To protect American children and their families from the epidemic of gun violence by banning access to certain weapons, strengthening the Nation’s mental health infrastructure, and improving the understanding of gun violence.
(b) **TABLE OF CONTENTS.**—The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.

**TITLE I—BANNING ACCESS TO DO-IT-YOURSELF ASSAULT WEAPONS**

Sec. 101. Do-it-yourself assault weapon ban.
Sec. 102. Prohibition of advertising do-it-yourself assault weapons.
Sec. 103. Definitions.
Sec. 104. Construction.

**TITLE II—STRENGTHENING THE NATION'S MENTAL HEALTH INFRASTRUCTURE**

Subtitle A—Advancing Research on Serious Mental Illness
Sec. 201. National Institute of Mental Health research program on serious mental illness.

Subtitle B—Improving the Mental Health Workforce
Sec. 211. National Health Service Corps scholarship and loan repayment funding for behavioral and mental health professionals.
Sec. 212. Reauthorization of HRSA's Mental and Behavioral Health Education and Training Program.
Sec. 213. Mental health awareness training for school and emergency services personnel.
Sec. 214. SAMHSA grant program for development and implementation of curricula for continuing education on serious mental illness.
Sec. 215. Clarification of HIPAA training requirements regarding disclosure of protected health information concerning individuals with mental health disorders.

Subtitle C—Expanding Access to Mental Health Services
Sec. 221. Advancing Wellness and Resilience in Education (AWARE) Initiative.
Sec. 222. SAMHSA and HRSA integration of mental health services into primary care settings.
Sec. 223. Children's recovery from trauma.
Sec. 224. Information on geriatric mental health disorders.
Sec. 225. GAO study on availability of inpatient beds.
Sec. 226. Reporting requirements for block grants regarding mental health and substance use disorders.
Sec. 227. Mental health parity.

Subtitle D—Promoting Public Awareness of Mental Health Disorders and Reducing Stigma of Such Disorders
Sec. 231. Promoting public awareness of mental health disorders and reducing stigma of such disorders.

**TITLE III—UNDERSTANDING THE EPIDEMIC OF GUN VIOLENCE**

Sec. 301. Reaffirming CDC research authority.
TITLE I—BANNING ACCESS TO DO-IT-YOURSELF ASSAULT WEAPONS

SEC. 101. DO-IT-YOURSELF ASSAULT WEAPON BAN.

(a) BANNED HAZARDOUS PRODUCTS.—Notwithstanding section 3(a)(5)(E) of the Consumer Product Safety Act (15 U.S.C. 2052(A)(5)(E)), a firearm receiver casting or firearm receiver blank that—

(1) at the point of sale does not meet the definition of a firearm in section 921(a) of title 18, United States Code, and

(2) after purchase by a consumer, can be completed by the consumer to the point at which such casting or blank functions as a firearm frame or receiver for a semiautomatic assault weapon or machine gun,

shall be considered a banned hazardous product under section 8 of such Act (15 U.S.C. 2057).

(b) PROHIBITED ACTS.—It shall be unlawful for any person to sell, offer for sale, manufacture for sale, or import into the United States for sale, to a consumer—

(1) an assault weapon parts kit; or

(2) a machinegun parts kit.

(c) ENFORCEMENT.—
(1) Subsection (a) shall be treated as a ban under section 19 of the Consumer Product Safety Act (15 U.S.C. 2068).

(2) Notwithstanding section 3(a)(5)(E) of the Consumer Product Safety Act (15 U.S.C. 2052(A)(5)(E)), a violation of subsection (b) shall be treated as a violation of section 19 of such Act and any person who violates such subsection shall be subject to the penalties set forth in section 20 of such Act.

(d) Consultation.—In enforcing this section, the Consumer Product Safety Commission shall periodically consult with the Bureau of Alcohol, Tobacco, Firearms and Explosives regarding effective strategies for and methods of enforcement.

SEC. 102. PROHIBITION OF ADVERTISING DO-IT-YOURSELF ASSAULT WEAPONS.

(a) In General.—It shall be unlawful to market or advertise, on any medium of electronic communications, including over the Internet, for the sale of any of the following:

(1) A firearm receiver casting or firearm receiver blank that—
(A) at the point of sale does not meet the
definition of a firearm in section 921(a) of title
18, United States Code; and

(B) after purchase by a consumer, can be
completed by the consumer to the point at
which it functions as a firearm frame or re-
ceiver for a semiautomatic assault weapon or
machinegun.

(2) An assault weapon parts kit.

(3) A machinegun parts kit.

(b) Enforcement by the Federal Trade Com-
mission.—A violation of subsection (a) shall be treated
as a violation of a rule defining an unfair or deceptive
act or practice described under section 18(a)(1)(B) of the

The Federal Trade Commission shall enforce this section
in the same manner, by the same means, and with the
same jurisdiction, powers, and duties as though all appli-
cable terms and provisions of the Federal Trade Com-
mission Act were incorporated into and made a part of this
Act.

(c) Rule of Construction.—Nothing contained in
this title shall be construed to limit the authority of the
Federal Trade Commission under any other provision of
law.
SEC. 103. DEFINITIONS.

