

**H.R. 2646 THE HELPING FAMILIES IN MENTAL HEALTH CRISIS ACT**  
**AMENDMENT IN THE NATURE OF A SUBSTITUTE**

**JUNE 14<sup>TH</sup> AND 15<sup>TH</sup>, 2016**

**TITLE I – ASSISTANT SECRETARY FOR MENTAL HEALTH AND SUBSTANCE**  
**USE**

**SECTION 101 – ASSISTANT SECRETARY FOR MENTAL HEALTH AND SUBSTANCE USE**

This section would create an Assistant Secretary for Mental Health and Substance Use (ASMHSU). The Assistant Secretary would replace the Administrator of the Substance Abuse and Mental Health Services Administration (SAMSHA). The Assistant Secretary would be appointed by the President and confirmed by the Senate, like the current SAMSHA Administrator. Preference for hiring an Assistant Secretary will be given to individuals with a doctoral degree in medicine, osteopathic medicine, or psychology with clinical and research experience.

The Assistant Secretary will be responsible for improving the standards used to evaluate grants, grantees, and the programs being administered by SAMSHA in consultation the National Mental Health Policy Lab (NMHPL). The Assistant Secretary will have a Deputy Assistant Secretary that will replace the Deputy Administrator of SAMSHA. The ASMHSU will serve as a voting member on the Council on Graduate Medical Education.

**SECTION 102 – IMPROVING OVERSIGHT OF MENTAL HEALTH AND SUBSTANCE USE PROGRAMS**

This section directs the Assistant Secretary for Planning and Evaluation (ASPE) to improve oversight of mental health and substance use programs. The ASPE will collect and organize relevant data, evaluate programs across Federal departments and agencies, and consult with other relevant agencies. The ASPE shall make recommendations on the evaluation of relevant programs across the department.

**SECTION 103 – NATIONAL MENTAL HEALTH AND SUBSTANCE USE POLICY LABORATORY**

Section 103 creates a National Mental Health and Substance Use Policy Laboratory within SAMSHA. They will be responsible for identifying, coordinating, and facilitating the implementation of policy changes likely to have a significant effect on mental health, mental illness, and substance use disorder services while promoting evidence based practices.

**SECTION 104 – PEER-SUPPORT SPECIALIST PROGRAMS**

This section directs the Comptroller General of the United States to conduct a study on best practices for peer-support specialist programs in a selection of ten states.

SECTION 105- PROHIBITION AGAINST USING FEDERAL FUNDS BY SYSTEMS ACCEPTING FEDERAL FUNDS TO PROTECT AND ADVOCATE THE RIGHTS OF INDIVIDUALS WITH MENTAL ILLNESS

This section reiterates current appropriations law and restates the prohibition on Protection and Advocacy groups against using Federal funds for lobbying.

SECTION 106 – INCREASED REPORTING FOR PROTECTION AND ADVOCACY ORGANIZATIONS

This section leverages existing reporting that the state based Protection and Advocacy organizations currently submit to SAMSHA to provide a more detailed and disaggregated accounting for how each system spends funds and what the source of those funds are.

SECTION 107 – GRIEVANCE PROCEDURE

This section directs the Secretary of Health and Human Services (HHS) to establish a grievance procedure within SAMSHA for the state based Protection and Advocacy organizations.

SECTION 108 – CENTER FOR BEHAVIORAL HEALTH STATISTICS AND QUALITY

This section authorizes the already existing Center for Behavioral Health Statistics and Quality.

SECTION 109 – STRATEGIC PLAN

This section directs the ASMHSU to develop and carry out a strategic plan that is to be updated every five years. The plan should among other initiatives include and help identify strategic priorities, goals and measurable objectives for SAMSHA activities, identify ways to improve services for individuals with SMI and SED, and ensure programs provide access to evidence based care.

SECTION 110 – AUTHORITIES OF CENTERS FOR MENTAL HEALTH SERVICES AND SUBSTANCE ABUSE TREATMENT

This section ensures that the Center for Mental Health Services within SAMSHA collaborates with the Director of the National Institute on Mental Health. This section will also increase the oversight of grants administered by SAMSHA.

