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MARKUP OF:

H.R. 2646, HELPING FAMILIES
IN MENTAL HEALTH CRISIS ACT

Tuesday, June 14, 2016

House of Representatives,
Committee on Energy and Commerce,
Washington, D.C.

The committee met, pursuant to call, at 5:04 p.m., in Room 2123, Rayburn House Office Building, Hon. Fred Upton [chairman of the committee] presiding.

Present: Representatives Upton, Pitts, Murphy, Olson, Bilirakis, Pallone, Rush, Green, Schakowsky, Matsui, Tonko, Clarke, and Kennedy.

Staff Present: Gary Andres, Staff Director; Sean Bonyun, Communications Director; Rebecca Card, Assistant Press Secretary; Karen Christian, General Counsel; Paige Decker, Executive Assistant;

Paul Eddatel, Chief Counsel, Health; Giulia Giannangeli, Legislative Clerk, Commerce, Manufacturing and Trade; Jay Gulshen, Staff Assistant; Heidi Stirrup, Policy Coordinator, Health; Sophie Trainor, Policy Coordinator, Health; Dylan Vorbach, Assistant Press Secretary; Gregory Watson, Legislative Clerk, Communications and Technology; Jen Berenholz, Minority Chief Clerk; Jeff Carroll, Minority Staff Director; Waverly Gordon, Minority Professional Staff Member; Tiffany Guarascio, Minority Deputy Staff Director and Chief Health Advisor; Jessica Martinez, Minority Outreach and Member Services Coordinator; Rachel Pryor, Minority Health Policy Advisor; Samantha Satchell, Minority Policy Analyst; Matt Schumacher, Minority Press Assistant; Andrew Souvall, Minority Director of Communications, Outreach and Member Services; Arielle Woronoff, Minority Health Counsel; and C.J. Young, Minority Press Secretary.

The Chairman. The committee will come to order, and the chair recognizes himself for an opening statement.

So this really is an important markup that we start with opening statements this afternoon. Way too many families across the country that have experienced a loved one suffering from mental illness, and our committee is advancing meaningful reforms to our mental healthcare system that will better help these individuals and their families.

This is an issue that, yes, impacts every community in way or another. From the heartbreaking tragedy in Newtown, Connecticut, that helped inspire this legislation to the senseless rampage that we endured in February of this year in Kalamazoo, we continue to hear tales of great loss where intervention was lacking or nonexistent.

We have a bill. We have a bill that will be bipartisan, thanks to the exhaustive efforts of Oversight and Investigations Chairman Murphy, to help families in mental health crisis. Those suffering from mental illness need the attention of this Congress, and for too many our fragmented system of grants, prevention, treatment simply doesn't always work.

So tomorrow, when we finish, the committee will consider legislation that achieves long-sought reforms to help address all of these issues. H.R. 2646, the Helping Families in Mental Health Crisis Act, includes new reforms to make sure that the Federal Government is leveraging their dollars with investments in evidence-based programs. The bill includes reforms to provide the Substance Abuse and Mental Health Services Administration, SAMHSA, new tools, under the

leadership of a new assistant secretary of mental health and substance abuse, to do its job better.

The bill will also provide accountability so that taxpayers can have more assurance that we are doing the very best with these critical dollars at SAMHSA to help those suffering from mental illness.

H.R. 2646 calls on HHS to undertake rulemaking to ensure healthcare professionals can, indeed, communicate to caregivers. In some cases, healthcare providers simply lack an understanding of what the law allows them to do or not do to help patients suffering from mental illness.

Additionally, 2646 includes new authorizations to expand treatment and expand our mental health workforce. This is a critically important area worthy of additional Federal dollars and attention. Quite simply, if we need to be helping more folks at home, we need more trained professionals ready to do their job.

The committee has spent considerable time, lots of time, on a bipartisan basis trying to figure out the best way to enact meaningful reforms that will save lives, aid families, and provide comfort and relief to those struggling. That investment of time led to a strong bill that both Republicans and Democrats on this committee surely can be proud of.

This markup is the culmination of a multiyear, multi-Congress effort. In the aftermath of the events across the country, Chairman Murphy got to work.

At the time, mental health was a subject left for the shadows,

and following an extensive O&I investigation that identified a problem, he commenced work on a thoughtful legislative solution. Throughout the process, we have achieved important reforms, most recently funding for the Assisted Outpatient Treatment Grant Program, AOT, in December's year-end spending package. And we also saw CMS expand settings for caring for the mentally ill in April.

Thoughtful legislation takes time and dedication. In this Congress, we have seen multiyear landmark efforts to make it across the finish line in SGR reform, updating our chemical safety laws, which is going to be signed into law in the coming days, 21st Century Cures has taken years, Pipeline Safety, a good bill that passed the Senate by voice yesterday, and we continue to make progress. I am hopeful that these mental health reforms that we have long pursued are on the same path to be signed into law. It is going to make a difference.

Tomorrow, with what I expect will be a strong bipartisan vote, will mark another important milestone to deliver meaningful reforms, and I hope that the House will swiftly follow our lead. Particularly, I want to thank Mr. Pallone and members on the minority side, Mr. Kennedy, Ms. Matsui, Mr. Tonko, as well as our members who have really worked hard to get this bill in the shape that we have it in, ready to go tomorrow.

With that, I yield to my friend and ranking member, the gentleman from New Jersey, Mr. Pallone, for an opening statement.

Mr. Pallone. Thank you, Mr. Chairman.

Today, we are meeting to mark up an updated version of H.R. 2646,

the Helping Families in Mental Health Crisis Act. At the legislative hearing on this bill, I expressed my hope that we could work together and find common ground to move bipartisan legislation forward that advanced the mental system in this country.

After months of hard by both Democrats and Republicans, I am pleased that we have been able to achieve that goal. It was no secret that there were significant differences of opinion on some of the key provisions included in the original bill that was marked up last year in the Health Subcommittee, but I want to thank Republican colleagues for continuing to meet with us and having the ongoing discussions needed to land at this bipartisan agreement.

The bill we are considering represents a combination of the revised draft that Chairman Upton circulated on June 3rd, which eliminated policies that concerned many Democrats, and the addition of several provisions that Democrats advocated to make the bill, the final bill, more meaningful. And these policies include new grant programs to address adult suicide and to create and disseminate model HIPAA training programs and new provisions to strengthen compliance and enforcement of mental health parity.

While I am pleased with what we have been able to accomplish, I do want to be clear that I do not believe this bill represents a comprehensive mental health reform. Although it is a positive step forward, it is hardly a panacea for all the problems in our mental health system. For too long, our national infrastructure for treating mental health conditions has suffered from systemic fragmentation, neglect,

and underinvestment. To truly address the resulting gap in our treatment capacity, we will need to continue to make sustained investments and improvements, and that means we must work to encourage all States to expand Medicaid and provide more resources to expand access to community-based mental health prevention, treatment, and recovery services across the country.

And, finally, Mr. Chairman, regardless of how comprehensive any mental health bill is, it is not a substitute for legislation to address the tragic instances of gun violence in this country. We are not going to begin to stop the violence until this Congress finally decides to address gun safety legislation.

Again, I want to thank Chairman Upton, Oversight and Investigations Subcommittee Chairman Murphy, as well as the Democrats on the committee for all the hard work that was put into this important bill. I also want to thank Mr. Pitts and Mr. Green. I am committed to working with you to see that H.R. 2646 gets signed into law.

And I yield back.

Mr. Pitts. [Presiding.] The chair thanks the gentleman.

The chair reminds members that pursuant to committee rules, all members' opening statements will be made part of the record.

I will now recognize myself for 3 minutes for opening statement.

We have before us today legislation to help reform our Nation's mental healthcare system. The legislation authored by our colleague, Representative Tim Murphy, is designed to help families and their loved ones struggling with crises caused by mental health disorders. The

bill makes available much needed psychiatric, psychological, and supportive services.

With more than 11 million Americans who suffer with severe mental illness, such as schizophrenia, bipolar disorder, major depression, many are going without treatment, and often families struggle to find appropriate care for their loved ones. Since there is a patchwork of different programs and sometimes ineffective policies across numerous agencies, it is important for Congress to examine ways to fix the broken mental health system by focusing and coordinating programs and resources on psychiatric care for patients and families most in need of services.

Over the past several years, Dr. Murphy, a practicing psychologist, has worked diligently on this legislation. And as chairman of the Subcommittee on Oversight and Investigations, Chairman Murphy launched a review of the country's mental health system beginning in January of 2013. The investigation, which included public forums, hearings with expert witnesses, document and budget reviews, and GAO studies, revealed that the Federal Government approach to mental health is a chaotic patchwork of antiquated programs and ineffective policies spread across numerous agencies with little to no coordination.

The Helping Families in Mental Health Crisis Act of 2016, H.R. 2646, aims to fix the Nation's broken mental health system by refocusing programs, reforming the way the Substance Abuse and Mental Health Services Administration administers grants, and removing

barriers to care.

One other important area I want to touch on today is the role of medication for those afflicted with mental health ailments. Medicare is one critical source of coverage for prescription drugs. Part B plans need to provide access to all or substantially all available drugs in the six classes that include antidepressants and antipsychotics. Getting these medications wrong can have serious negative consequences.

In the past, Congress has rejected efforts to lessen this coverage, and I continue to believe we should not cut off access to critically important therapies. This legislation is a step in the right direction, and I thank my colleague, Dr. Murphy, for his years of hard work in this critical public policy area.

With that, I yield back.

And I now recognize the gentlelady, Ms. Matsui, for 3 minutes for an opening statement.

Ms. Matsui. Thank you, Mr. Chairman.

We have been working on mental health reform legislation for some time now, and I appreciate the work we have done to bring us to the point we are today.

The mental health crisis in this country is very personal to me, and I have been fighting for patients and their loved ones for many years. I believe there is a lot we can do to stop or slow down the hurt and pain that patients and families feel when mental health is left unaddressed.

Our Nation's mental health system is broken. As a society, we are still recovering from a history of pushing mental health into the shadows. The brain and the body are all part of the same person and need to be treated together.

Parity between mental and physical illness should not just be a vision, it has to be reality for American families. We need to invest real dollars into a system that has been chronically underfunded for so long and bolster a behavioral health workforce so that providers are trained and available across our communities. We must make investments at all levels, ensuring that crisis services are available, but also that prevention and early intervention services are there to keep people from reaching that crisis stage in the first place.

The bill before us today is a result of a bipartisan effort to make a dent in solving some of these systemic problems. I am encouraged that we are able to work together to remove provisions that would have been harmful to patients. We have also come to agreement on many provisions that Democrats offered to make the bill more meaningful. The current bill includes our language to enhance the behavioral workforce, create suicide prevention programs for adults as well as youth, and strengthen SAMHSA.

On HIPAA, I am particularly encouraged that we worked together to include my bill, H.R. 2690, which will provide clarity to healthcare professionals, families, caretakers, and patients on what information can and cannot be shared under the law. Through clarification and training, we can equip providers with the tools they need to share the

right information at the right time while still protecting patient privacy.

However, our work is far from over. We still have work to do when it comes to making sure mental health is integrated seamlessly into the healthcare system. That means confronting the fact that many community health centers can't bill for mental and physical health services on the same day and behavioral health providers can't participate in programs that incentivize electronic health record systems. It means ensuring that seniors have access to effective mental health medications, and that teachers, law enforcement, and the public have access to mental health first aid education about ways to recognize and respond to signs of mental illness.

As I said, there is a lot more work to do on our path to comprehensive mental health reform. We are not solving every problem today, but this is a first step, and I do appreciate the bipartisan cooperation that we have been able to effect so far.

Thank you, and I yield back.

Mr. Pitts. The chair thanks the gentlelady.

I now recognize Dr. Murphy for 3 minutes for an opening statement.

Mr. Murphy. Mr. Chairman, the lead cosponsor of the bill, Representative Eddie Bernice Johnson, asks that I submit a statement from her for the record. May I do that?

Mr. Pitts. Without objection, so ordered.

[The information follows:]

***** COMMITTEE INSERT *****

Mr. Murphy. Thank you.

Mr. Chairman, today this committee takes a historic step towards advancing a bill that makes real reforms and offer evidence-based treatment for families in mental health crisis.

Today, we are taking a stand. We affirm that mental illness is not a crime, mental illness is not a moral defect, it is not a choice, and it is not a joke. Mental illness is just that, an illness, and we affirm that psychosis is not a nonconsensus reality. It is a symptom of an illness that with appropriate medical treatment is the difference between life and death.

What we are doing here is historic. No committee has ever tackled the issue of serious mental illness with the depth of this bill today.

In December 2012, we began a quest when America was shocked to hear of the tragedy at Sandy Hook Elementary School in Connecticut. For those children and families, we made a promise: We are going to fix the broken mental health system. For those innocent people in a movie theater in Aurora, the grocery store parking lot in Tucson, wherever the perpetrator was someone with untreated mental illness, for the victims and the families we made a promise to deliver treatment before tragedy.

The same promise goes for the hundreds of thousands of homeless, imprisoned, addicted, and depressed individuals who die each day with untreated mental illness.

It is tragic that these horrific events happened in a Nation so advanced as ours. It is doubly tragic that many could have been

prevented. And it is triply tragic because inept and misguided Federal policies are to blame for many of these deaths.

Congress is not standing idly by anymore. It is time to say no more moments of silence. We must have treatment before tragedy and let people know that we will finally break down the stigma of mental illness not through slogans, but through real evidence-based treatment, where people know if they get care, they can get better, because where there is help, there is hope. And tomorrow we vote to make sure that help is on the way.

Because you cannot treat mental illness with denial and you cannot treat it with sentencing a person to prison or abandoning them in homelessness or strapped to an emergency room gurney for days on end, for the victims, for the families, for the millions of Americans struggling with mental illness, please know we heard you. And tomorrow, after a long wait, we are keeping our promise to you and taking a strong stand to bringing real care for mental illness.

My heartfelt thanks go to Eddie Bernice Johnson, Congresswoman from Texas, for her steadfast work and dedication to this cause. To all of the 196 bipartisan cosponsors, for all the professional organizations who have endorsed this bill and fought for real change, I thank you.

Here and now, this committee jointly proclaims that the diagnosis and treatment of mental illness must come out of the shadows. We declare a new dawn of hope for the care of those with mental illness. And we pledge our unwavering commitment to continue to work to bring

help and hope in the future.

I applaud and thank Chairman Pitts, Chairman Upton, and Ranking Member Pallone, and, quite frankly, every member of this committee who came to the table in good faith, who rolled up their sleeves and worked together to see this through, because we recognize that without this, we would not see help, and recognizing here too that here today we are helping families in mental health crisis.

And with that, I yield back.

Mr. Pitts. The chair thanks the gentleman.

I now recognize the gentleman from Massachusetts, Mr. Kennedy, for 3 minutes for an opening statement.

Mr. Kennedy. Thank you, Mr. Chairman.

I want to thank Chairman Upton and Ranking Member Pallone, as well as the entire Energy and Commerce Committee staff, for their dedication to addressing our broken mental health system. The chairman and ranking member have both solicited our priorities for this bill and worked across the aisle to address serious shortcomings in its original draft. I am grateful for that leadership.

Congressman Murphy, thank you for your commitment to this issue. Your insight and expertise have been a critical part of this conversation.

The bill before us today contains some important steps in our effort to address this country's mental health crisis. By eliminating an outdated discriminatory barrier in Medicaid laws, children under the age of 21 and certain IMDs will no longer be forced to choose between

physical and mental health care. By funding the Minority Fellowship Program, we can inspire more underrepresented students to pursue careers in mental health treatment. And by funding assertive community treatment, we can help equip community health workers with the help people need and can stay well.

I am heartened by the inclusion of these provisions and intend to support this bill as a step forward in our process. But I am disappointed that this is the only step that we could take. As it stands, this bill fails to address many of the most dramatic gaps across the continuum of care. It tackles the margins, not the meat of a broken mental health system.