(a) TERMS.—For purposes of this title—

(1) the term “assault weapon parts kit” means any part or combination of parts not designed and intended for repair or replacement but designed and intended to enable a consumer who possesses all such necessary parts to assemble a semiautomatic assault weapon;

(2) the term “machinegun parts kit” means any part or combination of parts designed and intended to enable a consumer who possesses all such necessary parts to assemble a machinegun or convert a firearm into a machinegun;

(3) the term “semiautomatic assault weapon” means—

(A) a semiautomatic rifle or semiautomatic shotgun that has the capacity to accept a detachable ammunition magazine; or

(B) a semiautomatic pistol that has—

(i) the capacity to accept a detachable ammunition magazine; and

(ii) any one of the features described in subsection (b);

(4) the term “machinegun” has the meaning given such term in section 5845(b) of title 26,
(5) the term “semiautomatic pistol” means any repeating pistol that utilizes a portion of the energy of a firing cartridge to extract the fixed cartridge case and chamber the next round and requires a separate pull of the trigger to fire each cartridge;

(6) the term “semiautomatic rifle” has the meaning given such term in section 921(a)(28) of title 18, United States Code; and

(7) the term “semiautomatic shotgun” means any repeating shotgun that utilizes a portion of the energy of a firing cartridge to extract the fixed cartridge case and chamber the next round and requires a separate pull of a trigger to fire each cartridge.

(b) SPECIAL FEATURES OF A SEMIAUTOMATIC PISTOL.—The special features described in paragraph (3)(B)(ii) are—

(1) an ammunition magazine that attaches to the pistol outside of the pistol grip;

(2) a threaded barrel capable of accepting a barrel extender, flash suppressor, forward handgrip, or silencer;

(3) a shroud that is attached to, or partially or completely encircles, the barrel and that permits the shooter to hold the firearm with the nontrigger hand without being burned;
(4) a manufactured weight of 50 ounces or more when the pistol is unloaded; and
(5) a semiautomatic version of an automatic firearm.

SEC. 104. CONSTRUCTION.
Nothing in this title shall be construed as limiting the ability of a State to enact more restrictive gun-related laws, or bans on firearm receiver casts, firearm receiver blanks, assault weapon parts kits, or machinegun parts kits.

TITLE II—STRENGTHENING THE NATION’S MENTAL HEALTH INFRASTRUCTURE
Subtitle A—Advancing Research on Serious Mental Illness

SEC. 201. NATIONAL INSTITUTE OF MENTAL HEALTH RESEARCH PROGRAM ON SERIOUS MENTAL ILLNESS.
(a) PURPOSE OF INSTITUTE.—Section 464R(a) of the Public Health Service Act (42 U.S.C. 285p(a)) is amended by inserting “serious mental illness research,” after “biomedical and behavioral research,”.
(b) RESEARCH PROGRAM.—Section 464R(b) of the Public Health Service Act (42 U.S.C. 285p(b)) is amended—
(1) by striking “The research program” and inserting the following:

“(1) IN GENERAL.—The research program”;

(2) by striking “to further the treatment and prevention of mental illness” and inserting “to further the treatment and prevention of mental illness (including serious mental illness)”; and

(3) by adding at the end the following:

“(2) RESEARCH WITH RESPECT TO SERIOUS MENTAL ILLNESS.—As part of the research program established under this subpart, the Director of the Institute shall conduct or support research on serious mental illness, including with respect to—

“(A) the causes, prevention, and treatment of serious mental illness; and

“(B) interventions to improve early identification of individuals with serious mental illness and referral of such individuals to mental health professionals for treatment.”.

(e) BIENNIAL REPORT.—Section 403(a)(5) of the Public Health Service Act (42 U.S.C. 283(a)(5)) is amended—

(1) by redesignating subparagraph (L) as subparagraph (M); and
(2) by inserting after subparagraph (K) the fol-
lowing:

“(L) Serious mental illness.”.

Subtitle B—Improving the Mental
Health Workforce

SEC. 211. NATIONAL HEALTH SERVICE CORPS SCHOLAR-
SHIP AND LOAN REPAYMENT FUNDING FOR
BEHAVIORAL AND MENTAL HEALTH PROFES-
SIONALS.

Section 338H of the Public Health Service Act (42
U.S.C. 254q) is amended—

(1) by redesignating subsections (b) and (c) as
subsections (c) and (d), respectively; and

(2) by inserting after subsection (a) the fol-
lowing:

“(b) ADDITIONAL FUNDING FOR BEHAVIORAL AND
MENTAL HEALTH PROFESSIONALS.—In addition to the
amounts authorized to be appropriated under subsection
(a), and in addition to the amounts appropriated under
section 10503 of Public Law 111–148, there are author-
ized to be appropriated such sums as may be necessary
for fiscal years 2014 through 2018 for scholarships and
loan repayments under this subpart for ensuring, as de-
scribed in sections 338A(a) and 338B(a), an adequate
supply of behavioral and mental health professionals.”.
SEC. 212. REAUTHORIZATION OF HRSA'S MENTAL AND BEHAVIORAL HEALTH EDUCATION AND TRAINING PROGRAM.

Subsection (e) of section 756 of the Public Health Service Act (42 U.S.C. 294e–1) is amended to read as follows:

“(e) Authorization of Appropriations.—To carry out this section, there are authorized to be appropriated such sums as may be necessary for fiscal years 2014 through 2018.”.

SEC. 213. MENTAL HEALTH AWARENESS TRAINING FOR SCHOOL AND EMERGENCY SERVICES PERSONNEL.