SECTION 111 – ADVISORY COUNCILS

This section adds the Director of the National Institute of Mental Health, the Director of the National Institute on Mental Health and the Director of the National institute of Drug Abuse onto relevant advisory committees within SAMSHA.

## SECTION 112 – PEER REVIEW

This section requires not less than half of all members of peer review groups at SAMSHA to be licensed and experienced professionals with relevant medical, doctoral or advanced degrees in the prevention, diagnosis, or treatment of, or recovery from mental and substance use disorders.

## **TITLE II – MEDICAID MENTAL HEALTH COVERAGE**

### SECTION 201 – RULE OF CONSTRUCTION RELATED TO MEDICAID COVERAGE OF MENTAL HEALTH SERVICES AND PRIMARY CARE SERVICES FURNISHED ON THE SAME DAY

This section clarifies that nothing in the Medicaid statute should be construed as prohibiting separate payment for the provision of mental health and primary care services provided to an individual on the same day.

### SECTION 202 – OPTIONAL LIMITED COVERAGE OF INPATIENT SERVICES FURNISHED IN INSTITUTIONS FOR MENTAL DISEASE

This section codifies the provision in the recently-finalized Medicaid managed care regulation allowing for capitation payments to be made under certain circumstances for adults receiving treatment in an institution for mental diseases (IMD). Payment can only be made for adults staying no more than 15 days in an IMD to receive services that are in lieu of other services covered by the state plan.

### SECTION 203 – STUDY AND REPORT RELATED TO MEDICAID MANAGED CARE REGULATION

This section directs the Secretary acting through the Administrator of the Centers for Medicare & Medicaid Services to conduct a study on the provision of care to adults who were enrolled in Medicaid managed care and received treatment for a mental health disorder in an IMD. Among other things, the study, due within three years after enactment, is to include information on the number of individuals receiving treatment in IMDs, their length of stay, and how managed care plans determine when to provide services in an IMD in lieu of other benefits, such as community-based mental health services.

### SECTION 204 – GUIDANCE AND OPPORTUNITIES FOR INNOVATION

This section directs the Administrator of the Centers for Medicare & Medicaid Services to issue a State Medicaid Director letter, within one year of enactment, on opportunities to design innovative service delivery systems to improve care for individuals with serious mental illness or serious emotional disturbance.

### SECTION 205 – STUDY AND REPORT ON MEDICAID EMERGENCY PSYCHIATRIC DEMONSTRATION PROJECT

This section directs the Secretary, acting through the Administrator of the Centers for Medicare & Medicaid Services, to collect, analyze, and report on data from states that participated in the Medicaid Emergency Psychiatric Demonstration Project under section 2707 of the Patient Protection and Affordable Care Act. The report is due no later than two years after enactment.

SECTION 206 –PROVIDING FULL-RANGE OF EPSDT SERVICES TO CHILDREN IN IMDS

While Medicaid coverage is available for children and young adults under age 21 receiving inpatient psychiatric services, under current law, these individuals are excluded from coverage of comprehensive preventive and medically-necessary items and services to which Medicaid-enrolled children would otherwise be entitled. This section specifies that, effective January 1, 2019, children receiving Medicaid-covered inpatient psychiatric hospital services are also eligible for the full range of early and periodic screening, diagnostic, and treatment services.

SECTION 207 –ELECTRONIC VISIT VERIFICATION SYSTEM REQUIRED FOR PERSONAL CARE SERVICES AND HOME HEALTH CARE SERVICES UNDER MEDICAID

The Office of the Inspector General at HHS has found that personal care services provided in Medicaid are often at risk for fraud, waste, and abuse. To ensure needed services are provided to vulnerable and frail Medicaid beneficiaries, this section directs States to require the use of an electronic visit verification system for Medicaid-provided personal care services and home health services (but this policy does not require States to adopt a single system for providers within their State.) States that do not require a system for personal care services by January 1, 2019 and home health services by January 1, 2023 will face a modest, incremental reduction in their federal matching percentage for that service. The reduction in the federal matching percentage can be delayed up to one year if the State demonstrates a good faith effort to comply with the requirement. Based on conversations with the Congressional Budget Office, this policy offsets the cost of section 206.