At a time when over half the counties in the United States do not have a single practicing psychiatrist, psychologist, or social worker, this bill does little to address the fast depleting mental health workforce. At a time when Medicaid is the single largest payer of mental health services in our country, this bill sidesteps ill-advised limits to care and the abysmal reimbursement rates that jeopardize access to treatment for our most at-risk populations. And most alarmingly, at a time when insurers deny mental health claims at twice the rate at which they deny physical health claims, this bill does next to nothing to strengthen parity protection.

To focus on that parity point for a moment, we could build the strongest, biggest mental health infrastructure in the world, we could create thousands of new beds, hire thousands of new mental health workers, address interventions across the entire continuum of care,

and none of that would matter if everyday Americans aren't able to get coverage for the services and treatment that the system would provide. Coverage means access. Coverage means affordability. Without coverage, millions choose to forgo needed treatment and millions more are forced to do without it.

Our parity laws today like teeth, they lack effectiveness, and they lack enforcement. By failing to address that, this legislation compounds one of the biggest barriers to adequate treatment that those suffering from mental illness and their loved ones face every single day.

The bipartisan movement we have seen and we have made around this bill so far is encouraging, and I hope we can channel that into a more substantive reform in the days and weeks ahead.

Thank you. I yield back.

Mr. Pitts. The chair thanks the gentleman.

I now recognize the gentleman from Florida, Mr. Bilirakis, for 3 minutes for an opening statement.

Mr. Bilirakis. Thank you, Mr. Chairman. I appreciate it very much. And I appreciate Chairman Upton holding this hearing.

The Helping Families in Mental Health Crisis Act, of which I am a cosponsor, I want to thank Representative Murphy for his sponsorship of this very good bill, the bill will address much-needed mental health reform in our Nation. I have held several roundtables in my district to discuss the struggles that individuals with mental health illness face and how Congress can best address the needs of those we serve.

It is clear the shortage of treatment options and mental health professionals has resulted in too many mentally ill people becoming homeless or incarcerated. This is something that one of our local sheriffs, Chris Nocco, has been working to address. As a strong advocate for reform, Sheriff Nocco has been clear that the criminal justice system is not the appropriate place for those suffering with mental illness. Both he and Pinellas County Sheriff Bob Gaultieri have ensured that law enforcement officers receive crisis intervention training to help ensure sensitivity when dealing with the mentally ill.

I would also like to acknowledge the work of Grace Maselli, president of the Pasco chapter of NAMI. She has shown tremendous leadership developing this chapter, generating community resources, and providing a voice for those who cannot advocate for themselves. Her work will be furthered by this legislation.

I commend, again, Congressman Murphy for the extensive amount of time and attention he has put into addressing mental health and substance abuse disorders. He even joined me in my district to hear directly from my constituents about this bill.

Thank you so very much, Congressman Murphy.

We heard from many individuals, including Judge Shawn Crane, who spearheads veterans court and drug court in Pinellas and Pasco Counties. We also heard from Doug Leonardo, of BayCare, who is working to simultaneously treat mental health and substance abuse, and Bob Dillinger, our local public defender, who has been a tireless advocate

for those with mental illness.

With their input, we worked to address every aspect of this overall problem. I am glad our committee has undertaken this endeavor to produce this bipartisan piece of legislation.

I also have the honor of serving on the Veterans' Affairs Committee, where we have focused on mental issues plaguing our Nation's heroes. A one-size-fits-all approach will not work for our veterans. It doesn't work for anyone. They deserve choice and treatment options and access to a wide range of alternative therapies. This bill before us today will not only benefit the general population but our true American heroes and their families.

Thank you again for moving this piece of legislation, and I urge my colleagues to support this bill.

Thank you, and I yield back.

Mr. Pitts. The chair thanks the gentleman.

I now recognize Mr. Tonko for 3 minutes for opening statement.

Mr. Tonko. Thank you, Mr. Chair.

I first met a constituent named Timothy O'Clair at a little league game in 2001. Timothy was a bright and energetic youngster with the whole world ahead of him. Unfortunately, Timothy also suffered from debilitating mental illness. In fact, I believe he was triply diagnosed.

When Timothy's insurance would no longer cover his mental health care, his parents were forced to disown him in order to get treatment. Unable to receive the appropriate care at the age of 12, Timothy

tragically completed suicide.

Timothy's struggle to get the care he needed is what first led me down the path of working to improve the mental health system of our country.

Fifteen years later, I am ashamed to admit that there are still far too many stories like that of Timothy across our country. Whether these events make the headlines or are one of the quiet tragedies that affect countless individuals and families, no one can credibly examine the status quo in mental health and say that it is working.

Despite the pain that I hear coming from individuals and families in the throes of mental illness, I have reason for optimism. I am optimistic because today, after years of debate and countless hearings, we have arrived at a legislative product that would direct new funding and attention to mental health and represents a good first step -- I say first step -- that will begin the work of patching up our broken mental health system.

This bill is not perfect and necessarily represents a compromise from all sides. In particular, I would thank Representative Murphy for his doggedness and advocacy for those struggling with mental illness and for getting this bill to where it is today. I also thank Chairman Upton and Ranking Member Pallone for their leadership to help us bridge the gaps to develop consensus on this critically important issue.

I am pleased that this bill includes several provisions that I have worked on, including Section 502, regarding strengthening

community crisis response systems. This provision would authorize a bed registry grant program so that States could develop and maintain real-time psychiatric and substance use bed registries that will make it easier for individuals in crisis to find appropriate treatment in a timely fashion. This new program will help to prevent future tragedies like what happened to Gus Deeds.

Section 204 of this bill requires CMS to issue guidance to States on opportunities to use existing 1115 waiver authority to receive reimbursement for care provided at IMDs that are integrated into a comprehensive continuum of community-based care. This is a policy that I have worked on for a long time and am pleased to see advanced. It is critically important that care provided in inpatient psychiatric settings be part of a continuum of care connected to community-based services.

Finally, I applaud the committee for recognizing the value of occupational therapists as essential providers in the mental health workforce through their inclusion in the strategic plan in Section 109. Occupational therapy as a profession got its start working in psychiatric hospitals, and OTs play a critical role in helping individuals with serious mental illness regain basic skills that are needed for day-to-day independent functioning.

As this bill moves forward, I urge the committee to continue to recognize the important role that OTs play in the behavioral health workforce by adding OTs as behavioral and mental health professionals in the National Health Services Corps.

As I said at the outset, this bill is the start and not the end to the conversation on improving mental health in America. We need to do more, very much more. We need to strengthen our mental health parity rates beyond what is in this bill. We have to address the fundamental inequities that still exist for mental health and Federal health programs like the Medicare 190-day limit.

Finally, we have to acknowledge that the current dysfunction in our mental health system stems in part from decades of broken promises and a chronic underinvestment in community-based mental health services that simply cannot be solved by a single bill.

With that, I thank the committee again for its hard work and attention to this issue. And with that, Mr. Chair, I yield back.

Mr. Pitts. The chair thanks the gentleman.

I now recognize the gentleman from Texas, Mr. Olson, for 3 minutes for an opening statement.

Mr. Olson. I want to start by thanking Chairman Upton and Ranking Member Pallone for holding this markup. And my fellow sailor, Chairman Murphy, for his "damn the torpedoes, full speed ahead" attitude toward fixing our broken mental health care system.

Everyone in America has felt pain for a broken system. We are all hurting from Orlando. I am still hurting, because I drove by Sandy Hook Elementary School as I was living in Newtown with my mom and dad waiting for the Navy to find my lost physical exam paperwork, the same Sandy Hook school where a deranged man killed 6 teachers and 20 kids, 2 weeks before Christmas.

I am hurting because of a neighbor, Casey Owens. Casey joined the Marine Corps in 2002. He deployed to Iraq in 2004. A tank mine blew his vehicle apart. He lost both legs, had traumatic brain injuries and post-traumatic stress disorder. It appeared Casey was beating his demons. He told his story nationally on "60 Minutes." An advocate for his fellow veterans, Paralympic skier, moved to Denver.

Casey tried to tell us how much pain he was in. He was still struggling. He told 60 Minutes, quote, "I can be in a room with 100 people and I would still be alone. I really don't think I will ever be free. I don't think the burden of war is ever gone," end quote.

Casey got his freedom and ended his burden of war by killing himself in September of 2014. And, sadly, today 22 combat veterans on average make Casey's same choice. They kill themselves.

Chairman Murphy's bill is a first step on a long road to stop any more Orlandos, Newtowns, or Casey Owens, and I intend to vote for this bill.

But going forward in conference or another bill, I hope to include devices as part of the solution. A company located in Texas 22, LivaNova, used to be called Cyberonics has an implant that helps people with drug-resistant depression. CMS will not pay for the coverage with this device.

The restricted device is a device to control epilepsy, a vagus nerve stimulator. Epileptic seizures are not a pretty sight. The person collapses. The body locks up and trembles. You foam at the mouth, lose control of the bodily functions. When it is all over,

you are exhausted, beat down.

Imagine a kid going to school with epilepsy. One kid came to Cyberonics. He was a freak boy in school. He had 50 seizures per week. He got the device implanted. Guess what? One seizure per week. He got his life back. He ended his depression. Let's take the device going forward. I yield back.

Mr. Pitts. The chair thanks the gentleman.

I now recognize the gentleman from Illinois, Mr. Rush, for 3 minutes for an opening statement.

Mr. Rush. I want to thank you, Mr. Chairman.

Mr. Chairman, I also want to commend Chairman Upton, Ranking Member Pallone, Mr. Green, you, Mr. Chairman, and Mr. Murphy for your leadership on this particular subject.

Mr. Chairman, I am sure, absolutely sure, that we can all agree that our Nation's mental health system is severely broken and in dire need of modernization and expansion. In my home State of Illinois alone, emergency rooms, shelters, and jails are where the most severely mental health patients receive care. In fact, Mr. Chairman, the Cook County Jail has become the largest mental health provider in my State of Illinois. In the year 2012, of the approximately 76,000 people admitted to Cook County Jail, 45,000 had some form of mental illness.

Mr. Chairman, these staggering statistics are evidence that the criminal justice system bears the heavy burden of our failure to fix our mental health system.

Mr. Chairman, what is even more alarming is that 55 percent of

the Illinois Medicaid population is comprised of mentally ill patients, yet Medicaid reimbursement rates have remained flat with a severe shortage of psychologists and psychiatrists serving this population.

Mr. Chairman, I want to again thank Mr. Murphy and Mr. Green for their leadership in addressing our Nation's mental health crisis. I think this legislation takes a giant step in addressing the needs of our mental health population. However, Mr. Chairman, I am dismayed that yet again we do not include the requisite funding to implement many of the provisions in this bill.

Nevertheless, Mr. Chairman, I would like to focus the remainder of my remarks on an important issue that I believe should be addressed in this legislation, and that is gun violence. Not just gun violence involving the tragedy of mass shootings and killings, but gun violence in general.

So far this year, Mr. Chairman, in my city of Chicago, we have had 1,661 shootings and 277 homicides in my city alone. Mr. Chairman, day in and day out people are living in a warzone, not knowing if they would be shot or not.

Mr. Chairman, none of us are immune to gun violence. Most of the discussion regarding mental illness does not factor into how exposure to violence affects mental illness. Tomorrow, Mr. Chairman, I plan to offer an amendment that will require the assistant secretary to study the relationship and the potential impact of post-traumatic stress and substance abuse on children and adults living in communities that suffer from chronic community violence.

With that, I yield back the balance of my time.

Mr. Pitts. The chair thanks the gentleman.

I now recognize the gentlelady from Illinois, Ms. Schakowsky, for 3 minutes for an opening statement.

Mr. Schakowsky. I am pleased that we have been able to make progress on this legislation. I want to thank you, Mr. Chairman, as well as Mr. Murphy and Mr. Green, Mr. Pallone, and Mr. Upton for that.

This bill is remarkably different from the bill we marked up in the Health Subcommittee, and I am thankful that the concerns raised by Democrats have been addressed and that we have been able to provide some new funding rather than cutting existing programs.

However, I think we have missed an opportunity for real comprehensive reform. This bill is a step forward, but if Republicans had been willing to work with Democrats from the beginning, we might have been able to reach a comprehensive agreement. Despite the improvements in this bill, we still need to work to truly hold insurance companies accountable for mental health parity. We still need to expand and improve Medicaid, the primary payer in our mental health system. And we need to make significant investments in our mental health infrastructure if we truly want to guarantee success.

Inpatient and outpatient mental health providers all across this country are struggling after decades of underinvestment, and yet we provide them with little in the way of additional resources. In fact, in this bill, this bill contains approximately 20 percent of the new resources included in the Democratic alternative bill, H.R. 4435.

In addition, this bill does not include my legislation, the Mental Health on Campus Improvement Act. It is in both the Democrat alternative and the mental health bill passed by the Senate HELP Committee, and I hope we can work to include it in the final legislation.

My bill would create a grant program to help colleges increase the mental health services offered to students, which we know are desperately needed on college campuses across the country. It really came out of a situation where one of my dearest friend's son committed suicide while at Harvard, and it has been a real priority for her and too many parents.

Unfortunately, we all know how prevalent sexual assault is on college campuses, and as part of the response we need to ensure that victims have access to the mental health services that they need.

While I will support H.R. 2646, I need to be clear that this bill is not the end of the road, as so many of my colleagues have said in their opening statements. This is a step forward, but there is still much work to be done if we truly want to say that we have reformed our mental health system.

I thank you, and I yield back.

Mr. Pitts. The chair thanks the gentlelady.

I now recognize the gentlelady from New York, Ms. Clarke, for 3 minutes for an opening statement.

Ms. Clarke. I thank you, Mr. Chairman. I thank Chairman Upton, Ranking Member Pallone, Mr. Murphy, Mr. Green, and Ms. Eddie Bernice Johnson for their hard work on this legislation.

H.R. 2646, the Helping Families in Mental Health Crisis Act, is an important piece of legislation that strengthens and updates mental health laws and programs. It will help a range of Americans, from those who suffer from eating disorders to those suffering from more severe mental illnesses.

However, I see this bill as an initial step in a more comprehensive reform of our mental health system. Such reform must include stronger effective parity enforcement, appropriate authorization levels, and the full funding of this and any subsequent mental health legislation.

Many of my Republican colleagues view this bill as being an answer to America's gun violence epidemic. However, I disagree with that assertion. In fact, a 2016 Health Affairs study noted that serious mental health illnesses contribute little to the risk of interpersonal violence. Rather, a mentally ill person is far more likely to have violence done to them or to self-harm than to inflict harm on others.

An important aspect of the gun violence dynamic that is often overlooked is the adverse impact that exposure to gun violence has on victims and on the community's mental health. Studies have shown that communities exposed to gun violence have increased stress and PTSD.

Children in particular are extremely impacted by gun violence. Specifically, the connection between community violence exposure and adverse academic performance usually includes difficulties with concentration resulting from violence exposure, which in turn impairs an adolescent's ability to learn in the classroom. Exposure to gun violence begins a cycle that has countless ramifications.

We can break this cycle and curb gun violence by banning assault weapons, such as ones used in Orlando and the Sandy Hook school massacres, having enhanced background checks, often referred to as closing the gun show loophole, establishing a Federal database to track guns, and requiring trigger locks or other safe storage requirements. These are sensible measures to curb gun violence while still allowing Americans to exercise their Second Amendment rights.

We have let gun violence define us. America is more violent than any other OECD country except for Estonia and Mexico. We have let gun violence destroy our communities not just in terms of the loss of life, but it has also inflicted psychological damage, such as PTSD and depression, on our communities and in particular on our children.

Rather than let gun violence continue to define us and destroy us, it is my hope that the gun violence epidemic plaguing our Nation will embolden us, giving us the resolve to do the right thing for all those whose lives have been taken and disrupted by gun violence, to do the right thing for all the families who have lost their loved ones to gun violence, to do the right thing for our communities that live in fear of gun violence. And I hope that we have the political resolve to do the right thing for our Nation.

Commonsense gun control legislation is needed now, and H.R. 2646 will only begin to scratch the surface of our national pathology.

And I yield back.

Mr. Pitts. The chair thanks the gentlelady.

