSES.—Section 101(b) of the Protection and Advocacy for Individuals with Mental Illness Act (42 U.S.C. 10801(b)) is amended—

(1) in paragraph (1), by inserting ''to be free from abuse and neglect'' before ''are protected''; and

(2) in paragraph (2)(A), by inserting ''to be free from abuse and neglect'' before ''through activities to ensure''.

(b) ALLOTMENTS.—Section 103(2)(A) of the Protection and Advocacy for Individuals with Mental Illness Act (42 U.S.C. 10803(2)(A)) is amended by inserting ''to be free from abuse and neglect'' before the semicolon.

(c) USE OF ALLOTMENTS.—Section 104(a)(1) of the Protection and Advocacy for Individuals with Mental Illness Act (42 U.S.C. 10804(a)(1)) is amended—

(1) in subparagraph (A), by striking ''and'' at the end;

(2) in subparagraph (B), by striking the period at the end and inserting ''to be free from abuse and neglect; and''; and

(3) by adding at the end the following:

''(C) the protection and advocacy activities of such an agency or organization shall be exclusively focused on safeguarding the rights of individuals with mental illness to be free from abuse and neglect and advocating for continuity of care for individuals transitioning from institutional settings to the community for evidence-based community services.''.

(d) SYSTEM REQUIREMENTS.—Section 105 of the Protection and Advocacy for Individuals with Mental Illness Act (42 U.S.C. 10805), as amended by sections 711 and 712, is further amended—

(1) in subsection (a)—

(A) in the matter before paragraph (1), by inserting ''to be free from abuse and neglect'' before ''shall'';

(B) in paragraph (6)(A), by inserting ''to be free from abuse and neglect'' before the semicolon; and

(C) by adding at the end the following:

''(12) be exclusively focused on safeguarding the rights of individuals with mental illness to be free from abuse and neglect;''; and

(2) in subsection (c)(1)(A), by inserting ''to be free from abuse and neglect'' before ''shall have a governing authority''.

(e) APPLICATIONS.—Section 111(a) of the Protection and Advocacy for Individuals with Mental Illness Act (42 U.S.C. 10821(a)) is amended—

(1) in paragraph (1), by inserting ''to be free from abuse and neglect'' before the semicolon;

(2) in paragraph (3), by striking ''and'' at the end;

(3) by redesignating paragraph (4) as paragraph (5); and

(4) by inserting after paragraph (3) the following:

''(4) assurances that such system, and any State agency or nonprofit organization with which such system may enter into a contract under section 10804(a), will be exclusively focused on safeguarding the rights of individuals with mental illness to be free from abuse and neglect; and''.

(f) REPORTS BY SECRETARY.—Section 114(a) of the Protection and Advocacy for Individuals with Mental Illness Act (42 U.S.C. 10824(a)) is amended—

(1) in paragraph (1) in the matter before subparagraph (A), by inserting ''to be free from abuse and neglect'' before ''supported with payments'';

(2) in paragraph (2)(A), by inserting ''to be free from abuse and neglect'' before ''supported with payments''; and

(3) in paragraph (4), by inserting ''to be free from abuse and neglect'' before ''and a description''.

SEC. 713. REPORTING.

(a) PUBLIC AVAILABILITY OF REPORTS.—Section 105(a)(7) of the Protection and Advocacy for Individuals with Mental Illness Act (42 U.S.C. 10805(a)(7)) is amended by striking ''is located a report'' and inserting ''is located, and make publicly available, a report''.

(b) DETAILED ACCOUNTING.—Section 114(a) of the Protection and Advocacy for Individuals with Mental Ill-

ness Act (42 U.S.C. 10824(a)), as amended, is further amended—

(1) in paragraph (3), by striking ''and'' at the end;

(2) in paragraph (4), by striking the period at the end and inserting ''; and''; and

(3) by adding at the end the following:

''(5) a detailed accounting, for each system funded under this title, of how funds are spent, disaggregated according to whether the funds were received from the Federal Government, the State government, a local government, or a private entity.''.

SEC. 714. GRIEVANCE PROCEDURE.