Section 520J of the Public Health Service Act (42 U.S.C. 290bb–41) is amended—

(1) in the section heading, by inserting “MENTAL HEALTH AWARENESS” before “TRAINING”;

and

(2) in subsection (b)—

(A) in the subsection heading, by striking “ILLNESS” and inserting “HEALTH”;

(B) in paragraph (1)—

(i) by inserting “and other categories of individuals, as determined by the Secretary,” after “emergency services personnel”; and
(ii) by striking “mental illness” each place it appears and inserting “mental health disorder”; (C) in paragraph (5)—

(i) in the matter preceding subparagraph (A), by striking “to” and inserting “for evidence-based programs for the purpose of”; and

(ii) by striking subparagraphs (A) through (C) and inserting the following:

“(A) recognizing the signs and symptoms of mental health disorders; and

“(B)(i) providing education to personnel regarding resources available in the community for individuals with a mental health disorder and other relevant resources; or

“(ii) the safe de-escalation of crisis situations involving individuals with a mental health disorder.”; and

(D) by amending paragraph (7) to read as follows:

“(7) AUTHORIZATION OF APPROPRIATIONS.— There are authorized to be appropriated to carry out this subsection such sums as may be necessary for fiscal years 2014 through 2018.”.
SEC. 214. SAMHSA GRANT PROGRAM FOR DEVELOPMENT AND IMPLEMENTATION OF CURRICULA FOR CONTINUING EDUCATION ON SERIOUS MENTAL ILLNESS.

Title V of the Public Health Service Act is amended by inserting after section 520I (42 U.S.C. 290bb–40) the following:

“SEC. 520I–1. CURRICULA FOR CONTINUING EDUCATION ON SERIOUS MENTAL ILLNESS.

“(a) GRANTS.—The Secretary may award grants to eligible entities for the development and implementation of curricula for providing continuing education and training to health care professionals on identifying, referring, and treating individuals with serious mental illness.

“(b) ELIGIBLE ENTITIES.—To be eligible to seek a grant under this section, an entity shall be a public or nonprofit entity that—

“(1) provides continuing education or training to health care professionals; or

“(2) applies for the grant in partnership with another entity that provides such education and training.

“(c) PREFERENCE.—In awarding grants under this section, the Secretary shall give preference to eligible entities proposing to develop and implement curricula for providing continuing education and training to—

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“(1) health care professionals in primary care specialties; or

“(2) health care professionals who are required, as a condition of State licensure, to participate in continuing education or training specific to mental health.

“(d) Authorization of Appropriations.—To carry out this section, there are authorized to be appropriated such sums as may be necessary for fiscal years 2014 through 2018.”.

SEC. 215. CLARIFICATION OF HIPAA TRAINING REQUIREMENTS REGARDING DISCLOSURE OF PROTECTED HEALTH INFORMATION CONCERNING INDIVIDUALS WITH MENTAL HEALTH DISORDERS.

Not later than 6 months after the date of enactment of this Act, the Secretary of Health and Human Services shall issue guidance regarding the requirements of section 164.530(b) of title 45, Code of Federal Regulations, so as to ensure that training under such section includes a clear explanation of the circumstances under which health care professionals and other covered entities (as such term is defined for purposes of regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996) are permitted or required to dis-
close protected health information concerning individuals
with a mental health disorder.

Subtitle C—Expanding Access to
Mental Health Services

SEC. 221. ADVANCING WELLNESS AND RESILIENCE IN EDU-
CATION (AWARE) INITIATIVE.

(a) CHILDREN AND ADOLESCENTS, VIOLENCE, AND
SCHOOL- AND COMMUNITY-BASED MENTAL HEALTH.—

(1) IN GENERAL.—The first section 581 (in the
first part G relating to projects for children and vio-
ience) of the Public Health Service Act (42 U.S.C.
290hh) is amended to read as follows:

“SEC. 581. CHILDREN AND ADOLESCENTS, VIOLENCE, AND
SCHOOL- AND COMMUNITY-BASED MENTAL
HEALTH.

“(a) IN GENERAL.—The Secretary shall, directly or
through grants, contracts, or cooperative agreements
awarded to local educational agencies and other public en-
tities, assist schools and local communities in imple-
menting a comprehensive mental health program that—

“(1) assists children and adolescents in dealing
with trauma and violence;

“(2) provides comprehensive, age-appropriate
mental health services and supports;
“(3) is linguistically and culturally appropriate;
and
“(4) incorporates age-appropriate strategies of positive behavioral interventions and supports.
“(b) COLLABORATION; CONSULTATION.—The Secretary shall carry out this section—
“(1) in collaboration with the Secretary of Education; and
“(2) in consultation with the Attorney General of the United States.
“(c) ACTIVITIES.—In carrying out subsection (a), the Secretary may—
“(1) provide financial and technical support to enable schools and local communities to implement a comprehensive mental health program described in such subsection;
“(2) facilitate community partnerships among families, students, law enforcement agencies, education systems, mental health and substance use disorder service systems, family-based mental health service systems, welfare agencies, health care systems (including physicians), faith-based programs, trauma networks, and other community-based systems; and
“(3) establish mechanisms for children and adolescents to report incidents of violence or plans by other children, adolescents, or adults to commit violence.

“(d) REQUIREMENTS.—

“(1) IN GENERAL.—To be eligible for an award under this section, an entity shall—

“(A) be a partnership between a local educational agency and at least one community program or agency that is involved in mental health activities; and

“(B) submit an application that—

“(i) is endorsed by all members of the partnership;

“(ii) designates an entity to serve as coordinator of the activities to be funded through the award; and

“(iii) contains the assurances described in paragraph (2).

“(2) REQUIRED ASSURANCES.—An application under paragraph (1) for a comprehensive mental health program shall contain assurances as follows:

“(A) The local educational agency involved will enter into a memorandum of understanding—
“(i) with—

“(I) at least one of each of the following: a public or private mental health entity, a health care entity, a law enforcement or juvenile justice entity, a child welfare agency, a family-based mental health entity, a family or family organization, and a trauma network; and

“(II) any other community-based entities deemed appropriate by the local educational agency; and

“(ii) that specifies—

“(I) the responsibilities of each partner with respect to the activities to be carried out;

“(II) how each partner will be accountable for carrying out such responsibilities; and

“(III) the amount of non-Federal funding or in-kind contributions that each such partner will contribute in order to sustain the program.