The chair now calls up H.R. 2646 and asks the clerk to report.

The Clerk. H.R. 2646, to make available needed psychiatric, psychological, and supportive services for individuals with mental illness --

Mr. Pitts. Without objection, the first reading of the bill is dispensed, and the bill will be open for amendment at any point.

So ordered.

[The bill follows:]

***** INSERT 1-1 *****

Mr. Pitts. We are now on H.R. 2646, and the committee will reconvene at 10 a.m. tomorrow. I remind members that the chair will give priority recognition to bipartisan amendments. I look forward to seeing all of you tomorrow.

Without objection, the committee stands in recess.

[Whereupon, at 5:47 p.m., the committee recessed, to reconvene at 10:00 a.m., Wednesday, June 15, 2016.]

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MARKUP OF H.R. 2646, HELPING FAMILIES IN
MENTAL HEALTH CRISIS ACT

WEDNESDAY, JUNE 15, 2016

House of Representatives,

Committee on Energy and Commerce

Washington, D.C.

The committee met, pursuant to call, at 10:00 a.m., in Room 2123 Rayburn House Office Building, Hon. Fred Upton [chairman of the committee] presiding.

Members present: Representatives Upton, Barton, Shimkus, Pitts, Walden, Murphy, Burgess, Blackburn, Scalise, Latta, McMorris Rodgers, Harper, Lance, Guthrie, Olson, McKinley, Pompeo, Kinzinger, Griffith, Bilirakis, Johnson, Long, Ellmers, Bucshon, Flores, Brooks, Mullin, Hudson, Collins, Cramer, Pallone, Rush, Eshoo, Engel, Green, DeGette, Capps, Doyle, Schakowsky, Butterfield, Matsui, Castor, Sarbanes, McNerney,

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Welch, Lujan, Tonko, Yarmuth, Clarke, Loeb sack, Schrader, Kennedy, and Cardenas.

Staff present: Gary Andres, Staff Director; Will Batson, Legislative Clerk; Mike Bloomquist, Deputy Staff Director; Sean Bonyun, Communications Director; Elena Brennan, Staff Assistant; Adam Buckalew, Professional Staff Member; Rebecca Card, Assistant Press Secretary; Karen Christian, General Counsel; Paige Decker, Executive Assistant; Paul Edattel, Chief Counsel, Health; Giulia Giannangeli, Legislative Clerk, Commerce, Manufacturing, and Trade; Jay Gulshen, Staff Assistant; Peter Kielty, Deputy General Counsel; Bob Mabry, Fellow, Health; Tim Pataki, Senior Advisor/Director of Member Services; Graham Pittman, Legislative Clerk, Health; Mark Ratner, Policy Coordinator; Michelle Rosenberg, Detailee, Health; Adrianna Simonelli, Professional Staff Member, Health; Sam Spector, Counsel, Oversight and Investigations; Heidi Stirrup, Policy Coordinator, Health; Sophie Trainor, Policy Coordinator, Health; Josh Trent, Deputy Chief Health Counsel; Dylan Vorbach, Assistant Press Secretary; Gregory Watson, Legislative Clerk, Communications and Technology; Jen Berenholz, Minority Chief Clerk; Jeff Carroll, Minority Staff Director; Elizabeth Ertel, Minority Deputy Clerk; Waverly Gordon, Minority Professional Staff Member; Tiffany Guarascio, Minority Deputy Staff Director and Chief Health Advisor; Rachel Pryor, Minority Health Policy Advisor; Tim

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Robinson, Minority Chief Counsel; Samantha Satchell, Minority Policy Analyst; Matt Schumacher, Minority Press Assistant; Andrew Souvall, Minority Director of Communications, Outreach and Member Services; Arielle Woronoff, Minority Health Counsel; and C.J. Young, Minority Press Secretary.

The Chairman. The committee will come to order. So at the conclusion of opening statements yesterday, the chair called up H.R. 2646, and the bill was open for amendment at any point.

[The Bill H.R. 2646 follows:]

*****INSERT 1*****

The Chairman. The chair would recognize himself for the purpose of offering an Amendment in the Nature of a Substitute and the clerk will report the Amendment.

[The Amendment offered by The Chairman follows:]

*****INSERT 2*****

The Clerk. Amendment in the Nature of a Substitute to H.R. 2646 Offered by Mr. Upton.

The Chairman. And without objection, the reading of the Amendment is dispensed with. The staff will distribute the Amendment, and I think it is already at our desks. The chair recognizes himself for 5 minutes in support of the Amendment.

So what this Amendment in the Nature of a Substitute that Mr. Pallone and I are calling up drives important reforms that are going to help families and their loved ones who are suffering from mental illness. We are advancing meaningful policies that provide accountability, new authorizations for important programs, and promote evidence-based approaches to treating mental illness.

In Title I, we create an Assistant Secretary for Mental Health and Substance Abuse. That individual will elevate mental illness and substance abuse disorders within the Department of HHS while promoting the most effective evidence-based practices in innovative grant designs. The assistant secretary will hold grantees to higher standards ensuring that they are fully equipped to do the job that they are signing up to do.

The assistant secretary will work closely with the National Mental Health and Substance Use Policy Lab whose job it will be to identify, coordinate, and facilitate the implementation of important changes likely to have significant impact on mental

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health and mental illness. The lab will provide important leadership on coordinating policies and programs related to mental health and substance use disorders.

The Amendment touches on an important issue to many, the compassionate sharing of protected health information for those with serious mental illness. We directed HHS to put into regulation and clarify all of their existing guidance on when and how doctors can share with families and loved ones of those suffering from serious mental illness.

We do not direct the administration to change the circumstances in which information can be shared simply to clarify. We have also included a number of targeted authorizations to promote treatment in the next generation of mental health professionals; we are bolstering the mental health system from every angle that we can. And lastly, the Amendment is fully offset and CUTGO compliant, adding fiscal responsibility to the many good attributes of H.R. 2646.

So I urge my colleagues to support the Amendment, and I yield to the gentleman from New Jersey to comment on our Amendment, 5 minutes.

Mr. Pallone. Thank you, Mr. Chairman. Today we are meeting in markup an updated version of H.R. 2646, the Helping Families in Mental Health Crisis Act. I would like to thank the chairman and his staff for their dedication and commitment to reaching a

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bipartisan agreement on this measure.

I strongly support the bill before the committee. It is a vastly better bill than the one we considered at the subcommittee markup and it is a reflection of what is possible on this committee when we work together in a bipartisan manner.

The bill we are considering today removes the provisions of H.R. 2646 that concern many Democrats such as the elimination of SAMHSA as an agency and provisions that we believe took an unnecessarily coercive and counterproductive approach to the delivery of care to individuals with mental illness.

Moreover, it includes a number of new provisions that we felt were needed to make the bill more meaningful including some of the provisions that Democrats offered as part of our substitute at the subcommittee markup. For instance, the bill includes a New Assertive Community Treatment grant program which funds a community-based, voluntary, and evidence-based approach to the treatment of mental illness.

It includes a provision to enhance community-based crisis response systems and fund the development of bed registries for inpatient psychiatric and residential community mental health and substance use disorder treatment facilities. And it includes a new grant program to develop suicide prevention strategies for adults ages 25 and older, the population currently experiencing the highest number of suicides.

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The new draft includes a major win for our most vulnerable children struggling with serious mental illness in Medicaid, and affirmative entitlement that ensures that any child anywhere in the country that is receiving residential psychiatric treatment is eligible to receive comprehensive early and periodic screening, diagnostic, and treatment services known as EPSDT in Medicaid from their choice of provider.

This new provision which was part of the Democratic substitute that was offered at the subcommittee markup gives kids in inpatient psychiatric treatment the same benefits all children receive in Medicaid and this is a long overdue correction to a basic inequity in the statute.

EPSDT is a comprehensive set of screenings for kids in Medicaid that diagnose certain conditions, and when a problem is found because of an EPSDT screening the child is ensured treatment even if that service is not part of the state's standard benefit plan. And all children in Medicaid are affirmatively entitled to this benefit package with the exception of kids in psychiatric treatment.

Today, states are not required to provide comprehensive EPSDT benefits for kids in inpatient psychiatric care, so I am proud to say that this new bill fixes this issue which has been a longstanding legislative proposal in the President's budget. This important provision is fully paid for by requiring electronic

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verification of in-home visits for personal care services or home health in Medicaid, and I am glad we have reached bipartisan agreement on both of these policies.

The new draft also acknowledges the incredible confusion surrounding the current HIPAA privacy rule and addresses it in two ways. First, it requires the Department of Health and Human Services to implement regulations that clarify certain conditions or circumstances where HIPAA allows and does not allow a provider to share protected health information.

And second, it requires HHS to create model training programs to educate health care providers and administrators, patients and families on what health information can be shared and for what reason. And I want to thank Ms. Matsui for her leadership and expertise in such a complicated and controversial issue. It is important that we get patient privacy right, and I believe this language strikes the right balance.

While I am pleased, Mr. Chairman, with the bill before us today, I want to be clear that Democrats hope this bill is the beginning rather than the end of our efforts to strengthen the mental health system in this country. While this bill is a positive step forward, it is hardly a comprehensive effort to address all the problems in our mental health system.

For instance, while I am happy we were able to include the Senate language and mental health parity in the draft we will be

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marking up we need to do more. The guidance reports and action plan included in this draft are a first step towards ensuring that insurers are covering behavioral health at the same level as physical health, but I hope this committee can work together going forward to take more meaningful steps like those that Mr. Kennedy included in his legislation and that we included in the Democratic substitute to hold insurers accountable for not following the law.

There is still a lot of work to be done, but the success of our efforts thus far and Chairman Upton's willingness to work on a bipartisan basis gives me reason to believe that we can achieve more in this space.

So then again let me thank Chairman Upton. Obviously our Oversight and Investigation Subcommittee chairman, Mr. Murphy, for all his work on this important bill. I want to thank Ms. DeGette who with Mr. Murphy led all the hearings in the Oversight and Investigations Subcommittee that led to this bill. I also want to thank Mr. Green and Mr. Pitts. Mr. Green was obviously the author of our substitute, and both he and Mr. Pitts worked at the subcommittee level and worked with us on the final bill as well.

We had many members, both sides of the aisle, who were part of various task forces over the years to put this bill together. I am not going to mention them all, but I do want to thank those who were involved in the task force as well and again committed

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to continue to work in a bipartisan fashion to get this bill signed into law, and I hope we can continue to work together on this as we move forward. Thank you.

The Chairman. If the gentleman will yield I would just like to reiterate what you just said. And, you know, as we have discussed this issue for a long time, not only leading up to the subcommittee markup but in the months since last year, I want to say that both of us have spoken to virtually every member on both sides of the aisle as we have tried to fashion a bill that can move that would generate large momentum and that we could pretty much all of us support the bill.

And I appreciate that understanding and time from the many discussions we had on the floor and here, private discussions that we had, compliment the staff on both sides of the aisle. This is a work that together we all really did chip in and particularly solid members on both sides of the aisle that helped get us to where we are today. And I appreciate that understanding, and good work, really a pat on the back to every member on the committee as we work forward. With that the gentleman's time is expired. Other members wishing to comment? The gentleman from Pennsylvania, Dr. Murphy.

Mr. Murphy. Thank you. I move to strike the last word.

Mr. Chairman, I want to thank you and Ranking Member Mr. Pallone, Mr. Pitts and Mr. Green, and really all the members of

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this committee. From the onset this has been a strong bipartisan effort. I don't think there is anybody here that I haven't talked with about this as well as quite frankly hundreds of members of Congress and literally tens of thousands of families throughout the nation who have weighed in on this issue.

I do want to say that what we see is our nation is going through a transition in terms of how we deal with mental illness. We have really, hopefully are moving away from the era where mental illness is something we make jokes about, where we just throw people in jail, where we are complacent to walking past them as the homeless, forgotten ones. We let them rot away with their chronic illnesses or we dump them back to families and say good luck, take care of this person and we won't give you any information beyond that.

This has been a learning process for all of us through this with scientists weighing in, psychiatrists, psychologists, people from NIMH, CDC, I mean across the board many people weighed in. And it is because of the work of this committee, and sometimes we have been woken up by tragedies whether they involve one person or many, but also we have woken the nation with continuing to respond to this. By the way I have many editorial writers across the nation have written in on this, and Mr. Chairman I would appreciate it if we can include in the record about 40 of the editorials written across the nation that want to --

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The Chairman. Without objection.

[The information follows:]

*****COMMITTEE INSERT 3*****

Mr. Murphy. Thank you. And I do want to say this too. This is an emotional struggle. I don't think there is anybody in Congress who doesn't, or who is not one or two degrees separated from some tragedy. I know many people here have confidentially talked to me about things that they face in their own family; their own relatives; their own friends. I have no doubt, and I can see the faces of those people sitting here today that have lost a loved one or they have a loved one in jail or some other impending disaster from their problems.

We have to make sure that we no longer see mental illness as something that we treat as a pariah; that we are afraid of it; that we handle by having the police come and take people away. You know, when we closed all those hospitals that were built in the 1800s, at that time led by a nurse, Dorothea Dix, who said if we stop putting people in jail and treat them with compassion we can turn things around for the mentally ill.

And so that movement went on for nearly a century until we found out that in the 1980s, '90s and now, the biggest psychiatric hospitals in this country are the jails in every county in America. The biggest ones being Los Angeles County jail and the Crook County jail where people are subject to tremendous awful abuse, the kind of thing that we would disdain in a third-world nation. Not only abuse from other prisoners but just the whole mess is there.

We have woken up as a nation to mental illness. And I want

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people to know that this is a substantive bill; that Mr. Chairman, who we have worked on the last couple months with coming up with a substitute here, an Amendment in the Nature of a Substitute, still leaves this bill very strong. We never wavered from our commitment to make a change in how we handle mental illness. We never wavered from our commitment to put leadership at the top with an Assistant Secretary of Mental Health to clarify the issues with HIPAA that keep family members, loving family members from being involved.

We never wavered from our commitment to say we need to put money behind our message here to have more psychologists; more psychiatrists; more people who could actually do the treatment while we have a huge shortage. We never wavered from our commitment to clean up our grant programs so they really are focusing on evidence-based care. We worked on consensus language, but all that was necessary and important. I would be remiss if I did not also thank Congresswoman Eddie Bernice Johnson of Texas, herself a psychiatric nurse from the VA who has been a leader in this throughout, and I want to also thank members who have become friends in this whole process as we have shared our passion for this together. I hope that members will unanimously adopt this Amendment in the Nature of a Substitute. It keeps a lot of things intact and adds a lot of power behind this.

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And finally, to every family member and the tens of thousands who reached out to me, who stepped forward to share their story and to be a voice of change, my deepest gratitude to all of you for your courageous stand to help families in mental health crisis. I yield back.

The Chairman. The gentleman yields back. Other members wishing to speak? The gentleman from Texas, Mr. Green.

Mr. Green. Thank you, Mr. Chairman. I move to strike the last word.

Mr. Chairman, I want to thank you for bringing up the bill today and it has been a long journey to get to this place on mental health reform. The Amendment in the Nature of a Substitute is a strong product and I am proud to support it. And while it does not include everything I would like to see, most notably new resources for mental health care, the harmful provisions have been removed and the underlying bill has been strengthened.

It is the nature of a compromise that nobody is going to get 100 percent happy and it is important we move forward with the reforms that are included in this bill, as amended. I am pleased that the legislation under consideration includes many of the provisions we offered to make it more meaningful on behalf of patients and families dealing with mental illness. This legislation is a positive step and I want to thank my colleagues on both sides of the aisle for their work to move forward and reform

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the mental health care system.

The legislation includes new grant programs that expand access to critical mental health services including community crisis response systems, adult suicide prevention, as well as new tools to improve compliance with mental health parity. The Substitute includes some of the provisions we offered as part of our Amendment at the subcommittee. Examples of these meaningful provisions include the Assertive Community Treatment grant program, HIPAA training programs for patients and providers to better understand their protections and rights, and a Peer Professional Workforce Development grant. I am very pleased that among the other provisions this bill extends the Federal Tort Claims Act to health care professional volunteers and community health centers. This will help alleviate workforce shortages since many willing providers are deterred from volunteering their knowledge and time because of the high cost of supplemental medical liability insurance, the burden of which must be borne by either the provider or the resource-strained health center.

