



MEMORANDUM

April 1, 2022

To: Subcommittee on Health Members and Staff

Fr: Committee on Energy and Commerce Staff

Re: Legislative Hearing on “Communities in Need: Legislation to Support Mental Health and Well-Being”

On Tuesday, April 5, 2022, at 10:15 a.m. (EDT), in the John D. Dingell Room, 2123, of the Rayburn House Office Building, and via Cisco WebEx online video conferencing, the Subcommittee on Health will hold a legislative hearing entitled, “Communities in Need: Legislation to Support Mental Health and Well-Being.” The hearing will focus on 19 bills that reauthorize Substance Abuse and Mental Health Services Administration (SAMHSA) and Health Resources and Services Administration (HRSA) mental health programs and expand access to mental and behavioral health education, prevention, treatment, and recovery services.

I. LEGISLATION

A. H.R. 2376, the “Excellence in Recovery Housing Act”

H.R. 2376, the “Excellence in Recovery Housing Act,” introduced by Reps. Trone (D-MD), Chu (D-CA), Levin (D-CA), and McKinley (R-WV), tasks SAMHSA with activities to promote the availability of high-quality recovery housing for individuals with substance use disorders. The bill requires the agency to develop and publish guidelines for high-quality recovery housing; authorizes \$1.5 million for fiscal year (FY) 2022 for the National Academies of Sciences, Engineering, and Medicine (NAS) to conduct a related study; authorizes \$10 million annually for FY 2022 through FY 2027 to award grants to states, tribal nations, territories, and localities to implement national recovery housing best practices; and establishes a definition for “reputable providers and analysts of recovery housing services.”

B. H.R. 2929, the “Virtual Peer Support Act”

H.R. 2929, the “Virtual Peer Support Act,” introduced by Rep. Susie Lee (D-NV) and 12 original bipartisan cosponsors, requires SAMHSA to award grants supporting the transition of in-person peer behavioral support services to virtual platforms as well as those supporting the expansion and improvement of virtual peer behavioral health support services. The bill authorizes \$50 million for these grants to remain available until expended.

C. H.R. 4251, the “Native Behavioral Health Access Improvement Act of 2021”

H.R. 4251, the “Native Behavioral Health Access Improvement Act of 2021,” introduced by Reps. Pallone (D-NJ) and Ruiz (D-CA), establishes the Special Behavioral Health Program for Indians (SBHPI), modeled after the Special Diabetes Program for Indians (SDPI), to provide the Indian Health Service (IHS) with \$200 million in grants for the prevention and treatment of mental health and substance use disorders annually for FY 2022 through FY 2026. Additionally, this bill makes changes to the Affordable Care Act to expand the definition of “Indian” for purposes of determining the application of certain provisions under that law.

D. H.R. 4944, the “Helping Kids Cope Act of 2021”

H.R. 4944, the “Helping Kids Cope Act of 2021,” introduced by Reps. Blunt Rochester (D-DE) and Fitzpatrick (R-PA), provides funding to HRSA for grants to enhance access and provider training in pediatric behavioral health care and to support pediatric behavioral health integration and coordination within communities. Eligible grant recipients include pediatricians, children’s hospitals, and other providers. Grant-funded activities may include recruitment and retention of community health navigators, incorporation of behavioral health services in pediatric practices, and delivery of telehealth services. The bill authorizes \$100 million annually for FY 2022 through FY 2026.

E. H.R. 5218, the “Collaborate in an Orderly and Cohesive Manner”

H.R. 5218, the “Collaborate in an Orderly and Cohesive Manner,” introduced by Reps. Fletcher (D-TX) and Herrera Beutler (R-WA), requires the Department of Health and Human Services (HHS) to award grants to primary health care physicians and practices to implement and evaluate specified models of care that integrate behavioral health and primary care services. Funding may be used for initial costs such as hiring staff, establishing contractual relationships with health care providers, purchasing or upgrading software, and other necessary activities. Recipients who provide care to medically underserved populations and in areas where the prevalence of behavioral health conditions exceeds the national average are given priority for these grants. The bill also authorizes incentive payments for recipients that use appropriate billing codes and quality measures for behavioral health services as well as grants for national and regional organizations that provide technical assistance to improve integration. The bill authorizes \$30 million annually for FY 2022 through FY 2026.

F. H.R. 7073, the “Into the Light for Maternal Mental Health Act”

H.R. 7073, the “Into the Light for Maternal Mental Health Act,” introduced by Reps. Clark (D-MA), Herrera Beutler, Matsui (D-CA), Burgess (R-TX), Clarke (D-NY), and Young Kim (R-CA), reauthorizes grants available through HRSA to establish, improve, or maintain programs for maternal mental health and substance use disorder screening, brief intervention, and treatment services for women who are postpartum, pregnant, or have given birth within the preceding 12 months. The bill authorizes \$24 million annually for FY 2023 through FY 2028.