“(B) The program will address—
“(i) the promotion of the social, emotional, and behavioral health of all students in an environment that is conducive to learning;

“(ii) the reduction in the likelihood of at-risk students developing social, emotional, or behavioral health problems, or substance use disorders;

“(iii) the early identification of social, emotional, or behavioral problems, or substance use disorders, and the provision of early intervention services;

“(iv) the treatment or referral for treatment of students with existing social, emotional, or behavioral health problems, or substance use disorders; and

“(v) the development and implementation of programs to assist children and adolescents in dealing with trauma and violence.

“(C) For appropriate school personnel, the program will provide in-service training on—

“(i) the techniques and supports needed for the early identification of children and adolescents with trauma histories and
children and adolescents with, or at risk of, mental health disorders;

“(ii) the use of referral mechanisms that effectively link such children and adolescents to appropriate treatment and intervention services in the school and in the community and to followup when services are not available;

“(iii) strategies that promote a school-wide positive environment;

“(iv) strategies for promoting the social, emotional, mental, and behavioral health of all students; and

“(v) strategies to increase the knowledge and skills of school and community leaders about the impact of trauma and violence and on the application of a public health approach to comprehensive mental health programs.

“(D) For parents, siblings, and other family members of children and adolescents with mental health disorders, and for members of the community, the program will provide training on—
“(i) the techniques and supports described in subparagraph (C)(i);

“(ii) the referral mechanisms and followup described in subparagraph (C)(ii); and

“(iii) the strategies described in clauses (iii), (iv), and (v) of subparagraph (C).

“(E) A plan will be developed and implemented to sustain the program after funding under this section terminates.

“(F) The local educational agency partnership involved will be supported by the appropriate State educational and mental health authority to ensure that the sustainability of the program is established after funding under this section terminates.

“(G) The program will—

“(i) be based on evidence-based practices, including those related to trauma;

“(ii) be implemented in a culturally and linguistically appropriate manner;

“(iii) be coordinated with early intervening activities carried out under the In-
individuals with Disabilities Education Act; and

“(iv) include a broad needs assessment of youth who drop out of school due to policies of ‘zero tolerance’ with respect to drugs, alcohol, or weapons and an inability to obtain appropriate services.

“(II) The program will provide mental health services through qualified mental and behavioral health professionals who are—

“(i) certified or licensed by the State involved; and

“(ii) practicing within their area of expertise.

“(3) COMPLIANCE WITH HIPAA.—An award recipient under this section shall be deemed to be a covered entity for purposes of compliance with the regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996 with respect to any patient records developed through activities funded through the award.

“(e) GEOGRAPHICAL DISTRIBUTION.—The Secretary shall ensure that awards under this section are distributed equitably among the regions of the country and among urban and rural areas.
“(f) Duration of Awards.—The period of an award under this section shall be 6 years. An entity may receive only one award under this section, except that an entity that is providing services and supports on a regional basis may receive additional funding after the expiration of the preceding award period.

“(g) Program Evaluation and Outcome Measures.—

“(1) Development of Process.—The Secretary shall develop a process for evaluating comprehensive mental health programs under this section that includes—

“(A) the development of guidelines for the submission of program data by an award recipient;

“(B) the development of outcome measures (in accordance with paragraph (2)) to be applied by such recipient, and used by the Secretary, to measure and evaluate the program’s effectiveness and success; and

“(C) the submission by such recipient of annual reports—

“(i) concerning the effectiveness and success of the program; and
“(ii) including data and other information relating to each outcome measure developed under subparagraph (B).

“(2) OUTCOME MEASURES.—

“(A) STUDENT AND FAMILY MEASURES.—

The outcome measures developed under paragraph (1)(B) shall include outcome measures relating to students and families, which, at a minimum, should be designed to measure a program’s effectiveness in—

“(i) increasing social and emotional competency;

“(ii) increasing academic competency (as defined by Secretary);

“(iii) reducing disruptive and aggressive behaviors;

“(iv) improving child and adolescent functioning;

“(v) reducing substance use disorders;

“(vi) reducing suspensions, truancy, expulsions, and violence;

“(vii) increasing graduation rates (as defined under section 1111(b)(2)(C)(vi) of the Elementary and Secondary Education Act of 1965); and
“(viii) improving access to care for mental health disorders.

“(B) LOCAL EDUCATIONAL SYSTEM MEASURES.—The outcome measures developed under paragraph (1)(B) shall include outcome measures relating to local educational systems, which, at a minimum, should be designed to measure—

“(i) the effectiveness of—

“(I) formal partnership linkages among child and family-serving institutions, community support systems, and the educational system in addressing mental health disorders; and

“(II) training and professional development programs, including culturally and linguistically appropriate training for appropriate school personnel; and

“(ii) the progress in—

“(I) improving the perception of a safe and supportive learning environment among school staff, students, and parents;
“(II) improving the identification of students in need of more intensive mental health services and referral of such students to early intervention and clinical mental health services;

“(III) improving access to clinical assessment and treatment services within the context of the local community to students posing a danger to themselves or others; and

“(IV) improving rates of matriculation to postsecondary school and reducing referrals to the juvenile justice system.

“(3) EVALUATION AND DISSEMINATION BY SECRETARY.—

“(A) EVALUATION.—The Secretary shall annually submit to Congress a report on the effectiveness and success of the programs under this section, based on the data submitted under paragraph (1)(C).

“(B) DISSEMINATION.—The Secretary shall establish comprehensive information and education programs to disseminate to the general public and to health care professionals
findings and conclusions based on the data submitted under paragraph (1)(C).

“(4) LIMITATION ON EVALUATION ACTIVITIES.—An award recipient shall not use more than 10 percent of amounts received under this section to carry out evaluation activities.