I also strongly support the provision to include the full range of early and periodic screening, diagnostic, and treatment, EPSDT services to Medicaid children receiving inpatient psychiatric care at institutions of mental disease. Children receiving inpatient psychiatric care at these IMDs should have full access to Medicaid benefits available to all children in

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Medicaid.

These are a few of the important reforms in the underlying legislation that will improve care. Today marks a significant step forward. However, we have much more work to do on our path to comprehensive reform. If we are serious about strengthening our national mental health care system we must expand access including Medicaid expansion in states that have failed to do so; dedicate more resources to prevention care and treatment.

And I look forward to continuing our work with my colleagues to ensure we provide the necessary resources and reform the entire spectrum of care. And Mr. Chairman, I yield back my time.

The Chairman. The gentleman yields back. Other members wishing to speak? The gentleman from New York, Mr. Collins.

Mr. Collins. Mr. Chairman, I move to strike the last word. Oh. I am glad we are marking up this important legislation today. The Amendment in the Nature of a Substitute makes essential changes to the way the federal government addresses mental health. However, while the Amendment and the underlying bill increase grant funding and reform the structure of federal departments, I believe our great committee can and must do more to address access to care issues across the United States.

Many areas of our country face a severe shortage of mental health providers, specifically child and adolescent psychiatrists. Based on the Council of Graduate Medical

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Education, our nation needs at least 30,000 practicing child and adolescent psychiatrists to cover all those who need treatment in a reasonable amount of time. Today we have less than 9,000 practicing child and adolescent psychiatrists.

To incentivize these doctors to practice in underserved areas, Representative Joe Courtney and I introduced H.R. 1859, Ensuring Children's Access to Specialty Care. That bill would allow all qualified pediatric subspecialists to participate in the National Health Service Corps Loan Repayment Program. The bill is particularly important to rural areas of the country like my district in western New York.

I am encouraged that this mental health bill contains language to ensure child and adolescent psychiatrists are able to participate in the National Health Service Corp. This is clearly a step toward improving access to mental health care.

But there is more we can do to ensure access to all types of medical care especially for children. I look forward to working with my colleagues to incentivize pediatric subspecialists to practice in rural and underserved areas in order to address the health disparities across the nation.

I would like to thank Representatives Courtney and Eshoo for their hard work and steadfast support of this provision and the several E&C members who are cosponsoring H.R. 1859, and also certainly Chairman Upton and Murphy for their work in getting

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mental health reform to where it is today.

The Helping Families in Mental Health Crisis Act does not contain all the provisions it could to improve children's access to subspecialty care, but this bill does move the ball forward on an issue we all care about. I look forward to working with all my colleagues to improve access to care for those children who need specialty care the most, and I yield back.

The Chairman. The gentleman yields back. The chair would recognize the gentlelady from California, Ms. Eshoo.

Ms. Eshoo. Thank you, Mr. Chairman. I move to strike the last word. I would just like to say a few words about the Collins-Courtney legislation which you, Mr. Chairman, have wisely decided to place in the bill.

My colleagues, this is really an important effort. There are so many needs across the mental health system in our country, but what this does is it addresses the shortage, the huge shortage of pediatric specialties for children, and God help you if you have a child that needs these services because they are scarce in our country.

At the same time, as the gentleman from New York, a sponsor of the legislation just said, Mr. Collins, there are many, many openings in the public health service. And so when there is that opening and a void on the other side to bring those two elements together, I think these words are going to walk right into the

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lives of people that really need these services.

So I thank Mr. Collins. I thank the chairman for what he is doing because this increase in access to pediatric, pediatric mental health services is really a critical component of a national strategy, and this is as I said directed to the children of our country. This is a high value-added plus, plus, plus to the base of this bill and I commend Mr. Collins, Mr. Courtney, and I thank you, Mr. Chairman, for having the wisdom to add this to the base of the bill, and I yield back.

The Chairman. The gentlelady yields back. The chair recognizes the gentleman from New Jersey, Mr. Lance.

Mr. Lance. Thank you, Mr. Chairman. I move to strike the last word.

First, I thank you, Mr. Chairman, Ranking Member Pallone, and Dr. Murphy for including eating disorder provisions that I have championed in this bipartisan legislation. Eating disorders affect over 30 million Americans during their lifetime, and in New Jersey alone over 300,000 people are currently battling deadly conditions like anorexia and bulimia.

Sadly, eating disorders have the highest mortality rate of any mental illness. Sections 403, 712, and 713 will help provide people with eating disorders better access to treatment as well as take preventive steps by giving doctors and other health care professionals the tools they need to identify eating disorders

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better. This is the first step in our nation's history where Congress has taken action to enact legislation specifically to help people experiencing eating disorders, so I thank you for your efforts.

Second, I express my strong support for legislation that I have sponsored with my friend Congresswoman Doris Matsui that would expand a demonstration program based on the Excellence in Mental Health Act to increase access to community mental health centers. Unfortunately, the expansion of this program did not make it into the bill, but Congresswoman Matsui and I remain deeply committed to this policy.

The program puts mental health community centers on more equal footing with other health centers by improving quality standards and expanding access. The program would give community mental health centers the opportunity to expand their services, obtain necessary designations to provide 24-hour psychiatric care, and better integrate physical checkups with mental health services while improving Medicaid reimbursement for these services.

Our legislation would expand this important demonstration program so that more states could participate. The Department of Health and Human Services recently awarded 24 states with planning grants to support states to certify community behavioral health clinics, solicit information from stakeholders to

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establish prospective payment systems for demonstration reimbursable services, and prepare an application to participate in the demonstration program. Current law provides only eight states to move on to the next phase and implement the demonstration program. More states want to participate and are taking the necessary steps to expand access to mental health care. We should support these actions. In my judgment, this is an integral part of ensuring that patients have access to mental health care services they need and deserve.

I look forward to working with my colleagues in both the House and the Senate on this legislation as it continues to move through the legislative process to ensure that this policy becomes law. Now I yield to my friend, the distinguished gentlewoman from California, Congresswoman Matsui.

Ms. Matsui. Thank you, Mr. Lance, for yielding and for working with me on this important issue.

The Excellence in Mental Health Act that we coauthored and worked together to pass into law will ensure that community behavioral health centers are equipped to cover a broad range of mental health services including 24-hour crisis care, increased integration of physical, mental, and substance abuse treatment, and expanded support for families of people living with mental health issues.

Nearly half of the states are currently in the planning

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process for this demonstration project and are working diligently to certify community clinics providing essential services and update payment systems to allow for enhanced Medicaid reimbursement for these services. States and localities including counties in California can use this opportunity to take a broader look at their mental health system to ensure that they are best meeting the needs of their communities.

Mr. Lance and I are working to expand this demonstration project so that as many communities can participate as possible who want to be able to show that high quality, evidence-based behavioral health services at the community level will ultimately benefit patients with mental illnesses and their families.

I look forward to continuing to work in a bipartisan way with Mr. Lance, my colleagues on the committee, and my Senate colleagues to continue support for this demonstration program and to expand it to more states and communities that stand to benefit from it. Thank you and I yield back.

The Chairman. The gentlelady yields back. The chair would recognize the gentlelady from Colorado, Ms. DeGette.

Ms. DeGette. Thank you very much, Mr. Chairman. I move to strike the last word.

I just want to add my thanks to you, Chairman Upton and also Ranking Member Pallone, for your leadership and for really taking the steps to negotiate this bill to a place where it can become

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a bipartisan effort to begin to address the serious mental health treatment issues that we have in this country.

Everybody knows how hard we have been working the last few years on this legislation. Representative Murphy and I convened numerous hearings and discussions and papers and conversations starting in 2014 to think about the best ways to address admitted deficiencies in the system. It has not been an easy process because this is not an easy problem to address.

So I want to add my thanks to everybody on this committee who has taken part in these discussions in some way, but most of all I want to thank all of the advocates who are here in the audience today and who are out there listening because you are the ones who really held our feet to the fire for these last few years to get this bill across the finish line.

I am really pleased to see a number of the provisions of my colleague and seatmate Congressman Gene Green's bill H.R. 4435 incorporated. People have mentioned some of these, the provisions that allow states to provide the full range of health benefits to children enrolled in Medicaid and staying in these institutions of mental disease or IMDs. This is going to really help kids because it is going to eliminate an arbitrary barrier.

Also the amended bill includes provisions from H.R. 4435 that help support adult suicide prevention, assertive community treatment, peer support programs, and provider training on HIPAA

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requirements which has really been a thorny issue in the system. I think these are all really positive changes and I am really happy to see them earn bipartisan support.

I don't mean to rain on the parade, I just want to say one more caveat though at the end and that is, while this is an important bipartisan step today we still have a long way to go. And if we are really going to address the issue of mental illness and treatment in this country, Congress has got to be able to put its money where its mouth is because changing some of the structure is great, pilot projects and studies and so on, it is so helpful so we can base our policies on scientific research. But the fact is we are going to have to fund meaningful treatment in this country at both the federal level and also at the state level.

And so I am delighted to be working as part of really a committee-wide bipartisan effort here, but I think all of us need to explore together, across the aisle and on both sides of the Capitol, how we can actually put the resources in to these efforts that we are starting today.

Thank you very much, Mr. Chairman, and I --

Mr. Pallone. Would the gentlelady yield for one --

Ms. DeGette. I would be happy to yield.

Mr. Pallone. I want to publicly thank you, Ms. DeGette, my friend from Colorado. We sat next to each other through multiple hearings, very tearful at times, powerful, from so many family

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members who told their story. Your strength, your encouragement has been a big part of this and I am sorry I didn't thank you before.

Ms. DeGette. You are forgiven, don't worry.

Mr. Pallone. All right. And with that I will yield back to the gentlelady.

Ms. DeGette. I yield back.

The Chairman. The gentlelady yields back. Other members wishing to speak? The gentleman from New York, Mr. Engel.

Mr. Engel. Thank you, Mr. Chairman. I move to strike the last word.

I want to thank you, Mr. Chairman and Ranking Member Pallone, for holding today's markup. As so many of us know personally, mental illness doesn't discriminate. It affects those who can access care and those who cannot, those who can afford treatment, those who don't have the resources, and it touches not just the lives of those living with a mental illness but the lives of their loved ones as well. These Americans need a better mental health care system and while the bill before us today won't make our country's system perfect, it represents a significant step in the right direction.

I am particularly pleased that this bill includes expanded access to mental health services, workforce provisions to ensure we have the personnel to provide those services, and other key priorities that we on the Democratic side have been pushing.

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I feel it is important to note though that while we are taking an important step today our work is far from finished. We need tools to ensure mental health parity is enforced, and we need to afford our communities the resources they need to provide crucial prevention, treatment, and recovery services to those who need them.

I had the privilege of supporting the two mental health parity bills signed into law in 1996, my first year on this committee, and 2008, and I am pleased to again lend my support to a bill that will certainly improve mental health care for our constituents.

I want to thank Congressman Murphy for his work on this bill. Tim came to me numerable times, numerable times, to ask if I had any problems or if I wanted to sit down and talk or anything that might help us to move this bill forward. So Tim, this is really a tribute to you and to the people on both sides of the aisle that really worked so hard.

This committee is one of the best committees in the Congress and what we are doing today is a reason why. When we put our heads together and work in a bipartisan way we have good legislation. So I want to thank not only Congressman Murphy, but Chairman Upton, Ranking Member Pallone, for their dedication to this important effort. And thank you, Mr. Chairman. I yield back the rest of my time.

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The Chairman. The gentleman yields back. Other members -- the gentlelady from California, Mrs. Capps.

Mrs. Capps. Mr. Chairman, I would like to strike the last word and speak in favor of this bipartisan Manager's Amendment.

You know, it is estimated that nearly one in five Americans will experience a mental health issue this year, and there is no secret that for many of these individuals the system that is supposed to be there for them is broken. It is a topic that has touched many of our lives in some way, touched the families of many of us here, and for many years we have all expressed frustration with the broken system but disagreements have remained about how to move forward. And I want to thank all my colleagues and their staff who have worked tirelessly to bring us to this point.

Of course this bill is not perfect, and frankly it is not as comprehensive as it needs to be especially in efforts to help individuals before the crisis begins. But the agreement before us does make meaningful progress and is a good-faith effort to remove many controversial provisions that some of us thought would be a step backwards in mental health care. I am particularly pleased that there is strong emphasis on improving the evidence base for care.

As a nurse, I also believe that the workforce provisions included in this legislation are very critical to any effort to

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improve access to mental health care, but I do believe that there is more work to be done as I mentioned, especially to meaningfully strengthen and support community-based professionals in institutions like school-based centers and other local programs that should be available to be there for an individual before a crisis starts.

We need to do more to understand and address the role of trauma for those in crisis and better address the links between behavioral and physical health and we must do more to hold insurance companies accountable to help individuals get and pay for the care they so desperately need.

We also must recognize that despite the messaging that some have pushed during this process, this legislation may help a lot of people but it is not going to stop our nation's gun violence epidemic. In fact people with mental illness are far more likely to be the victims of violent crime than the perpetrators.

On an average day, over 30 Americans die from gun violence with 180 more being injured, but in too many circles mental health reform has been used as an excuse to do nothing to address gun safety in this country. So that is a separate issue and we can do more to act on that.

There are things we could do today to move the needle forward to protect our citizens and communities. I urge the committee in the strongest terms possible to be bold and to tackle the issue

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head on instead of perpetuating the myth that even the most perfect mental health care system would in any way end gun violence.

Despite these outstanding issues, the bipartisan Manager's Amendment builds on the Murphy bill, is a carefully crafted and vetted step forward and deserves our strong support. And so I hope this is just the first step to making the investments that are needed to address the health of individuals and communities in a holistic way. And I will yield back the balance of my time.

The Chairman. The gentlelady yields back. Other members -- the gentlelady from Illinois, Mr. Schakowsky.

Ms. Schakowsky. Thank you, Mr. Chairman. I move to strike the last word.

I want to also just add my thanks to all those who have worked on this bipartisan bill. I think it is an important step forward, though I do have to say it is just a first step. We have a lot more to do. And I want to associate my remarks with what Congresswoman DeGette said that we also need to make sure that we do put our money where our mouth is; that we fund this kind of effort to the fullest and then continue to move forward on the path to a comprehensive bill. I wanted to mention a piece of legislation that I think needs to be in the bill. It is the Mental Health On Campus legislation that I had introduced, H.R. 4374, which I actually have been supporting since pretty much the day I came to Congress, because right before that one of my dearest

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friend's son, a brilliant student, a popular kid, killed himself at Harvard.

And this legislation is included in both the Democratic alternative and the mental health bill passed by the Senate HELP Committee. It is not in the Manager's Amendment, but I certainly hope that it will be and urge that it be included in the final bill. It would create a grant program for colleges to expand the mental health services offered to their students.

I continue to hear from colleges across my home state of Illinois and others that they don't have enough resources to meet the mental health needs of their students and I am sure that this problem is not contained to just a few places. We know that the college students have some of the most acute mental health needs. It is a very vulnerable time.

Today, 44 percent of the students who visit campus counseling centers are dealing with severe mental illness, but many students who need help never receive it. Only 15 percent of college and university students who die by suicide received campus counseling. Of the students who seriously consider suicide each year, only 52 percent of them seek any professional help at all.

This issue was also personal to me as I said. We know that sexual assault, for example, is far too prevalent on college campuses across the country. Last week, many of us read the heartbreaking statement from the Stanford rape victim who

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eloquently described the emotional and mental repercussions of her assault. We heard her anguish in that letter and we know she is not alone, but we also know that so many victims in similar circumstances cannot access mental health services they need on their college campuses. This unfulfilled need is not addressed in the underlying bill and I strongly believe that need needs to be remedied.