G. H.R. 7076, the “Supporting Children’s Mental Health Care Access Act of 2022”

H.R. 7076, the “Supporting Children’s Mental Health Care Access Act of 2022,” introduced by Reps. Schrier (D-WA) and Miller-Meeks (R-IA), reauthorizes HRSA’s Pediatric Mental Health Care Access grant program that promotes behavioral health integration into pediatric primary care by supporting pediatric mental health care telehealth access programs in states at \$14 million annually for FY 2023 through FY 2025 and \$30 million annually for FY 2026 through FY 2027. The bill also reauthorizes SAMHSA’s Infant and Early Childhood Mental Health Grant Program, intended to improve outcomes for children from birth to age 12 by developing, maintaining, or enhancing mental health promotion, intervention, and treatment services at \$50 million for the period of FY 2023 through FY 2027.

H. H.R. 7232, the “9–8–8 Implementation and Parity Assistance Act of 2022”

H.R. 7232, the “9–8–8 Implementation and Parity Assistance Act of 2022,” introduced by Rep. Cárdenas (D-CA) and seven original bipartisan cosponsors, provides \$10 million to establish a Behavioral Health Crisis Coordinating Office within SAMHSA funded at \$10 million annually for FY 2023 through FY 2027; creates a new Regional and Local Lifeline Call Center Grant Program to be funded at \$441 million for FY 2023 and available until expended; establishes a Mental Health Crisis Response Partnership Pilot Program funded at \$100 million annually for FY 2023 through FY 2027; and provides \$10 million annually for FY 2022 through FY 2026 for a national suicide prevention media campaign. In addition, the bill broadens HRSA Health Center Capital Grants to include crisis receiving and stabilization programs, including call centers, funded at \$1 billion to remain available until expended, and expands behavioral health workforce training programs at \$15 million annually for FY 2023 through FY 2027. Further, the bill requires the Secretary of HHS to establish standards for a continuum of care for use by health care providers and communities. Finally, the bill also requires the Secretary of HHS to award grants to states to implement mental health parity and provides \$25 million annually for five fiscal years following enactment.

I. H.R. 7233, the “Keeping Incarceration Discharges Streamlined for Children and Accommodating Resources in Education Act” (the “KIDS CARES Act”)

H.R. 7233, the “Keeping Incarceration Discharges Streamlined for Children and Accommodating Resources in Education Act” or the “KIDS CARES Act,” introduced by Reps. Hudson (R-NC) and Kuster (D-NH), requires state Medicaid programs to have in place medical and behavioral health screenings for eligible juveniles upon their release from incarceration. The legislation would permit states to conduct such screenings prior to their release. It would also direct the Centers for Medicare & Medicaid Services to update its Medicaid school-based administrative claiming guide to help states submit claims for reimbursement for Medicaid-eligible services furnished in schools.

J. H.R. 7234, the “Summer Barrow Prevention, Treatment, and Recovery Act”

H.R. 7234, the “Summer Barrow Prevention, Treatment, and Recovery Act,” introduced by Reps. Spanberger (D-VA), O’Halloran (D-AZ), Salazar (R-FL), and Armstrong (R-ND). It was named in honor of Summer Barrow, a Central Virginian who died by overdose in 2020. The bill reauthorizes 11 SAMHSA programs that support mental health and substance use disorder prevention, treatment, and recovery services activities for FY 2023 through FY 2027, including:

1. Grants for the Benefit of Homeless Individuals (GBHI), authorized at \$41.304 million for each fiscal year;
2. Substance Use Disorder Treatment Programs of Regional and National Significance (PRNS), authorized at \$521.517 million for each fiscal year;
3. Prescription Opioid and Heroin Treatment and Interventions Demonstration Grants, authorized at \$25 million for each fiscal year;
4. Substance Use Disorder Prevention PRNS, authorized at \$218.219 million for each fiscal year;
5. Programs to Reduce Underage Drinking, including an annual report, a national media campaign, Community-based Coalition Enhancement Grants to Prevent Underage Drinking, Pediatric Provider Screening and Brief Intervention Grants, and data collection and research, authorized for a collective \$23 million for each fiscal year; and an NAS review and report to Congress authorized at \$500,000 for FY 2023;
6. Jail Diversion Program and Grants, authorized at \$18 million each fiscal year;
7. Projects for Assistance in Transition from Homelessness (PATH) Program, authorized at \$64.635 million each fiscal year;
8. Improving Access to Overdose Treatment, authorized at \$5 million each fiscal year;
9. State Pharmacy Opioid Overdose Medication Access and Education Grants, authorized at \$5 million each fiscal year;
10. State and Local Integrated Comprehensive Opioid Use Disorder Response Plans Development Demonstration Grants, authorized at \$5 million each fiscal year; and
11. Emergency Department Alternatives to Opioids Demonstration Grants, authorized at \$10 million each fiscal year.