**TITLE III – INTERDEPARTMENTAL SERIOUS MENTAL ILLNESS  
COORDINATING COMMITTEE**

SECTION 301 – INTERDEPARTMENTAL SERIOUS MENTAL ILLNESS COORDINATING COMMITTEE

This section establishes a committee known as the Interdepartmental Serious Mental Illness Coordinating Committee (SMICC). The committee shall report on a summary of advances in serious mental illness (SMI) and serious emotional disturbance (SED) research, evaluate Federal programs related to SMI and SED, a plan to improve outcomes for those with SMI and SED, and specific recommendations on action relevant agencies can take. The SMICC shall terminate six years after the date it is established.

## **TITLE IV – COMPASSIONATE COMMUNICATION ON HIPAA**

### **SECTION 401 – SENSE OF CONGRESS**

This section states that it is the Sense of Congress that more clarity is needed surrounding existing HIPAA privacy rules to reduce confusion that may hinder communication with responsible caregivers for a patient with SMI.

### **SECTION 402 – CONFIDENTIALITY OF RECORDS**

This section directs the Secretary to convene stakeholders one year after the regulations updating part 2 of title 42, Code of Federal Regulations are finalized. Stakeholders will determine the effect of the regulation on patient care, health outcomes, and patient privacy.

### **SECTION 403 – CLARIFICATION OF CIRCUMSTANCES UNDER WHICH DISCLOSURE OF PROTECTED HEALTH INFORMATION IS PERMITTED**

This section directs the Secretary to promulgate rulemaking to clarify circumstances under which disclosure of protected health information is permitted for a patient with mental illness.

### **SECTION 404 – DEVELOPMENT AND DISSEMINATION OF MODEL TRAINING PROGRAMS**

This section would require the Secretary to develop and disseminate model program and materials for training health care providers, lawyers, patients and their families regarding the circumstances under which patient with mental illness' protected health information can be disclosed without patient consent.

## **TITLE V – INCREASING ACCESS TO TREATMENT FOR SERIOUS MENTAL ILLNESS**

### **SECTION 501 – ASSERTIVE COMMUNITY TREATMENT GRANT PROGRAM FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS**

This section directs the ASMHSU to award grants to establish assertive community treatment programs for individuals with SMI. This section has an authorization of \$5 million total for the period of FY18-FY22.

## SECTION 502 – STRENGTHENING COMMUNITY CRISIS RESPONSE SYSTEMS

This section directs the Secretary of Health and Human Services to award grants to states to enhance community-based crisis response systems or to develop, maintain or enhance databases of psychiatric and residential substance use disorder treatment facility beds for individuals with SMI, SED, or substance use disorder. This section has an authorization of \$5 million total for the period of FY18-FY22.

## SECTION 503 – INCREASED AND EXTENDED FUNDING FOR ASSISTED OUTPATIENT GRANT PROGRAM FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS

This section increases and extends the funding and authorization for the assisted outpatient grant program originally authorized in the Protecting Access to Medicare Act of 2014.

## SECTION 504 – LIABILITY PROTECTIONS FOR HEALTH PROFESSIONAL VOLUNTEERS AT COMMUNITY HEALTH CENTERS

This section extends liability protections for health professional volunteers at community health centers. This section has no authorization of appropriations.

# **TITLE VI – SUPPORTING INNOVATIVE AND EVIDENCE-BASED PROGRAMS**

## SUBTITLE A – ENCOURAGING THE ADVANCEMENT, INCORPORATION AND DEVELOPMENT OF EVIDENCE-BASED PRACTICES

### SECTION 601 – ENCOURAGING INNOVATION AND EVIDENCE BASED PROGRAMS

This section promotes innovation in awarding grants in the mental health space with a focus on advancing evidence-based models. The grants will go towards evaluating models that show promise, integrating care, and expanding and scaling successful programs.