I am hopeful that I can work with Chairman Upton and Ranking Member Pallone to include the Mental Health on Campus Improvement Act in the final legislation. Thank you and I yield back. Oh, and I would like to yield to our ranking member, Frank Pallone.

Mr. Pallone. Thank you. I just wanted to indicate my support for Ms. Schakowsky's bill and her efforts. The offset, or the onset, I should say, of many mental illnesses occurs in late teens and early 20s and it coincides with the time frame when young people head off to college. And that is why it is particularly important to ensure that college campuses work to raise awareness of mental illness such that students will know how to identify the signs of mental illness and how to direct someone to get the care that they need as well as provide access to qualified treatment providers to serve students in need.

And that is why the Mental Health on Campus Improvement Act which she sponsored is so important because it creates a grant program to help colleges increase access to mental health

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providers on campus as well as conduct mental health education and awareness campaigns.

So again I support this proposal, will continue to work with Ms. Schakowsky to move this proposal forward, and I yield back to her.

Ms. Schakowsky. Thank you, and I yield back.

The Chairman. Other members wishing to speak on the Amendment? Seeing none, are there any bipartisan amendments to the Amendment in the Nature of a Substitute?

Seeing none, are there any amendments? The gentle lady from California -- I saw her hand first, Bobby.

Mrs. Capps. Thank you very much.

The Chairman. The lady has an Amendment at the desk?

Mrs. Capps. I have an Amendment at the desk.

[The Amendment offered by Mrs. Capps follows:]

*****INSERT 4*****

The Chairman. The clerk will report the title of the Amendment.

The Clerk. Which Amendment?

Mrs. Capps. 01.

The Chairman. 01, I think.

Mrs. Capps. 01.

The Clerk. Amendment to the Amendment in the Nature of a Substitute to H.R. 2646 Offered by Mrs. Capps.

The Chairman. And the Amendment will be considered as read, the staff will distribute the Amendment, and the gentlelady is recognized for 5 minutes in support of her Amendment.

Mrs. Capps. Thank you, Mr. Chairman. A few weeks ago this committee came together to make small but meaningful progress to help those addicted to opioids. However, one area we did not address were the ways to stop opioid addiction before it starts. That is what this simple amendment would do.

My amendment would add the bipartisan STOP Pain Act into this important package to direct NIH to intensify its research efforts on pain management and alternatives to opioids for pain management. This is a no-cost bill and it is already included in the Senate's mental health package. I am proud to have introduced this bill along with my colleagues Representatives Ellmers, Matsui, and McKinley, and believe it would strengthen the underlying bill to help health researchers find alternative

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treatments for chronic pain so we can stop addiction before it even starts.

We have talked about opioid abuse in this committee in the recent past, but it bears importance when talking about mental health as well because these issues don't fit neatly into buckets and too often they are interrelated. Prescription opioids are a common treatment for chronic and acute pain. We know because of the crisis across our country that the nonmedical use of opioids has increased dramatically. They are highly addictive and prolonged use can have detrimental effects on the mental health of individuals.

Mr. Chairman, time and time again we have seen tragedies across this nation in our communities and too often in our own lives that are connected to behavioral health issues. This is where this Amendment and my bill, the STOP Pain Act, would move the needle forward so we can expand the number of treatment options available to individuals in pain.

Far too often our current system is stuck in crisis mode and we lack the ability to focus on solutions that will deliver long-term results. So this is a straightforward, bipartisan and bicameral way, means to address making real progress without adding additional cost to the underlying legislation so I urge its adoption.

Mr. Chairman, I appreciate the work we are trying to do here

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and would be willing to withdraw my Amendment, but I hope we can have a hearing on this simple bipartisan bill soon, and I yield back.

The Chairman. I appreciate the gentlelady's Amendment and her willingness to withdraw it. Opioid abuse is something that we are all very concerned about. I know I have been named as a conferee. We are looking for the Senate to move to name conferees and to look for a comprehensive bill that we can get done yet in the next couple weeks, but I continue to look forward to working with the gentlelady on this issue. Thank you.

And the gentlelady withdraws her Amendment. Does she have another Amendment at the desk that she would like to offer at this point?

Mrs. Capps. I do. I have one, unless someone else --

The Chairman. No, I think we had agreed to have you go and then Bobby Rush will go next, if you want to offer your second amendment. The gentlelady has an Amendment at the desk.

[The Amendment offered by Mrs. Capps follows:]

*****INSERT 5*****

The Chairman. The clerk will report the title to the Amendment.

The Clerk. Amendment to the Amendment in the Nature of a Substitute to H.R. 2646 Offered by Mrs. Capps.

The Chairman. And the Amendment will be considered as read, the staff will distribute the Amendment, and the gentlelady is recognized for 5 minutes in support of her Amendment.

Mrs. Capps. Thank you, Mr. Chairman.

As we discuss the importance of mental health today, I believe we can and we must do more to identify potential issues before crises hit especially those affecting young people. Our one critical mental health care interface for children and youth are school-based health centers. School-based health centers provide access to comprehensive preventive mental health care services which serve millions of students nationwide.

Today, one in five youth nationwide suffer from a diagnosable emotional, mental, or behavioral disorder. Unfortunately, the majority of children and adolescents are not able to receive and do not receive the necessary treatment or diagnoses due to a lack of available resources. But school-based health centers can fill that gap. In fact of the 2,000 school-based health centers nationwide, 75 percent of these centers have a mental health care provider on site. And that is why my Amendment would simply reauthorize the school-based health center program that expired

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in 2015. By providing continued federal support for high quality, comprehensive mental health care, my Amendment would help eliminate barriers to providing critical services in our local schools particularly for our most underserved population.

It is amazing to me we have professionals on a school campus who spot these issues coming up in the classroom, on the playground, in the interactions that young people have on campus, and there is no place for them to be referred within the school setting where parents, family members, adults are willing to come and meet with someone who can help them address these issues. By providing vital services such as counseling and therapy to detect and address mental and behavioral issues early on, school-based health centers are a proven model that work to help our children lead successful lives.

While I plan to withdraw this Amendment, it is my hope that the committee will seriously consider the significant positive impact that school-based health centers have in many of our districts, and I urge the chairman to work with me to reauthorize these important centers soon, and I yield back.

The Chairman. The gentlelady yields back and she withdraws her Amendment.

Mr. Rush. Mr. Chairman, on the Amendment --

The Chairman. So other members wishing to offer an Amendment? The gentleman from --

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Mr. Rush. Mr. Chairman, I would like to --

The Chairman. Speak in favor of the Amendment?

Mr. Rush. -- speak in favor of her Amendment.

The Chairman. The gentleman is recognized for 5 minutes.

Mr. Rush. Mr. Chairman, I am a strong, strong advocate for school-based health centers. I had intended to offer an Amendment along those lines, myself, but I strongly support the gentlelady from California's efforts.

We need to address the mental health problem that many of our young high school and grade school citizens are experiencing. They are indeed our most vulnerable citizens especially in this matter of their mental health. They have none of the tools that are necessary to recognize and manage mental health condition that they may be suffering from. Their parents in more instances than not don't have the information and don't have the recognition powers that would allow them to help get assistance, much needed assistance and guidance for our youngsters who are suffering from mental health issues and problems.

So Mr. Chairman, this legislation goes a long way to actually pull this issue out of the dark corners and put it into the light of the day, of society's day so that we can remove the stigma that in more instances than not are created at a very, very early age. This stigma of mental health problems and mental health issues we are blaming the victim, and this measure that Mrs. Capps has

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introduced, this Amendment, would help this committee and the American people to remove the stigma from our students and from our society. Mr. Chairman, our schools, our young people spend somewhere between 60 to 75 percent of their time in a classroom and our teachers and our schools are uniquely positioned or should be uniquely positioned to recognize and to alert responsible individuals, responsible adults from young people who are beginning to suffer and reveal signs of what may later become serious mental health conditions.

So Mrs. Capps, I want to thank you so very much. This is just another example of your enlightened leadership that you are offering this Amendment and I join with you in trying to help solve this problem. And Mr. Chairman, I agree with her.

Right now, Mr. Chairman, I yield as much time as I have to the gentlelady from Florida, Ms. Castor.

Ms. Castor. Well, thank you, Mr. Rush, and I also want to commend Congresswoman Capps for her leadership.

Congresswoman, your time is short here in the Congress, but boy are we going to miss you because of your professional experience as a nurse and knowledge on how important it is when we are talking about mental health to get the resources for early diagnosis. That is what we know about mental health. We can save costs and save lives, save a lot of agony with families if we can diagnose kids early. And oftentimes it is the teachers,

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educators in the classroom who have a front row seat to what is happening in that child's life.

And I hear it from my educators and parents and families back home in Florida, they would love to have additional resources to get those mental health professionals in the schools or have better referral systems that that all -- important school nurse can provide.

So I would hope -- you have heard a lot of us talk today about how this is an important first step in this bill, I would hope that our school-based health centers that includes mental health services and expert referrals could be addressed quickly and maybe even before the bill gets to the floor of the House or in a House/Senate conference committee.

But Congresswoman, thank you so much for your outstanding for all of the families across the country.

The Chairman. The gentleman's time is expired, and the gentlelady from California withdraws her Amendment, and the gentleman from Illinois has an Amendment at the desk.

[The Amendment offered by Mr. Rush follows:]

*****INSERT 6*****

Mr. Rush. Thank you, Mr. Chairman.

The Chairman. Can the clerk report the title of the Amendment?

The Clerk. Amendment to the Amendment in the Nature of a Substitute of H.R. 2646 Offered by Mr. Rush.

The Chairman. And the Amendment will be considered as read, the staff will distribute the Amendment, and the gentleman from Illinois is recognized for 5 minutes in support of his Amendment.

Mr. Rush. I want to thank you, Mr. Chairman. Mr. Chairman, I want to read an excerpt from the New York Times article entitled "A Weekend in Chicago, by Monica Davey" that was published on June 4th of this year.

It begins, "Julia Rhoden, 53, is sitting on her bed, exhausted from another long day at the health center where she works as a nurse's aide. There is a loud boom and then another and another. She feels a sting as a bullet enters her back. 'I been shot. I been shot' she cries out to her children in the next room, as blood soaks through the summer dress she wears as a nightgown.

"That same night, 15-year-old Veronica Lopez is hit as she rides in a Jeep that is speeding along a waterfront drive. 'Babe, they shot me in the stomach,' the girl tells a friend. 'Help, I've been shot,' another teenager screams as he limps down a

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darkened street, a bullet having torn through his leg."

Mr. Chairman, day in and day out people in my community, people in this nation, people who are in urban areas are living in a war zone not knowing whether or not they will be shot in a crossfire. So far, Mr. Chairman, this year there has been more than 1,600 shootings and more than 200 homicides in my city, the city that I love, the city of Chicago.

Today, Mr. Chairman, I am offering an Amendment that I reluctantly plan to withdraw. My Amendment requires that the assistant secretary study the relationship and the potential impact of post-traumatic stress and substance abuse on children and adults living under the chronic condition of community violence. Many in my community are suffering from mental illnesses, whether depression or post-traumatic stress, because of their chronic exposure to community violence. In the spirit of moving this mental health legislation, I urge the authors to seriously consider this language as this bill moves through the legislative process. And Mr. Chairman, additionally and for the record, Mr. Chairman, we have enormous jurisdiction in this committee. We have all heard the saying that if the sun shines on it and the wind blows on it, the E&C Committee has jurisdiction over it. Mr. Chairman, social media-driven violence is responsible for much of the community-driven violence that we are witnessing. In my city of Chicago there is a phenomenon called,

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and I quote, internet gang banging. Internet gang bangers that is responsible for much of the violence plaguing my city and other cities across this nation.

Mr. Chairman, other members of this committee, we have seen this phenomenon play a role in notorious organizations like ISIL who use social media to spread their hate and radicalize our young people. So I, Mr. Chairman, humbly ask and request at some later date for consideration of the full committee's conducting a hearing and/or the subcommittee conducting a hearing on this matter of social media-driven violence, and with that I yield back the balance of my time.

The Chairman. The gentleman yields back, and the gentleman withdraws his Amendment?

Mr. Rush. I withdraw my Amendment and I would like for some response to my request.

The Chairman. I look forward to continuing the conversation with you. You are a good man and I look forward to continuing the conversation. Gentleman, the Amendment is withdrawn. Are there further amendments to the Amendment in the Nature of a Substitute? The gentleman from North Carolina, Mr. Butterfield.

Mr. Butterfield. Thank you, Mr. Chairman.

The Chairman. Do you have an Amendment at the desk?

Mr. Butterfield. Mr. Chairman, I have two Amendments at the

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desk. They are very quick Amendments, but important Amendments.

The Chairman. Do you want to consider them en bloc?

Mr. Butterfield. No, sir.

The Chairman. No.

Mr. Butterfield. They are unrelated.

The Chairman. All right.

Mr. Butterfield. They are unrelated.

The Chairman. Which Amendment would you like to have first?

Mr. Butterfield. 46 I would like first.

[The Amendment offered by Mr. Butterfield follows:]

*****INSERT 7*****

The Chairman. 46.

Mr. Butterfield. Yes.

The Chairman. The clerk will report the title.

The Clerk. Amendment to the Amendment in the Nature of a Substitute to H.R. 2646 Offered by Mr. Butterfield.

The Chairman. And the Amendment will be considered as read, the staff will distribute the Amendment, and the gentleman from North Carolina is recognized for 5 minutes in support of his Amendment.

Mr. Butterfield. Thank you very much, Mr. Chairman.

Mr. Chairman, let me just begin by joining the chorus of statements that have been made this morning about the tireless work of Dr. Tim Murphy. Over the last 12 to 15 months not a single time have I encountered Dr. Murphy which he did not talk about his bill and the importance of getting it passed during this session of Congress. And so I want to thank him publicly for his tireless effort. He is a mental health professional to the highest degree. Thank you.

[Applause.]

Mr. Butterfield. Mr. Chairman, I am looking at Title I of 2646, and the last line in the first paragraph states "Preference for hiring an Assistant Secretary will be given to individuals with a doctoral degree" -- please close the door behind me. The last sentence of the Section 101 says, "Preference for hiring an

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Assistant Secretary will be given to individuals with a doctoral degree in medicine" -- that is good -- "or psychology with clinical and research experience." That is good. But what is left out of this sentence, in my opinion, would be those PhDs with social work who are incredibly talented and who work in this space every day and do incredible work.

And so this Amendment, Mr. Chairman, would simply allow a social worker with a doctoral degree to be able to be considered to serve as Assistant Secretary for Mental Health and Substance Abuse Disorders. I am disappointed that the majority did not work with us to include this Amendment after our staffs have talked about it on multiple occasions. Some of the reforms in this bill do not take into account the various health care professionals who work every day in the mental health space and are on the front lines of this work. And so I am asking my colleagues to please accept this Amendment not to require social workers to be appointed, but simply to include social workers in the pool of persons who are eligible to serve as assistant secretary. I ask my colleagues to accept the Amendment. Thank you.

The Chairman. Does the gentleman withdraw his Amendment?

Mr. Butterfield. Is there opposition to it? I was led to believe that it might be a friendly Amendment and might be accepted.

The Chairman. I am led to believe otherwise, but I have

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not had that --

Mr. Butterfield. Mr. Chairman, in all fairness to you, sir

--

The Chairman. But let me say this though, I am prepared to work with you on your next Amendment.

Mr. Butterfield. Sure, yes.

The Chairman. And to do a letter that we can work with Republicans and Democrats requesting information.

Mr. Butterfield. Mr. Chairman, in all fairness to the last statement that I just made let me clarify that. It was represented to me by a member who is not on this committee that there would be an inclination to accept this Amendment. But in light of that I would withdraw the Amendment.

The Chairman. Okay. With that the Amendment is withdrawn, and the gentleman has a second Amendment that he is prepared to offer?

Mr. Butterfield. Thank you. The next one is Number 01, Mr. Chairman.

[The Amendment offered by Mr. Butterfield follows:]

*****INSERT 8*****

The Chairman. 01.

Mr. Butterfield. Yes.