“(h) DEFINITION.—In this section, the terms ‘children and adolescents’ and ‘child and adolescent’ refer to individuals under 22 years of age.

“(i) FUNDING.—

“(1) AMOUNT OF AWARDS.—An award to an entity under this section shall not exceed $1,000,000 for each of fiscal years 2014 through 2018. The Secretary shall determine the amount of each award based on the population of children and adolescents in the area to be served through the award.

“(2) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as may be necessary for fiscal years 2014 through 2018.”.

(2) TECHNICAL AMENDMENTS.—The second part G (relating to services provided through religious organizations) of title V of the Public Health Service Act (42 U.S.C. 290kk et seq.) is amended—
(A) by redesignating such part as part J;

and

(B) by redesignating sections 581 through 584 as sections 596 through 596C, respectively.

(3) CONFORMING AMENDMENT.—Part G of title V of the Public Health Service Act (42 U.S.C. 290hh et seq.), as amended by this subsection, is further amended by striking the part heading and inserting the following:

“PART G—SCHOOL-BASED MENTAL HEALTH”.

(b) GARRETT LEE SMITH MEMORIAL ACT REAUTHORIZATION.—

(1) SUICIDE PREVENTION TECHNICAL ASSISTANCE CENTER.—Section 520C of the Public Health Service Act (42 U.S.C. 290bb–34) is amended—

(A) in the section heading, by striking the section heading and inserting “SUICIDE PREVENTION TECHNICAL ASSISTANCE CENTER.”;

(B) in subsection (a), by striking “and in consultation with” and all that follows through the period at the end of paragraph (2) and inserting “shall establish a research, training, and technical assistance resource center to provide appropriate information, training, and technical
assistance to States, political subdivisions of States, federally recognized Indian tribes, tribal organizations, institutions of higher education, public organizations, or private nonprofit organizations regarding the prevention of suicide among all ages, particularly among groups that are at high risk for suicide.”;

(C) by striking subsections (b) and (c);

(D) by redesignating subsection (d) as subsection (b);

(E) in subsection (b), as so redesignated—

(i) by striking the subsection heading and inserting “RESPONSIBILITIES OF THE CENTER.”;

(ii) in the matter preceding paragraph (1), by striking “The additional research” and all that follows through “nonprofit organizations for” and inserting “The center established under subsection (a) shall conduct activities for the purpose of”;

(iii) by striking “youth suicide” each place such term appears and inserting “suicide”;

(iv) in paragraph (1)—
(I) by striking “the development or continuation of” and inserting “developing and continuing”; and

(II) by inserting “for all ages, particularly among groups that are at high risk for suicide” before the semicolon at the end;

(v) in paragraph (2), by inserting “for all ages, particularly among groups that are at high risk for suicide” before the semicolon at the end;

(vi) in paragraph (3), by inserting “and tribal” after “statewide”;

(vii) in paragraph (5), by inserting “and prevention” after “intervention”;

(viii) in paragraph (8), by striking “in youth”;

(ix) in paragraph (9), by striking “and behavioral health” and inserting “health and substance use disorder”; and

(x) in paragraph (10), by inserting “conducting” before “other”; and

(F) by striking subsection (e) and inserting the following:
“(c) Authorization of Appropriations.—To carry out this section, there are authorized to be appropriated such sums as may be necessary for fiscal years 2014 through 2018.”.

(2) Youth Suicide Early Intervention and Prevention Strategies.—Section 520E of the Public Health Service Act (42 U.S.C. 290bb–36) is amended—

(A) in paragraph (1) of subsection (a) and in subsection (e), by striking “substance abuse” each place such term appears and inserting “substance use disorder”;

(B) in subsection (b)(2)—

(i) by striking “each State is awarded only 1 grant or cooperative agreement under this section” and inserting “a State does not receive more than 1 grant or cooperative agreement under this section at any 1 time”; and

(ii) by striking “been awarded” and inserting “received”; and

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

“(m) Authorization of Appropriations.—To carry out this section, there are authorized to be appro-
appropriated such sums as may be necessary for fiscal years 2014 through 2018.”.

(3) MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES.—Section 520E–2 of the Public Health Service Act (42 U.S.C. 290bb–36b) is amended—

(A) in the section heading, by striking “AND BEHAVIORAL HEALTH” and inserting “HEALTH AND SUBSTANCE USE DISORDER SERVICES”;

(B) in subsection (a)—

(i) by striking “Services,” and inserting “Services and”;

(ii) by striking “and behavioral health problems” and inserting “health or substance use disorders”; and

(iii) by striking “substance abuse” and inserting “substance use disorders”;

(C) in subsection (b)—

(i) in the matter preceding paragraph (1), by striking “for—” and inserting “for one or more of the following:”; and

(ii) by striking paragraphs (1) through (6) and inserting the following:
“(1) Educating students, families, faculty, and staff to increase awareness of mental health and substance use disorders.

“(2) Operating hotlines.

“(3) Preparing informational material.

“(4) Providing outreach services to notify students about available mental health and substance use disorder services.

“(5) Administering voluntary mental health and substance use disorder screenings and assessments.

“(6) Supporting the training of students, faculty, and staff to respond effectively to students with mental health and substance use disorders.