### SECTION 602 – PROMOTING ACCESS TO INFORMATION ON EVIDENCE-BASED PROGRAMS AND PRACTICES

This section directs the Assistant Secretary to improve access to reliable and valid information on evidence-based programs and practices through the National Registry of Evidence-Based Programs and Practices.

### SECTION 603 – SENSE OF CONGRESS

This sense of Congress states that the National Institute of Mental Health should conduct or support research on the determinants of self-directed and other violence and the connection to mental illness.

## SUBTITLE B – SUPPORTING THE STATE RESPONSE TO MENTAL HEALTH NEEDS

### SECTION 611 – COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

This section directs states receiving the mental health block grant to submit a plan to SAMSHA on a variety of measures and activities. States will outline their goals and objectives for the period of the plan and identify targets and milestones to be met.

Additional provisions include empowering SAMSHA to hold states that are found materially noncompliant on their maintenance of effort within their block grant program accountable.

## SUBTITLE C – STRENGTHENING MENTAL HEALTH CARE FOR CHILDREN AND ADOLESCENTS

### SECTION 621 – TELEHEALTH CHILD PSYCHIATRY ACCESS GRANTS

This section awards grants to support the development of statewide child psychiatry access programs and the improvement of already existing statewide programs. This section has an authorization of \$9 million total for the period of FY18-FY20.

### SECTION 622 – INFANT AND EARLY CHILDHOOD MENTAL HEALTH PROMOTION, INTERVENTION, AND TREATMENT

This section provides grants to programs for infants and children at significant risk of developing, exhibiting early signs of, or having been diagnosed with mental disorders including SED. This section has an authorization of \$20 million total for the period of FY18-FY22.

### SECTION 623 – NATIONAL CHILD TRAUMATIC STRESS NETWORK

This section reauthorizes the National Child Traumatic Stress Network at its last appropriated level of \$46,887,000 for each of FY17-FY21.

## **TITLE VII—GRANT PROGRAMS AND PROGRAM REAUTHORIZATIONS**

### SUBTITLE A – GARRETT LEE SMITH MEMORIAL ACT REAUTHORIZATION

#### SECTION 701, 702, AND 703 – GARRETT LEE SMITH MEMORIAL ACT REAUTHORIZATION

This section reauthorizes the Garrett Lee Smith Memorial Act at its last appropriated levels of \$5,988,000 for the Suicide Prevention Technical Assistance Center, \$35,427,000 for Youth Suicide Early Intervention and Prevention Strategies, and \$6,488,000 for Mental Health and

Substance Use Disorder Services on Campus. Each section is reauthorized at the levels in the last sentence for each of FY17-FY21.

## SUBTITLE B – OTHER PROVISIONS

### SECTION 711 – NATIONAL SUICIDE PREVENTION LIFELINE PROGRAM

This section reauthorizes the National Suicide Prevention Lifeline at its last appropriated level of \$7,198,000 for each of FY17-FY21.

### SECTION 712 – WORKFORCE DEVELOPMENT STUDIES AND REPORTS

This section directs the ASMHSU to report on national and state level workforce projections, the workforce capacity and other relevant information.

### SECTION 713 – MINORITY FELLOWSHIP PROGRAM

This section authorizes the Minority Fellowship Program at \$12,669,000 a year for FY17-19 and \$13,669,000 a year for FY20-21.

### SECTION 714 – CENTER AND PROGRAM REPEALS

The repeals in this section are for programs that have expired authorizations and have never been appropriated.

### SECTION 715 – NATIONAL VIOLENT DEATH REPORTING SYSTEM

This section encourages the Centers for Disease Control and Prevention to improve the National Violent Death Reporting System.

### SECTION 716 – SENSE OF CONGRESS ON PRIORITIZING NATIVE AMERICAN YOUTH SUICIDE PREVENTION PROGRAMS

This Sense of Congress urges the Secretary to prioritize programs and activities for individuals who have a high risk or disproportional burden of suicide, such as Native Americans.

### SECTION 717– PEER PROFESSIONAL WORKFORCE DEVELOPMENT GRANT PROGRAM

This section authorizes the Secretary to authorize grants to develop and sustain behavioral health paraprofessional training and education programs at \$10 million for the period of FY18-FY22.