K. H.R. 7235, the “Substance Use Prevention, Treatment, and Recovery Services Block Grant Act of 2022”

H.R. 7235, the “Substance Use Prevention, Treatment, and Recovery Services Block Grant Act of 2022,” introduced by Reps. Tonko (D-NY), Guthrie (R-KY), Wild (D-PA), and McKinley, reauthorizes and renames SAMHSA’s Substance Abuse Prevention and Treatment Block Grant Program that provides states and Tribes with funding to plan, carry out, and evaluate substance use disorder prevention, treatment, and recovery support services for individuals, families, and communities impacted by substance misuse. The bill authorizes \$1.908 billion annually for FY 2023 through FY 2027.

L. H.R. 7236, the “Strengthen Kids’ Mental Health Now Act of 2022”

H.R. 7236, the “Strengthen Kids’ Mental Health Now Act of 2021,” introduced by Reps. Eshoo (D-CA), Fitzpatrick, and Blunt Rochester, requires state Medicaid programs and Medicaid managed care organizations to reimburse certain pediatric behavioral health services at the Medicare rate through 2027. This legislation would set the federal medical assistance percentage (FMAP) for the costs of the pay increase to 100 percent. HHS would also be required to issue guidance on how states can support behavioral health in Medicaid, including with the use of telehealth, and on how states can increase children’s access to care, including through the identification of regulations that create unnecessary barriers to care. Lastly, this bill would establish grant programs to (1) support pediatric behavioral health care integration and coordination; (2) establish pediatric behavioral health workforce training programs; and (3) fund behavioral health services infrastructure.

M. H.R. 7237, the “Reauthorizing Evidence-based and Crisis Help Initiatives Needed to Generate Improved Mental Health Outcomes for Patients Act of 2022” (the “REACHING Improved Mental Health Outcomes for Patients Act of 2022”)

H.R. 7237, the “Reauthorizing Evidence-based and Crisis Help Initiatives Needed to Generate Improved Mental Health Outcomes for Patients Act of 2022” or the “REACHING Improved Mental Health Outcomes for Patients Act of 2022,” was introduced by Reps. Griffith (R-VA), Tenney (R-NY), Davids (D-KS), and Craig (D-MN). The bill reauthorizes eight SAMHSA programs to address the mental health needs and prevent suicide among adults for FY 2023 through FY 2027, including:

1. National Mental Health and Substance Abuse Policy Laboratory, authorized at \$10 million for each fiscal year;
2. Mental Health Needs PRNS, authorized at \$599.036 million for each fiscal year;
3. Integration Incentive Grants and Cooperative Agreements for Supporting the Improvement of Integrated Care for Primary Care and Behavioral Health Care, authorized at \$52.877 million for each fiscal year;
4. Strengthening Community Crisis Response Systems Grants, authorized at \$12.5 million for each fiscal year;
5. Mental Health Awareness Training (MHAT) Grants, authorized at \$24.963 million for each fiscal year;
6. Adult Suicide Prevention, authorized at \$30 million for each fiscal year;
7. Assertive Community Treatment Grants, authorized at \$9 million for each fiscal year; and
8. Assisted Outpatient Treatment Grant Program for Individuals with Serious Mental Illness, authorized at \$22 million for each fiscal year.

N. H.R. 7238, the “Timely Treatment for Opioid Use Disorder Act of 2022”

H.R. 7238, the “Timely Treatment for Opioid Use Disorder Act of 2022,” introduced by Reps. Bucshon (R-IN), Axne (D-IA), Miller-Meeks, and Pappas (D-NH), eliminates the

requirement that an individual be addicted to opioids for at least one year before being admitted for treatment by an opioid treatment program.

O. H.R. 7241, the “Community Mental Health Services Block Grant Reauthorization Act”

H.R. 7241, the “Community Mental Health Services Block Grant Reauthorization Act,” introduced by Reps. Crenshaw (R-TX), Butterfield (D-NC), Garcia (R-CA), and Luria (D-VA), reauthorizes the Community Mental Health Services Block Grants (MHBG) to states, territories, Tribes and Tribal organizations to support community mental health services for adults with serious mental illness and children with serious emotional disturbance and to support the collection of performance and outcome data. The bill also requires that five percent of the funds granted be used for crisis-care services. It authorizes \$857.571 million annually for FY 2023 through FY 2027.