The Chairman. And the clerk will report the title of the Amendment.

The Clerk. Amendment to the Amendment in the Nature of a Substitute to H.R. 2646 Offered by Mr. Butterfield.

The Chairman. And without objection, the Amendment will be considered as read, the staff will distribute the Amendment, and the gentleman is recognized for 5 minutes. Mr.

Butterfield. Thank you, Mr. Chairman. Mr. Chairman, I feel very, very strongly about this amendment. It is not only supported by myself, but it is supported by more than 40 members of the Congressional Black Caucus and many other members of the House of Representatives.

My amendment, Mr. Chairman, would commission the Government Accountability Office to conduct a study, just a study of state programs that provide alternatives to incarceration for individuals with mental illness or substance abuse disorders. My amendment costs nothing. The amendment simply directs the GAO to conduct a study and to report their findings to Congress.

Mr. Chairman, it is no secret to anyone in this room we have a staggering mass incarceration problem. The CBC is acutely aware of the disproportionate number of minorities, particularly African Americans, with mental illness who are incarcerated. And

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I may just digress and say for a moment, on February 25th I had a distant family member who was incarcerated who died with severe mental illness while he was in custody. No alternatives were provided to him. He died in jail awaiting trial.

The statistics of incarceration of African Americans and Hispanics are alarming as they comprise nearly 60 percent of all prisoners. African Americans in particular are incarcerated at a rate that is nearly six times greater than white Americans; count for almost one million of the more than 2.3 million prisoners. Many of those prisoners suffer -- and Dr. Murphy and I have talked about it endlessly. Many of those prisoners suffer from mental health disorders and substance abuse disorders.

According to the Bureau of Justice Statistics, approximately 70 percent of inmates, 70 percent meet criteria for mental health disorders; 60 percent of inmates meet criteria for substance abuse disorders; more than 40 percent meet criteria for both types of disorders. It is the unfortunate truth that often those who become incarcerated with mental illness have their first interaction with mental health or substance abuse after they have entered into the justice system.

Even after incarceration, many prisoners have trouble accessing the care they need. According to the Office of National Drug Control Policy, only 40 percent of offenders that needed treatment reported receiving that treatment during their

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incarceration including my family member that I have made reference to.

The purpose of this study is to look at effective programs that states have implemented to help provide mental health and substance abuse services as alternatives to incarceration. By developing an inventory of best practices that states can adopt, we can hopefully encourage adoption of evidence-based public health programs and reduce unnecessary incarceration.

Mr. Chairman, the Amendment costs nothing. There is no cost. The Amendment simply directs the GAO to conduct a study and report their findings to Congress. I would hope that my colleagues would see the wisdom in accepting this Amendment and urge its adoption.

The Chairman. Will the gentleman yield?

Mr. Butterfield. Yes. Yes, sir.

The Chairman. I appreciate the gentleman's statement and I would say that as I listen and talk to folks at home as well as certainly on this committee that all of us feel that this bill will do a lot to -- a goal that we all have is to reduce the incarceration, but in fact to have treatment for folks that are deserving.

And what you are trying to do with this Amendment is a very good idea, but I might suggest that it may be faster and just as important if the two of us work on a letter, maybe not to the GAO

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-- we will talk about that -- but maybe to the Justice Department requesting such a study that we might be able to do prompt earlier than when this bill gets to the floor and work with the Senate and get it to the President's desk.

But maybe in the next couple weeks you and I can work on a letter together, include other members of this committee that might be willing to sign on to the letter -- I am thinking about Mr. Pallone, Ms. DeGette, Dr. Murphy and others -- to request such a study from the appropriate group to try to find some answers to this and perhaps we will get a response to that letter before this bill reaches the floor and be able to provide us some help perhaps as we look to strengthen the bill as it moves forward.

So I would appreciate maybe if the gentleman withdraws the Amendment knowing that in the next couple weeks we can work on a joint letter that in essence accomplishes the same thing, but we can do it at an earlier date by getting it done in the next couple weeks versus waiting until fall when this bill is likely to reach the House floor.

Mr. Butterfield. Mr. Chairman, I thank you for those representations. I thank you very much and --

Mr. Rush. Would the gentleman yield?

Mr. Butterfield. Yes, I will yield.

Mr. Rush. Mr. Chairman, I just want to add my strong, strong support of what you have stated, Mr. Chairman, and for this

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Amendment that the gentleman will withdraw. I think this will go a long, long way toward remedying some of the conditions that we find are part of our criminal justice system and responsible for this overpopulation of our prisoners in jails throughout this nation.

Mr. Chairman, I just would ask that I also be included on the letter because it is something that is near and dear to my heart.

The Chairman. You can help us write the letter. I look forward to your constructive --

Mr. Rush. I thank the gentleman for yielding.

Mr. Butterfield. Mr. Chairman, I want to thank you for those representations on the record. I thank Mr. Rush and others who are willing to participate in this process. This is serious. This is very serious business to all of us, and I see Mr. Walden and others nodding their heads.

Let's do this. Let's get it in the bill or at least let's find some way to get this study completed very soon. Thank you. I withdraw the Amendment.

The Chairman. Thank you. I appreciate the indulgence. The gentleman withdraws the Amendment. Are there further amendments to the bill? The gentleman from New York, Mr. Tonko.

Mr. Tonko. Thank you.

The Chairman. Has an Amendment at the desk?

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Mr. Tonko. Yes, I have an Amendment at the desk, Mr. Chair.
I believe it is 035.

[The Amendment offered by Mr. Tonko follows:]

*****INSERT 9*****

Mr. Tonko. I intend to offer the Amendment and withdraw it.

The Chairman. Okay. The clerk will report the title of the Amendment.

The Clerk. Amendment to the Amendment in the Nature of a Substitute to H.R. 2646 Offered by Mr. Tonko.

The Chairman. And the Amendment will be considered as read, the staff will distribute the Amendment, and the gentleman from New York is recognized for 5 minutes in support of his Amendment.

Mr. Tonko. Thank you, Mr. Chair. My Amendment is simple. It would make occupational therapists eligible for the National Health Service Corps as behavioral and mental health professionals. Occupational therapists play an essential role in the provision of mental health care particularly for those with serious mental illness.

Serious mental illness can have a devastating impact on the basic skills that are needed for day to day independent functioning. The purpose of occupational therapy in mental health is to increase an individual's ability to live as independently as possible while engaging in meaningful and productive life roles.

Occupational therapy interventions have been shown to improve symptom and medication management among those with serious mental illness as well as increase social skills, social

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participation, and personal well being. These interventions have also been shown to decrease negative psychological symptoms, hospital admissions and readmissions, poor treatment compliance, and social exclusion.

Recent actions by federal agencies support the inclusion of occupational therapy as an essential part of quality community mental health services. SAMHSA recently included occupational therapists in its staffing criteria for new certified community behavioral health centers.

The Center for Medicare and Medicaid Services recognized the role of occupational therapy as a core component of quality mental health by requiring that occupational therapy services be offered at any community mental health center that wishes to bill under Medicare partial hospitalization. SAMHSA also included occupational therapists in its list of suggested staff for programs receiving primary behavioral health care integration grants recognizing the important role of occupational therapy in bridging physical and behavioral health care services.

Adding occupational therapy to the National Health Service Corp. would help expand access to occupational therapy services by encouraging new occupational therapists to practice in mental or behavioral health in high needs areas through loan forgiveness. Now I understand that we weren't able to get this provision into the underlying bill as of today, but I would ask for the chair's

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support in continuing to work with me to advance this issue as we move to the House floor. And I would yield to the chair for a response?

The Chairman. Yes, let me just say I appreciate the gentleman's Amendment. I am glad he is going to withdraw, but I look forward to working with you on this issue. I think it is an important one and I look forward to working with you to see where we can go with it.

Mr. Tonko. Thank you, Mr. Chair. I think it is critically valuable to providing services to our mental health community. And with that I thank you, Mr. Chair, and I would like to withdraw my Amendment, and I yield back the balance of my time and thank you for the support on this effort.

The Chairman. The gentleman withdraws his Amendment. Are there further Amendments to the bill? The gentleman from Massachusetts, Mr. Kennedy.

Mr. Kennedy. Thank you, Mr. Chairman.

The Chairman. Do you have an Amendment at the desk?

Mr. Kennedy. I have an Amendment at the desk, yes. It is going to be Kennedy 04.

[The Amendment offered by Mr. Kennedy follows:]

*****INSERT 10*****

The Chairman. 04, okay. The clerk will report the title of the Amendment.

The Clerk. Amendment to the Amendment in the Nature of a Substitute to H.R. 2646 Offered by Mr. Kennedy.

The Chairman. And the Amendment will be considered as read, the staff will distribute the Amendment, and the gentleman is recognized for 5 minutes in support of his Amendment.

Mr. Kennedy. Thank you, Mr. Chairman. Mr. Chairman, this is new Amendment that I did not offer at the health subcommittee markup, but I bring it to our attention today because I believe it is important for each of us to have a broader understanding of the cost of untreated care. This Amendment would direct GAO to study and report on the cost of undiagnosed, untreated, and undertreated mental illness and substance use disorders.

According to a 2016 Lancet article, quote, the next present value of investment needed over the period from 2016 to 2030 to substantially scale up effective treatment coverage for depression anxiety disorders is estimated to be about \$147 billion. The expected returns to this investment are also substantial. In terms of health impact scaled up treatment leads to 43 million extra years of healthy life over the scale up period. Placing an economic value on these healthy life years produces a net present value of \$310 billion, end quote.

Additionally, Tufts Health Care Institute found that the

societal costs of opioid abuse in the United States amounts to about \$55.7 billion a year while the health care costs alone total over 25 billion. This Amendment will help us know just how much we are losing by doing too little to reform the mental and behavioral health care systems and how we can make strategic investments to improve both the quality of life and access to care.

I hope that our colleagues will continue to work with me on this important issue, and for the record, Mr. Chairman, I have got a copy of this Lancet article that I would like to submit into the record. And I yield back.

The Chairman. We will enter the statement or the article into the record.

[The information follows:]

*****COMMITTEE INSERT 11*****

The Chairman. I just want to say to the gentleman from Massachusetts too I have appreciated it, I have cited you a couple times in working with us to advance this bill. Like I did with Mr. Butterfield, I would be pleased to work with you on a letter to the GAO and include other members to sign that letter in the next couple weeks.

Mr. Kennedy. I appreciate that sir, and, with that representation, I will withdraw the Amendment.

The Chairman. And the Amendment is withdrawn.

Mr. Kennedy. Thank you.

The Chairman. Did the gentleman have another Amendment at the desk or not?

Mr. Kennedy. Yes, not at this moment though.

The Chairman. Okay. Are there other Amendments to the bill? The gentleman from New Mexico, Mr. Lujan.

Mr. Lujan. Chairman, I have an Amendment at the desk, Lujan 1.

[The Amendment offered by Mr. Lujan follows:]

*****INSERT 12*****

The Chairman. And the clerk will report the title of the Amendment.

The Clerk. Amendment to the Amendment in the Nature of a Substitute to H.R. 2646 Offered by Mr. Lujan.

The Chairman. And the Amendment will be considered as read, the staff will distribute the Amendment, and the gentleman from New Mexico is recognized for 5 minutes in support of his Amendment.

Mr. Lujan. Thank you very much, Mr. Chairman.

Though there has been much improvement to this legislation, I am disappointed that it fails to comprehensively address mental health in schools. That is why I am offering an Amendment today based on legislation introduced by my friend a Congresswoman from California, Grace Napolitano, to encourage public schools across the country to partner with local mental health professionals to establish on site mental health care services for students. This is important because 1 in 5 U.S. children and adolescents have some form of mental health issue. Unfortunately, 70 percent of adolescents with mental health issues do not receive any type of care. This is simply unacceptable.

In New Mexico suicide is the leading cause of death for 10 to 14 year olds. Let me say that again. Sadly, in New Mexico suicide is the leading cause of death for New Mexicans ages 10 to 14. It is always a tragedy when children pass away before their

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parents, but when our 10 year olds are taking their own lives at such a disheartening rate we must act.

This Amendment would save lives and help our children and teens fulfill their potential by ensuring they receive the mental health care they need. The Mental Health in Schools program has proven to be successful in all levels of K-12 education systems and has been particularly impactful for teens.

I cannot think of anything more important than addressing our children's mental health needs. When our schools value and encourage mental health at the same level as academic success our students will succeed well past the time they spend in the classroom. Schools offer us a perfect setting to recognize mental health problems, intervene early, and help kids get on track and stay on track.

I thank Ms. Napolitano for her leadership on this issue and I hope that we can work together on this issue as the bill moves to the floor. And I don't know if any of my colleagues would like any time.

Mr. Pallone. Would the gentleman yield?

Mr. Lujan. I yield to Mr. Pallone.

Mr. Pallone. Thank you. I just want to indicate my strong support. We know that the early identification and treatment of mental health disorders yields improved outcomes and we also know that half of all lifetime cases of mental illness begin by age

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14. These two factors make clear that providing access to screening, early intervention, and mental health treatment services in schools can be an important tool to improving the health and other outcomes for children with mental illness.

And that is why this policy offered by Representative Lujan on behalf of the bill sponsor Congresswoman Grace Napolitano is so important. It would create a grant program to support comprehensive school-based mental health programs that are culturally and linguistically appropriate, age appropriate, and trauma informed. So I am committed to working with the Congressman Lujan and Congresswoman Napolitano to advance this policy moving forward, and I will yield back to the gentleman.

Mr. Lujan. And Mr. Chairman, it is my hope that we can work with you and with the majority staff to see if we might be able to find some commonality in this as we go to the floor. And with that Mr. Chairman, I withdraw my Amendment and I yield back the balance of my time.

The Chairman. The gentleman withdraws his Amendment. Are there further Amendments to the bill? Seeing none --

Mr. Pallone. Wait a minute. Do you have another?

The Chairman. The gentleman from New Mexico has --

Mr. Lujan. Lujan, 049.

[The Amendment offered by Mr. Lujan follows:]

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*****INSERT 13*****

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The Clerk. Amendment to the Amendment in the Nature of a Substitute to H.R. 2646 Offered by Mr. Lujan.

The Chairman. And the Amendment will be considered as read, the staff will distribute the Amendment, and the gentleman is recognized for 5 minutes in support of his Amendment.

You need to use the mic. I don't know --

Mr. Lujan. I apologize, Mr. Chairman. I would also like to offer an Amendment today that will help states improve their own behavioral health systems, because while I support this mental health bill as a first step in the right direction I do not believe it goes far enough to expand behavioral health access to Medicaid participants. Behavioral health impacts a significant proportion of the Medicaid population. In fact, Medicaid is the single largest payer of mental health services in the United States.

In my home state of New Mexico almost half of our population is enrolled in Medicaid. New Mexico's behavioral health system is in crisis after the state froze payments to 15 New Mexico behavioral health providers because of allegations of fraud. Though these providers were eventually cleared, this transition and turmoil caused many New Mexicans to fall through the cracks. As a result, too many families are hurting, too many people are suffering, and too many New Mexicans were unable to access the care they need.

I have worked with the New Mexico delegation to author

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legislation that seeks to protect Medicaid patients by establishing clear guidelines to ensure that state agencies investigating allegations of fraud do so in a manner that both protects access to health care and affords due process of the law. I hope that my colleagues on this committee will work with me to advance this legislation.

The Amendment I am offering today, however, would encourage my home state to make the necessary investments to rebuild its broken behavioral health system by providing an enhanced federal Medicaid match for states that invest in and improve their behavioral health infrastructure, data, and access to care. If we want states to build and maintain strong behavioral health systems then we must provide the necessary support. An enhanced federal match would encourage states to prioritize fundamental investments in behavioral health.

This bill also provides grants for states to create an office of behavioral health assistance or behavioral health ombudsman. The funding would allow states to collect data, track usage, and quantify problems encountered by Medicaid patients seeking behavioral health treatment. In addition, the ombudsman or office of assistance would provide information, referral, care coordination, and other assistance to patients and providers. This would provide a powerful advocate to individuals with mental health and substance abuse issues.