### SECTION 718– NATIONAL HEALTH SERVICE CORPS

This section clarifies that child and adolescent psychiatrists can participate in the National Health Service Corps.

SECTION 719— ADULT SUICIDE PREVENTION

This section authorizes grants for adult suicide prevention at \$30 million total for the period of FY18-FY22.

SECTION 720— CRISIS INTERVENTION GRANTS FOR POLICE OFFICERS AND FIRST RESPONDERS

This section authorizes crisis intervention training grants for police officers and first responders at \$9 million total for the period of FY18-FY20.

SECTION 721— DEMONSTRATION GRANT PROGRAM TO TRAIN HEALTH SERVICE PSYCHOLOGISTS IN COMMUNITY-BASED MENTAL HEALTH

This section authorizes a grant program to increase the psychologist work force at \$12 million total for the period of FY18-FY22.

SECTION 722-INVESTMENT IN TOMORROW’S PEDIATRIC HEALTH CARE WORKFORCE

This section reauthorizes Section 774(f) of the Public Health Service Act which provides for a pediatric specialty loan repayment program. The authorization is for \$12 million total for the period of FY18-FY22.

SECTION 723— CUT-GO COMPLIANCE

This section brings this bill into cut-go compliance.

**TITLE VIII—MENTAL HEALTH PARITY**

SEC. 801. ENHANCED COMPLIANCE WITH MENTAL HEALTH AND SUBSTANCE USE DISORDER COVERAGE REQUIREMENTS.

This section aims to improve mental health payment parity through better compliance guidance and disclosure support. Among other items, the section develops inter-agency agreements for information sharing and creates new standards for updating program compliance documents. Agency officials must hold stakeholder meetings with plan issuers to improve public-private coordination and take into consideration public feedback.

SEC. 802. ACTION PLAN FOR ENHANCED ENFORCEMENT OF MENTAL HEALTH AND SUBSTANCE USE DISORDER COVERAGE.

Under this section, federal agency officials must hold a public stakeholders meeting with state governments and nationwide stakeholders, including third-party groups and patient advocates, to produce an action plan for improving mental health parity and addiction equity requirements.

SEC. 803. REPORT ON INVESTIGATIONS REGARDING PARITY IN MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS.

One year following enactment, and annually for five years, an inter-agency analysis on any serious violations of mental health parity compliance standards would be published, summarizing the results of all closed federal investigations finalized in the 12 months preceding the report.

SEC. 804. GAO STUDY ON PARITY IN MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS.

Within three years, the Comptroller General of the United States, through consultation with inter-agency leaders, must provide an independent report on treatment limitations, among other items, concerning plan issuers – including state- and federally-funded programs – that treat patients for medical and surgical benefits as well as and mental health or substance use disorder services.

SEC. 805. INFORMATION AND AWARENESS ON EATING DISORDERS.

In an effort to improve education and awareness of eating disorders, this section updates and modernizes public outreach efforts through the Office of Women's Health. Among other items, the public awareness should include revised findings on the comorbidities and physician and mental health consequences of serious eating disorders.

SEC. 806. EDUCATION AND TRAINING ON EATING DISORDERS.

Similar to the provision on eating disorder awareness, this section provides support to educate and train health professionals and school personnel in effective strategies to identify individuals with eating disorders and facilitate early intervention programs. Further, this section helps with early intervention and prevention efforts for avoiding eating disorders.

SEC. 807. GAO STUDY ON PREVENTING DISCRIMINATORY COVERAGE LIMITATIONS FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS AND SUBSTANCE USE DISORDERS.

Two years after the bill takes effect, the Comptroller General of the United States must submit a public report to Congress detailing the effectiveness of compliance guidelines and the shortfalls of meeting enforcement, education, and coordination of parity requirements.

SEC. 808. CLARIFICATION OF EXISTING PARITY RULES.

This straightforward section clarifies that plan issuers offering coverage for eating disorder benefits must do so in alignment with current mental health parity standards.