Amendment in the Nature of a Substitute to H.R. 1667 Offered by M_.

Strike all after the enacting clause and insert the following:

1 SECTION 1. SHORT TITLE.

2 This Act may be cited as the "Dr. Lorna Breen3 Health Care Provider Protection Act".

4 SEC. 2. DISSEMINATION OF BEST PRACTICES.

5 Not later than 2 years after the date of the enact-6 ment of this Act, the Secretary of Health and Human 7 Services (referred to in this Act as the "Secretary") shall identify and disseminate evidence-based or evidence-in-8 9 formed best practices for preventing suicide and improving mental health and resiliency among health care profes-10 11 sionals, and for training health care professionals in appropriate strategies to promote their mental health. Such 12 13 best practices shall include recommendations related to preventing suicide and improving mental health and resil-14 15 iency among health care professionals.

SEC. 3. EDUCATION AND AWARENESS INITIATIVE ENCOUR AGING USE OF MENTAL HEALTH AND SUB STANCE USE DISORDER SERVICES BY HEALTH CARE PROFESSIONALS.

5 (a) IN GENERAL.—The Secretary, in consultation
6 with relevant stakeholders, including medical professional
7 associations, shall establish a national evidence-based or
8 evidence-informed education and awareness initiative—

9 (1) to encourage health care professionals to 10 seek support and care for their mental health or 11 substance use concerns, to help such professionals 12 identify risk factors associated with suicide and 13 mental health conditions, and to help such profes-14 sionals learn how best to respond to such risks, with 15 the goal of preventing suicide, mental health condi-16 tions, and substance use disorders; and

17 (2) to address stigma associated with seeking18 mental health and substance use disorder services.

(b) REPORTING.—Not later than 2 years after the
date of enactment of this Act, the Secretary shall provide
to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and
Commerce of the House of Representatives an update on
the activities and outcomes of the initiative under subsection (a), including a description of quantitative and

qualitative metrics used to evaluate such activities and
 outcomes.

3 (c) AUTHORIZATION OF APPROPRIATIONS.—To carry 4 out this section, there are authorized to be appropriated 5 \$10,000,000 for each of fiscal years 2022 through 2024. 6 SEC. 4. PROGRAMS TO PROMOTE MENTAL HEALTH AMONG 7 THE HEALTH PROFESSIONAL WORKFORCE. 8 Subpart I of part E of title VII of the Public Health 9 Service Act (42 U.S.C. 294n et seq.) is amended by add-10 ing at the end the following: 11 "SEC. 764. PROGRAMS TO PROMOTE MENTAL HEALTH 12 AMONG THE HEALTH PROFESSIONAL WORK-13 FORCE. 14 "(a) PROGRAMS TO PROMOTE MENTAL HEALTH 15 Among Health Care Professionals.— 16 "(1) IN GENERAL.—The Secretary shall award 17 grants or contracts to health care entities, including 18 entities that provide health care services, such as 19 hospitals, community health centers, and rural 20 health clinics, or to medical professional associa-21 tions, to establish or enhance evidence-based or evi-22 dence-informed programs dedicated to improving 23 mental health and resiliency for health care profes-24 sionals.

1	"(2) USE OF FUNDS.—An eligible entity receiv-
2	ing a grant or contract under this subsection shall
3	use funds received through the grant or contract to
4	implement a new program or enhance an existing
5	program to promote mental health among health
6	care professionals, which may include—
7	"(A) improving awareness among health
8	care professionals about risk factors for, and
9	signs of, suicide and mental health or substance
10	use disorders, in accordance with evidence-
11	based or evidence-informed practices;
12	"(B) establishing new, or enhancing exist-
13	ing, evidence-based or evidence-informed pro-
14	grams for preventing suicide and improving
15	mental health and resiliency among health care
16	professionals;
17	"(C) establishing new, or enhancing exist-
18	ing, peer-support programs among health care
19	professionals; or
20	"(D) providing mental health care, follow-
21	up services and care, or referral for such serv-
22	ices and care, as appropriate.
23	"(3) PRIORITY.—In awarding grants and con-
24	tracts under this subsection, the Secretary shall give

priority to eligible entities in health professional
 shortage areas or rural areas.