Section 105 of the Protection and Advocacy for Individuals with Mental Illness Act (42 U.S.C. 10805), as amended, is further amended by adding at the end the following:

''(d) GRIEVANCE PROCEDURE.—The Assistant Secretary shall establish an independent grievance procedure for the types of claims to be adjudicated, at the request of persons described in subsection (a)(9), through a system's grievance procedure established under such subsection.''.

SEC. 715. EVIDENCE-BASED TREATMENT FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS OR SERIOUS EMOTIONAL DISTURBANCE.

Section 105(a) of the Protection and Advocacy for Individuals with Mental Illness Act (42 U.S.C. 10805(a)), as amended by sections 711, 712, and 713, is further amended by adding at the end the following:

''(13) ensure that individuals with serious mental illness or serious emotional disturbance have access to and can obtain evidence-based treatment and services (including supported housing, supported employment, and supported education) for their serious mental illness or serious emotional disturbance; and''.

SEC. 716. TRAINING AND CURRICULUM FOR ADVOCATES FOR INDIVIDUALS WITH MENTAL ILLNESS.

Section 105(a) of the Protection and Advocacy for Individuals with Mental Illness Act (42 U.S.C. 10805(a)), as amended by sections 711, 712, 713, and 716, is further amended by adding at the end the following:

''(14) provide for the development, in partnership with an organization representing individuals with experience with mental illness and families of such individuals, of training curriculum—

''(A) to train new and existing staff, including attorneys, who provide advocacy serv-

ices to individuals with mental illness on how to most effectively work with clients served by the system and family members and caregivers of such clients; and

''(B) that includes training in effective methods of interviewing such clients, families, and caregivers to determine the relevant history and recovery goals, such as avoiding hospitalizations or arrests, and obtaining employment, education, housing, and other recovery-based outcomes.''.

TITLE VIII—REPORTING

SEC. 801. GAO STUDY ON PREVENTING DISCRIMINATORY COVERAGE LIMITATIONS FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS AND SUBSTANCE USE DISORDERS.

Not later than 1 year after the date of the enactment of this Act, the Comptroller General of the United States shall submit to Congress and make publicly available a report detailing the extent to which covered group health plans (or health insurance coverage offered in connection with such plans), including Medicaid managed care plans under section 1903 of the Social Security Act (42 U.S.C. 1396b), comply 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) (in this section referred to as the ''law''), including—

(1) how nonquantitative treatment limitations, including medical necessity criteria and application of such criteria to primary care, of covered group health plans comply with the law;

(2) how the responsible Federal departments and agencies ensure that plans comply with the law; and

(3) 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.

TITLE IX—MISCELLANEOUS PROVISIONS

SEC. 901. SENSE OF CONGRESS ENCOURAGING MORE PSYCHIATRISTS TO ACCEPT HEALTH INSURANCE.

(a) FINDINGS.—The Congress finds as follows:

(1) There is a shortage of mental health providers in the United States.

(2) The majority of Americans, including those with mental illness, rely on health insurance to access the health care services they need.

(3)(A) According to a January 2015 study in JAMA Psychiatry, the percentage of psychiatrists accepting insurance coverage was significantly lower than the percentage of physicians in other specialties.

(B) In 2009 through 2010, 55.3 percent of psychiatrists accepted private noncapitated insurance compared to 88.7 percent of other physicians.

(C) In 2009 through 2010, 54.8 percent of psychiatrists accepted Medicare compared to 86.1 percent of other physicians.

(D) In 2009 through 2010, 43.1 percent of psychiatrists accepted Medicaid compared to 73 percent of other physicians.

(b) SENSE OF CONGRESS.—It is the sense of Congress that—

(1) the failure of mental health providers to accept health insurance restricts access to the already limited supply of mental health providers;

(2) to ensure that individuals with mental illness, including serious mental illness, have adequate

access to the mental health services they need, mental health providers should accept health insurance;

(3) to ensure that individuals with mental illness have adequate access to the mental health services they need, insurers should ensure robust networks and reimbursement rates that attract participation by more mental health providers; and

(4) as the medical specialty that specializes in the diagnosis, treatment, and prevention of mental health problems, psychiatrists should accept private health insurance, Medicare, and Medicaid.