P. H.R. 7248, the “Continuing Systems of Care for Children Act”

H.R. 7248, the “Continuing Systems of Care for Children Act,” introduced by Reps. Joyce (R-OH), Sarbanes (D-CO), Gimenez (R-FL), and Underwood (D-IL), reauthorizes two SAMHSA programs to promote pediatric mental health and substance use disorder services, including the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances Grants, authorized at \$125 million annually for FY 2023 through FY 2027, and the Enhancement and Expansion of Treatment and Recovery Services for Adolescents, Transitional Aged Youth, and their Families (Youth and Family TREE) Grants, authorized at \$29.605 million annually for FY 2023 through FY 2027.

Q. H.R. 7249, the “Anna Westin Legacy Act”

H.R. 7249, the “Anna Westin Legacy Act,” introduced by Reps. Matsui, McKinley, Deutch (D-FL), and Van Drew (R-NJ), was named in honor of Anna Westin, a Minnesotan who tragically died of an eating disorder at 21 years old. It establishes an authorization for the SAMHSA National Center of Excellence for Eating Disorders (Center), currently funded under a competitively awarded grant through the Mental Health Needs PRNS awarded to the University of North Carolina.¹ The bill requires the Center to coordinate and implement related activities by awarding competitive subgrants or subcontracts. The bill authorizes \$1.5 million annually for FY 2023 through FY 2027.

R. H.R. 7254, the “Mental Health Justice and Parity Act of 2022”

H.R. 7254, the “Mental Health Justice and Parity Act,” introduced by Reps. Porter (D-CA) and Dingell (D-MI), establishes a SAMHSA grant program in consultation with the

¹ Substance Abuse and Mental Health Services Administration, *Funding Opportunity Announcement No. SM-18-010* (July 18, 2018); Substance Abuse and Mental Health Services Administration, *National Center of Excellence for Eating Disorders* (www.samhsa.gov/national-center-excellence-eating-disorders-nceed) (accessed Apr. 1, 2022).

Department of Justice (DOJ) for states and local governments to train and dispatch mental health professionals to respond to emergencies that involve people with behavioral health needs. The bill also requires HHS and DOJ to conduct a longitudinal study of the program’s effectiveness and report the findings to Congress within three years. The bill authorizes such sums as necessary for FY 2023 and each subsequent fiscal year. In addition, the bill requires self-funded, non-federal governmental plans to comply with mental health parity requirements.

S. H.R. 7255, the “Garrett Lee Smith Memorial Reauthorization Act”

H.R. 7255, the “Garrett Lee Smith Memorial Reauthorization Act,” introduced by Reps. Rodgers (R-WA), Trahan (D-MA), Axne, and Young Kim, reauthorizes four SAMHSA programs that support adolescent and young adult mental and behavioral health for FY 2023 through FY 2027, including:

1. Suicide Prevention Resource Center, authorized at \$9 million each fiscal year;
2. State and Tribal Youth Suicide Prevention and Early Intervention Grants Program, authorized at \$40 million for each fiscal year;
3. Mental Health Youth Suicide Prevention Campus Grants, authorized at \$7 million for each fiscal year; and
4. Mental and Behavioral Health Public Outreach and Education on College Campuses, authorized at \$1 million for each fiscal year.

II. WITNESSES

The following witnesses have been invited to testify:

Panel I

Miriam E. Delphin-Rittmon, Ph.D.

Assistant Secretary for Mental Health and Substance Use
Substance Abuse and Mental Health Services Administration

Carole Johnson, M.A.

Administrator
Health Resources and Services Administration

Panel II

Rebecca W. Brendel, M.D., J.D.

President-Elect
American Psychiatric Association

Sandy L. Chung, M.D., F.A.A.P., F.A.C.H.E.

President-Elect
American Academy of Pediatrics

Steven Adelsheim, M.D.

Clinical Professor of Psychiatry and Director
Stanford Center for Youth Mental Health and Wellbeing
Stanford University School of Medicine
Stanford Children's Health

Debra Pinals, M.D.

Medical Director, Behavioral Health and Forensic Programs
Michigan Department of Health and Human Services
On behalf of the National Association of State Mental Health Program Directors

Cassandra Price, M.B.A.

Director, Office of Addictive Diseases
Georgia Department of Behavioral Health and Developmental Disabilities
On behalf of the National Association of State Alcohol and Drug Abuse Directors

LeVail W. Smith

Peer Support Specialist Instructor and Mentor