“(7) Creating a network infrastructure to link colleges and universities with health care providers who treat mental health and substance use disorders.”;

(D) in subsection (c)(5), by striking “substance abuse” and inserting “substance use disorder”;

(E) in subsection (d)—

(i) in the matter preceding paragraph (1), by striking “An institution of higher education desiring a grant under this section” and inserting “To be eligible to re-
receive a grant under this section, an institution of higher education”;

(ii) in paragraph (1)—

(I) by striking “and behavioral health” and inserting “health and substance use disorder”; and

(II) by inserting “, including veterans as appropriate,” after “students”; and

(iii) in paragraph (2), by inserting “, which may include, as appropriate and in accordance with subsection (b)(7), a plan to seek input from relevant stakeholders in the community, including appropriate public and private entities, in order to carry out the program under the grant” before the period at the end;

(F) in subsection (e)(1), by striking “and behavioral health problems” and inserting “health and substance use disorders”;

(G) in subsection (f)(2)—

(i) by striking “and behavioral health” and inserting “health and substance use disorder”; and
(ii) by striking “suicide and substance abuse” and inserting “suicide and substance use disorders”; and

(H) by amending subsection (h) to read as follows:

“(h) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated such sums as may be necessary for fiscal years 2014 through 2018.”.

(c) MENTAL HEALTH AWARENESS TRAINING GRANTS.—For provisions of the Advancing Wellness and Resilience in Education (AWARE) Initiative relating to mental health awareness training for school and emergency services personnel, see section 213 of this Act.

(d) EVALUATION.—Not later than the end of fiscal year 2017, the Secretary of Health and Human Services shall submit to the Congress a report on the implementation and effectiveness of the activities carried out under sections 581, 520C, 520E, and 520E–2 of the Public Health Service Act, as amended by this section, and section 520J of the Public Health Service Act, as amended by section 213.
SEC. 222. SAMHSA AND HRSA INTEGRATION OF MENTAL HEALTH SERVICES INTO PRIMARY CARE SETTINGS.

Title V of the Public Health Service Act is amended by inserting after section 520K (42 U.S.C. 290bb–42) the following:

“SEC. 520K–1. AWARDS FOR CO-LOCATING MENTAL HEALTH SERVICES IN PRIMARY CARE SETTINGS.

“(a) PROGRAM AUTHORIZED.—The Secretary, acting through the Administrators of the Substance Abuse and Mental Health Services Administration and the Health Resources and Services Administration, shall award grants, contracts, and cooperative agreements to eligible entities for the provision of coordinated and integrated mental health services and primary health care.

“(b) ELIGIBLE ENTITIES.—To be eligible to seek a grant, contract, or cooperative agreement this section, an entity shall be a public or nonprofit entity.

“(c) USE OF FUNDS.—An eligible entity receiving an award under this section shall use the award for the provision of coordinated and integrated mental health services and primary health care through—

“(1) the co-location of mental health services in primary care settings;
“(2) the use of care management services to facilitate coordination between mental health and primary care providers;

“(3) the use of information technology (such as telemedicine)—

“(A) to facilitate coordination between mental health and primary care providers; or

“(B) to expand the availability of mental health services; or

“(4) the provision of training and technical assistance to improve the delivery, effectiveness, and integration of mental health services into primary care settings.

“(d) Authorization of Appropriations.—To carry out this section, there are authorized to be appropriated such sums as may be necessary for fiscal years 2014 through 2018.”.

SEC. 223. CHILDREN’S RECOVERY FROM TRAUMA.

Section 582 of the Public Health Service Act (42 U.S.C. 290hh–1) is amended—

(1) in subsection (a), by striking “developing programs” and all that follows and inserting “developing and maintaining programs that provide for—

“(1) the continued operation of the National Child Traumatic Stress Initiative (referred to in this
section as the ‘NCTSI’), including a coordinating
center, that focuses on the mental, behavioral, and
biological aspects of psychological trauma response;
and
“(2) the development of knowledge with regard
to evidence-based practices for identifying and treating mental, behavioral, and biological disorders of children and youth resulting from witnessing or experiencing a traumatic event.”;

(2) in subsection (b) by striking “subsection (a)
related” and all that follows through the end of the subsection and inserting “subsection (a)(2) (related to the development of knowledge on evidence-based practices for treating mental, behavioral, and biological disorders associated with psychological trauma), the Secretary shall give priority to universities, hospitals, mental health agencies, and other programs that have established clinical expertise and research experience in the field of trauma-related mental disorders.”;

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

(4) by inserting after subsection (b), the follow-
“(c) National Child Traumatic Stress Initiative.—The NCTSI coordinating center shall—

“(1) collect, analyze, and report NCTSI-wide child treatment process and outcome data regarding the early identification and delivery of evidence-based treatment and services for children and families served by the NCTSI grantees;

“(2) facilitate the coordination of training initiatives in evidence-based and trauma-informed treatments, interventions, and practices offered to NCTSI grantees, providers, and partners; and

“(3) collaborate, as appropriate, with the Secretary in the dissemination of evidence-based and trauma-informed interventions, treatments, products, and other resources to appropriate stakeholders.

“(d) Review.—The Secretary shall, consistent with the peer review process, ensure that NCTSI applications are reviewed by appropriate experts in the field, including experts in child trauma.”;

(5) in subsection (e) (as so redesignated), by striking “with respect to centers of excellence are distributed equitably among the regions of the country” and inserting “are distributed equitably among the regions of the United States”;
(6) in subsection (g) (as so redesignated), by striking “recipient may not exceed 5 years” and inserting “recipient shall not be less than 4 years, but shall not exceed 5 years”; and

(7) by amending subsection (h) (as so redesignated) to read as follows:

“(h) Authorization of Appropriations.—To carry out this section, there are authorized to be appropriated such sums as may be necessary for fiscal years 2014 through 2018.”.

SEC. 224. INFORMATION ON GERIATRIC MENTAL HEALTH DISORDERS.