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When Congress asked states to update and modernize their infrastructure for enrollment, we provided states with an enhanced federal Medicaid match to do just that. If we want states to invest in behavioral health we should provide an enhanced federal matching rate to prioritize these investments.

Mr. Chairman, when CMS was trying to make sense of the data being submitted by the state of New Mexico they said essentially -- and I paraphrase -- that the data was not useful; they couldn't make sense of it. The data was not providing any guidance to CMS or to us in an oversight capacity to make better decisions to providing better care to those that need help with mental behavioral health coverage.

It is imperative that we make sure that the data being collected is good data and data that can be used by all of us to make better decisions. With that Mr. Chairman, I look forward to working with you and with the committee to see how we can include this provision and with that I withdraw my Amendment and I yield back.

The Chairman. The gentleman withdraws his Amendment. I do look forward to continuing to work with you.

Are there further Amendments to the bill? The gentleman from California has an Amendment at the desk? Which Amendment?

Mr. Cardenas. Oh, 2123. I am sorry. I have two.

The Clerk. Is it 01 or 02?

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Mr. Cardenas. I don't have my glasses. 02.

[The Amendment offered by Mr. Cardenas follows:]

*****INSERT 14*****

The Chairman. 02. The clerk will read the title of the Amendment.

The Clerk. Amendment to the Amendment in the Nature of a Substitute to H.R. 2646 Offered by Mr. Cardenas.

The Chairman. And the Amendment will be considered as read, the staff will distribute the Amendment, and the gentleman from California is recognized for 5 minutes in support of his Amendment.

Mr. Cardenas. Thank you very much, Mr. Chairman. I would be remiss if I didn't take the opportunity to thank and recognize you, Mr. Chairman, for all the heavy lifting work that has been done to get this mental health bill to this point and hopefully it appears to be to the floor soon.

Also to the ranking member, Frank Pallone, as well, thank you so much for all your work. And even though this bill is not perfect it certainly is a step in the right direction and I hope that we have more hearings like this to address the many, many mental health issues that we have yet to address. So once again I would like to thank not only you two but all of the members of this committee as well.

This Amendment on nutrition interventions has to do with a registered dietitian nutritionist can play a critical role in improving the lives and health of patients with serious mental illness through chronic care management and preventive services.

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A poor diet which is characterized by lower consumption of fruits, vegetables, and fiber, and greater consumption of calories and saturated fats is more prevalent among these individuals compared to the general population. Individuals with schizophrenia, bipolar disorder, and severe depression have higher rates of chronic medical conditions including hypertension, diabetes, obesity, cardiovascular disease, HIV AIDS, and are more than twice as likely to die prematurely because of these conditions. These are all conditions that registered dietitian nutritionists have been trained to effectively treat, yet only seven percent of primary behavioral health care integration programs reported hiring a registered dietitian nutritionist to work with patients with serious mental illnesses.

Proper diet and nutrition offer key modifiable targets for the prevention of mental disorders. Epidemiological data and clinical evidence suggest that diet can influence both the risk and outcomes of mental disorders. A high consumption of specific nutrients or combinations of nutrients such as omega-3 fatty acids, zinc, B vitamins and vitamin D have been investigated to be therapeutic target for patients with mental health conditions.

A lot of these nutrients are often missing from the Western dietary pattern due to minimal fruit and vegetable consumption. Instead, this dietary pattern has high levels of pro-inflammatory omega-6 fatty acids which have been correlated with symptoms

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consistent with compromised mental health status. Nutritional care is vital to behavioral health outcomes because of the effect malnutrition has on cognitive reasoning. Psychotropic medications often contribute to excessive weight gain, and patients that suffer with depression often rely on unhealthy and processed food choices.

This is why food-based intervention is a critical therapeutic tool to ensure patients are consuming high nutrient dense foods. An assessment of dietary patterns and nutritional habits of individuals with mental health conditions by registered dietitian nutritionists with specialized training in psychiatric nutrition and essential to be the stabilization and cognitive rehabilitation process. State agencies have limited diagnosis conditions for counseling, meaning there is no coverage for patients with serious mental health illness to access medical nutrition therapy. The success achieved by including medical nutrition therapy as a core service for patients with HIV AIDS in the Ryan White program demonstrates the benefit of ensuring individuals access to the entire spectrum of services needed to thrive.

This Amendment ensures that the evidence-based nutrition services are included as part of the comprehensive mental health services available to patients and that these services can be covered by insurance. I hope that we can work further on this

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issue and in that hope and expectation I offer to withdraw my Amendment.

The Chairman. The gentleman yields back.

Mr. Cardenas. Yes, I am sorry. I yield back.

The Chairman. And the Amendment is withdrawn. Are there further Amendments to the bill? The gentleman from Massachusetts, Mr. Kennedy, has an Amendment at the desk?

Mr. Kennedy. Mr. Chairman, I have an Amendment at the desk. It is Kennedy 03, please.

[The Amendment offered by Mr. Kennedy follows:]

*****INSERT 15*****

The Chairman. And the clerk will report the title of the Amendment.

The Clerk. Amendment to the Amendment in the Nature of a Substitute to H.R. 2646 Offered by Mr. Kennedy.

The Chairman. And the Amendment will be considered as read, the staff will distribute the Amendment, and the gentleman from Massachusetts is recognized for 5 minutes in support of his Amendment.

Mr. Kennedy. Thank you, Mr. Chairman. Mr. Chairman, I offered this Amendment --

The Chairman. Wait, a little order. Right. The gentleman is recognized.

Mr. Kennedy. Thank you, Mr. Chairman. I offered this Amendment at the Health Subcommittee markup and was pleased when Ranking Member Green included it in his mental health bill. I am offering it again today because our failure to ensure coverage of essential mental and behavioral health care is one of the most significant barriers to treatment that American families face.

I would venture to guess that every member of this committee has heard a version of the stories that I have -- patients inexplicably denied coverage for the needed care; individuals forced to leave treatment centers or substance abuse programs because their insurance companies have decided that they are all better; families spending days on end begging and pleading with

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insurers not to cut their loved ones off.

NAMI recently released a report entitled "The Long Road Ahead" and found, quote, insurers are denying authorization for mental health care at higher levels than they are for other types of medical care, end quote. Another study found that out of 84 insurance plans only 15 detailed documents available to consumers so that they could make informed choices about how to best protect their health and well being.

Despite this, the underlying aims takes a soft approach to fixing parity. It would require more guidance documents from HHS that will amount to little more than already existing FAQs that are available online. Beneficiaries don't need more guidance from HHS, they need federal regulators that can enforce the law. They need transparency. They need plans that live up to the spirit and the letter of existing parity protections.

My Amendment would strengthen parity for mental health and substance abuse by demanding transparency and accountability. It would require health insurance plans to share the analyses they perform in approving or denying mental health claims and it would empower regulators to conduct audits and share their findings publicly.

Our failure to address parity in this bill is one of the most glaring weaknesses, and let us be absolutely clear about what that failure means. It won't just threaten access to care for almost

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every American in need of mental health services, it disproportionately threatens access to care for struggling families that are needed most of parity protections -- people who cannot afford just to pay up when their insurance denies them, who don't have family members or friends to ask for a loan, and who have nowhere else to turn. The deck is already stacked against our most at-risk populations as they try to find the help that they need. This bill does nothing to address that despite the fact that stakeholders from across the mental health community have also mentioned my concerns. My cousin Patrick has called parity a medical civil rights issue. It is hard not to agree. I am hopeful we can come together to address this issue in the days and weeks ahead.

Mr. Chairman, I would also ask unanimous consent to submit this NAMI report on the parity for the record. I believe obviously very deeply in this Amendment. This Amendment mirrors legislation that I have filed independently, H.R. 4276. I recognize the work that has been done to try to get this underlying bill to where we are at. I would offer to withdraw this Amendment at this point, Chairman, upon your representation that we would have --

The Chairman. If the gentleman will yield --

Mr. Kennedy. Yes, sir.

The Chairman. -- first of all, your unanimous consent

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request that the material be included as part of the record --

Mr. Kennedy. Thank you.

The Chairman. -- is granted for sure.

[The information follows:]

*****COMMITTEE INSERT 16*****

The Chairman. Let me just say this. We recognize your leadership on this issue and your family's leadership, but particularly you all your days you have been here. This is an important issue. I think we need to get the facts. And I appreciate the gentleman withdrawing the Amendment knowing that we have had a careful bipartisan effort to get to where we are over the last good number of months.

And I can assure you that as we look at this issue which is so dear to your heart that we will convene a hearing probably in September knowing that -- can't do it really in July, but in September we will have a hearing specifically on this. We will work with you and Mr. Pallone and others in terms of a witness list so that we can in fact get more information and see precisely where we are and what we need to do. And I make that commitment.

Mr. Kennedy. Thank you, Mr. Chairman. And, upon that representation, I do withdraw the Amendment.

The Chairman. The gentleman withdraws his Amendment. Are there further Amendments to the bill? The gentleman from California.

Mr. Cardenas. Thank you, Mr. Chairman, Amendment 01.

[The Amendment offered by Mr. Cardenas follows:]

*****INSERT 17*****

The Chairman. The clerk will report the title of the Amendment.

The Clerk. Amendment to the Amendment in the Nature of a Substitute to H.R. 2646 Offered by Mr. Cardenas.

The Chairman. And the Amendment will be considered as read, the staff will distribute the Amendment, and the gentleman is recognized for 5 minutes in support of his Amendment.

Mr. Cardenas. Thank you very much. And once again my respect and appreciation to you, Mr. Chairman, and also the ranking member for all the good work that has gone into this bill, as once again hopefully we will continue to do much more work on these issues as well.

I would like to start by submitting a letter for the record dated June 14, 2016, by our colleague Member Honda.

[The information follows:]

*****COMMITTEE INSERT 18*****

Mr. Cardenas. So with that a lot of people in this country including Congress depend on research to make the right decisions. Health care especially is a field that thrives off of quality research. There have been so many helpful advances in the past years connected to health care and research improving Americans' lives and helping us live longer.

But in any time in government, the government gets in the way of research our country suffers. Lack of information is not something we should be proud of. If we stop research even for one day on cancer research there would be an uproar. It makes no sense to the medical community and it makes no sense to me that this Congress for two decades has in effect precluded the CDC from studying gun violence as a component of its research on violence prevention and its quest for helping us understand what we can do to keep our country safer.

With 32,000 Americans dying from gun violence each year, year after year, there is no question that there is far too much information to base that research on. Despite the fact that Republican members have brought up mental health as a way to address gun violence, studies show that only approximately four percent of gun violence is traced to mental health issues. But those studies don't come from the CDC because we don't have the ability to study gun violence.

Four percent of 32,000 people dying from gun violence every

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year accounts to about 1,280 people; we need to know more about the other 30,720 people on average every year that die from gun violence. Americans are dying. We need to stop tiptoeing around issues of people. I believe in the Constitution, we all do. That is why we are here.

This Amendment does nothing to limit our constitutional rights. We can't explain to our constituents why the United States is the leading country in the world for gun violence because we don't even fund the research that would give us the tools to build policy that makes our citizens safer. This is a failure of Congress. We are failing because we are not even trying. The very least we can do after a person's life is destroyed and their families are changed forever is to try to understand with facts as to why 32,000 Americans are killed by gun violence every single year in our great country.

Let's take the first step. Let's get the facts on the record, in the open, in the full view of the public. Ultimately this is about our duty as elected officials to the American people. Let's allow the truth to determine our actions as Congress. I will be asking for a recorded vote, and I yield back.

The Chairman. The gentleman yields back. Strike the last word. You know, I just want to say that we have worked hard on both sides of the aisle to get where we are, and this is the last Amendment before I think we get to final passage. It has been

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a multiyear effort. We have tried to find real common ground on both sides to advance this major mental health reform, but this Amendment is one that does divide the Congress and the nation. It is I think by any measure somewhat controversial for sure, but what we are trying to do is to move this bill forward.

And I know the gentleman has the right to ask for a recorded vote. I hope that he doesn't, but if he does I would urge my colleagues to not support it as we are trying to move this bill as it is. I don't -- for months we have had an agreement and we have spent a lot of hours in a lot of different offices trying to move together knowing that we wanted to be together to get this bill ultimately conferenced with the Senate and to the President, and I just fear that if this Amendment was adopted it would hurt our efforts to move the bill forward.

So with that I reluctantly ask the gentleman not to ask for a recorded vote, but he has that right and I yield back.

Are there other members wishing to speak on the Amendment?

Mr. Cardenas. Will you yield, Mr. Chairman?

The Chairman. I would be glad to yield to the gentleman from California.

Mr. Cardenas. Yes. Thank you. I speak wholeheartedly and honestly when I praise your leadership, Mr. Chairman, and I do have tremendous respect for you and the respect that you have given me directly and all the members of this committee. And also I

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can say the same thing for the Ranking Member Pallone as well.

But it is with a heavy heart that I have contemplated literally to the last second of my being here in this committee today in deciding whether or not I was going to ask for a recorded vote. And with all due respect, I am elected from a district that is disproportionately affected by the violence that I have scripted here today and I happen to be a member of the Hispanic Caucus and the Hispanic community here as a Hispanic American, and people of color are disproportionately of those 32,000 people who are dying every year.

So it is with a heavy heart that I respectfully say with all due respect I appreciate you and I think you have done a fine, fine job and I have weighed heavily on the comments that you just made. But with all due respect I still ask for a recorded vote.

The Chairman. Well, I will let you have a little more time if you want to wait indeed until the last second, but I yield back now and recognize the gentleman from Vermont, Mr. Welch.

Mr. Welch. Thank you very much, Mr. Chairman. Thank you, Mr. Cardenas. You know, there is really three issues that are raised by the gentleman's Amendment. One is the practical challenge that you and our ranking member have to try to keep a bill narrow so that we can find common ground. You have done that. And when meritorious amendments that are somewhat outside the scope of that come up it creates a threat to the success of the

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common effort.

So I, like Mr. Cardenas, very much appreciate both of you and understand that given the responsibilities that you have as chair and ranking member that is a valid consideration. The second thing is that the issue of guns is divisive. We are divided on this committee, we are divided in our party, and that is a debate that is going to continue. But there is a third issue here about this Amendment that I would hope regardless of what our position is on almost any issue, the support for research to inform our judgment whether it is about guns, whether it is about medication, whether it is about an approach to mental health, there would generally be a deference on the part of all of us to give credence to the value to public policy decision making to have the basis of research and science.

So in many respects this Amendment, while Mr. Cardenas is talking about CDC and gun violence, it could as easily be about whether a particular drug is effective in providing treatment to a particular disease, or it could be about whether a certain approach on mental health is effective on addressing the scourge of opioid addiction.

So I intend to support the Amendment because I think that the fundamental challenge that is holding us back in making progress on many issues is a reluctance to have us step back, get the benefit of scientific and valid research, and then each of

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us to take that into account as to what our judgment is, yes or no, in any given issue before us. I yield back.

The Chairman. The gentlelady from New York is recognized.

Ms. Clarke. Thank you, Chairman, and I thank the ranking member. I thank and support Mr. Cardenas on this Amendment.

Mass shootings have become unacceptably commonplace in our country. Gun violence has taken a toll on communities across America and has had a disproportionate impact within the African American community and in urban areas.

Over the past decade in America more than 100,000 people have been killed as result of gun violence and millions more have been victims of assaults, robberies, and other crimes involving a gun. Nearly 300 Americans are the victims of gun violence every day, many of whom are children, children who are either caught in the crossfire or who accidentally harm themselves or others by playing with unattended guns. Many gun crimes are committed by people who never should have been able to purchase a gun in the first place, and in many cases the guns used such as assault rifles should have never been publicly available to begin with.

The study called for by this Amendment is long overdue and very much needed. Solid research and studies provide the basis for good policy. And I think that we agree that something has to be done about the gun violence in our country. Gun violence has gotten too out of control, too many lives have been taken,

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too many lives have been disrupted, and I ask my colleagues to join me in supporting the Cardenas Amendment. I yield back, Mr. Chairman.