3 "(b) TRAINING GRANTS.—The Secretary may estab-4 lish a program to award grants to health professions 5 schools, academic health centers, State or local governments, Indian Tribes or Tribal organizations, or other ap-6 7 propriate public or private nonprofit entities (or consortia 8 of entities, including entities promoting multidisciplinary 9 approaches) to support the training of health care stu-10 dents, residents, or health care professionals in evidencebased or evidence-informed strategies to address mental 11 12 and substance use disorders and improve mental health 13 and resiliency among health care professionals.

14 "(c) GRANT TERMS.—A grant or contract awarded
15 under subsection (a) or (b) shall be for a period of 3 years.
16 "(d) APPLICATION SUBMISSION.—An entity seeking
17 a grant or contract under subsection (a) or (b) shall sub18 mit an application to the Secretary at such time, in such
19 manner, and accompanied by such information as the Sec20 retary may require.

21 "(e) REPORTING.—An entity awarded a grant or con22 tract under subsection (a) or (b) shall periodically submit
23 to the Secretary a report evaluating the activities sup24 ported by the grant or contract.

"(f) AUTHORIZATION OF APPROPRIATIONS.—To
 carry out this section and section 5 of the Dr. Lorna
 Breen Health Care Provider Protection Act, there are au thorized to be appropriated \$35,000,000 for each of fiscal
 years 2022 through 2024.".

6 SEC. 5. REVIEW WITH RESPECT TO HEALTH CARE PROFES7 SIONAL MENTAL HEALTH AND RESILIENCY.

8 (a) IN GENERAL.—Not later than 3 years after the
9 date of enactment of this Act, the Secretary, in consulta10 tion with relevant stakeholders, shall—

(1) conduct a review on improving health care
professional mental health and the outcomes of programs authorized under this Act; and

14 (2) submit a report to the Congress on the re-15 sults of such review.

16 (b) CONSIDERATIONS.—The review under subsection17 (a) shall take into account—

(1) the prevalence and severity of mental health
conditions among health professionals, and factors
that contribute to those mental health conditions;

(2) barriers to seeking and accessing mental
health care for health care professionals, which may
include consideration of stigma and licensing concerns, and actions taken by State licensing boards,
schools for health professionals, health care profes-

sional training associations, hospital associations, or
 other organizations, as appropriate, to address such
 barriers;

4 (3) the impact of the COVID-19 public health
5 emergency on the mental health of health care pro6 fessionals and lessons learned for future public
7 health emergencies;

8 (4) factors that promote mental health and re-9 siliency among health care professionals, including 10 programs or strategies to strengthen mental health 11 and resiliency among health care professionals; and

(5) the efficacy of health professional training
programs that promote resiliency and improve mental health.

(c) RECOMMENDATIONS.—The review under subsection (a), as appropriate, shall identify best practices related to, and make recommendations to address—

18 (1) improving mental health and resiliency19 among health care professionals;

20 (2) removing barriers to mental health care for21 health care professionals; and

(3) strategies to promote resiliency amonghealth care professionals in health care settings.

1 SEC. 6. GAO REPORT.

2 Not later than 4 years after the date of enactment 3 of this Act, the Comptroller General of the United States 4 shall submit to the Congress a report on the extent to 5 which Federal substance use disorder and mental health 6 grant programs address the prevalence and severity of 7 mental health conditions and substance use disorders 8 among health professionals. Such report shall—

9 (1) include an analysis of available evidence and
10 data related to such conditions and programs; and
11 (2) assess whether there are duplicative goals
12 and objectives among such grant programs.

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