Section 520A(e) of the Public Health Service Act (42 U.S.C. 290bb–32(e)) is amended by adding at the end the following:

“(3) Geriatric mental health disorders.—The Secretary shall, as appropriate, provide information to grantees regarding evidence-based practices for the prevention and treatment of geriatric mental health disorders and co-occurring mental health and substance use disorders among geriatric populations, as well as disseminate information about such evidence-based practices to States and nongrantees throughout the United States.”.
SEC. 225. GAO STUDY ON AVAILABILITY OF INPATIENT BEDS.

Not later than 2 years after the date of enactment of this Act, the Comptroller General of the United States shall conduct a study and submit a report to the Congress on—

(1) the availability of inpatient beds for treatment of mental health disorders;

(2) the impact of such availability on access to, and the quality of, mental health services; and

(3) the impact on individuals with serious mental illness and on States of the exclusion from medical assistance under section 1905(a) of the Social Security Act (42 U.S.C. 1396d(a)) of payment with respect to care or services for certain patients in an institution for mental diseases.

SEC. 226. REPORTING REQUIREMENTS FOR BLOCK GRANTS REGARDING MENTAL HEALTH AND SUBSTANCE USE DISORDERS.

Section 1942 of the Public Health Service Act (42 U.S.C. 300x–52) is amended to read as follows:

“SEC. 1942. REQUIREMENT OF REPORTS AND AUDITS BY STATES.

“(a) Block Grants for Community Mental Health Services.—
“(1) ANNUAL REPORT.—A funding agreement for a grant under section 1911 is that—

“(A) the State involved will prepare and submit to the Secretary an annual report on the activities funded through the grant; and

“(B) each such report shall be prepared by, or in consultation with, the State agency responsible for community mental health programs and activities.

“(2) STANDARDIZED FORM; CONTENTS.—In order to properly evaluate and to compare the performance of different States assisted under section 1911, reports under this section shall be in such standardized form and contain such information as the Secretary determines (after consultation with the States) to be necessary—

“(A) to secure an accurate description of the activities funded through the grant under section 1911;

“(B) to determine the extent to which funds were expended consistent with the State’s application transmitted under section 1917(a); and
“(C) to describe the extent to which the State has met the goals and objectives it set forth in its State plan under section 1912(b).

“(3) Minimum contents.—Each report under this section shall, at a minimum, include the following information:

“(A)(i) The number of individuals served by the State under subpart I (by class of individuals).

“(ii) The proportion of each class of such individuals which has health coverage.

“(iii) The types of services (as defined by the Secretary) provided under subpart I to individuals within each such class.

“(iv) The amounts spent under subpart I on each type of service (by class of individuals served).

“(B) Information on the status of mental health in the State, including information (by county and by racial and ethnic group) on each of the following:

“(i) The proportion of adolescents with serious mental illness (including major depression).
“(ii) The proportion of adults with serious mental illness (including major depression).

“(iii) The proportion of individuals with co-occurring mental health and substance use disorders.

“(iv) The proportion of children and adolescents with mental health disorders who seek and receive treatment.

“(v) The proportion of adults with mental health disorders who seek and receive treatment.

“(vi) The proportion of individuals with co-occurring mental health and substance use disorders who seek and receive treatment.

“(vii) The proportion of homeless adults with mental health disorders who receive treatment.

“(viii) The number of primary care facilities that provide mental health screening and treatment services onsite or by paid referral.
“(ix) The number of primary care physician office visits that include mental health screening services.

“(x) The number of juvenile residential facilities that screen admissions for mental health disorders.

“(xi) The number of deaths attributable to suicide.

“(C) Information on the number and type of health care practitioners licensed in the State and providing mental health-related services.

“(4) Availability of reports.—The Secretary shall, upon request, provide a copy of any report under this section to any interested public agency.

“(b) Block grants for prevention and treatment of substance use disorders.—

“(1) Annual report.—A funding agreement for a grant under section 1921 is that—

“(A) the State involved will prepare and submit to the Secretary an annual report on the activities funded through the grant; and

“(B) each such report shall be prepared by, or in consultation with, the State agency re-
sponsible for substance use disorder programs
and activities.

“(2) STANDARDIZED FORM; CONTENTS.—In
order to properly evaluate and to compare the per-
formance of different States assisted under section
1921, reports under this section shall be in such
standardized form and contain such information as
the Secretary determines (after consultation with the
States) to be necessary—

“(A) to secure an accurate description of
the activities funded through the grant under
section 1921;

“(B) to determine the extent to which
funds were expended consistent with the State’s
application transmitted under section 1932(a);
and

“(C) to describe the extent to which the
State has met the goals and objectives it set
forth in its State plan under section 1932(b).

“(3) MINIMUM CONTENTS.—Each report under
this section shall, at a minimum, include the fol-
lowing information:

“(A)(i) The number of individuals served
by the State under subpart II (by class of indi-
viduals).
“(ii) The proportion of each class of such individuals which has health coverage.

“(iii) The types of services (as defined by the Secretary) provided under subpart II to individuals within each such class.

“(iv) The amounts spent under subpart II on each type of service (by class of individuals served).

“(B) Information on the status of substance use disorders in the State, including information (by county and by racial and ethnic group) on each of the following:

“(i) The proportion of adolescents using alcohol or other addictive drugs (including nicotine).

“(ii) The proportion of adults (including pregnant women) using alcohol or other addictive drugs (including nicotine).

“(iii) The proportion of adolescents using prescription drugs for nonmedical purposes.

“(iv) The proportion of adults using prescription drugs for nonmedical purposes.
“(v) The number of individuals (including pregnant women) admitted to substance use disorder treatment programs (including group home arrangements).

“(vi) The number of deaths attributable to alcohol.

“(vii) The number of deaths attributable to illicit drugs.

“(viii) The number of deaths attributable to prescription drugs.