The Chairman. The gentlelady yields back. Other members wishing to speak on the Amendment? Seeing none, the vote occurs on the Amendment offered by the gentleman from California.

All those in favor will say aye.

All those opposed say no.

In the opinion of the chair the noes have it. A recorded vote is requested; the clerk will call the roll.

The Clerk. Mr. Barton.

Mr. Barton. No.

The Clerk. Mr. Barton votes no.

Mr. Whitfield.

[No response.]

The Clerk. Mr. Shimkus.

Mr. Shimkus. No.

The Clerk. Mr. Shimkus votes no.

Mr. Pitts.

Mr. Pitts. No.

The Clerk. Mr. Pitts votes no.

Mr. Walden.

Mr. Walden. No.

The Clerk. Mr. Walden votes no.

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Mr. Murphy.

Mr. Murphy. No.

The Clerk. Mr. Murphy votes no.

Mr. Burgess.

Mr. Burgess. No.

The Clerk. Mr. Burgess votes no.

Mrs. Blackburn.

[No response.]

The Clerk. Mr. Scalise.

[No response.]

The Clerk. Mr. Latta.

Mr. Latta. No.

The Clerk. Mr. Latta votes no.

Mrs. McMorris Rodgers.

Mrs. McMorris Rodgers. No.

The Clerk. Mrs. McMorris Rodgers votes no.

Mr. Harper.

Mr. Harper. No.

The Clerk. Mr. Harper votes no.

Mr. Lance.

Mr. Lance. No.

The Clerk. Mr. Lance votes no.

Mr. Guthrie.

Mr. Guthrie. No.

The Clerk. Mr. Guthrie votes no.

Mr. Olson.

Mr. Olson. No.

The Clerk. Mr. Olson votes no.

Mr. McKinley.

Mr. McKinley. No.

The Clerk. Mr. McKinley votes no.

Mr. Pompeo.

Mr. Pompeo. No.

The Clerk. Mr. Pompeo votes no.

Mr. Kinzinger.

Mr. Kinzinger. No.

The Clerk. Mr. Kinzinger votes no.

Mr. Griffith.

Mr. Griffith. No.

The Clerk. Mr. Griffith votes no.

Mr. Bilirakis.

Mr. Bilirakis. No.

The Clerk. Mr. Bilirakis votes no.

Mr. Johnson.

Mr. Johnson. No.

The Clerk. Mr. Johnson votes no.

Mr. Long.

Mr. Long. No.

The Clerk. Mr. Long votes no.

Mrs. Ellmers.

Mrs. Ellmers. No.

The Clerk. Mrs. Ellmers votes no.

Mr. Bucshon.

Mr. Bucshon. No.

The Clerk. Mr. Bucshon votes no.

Mr. Flores.

Mr. Flores. No.

The Clerk. Mr. Flores votes no.

Mrs. Brooks.

Mrs. Brooks. No.

The Clerk. Mrs. Brooks votes no.

Mr. Mullin.

Mr. Mullin. No.

The Clerk. Mr. Mullin votes no.

Mr. Hudson.

Mr. Hudson. No.

The Clerk. Mr. Hudson votes no.

Mr. Collins.

Mr. Collins. No.

The Clerk. Mr. Collins votes no.

Mr. Cramer.

Mr. Cramer. No.

The Clerk. Mr. Cramer votes no.

Mr. Pallone.

Mr. Pallone. Aye.

The Clerk. Mr. Pallone votes aye.

Mr. Rush.

Mr. Rush. Aye.

The Clerk. Mr. Rush votes aye.

Ms. Eshoo.

Ms. Eshoo. Aye.

The Clerk. Ms. Eshoo votes aye.

Mr. Engel.

Mr. Engel. Aye.

The Clerk. Mr. Engel votes aye.

Mr. Green.

Mr. Green. Aye.

The Clerk. Mr. Green votes aye.

Ms. DeGette.

Ms. DeGette. Aye.

The Clerk. Ms. DeGette votes aye.

Mrs. Capps.

Mrs. Capps. Aye.

The Clerk. Mrs. Capps votes aye.

Mr. Doyle.

Mr. Doyle. Aye.

The Clerk. Mr. Doyle votes aye.

Ms. Schakowsky.

Ms. Schakowsky. Aye.

The Clerk. Ms. Schakowsky votes aye.

Mr. Butterfield.

Mr. Butterfield. Aye.

The Clerk. Mr. Butterfield votes aye.

Ms. Matsui.

Ms. Matsui. Aye.

The Clerk. Ms. Matsui votes aye.

Ms. Castor.

Ms. Castor. Aye.

The Clerk. Ms. Castor votes aye.

Mr. Sarbanes.

Mr. Sarbanes. Aye.

The Clerk. Mr. Sarbanes votes aye.

Mr. McNerney.

Mr. McNerney. Aye.

The Clerk. Mr. McNerney votes aye.

Mr. Welch.

Mr. Welch. Aye.

The Clerk. Mr. Welch votes aye.

Mr. Lujan.

Mr. Lujan. Aye.

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The Clerk. Mr. Lujan votes aye.

Mr. Tonko.

Mr. Tonko. Aye.

The Clerk. Mr. Tonko votes aye.

Mr. Yarmuth.

Mr. Yarmuth. Aye.

The Clerk. Mr. Yarmuth votes aye.

Ms. Clarke.

Ms. Clarke. Aye.

The Clerk. Ms. Clarke votes aye.

Mr. Loeb sack.

Mr. Loeb sack. Aye.

The Clerk. Mr. Loeb sack votes aye.

Mr. Schrader.

Mr. Schrader. Aye.

The Clerk. Mr. Schrader votes aye.

Mr. Kennedy.

Mr. Kennedy. Aye.

The Clerk. Mr. Kennedy votes aye.

Mr. Cardenas.

Mr. Cardenas. Aye.

The Clerk. Mr. Cardenas votes aye.

Chairman Upton.

The Chairman. Votes no.

The Clerk. Chairman Upton votes no.

The Chairman. Other members wishing to vote? Mrs. Blackburn.

Mrs. Blackburn. No.

The Clerk. Mrs. Blackburn votes no.

The Chairman. Other members wishing to cast a vote or change their vote? Seeing none, the clerk will report the tally.

The Clerk. Mr. Chairman, on that vote there were 23 ayes and 29 noes.

The Chairman. 23 ayes, 29 noes; the Amendment is not agreed to. Are there further Amendments to the bill?

Seeing none, I would first like to submit the following documents for the record -- statements from ARcare, Legacy Community Health, National Alliance on Mental Illness, American Psychological Association, American Psychological Association Practice Organization, seven organizations on Title IV, and the National Association of Psychiatric Health Systems.

[The information follows:]

*****COMMITTEE INSERT 19*****

The Chairman. Okay. Let me yield to my ranking member and friend from New Jersey, Mr. Pallone. Strike the last --

Mr. Pallone. Thank you, Mr. Chairman. I know I mentioned the members on our side of the aisle earlier who played an integral part in this, you know, getting this bill passed. Obviously Mr. Green, Ms. Matsui, Ms. DeGette, Mr. Tonko, Mr. Kennedy, and Mr. Loeb sack all helped to shape this legislation and there were members who did as well.

But while we all believe our work is not done with today's vote, I am still very proud of all of our efforts. I also wanted to thank the staff, especially Paul Edattel and Adrianna Simonelli, and certainly last but not least let me thank Waverly Gordon, Arielle Woronoff, Rachel Pryor, and Una Lee for their work on this bill. Thank you, Mr. Chairman.

The Chairman. Let me just underscore the help from all of our staff as we would not be here without them today.

If there is no further discussion the vote occurs on the Amendment in the Nature of a Substitute.

All those in favor will say aye.

Those opposed say no.

A roll call is asked for, and the clerk will call the roll.

The Clerk. Mr. Barton.

Mr. Barton. Yes.

The Clerk. Mr. Barton votes aye.

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Mr. Whitfield.

[No response.]

The Clerk. Mr. Shimkus.

Mr. Shimkus. Aye.

The Clerk. Mr. Shimkus votes aye.

Mr. Pitts.

Mr. Pitts. Aye.

The Clerk. Mr. Pitts votes aye.

Mr. Walden.

Mr. Walden. Aye.

The Clerk. Mr. Walden votes aye.

Mr. Murphy.

Mr. Murphy. Aye.

The Chairman. If the clerk will suspend I might ask unanimous consent. The first vote is the vote on the Amendment in the Nature of a Substitute, so we can let that go by voice. So let's do that vote again.

All those in favor in support of the Amendment in the Nature of a Substitute will say aye.

All those opposed say no.

The ayes have it. The Amendment in the Nature of a Substitute is agreed to.

The question now occurs on favorably reporting H.R. 2646, as amended, to the House. Roll call vote is asked for. If you

want to vote aye, if you are in favor you vote aye; if you want to vote no, you vote no. The clerk now will call the roll on final passage. Sorry about that.

The Clerk. Mr. Barton.

Mr. Barton. I will vote yes again.

The Clerk. Mr. Barton votes aye.

Mr. Whitfield.

[No response.]

The Clerk. Mr. Shimkus.

[No response.]

The Clerk. Mr. Pitts.

Mr. Pitts. Aye.

The Clerk. Mr. Pitts votes aye.

Mr. Walden.

Mr. Walden. Aye.

The Clerk. Mr. Walden votes aye.

Mr. Murphy.

Mr. Murphy. Aye.

The Clerk. Mr. Murphy votes aye.

Mr. Burgess.

Mr. Burgess. Aye.

The Clerk. Mr. Burgess votes aye.

Mrs. Blackburn.

Mrs. Blackburn. Aye.

The Clerk. Mrs. Blackburn votes aye.

Mr. Scalise.

[No response.]

The Clerk. Mr. Latta.

Mr. Latta. Aye.

The Clerk. Mr. Latta votes aye.

Mrs. McMorris Rodgers.

Mrs. McMorris Rodgers. Aye.

The Clerk. Mrs. McMorris Rodgers votes aye.

Mr. Harper.

Mr. Harper. Aye.

The Clerk. Mr. Harper votes aye.

Mr. Lance.

Mr. Lance. Aye.

The Clerk. Mr. Lance votes aye.

Mr. Guthrie.

Mr. Guthrie. Aye.

The Clerk. Mr. Guthrie votes aye.

Mr. Olson.

Mr. Olson. Aye.

The Clerk. Mr. Olson votes aye.

Mr. McKinley.

Mr. McKinley. Aye.

The Clerk. Mr. McKinley votes aye.

Mr. Pompeo.

Mr. Pompeo. Aye.

The Clerk. Mr. Pompeo votes aye.

Mr. Kinzinger.

Mr. Kinzinger. Aye.

The Clerk. Mr. Kinzinger votes aye.

Mr. Griffith.

Mr. Griffith. Aye.

The Clerk. Mr. Griffith votes aye.

Mr. Bilirakis.

Mr. Bilirakis. Aye.

The Clerk. Mr. Bilirakis votes aye.

Mr. Johnson.

Mr. Johnson. Aye.

The Clerk. Mr. Johnson votes aye.

Mr. Long.

Mr. Long. Aye.

The Clerk. Mr. Long votes aye.

Mrs. Ellmers.

Mrs. Ellmers. Aye.

The Clerk. Mrs. Ellmers votes aye.

Mr. Bucshon.

Mr. Bucshon. Aye.

The Clerk. Mr. Bucshon votes aye.

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Mr. Flores.

Mr. Flores. Aye.

The Clerk. Mr. Flores votes aye.

Mrs. Brooks.

Mrs. Brooks. Aye.

The Clerk. Mrs. Brooks votes aye.

Mr. Mullin.

Mr. Mullin. Aye.

The Clerk. Mr. Mullin votes aye.

Mr. Hudson.

Mr. Hudson. Aye.

The Clerk. Mr. Hudson votes aye.

Mr. Collins.

Mr. Collins. Aye.

The Clerk. Mr. Collins votes aye.

Mr. Cramer.

Mr. Cramer. Aye.

The Clerk. Mr. Cramer votes aye.

Mr. Pallone.

Mr. Pallone. Aye.

The Clerk. Mr. Pallone votes aye.

Mr. Rush.

Mr. Rush. Aye.

The Clerk. Mr. Rush votes aye.

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Ms. Eshoo.

Ms. Eshoo. Aye.

The Clerk. Ms. Eshoo votes aye.

Mr. Engel.

Mr. Engel. Aye.

The Clerk. Mr. Engel votes aye.

Mr. Green.

Mr. Green. Aye.

The Clerk. Mr. Green votes aye.

Ms. DeGette.

Ms. DeGette. Aye.

The Clerk. Ms. DeGette votes aye.

Mrs. Capps.

Mrs. Capps. Yes.

The Clerk. Mrs. Capps votes aye.

Mr. Doyle.

Mr. Doyle. Yes.

The Clerk. Mr. Doyle votes aye.

Ms. Schakowsky.

Ms. Schakowsky. Aye.

The Clerk. Ms. Schakowsky votes aye.

Mr. Butterfield.

Mr. Butterfield. Aye.

The Clerk. Mr. Butterfield votes aye.

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Ms. Matsui.

Ms. Matsui. Aye.

The Clerk. Ms. Matsui votes aye.

Ms. Castor.

Ms. Castor. Aye.

The Clerk. Ms. Castor votes aye.

Mr. Sarbanes.

Mr. Sarbanes. Aye.

The Clerk. Mr. Sarbanes votes aye.

Mr. McNerney.

Mr. McNerney. Aye.

The Clerk. Mr. McNerney votes aye.

Mr. Welch.

Mr. Welch. Aye.

The Clerk. Mr. Welch votes aye.

Mr. Lujan.

Mr. Lujan. Aye.

The Clerk. Mr. Lujan votes aye.

Mr. Tonko.

Mr. Tonko. Aye.

The Clerk. Mr. Tonko votes aye.

Mr. Yarmuth.

Mr. Yarmuth. Aye.

The Clerk. Mr. Yarmuth votes aye.

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Ms. Clarke.

Ms. Clarke. Aye.

The Clerk. Ms. Clarke votes aye.

Mr. Loeb sack.

Mr. Loeb sack. Aye.

The Clerk. Mr. Loeb sack votes aye.

Mr. Schrader.

Mr. Schrader. Aye.

The Clerk. Mr. Schrader votes aye.

Mr. Kennedy.

Mr. Kennedy. Aye.

The Clerk. Mr. Kennedy votes aye.

Mr. Cardenas.

Mr. Cardenas. Aye.

The Clerk. Mr. Cardenas votes aye.

Chairman Upton.

The Chairman. Votes aye.

Other members wishing to cast a vote?

Mr. Shimkus. Yes.

The Clerk. Mr. Shimkus votes aye.

The Chairman. Mr. Shimkus, I don't see him. Yes, Mr. Shimkus votes aye. Mr. Scalise is on the way. There has been -- are there other members wishing to cast a vote? We will see if we need a pinch runner for Mr. Scalise next week in the baseball

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game. He is in the horseshoe. It is a little bit like the Presidential race, you know, and the Nats game. How is Mr. Scalise recorded?

The Clerk. Mr. Scalise is not recorded.

Mr. Scalise. Aye.

The Clerk. Mr. Scalise votes aye.

The Chairman. Votes aye. Other members wishing to cast a vote? Seeing none, the clerk will report the tally.

The Clerk. Mr. Chairman, on that vote there were 53 ayes and 0 noes.

The Chairman. 53.

[Applause.]

The Chairman. 53 ayes, no noes; the bill is favorably reported. Without objection, staff is authorized to make technical and conforming changes to the legislation approved by the committee today, so ordered. I yield to the gentleman from New Jersey.

Mr. Pallone. Mr. Chairman, pursuant to Rule X clause 2, I respectfully request that the minority be accorded three days in which to file any supplemental or dissenting views in connection with the legislative report. Thank you, Mr. Chairman.

The Chairman. Without objection, so ordered, and the committee stands adjourned. Congratulations, Dr. Murphy.

[Whereupon, at 12:06 p.m., the Committee was adjourned.]

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