“(C) Information on the number and type of health care practitioners licensed in the State and providing substance use disorder-related services.

“(4) AVAILABILITY OF REPORTS.—The Secretary shall, upon request, provide a copy of any report under this section to any interested public agency.”.

SEC. 227. MENTAL HEALTH PARITY.

In the case of a group health plan or health insurance coverage that provides both medical and surgical benefits and mental health and substance use disorder benefits, the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (subtitle B of title V of division C of Public Law 110–343) and the amend-
ments made thereby shall be construed to ensure full parity of such benefits, including—

(1) at all levels of medically appropriate treatment; and

(2) with respect to applicable medical management techniques.

Subtitle D—Promoting Public Awareness of Mental Health Disorders and Reducing Stigma of Such Disorders

SEC. 231. PROMOTING PUBLIC AWARENESS OF MENTAL HEALTH DISORDERS AND REDUCING STIGMA OF SUCH DISORDERS.

Title V of the Public Health Service Act is amended by inserting after section 520E–2 (42 U.S.C. 290bb–40) the following:

“SEC. 520E–3. PROMOTING PUBLIC AWARENESS OF MENTAL HEALTH DISORDERS AND REDUCING STIGMA OF SUCH DISORDERS.

“(a) PROGRAM AUTHORIZED.—The Secretary may, by awarding grants, contracts, and cooperative agreements to eligible entities, provide for planning, establishing, coordinating, and evaluating a nationwide public education campaign that is designed—
“(1) to promote public awareness and understanding of mental health disorders, including serious mental illness; and

“(2) to reduce the stigma associated with mental health disorders.

“(b) ELIGIBLE ENTITIES.—To be eligible to seek an award under this section, an entity shall be a public or nonprofit entity with demonstrated expertise in conducting a public health-related campaign.

“(c) ACTIVITIES.—The public education campaign under this section shall include—

“(1) national education and outreach through television advertisements, radio advertisements, Internet-based resources, social media, and print media; and

“(2) community-based education and outreach.

“(d) PREFERENCE.—In making awards under this section, the Secretary shall give preference to eligible entities that—

“(1) have demonstrated expertise in conducting a public health-related campaign that is focused on mental health disorders; and

“(2) are proposing public education campaigns that will—
“(A) be carried out in partnership with local community partners; and

“(B) emphasize education and outreach targeting children, adolescents, and young adults through 24 years of age.

“(e) CONSULTATION.—In carrying out this section, the Secretary shall consult with each of the following stakeholders:

“(1) Mental health consumers, including youth, adults, and family members.

“(2) Representatives of mental and behavioral health organizations.

“(3) Representatives of medical, public health, and behavioral health professional organizations.

“(4) Representatives of mental health providers, including community mental health centers.

“(5) Representatives of private- and public-sector groups with experience in the development of effective public health education campaigns.

“(6) Other stakeholders with relevant subject matter expertise as appropriate.

“(f) EVALUATION.—As a condition on receipt of an award under this section, an eligible entity shall agree—

“(1) to evaluate the effectiveness of activities funded through the award; and
“(2) to report the results of such evaluation to
the Secretary.
“(g) Authorization of Appropriations.—To
carry out this section, there are authorized to be appro-
priated such sums as may be necessary for fiscal years
2014 through 2018.”.

TITLE III—UNDERSTANDING
THE EPIDEMIC OF GUN VIO-
LENCE

SEC. 301. REAFFIRMING CDC RESEARCH AUTHORITY.

(a) In General.—Section 391 of the Public Health
Service Act (42 U.S.C. 280b) is amended—

(1) in subsection (a)(1), by striking “research
relating to the causes, mechanisms, prevention, diag-
nosis, treatment of injuries, and rehabilitation from
injuries;” and inserting “research, including data
collection, relating to—

“(A) the causes, mechanisms, prevention,
diagnosis, and treatment of injuries, including
with respect to gun violence; and

“(B) rehabilitation from such injuries;”; and

(2) by adding at the end the following new sub-
section:
“(c) No Advocacy or Promotion of Gun Control.—Nothing in this section shall be construed to—

“(1) authorize the Secretary to give assistance, make grants, or enter into cooperative agreements or contracts for the purpose of advocating or promoting gun control; or

“(2) permit a recipient of any assistance, grant, cooperative agreement, or contract under this section to use such assistance, grant, agreement, or contract for the purpose of advocating or promoting gun control.”.

(b) Authorization of Appropriations.—Section 394A of the Public Health Service Act (42 U.S.C. 280b–3) is amended by striking “authorized to be appropriated” and all that follows through the end and inserting the following: “authorized to be appropriated such sums as may be necessary for fiscal years 2014 through 2018.”.

SEC. 302. NATIONAL VIOLENT DEATH REPORTING SYSTEM.

The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, shall improve, particularly through the inclusion of additional States, the National Violent Death Reporting System, as authorized by title III of the Public Health Service Act (42 U.S.C. 241 et seq.). Participation in the system by the States shall be voluntary.
SEC. 303. PROTECTING CONFIDENTIAL DOCTOR-PATIENT RELATIONSHIP.

Section 2717(e) of the Public Health Service Act (42 U.S.C. 300gg–17(e)) is amended by adding at the end the following new paragraph:

“(6) RULE OF CONSTRUCTION.—Notwithstanding the previous provisions of this subsection, none of the authorities provided to the Secretary under the Patient Protection and Affordable Care Act, an amendment made by that Act, or this subsection shall be construed to prohibit a physician or other health care provider from—

“(A) asking a patient about the ownership, possession, use, or storage of a firearm or ammunition in the home of such patient;

“(B) speaking to a patient about gun safety; or

“(C) reporting to the authorities a patient’s threat of violence.”.