

113TH CONGRESS
1ST SESSION

H. R. 2910

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.

IN THE HOUSE OF REPRESENTATIVES

AUGUST 1, 2013

Mr. WAXMAN (for himself, Mr. PALLONE, Mrs. CAPPS, Ms. SCHAKOWSKY, Ms. MATSUI, Mrs. NAPOLITANO, and Mr. DANNY K. DAVIS of Illinois) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means and Education and the Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

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.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Gun Violence Prevention and Reduction Act of 2013”.

1 (b) TABLE OF CONTENTS.—The table of contents for
 2 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 fund-
 ing 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 cur-
 ricula for continuing education on serious mental illness.

Sec. 215. Clarification of HIPAA training requirements regarding disclosure of
 protected health information concerning individuals with men-
 tal 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 pri-
 mary 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.

Sec. 302. National violent death reporting system.

Sec. 303. Protecting confidential doctor-patient relationship.

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

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

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

9 (1) at the point of sale does not meet the defi-
 10 nition of a firearm in section 921(a) of title 18,
 11 United States Code, and

12 (2) after purchase by a consumer, can be com-
 13 pleted by the consumer to the point at which such
 14 casting or blank functions as a firearm frame or re-
 15 ceiver for a semiautomatic assault weapon or ma-
 16 chine gun,

17 shall be considered a banned hazardous product under sec-
 18 tion 8 of such Act (15 U.S.C. 2057).

19 (b) PROHIBITED ACTS.—It shall be unlawful for any
 20 person to sell, offer for sale, manufacture for sale, or im-
 21 port into the United States for sale, to a consumer—

22 (1) an assault weapon parts kit; or

23 (2) a machinegun parts kit.

24 (c) ENFORCEMENT.—

1 (A) at the point of sale does not meet the
2 definition of a firearm in section 921(a) of title
3 18, United States Code; and

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

9 (2) An assault weapon parts kit.

10 (3) A machinegun parts kit.

11 (b) ENFORCEMENT BY THE FEDERAL TRADE COM-
12 MISSION.—A violation of subsection (a) shall be treated
13 as a violation of a rule defining an unfair or deceptive
14 act or practice described under section 18(a)(1)(B) of the
15 Federal Trade Commission Act (15 U.S.C. 57a(a)(1)(B)).
16 The Federal Trade Commission shall enforce this section
17 in the same manner, by the same means, and with the
18 same jurisdiction, powers, and duties as though all appli-
19 cable terms and provisions of the Federal Trade Commis-
20 sion Act were incorporated into and made a part of this
21 Act.

22 (c) RULE OF CONSTRUCTION.—Nothing contained in
23 this title shall be construed to limit the authority of the
24 Federal Trade Commission under any other provision of
25 law.

1 **SEC. 103. DEFINITIONS.**

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

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

9 (2) the term “machinegun parts kit” means any
10 part or combination of parts designed and intended
11 to enable a consumer who possesses all such nec-
12 essary parts to assemble a machinegun or convert a
13 firearm into a machinegun;

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

16 (A) a semiautomatic rifle or semiautomatic
17 shotgun that has the capacity to accept a de-
18 tachable ammunition magazine; or

19 (B) a semiautomatic pistol that has—

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

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

24 (4) the term “machinegun” has the meaning
25 given such term in section 5845(b) of title 26,
26 United States Code;

1 (5) the term “semiautomatic pistol” means any
2 repeating pistol that utilizes a portion of the energy
3 of a firing cartridge to extract the fixed cartridge
4 case and chamber the next round and requires a
5 separate pull of the trigger to fire each cartridge;

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

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

14 (b) SPECIAL FEATURES OF A SEMIAUTOMATIC PIS-
15 TOL.—The special features described in paragraph
16 (3)(B)(ii) are—

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

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

22 (3) a shroud that is attached to, or partially or
23 completely encircles, the barrel and that permits the
24 shooter to hold the firearm with the nontrigger hand
25 without being burned;

1 (4) a manufactured weight of 50 ounces or
2 more when the pistol is unloaded; and

3 (5) a semiautomatic version of an automatic
4 firearm.

5 **SEC. 104. CONSTRUCTION.**

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

11 **TITLE II—STRENGTHENING THE**
12 **NATION’S MENTAL HEALTH**
13 **INFRASTRUCTURE**

14 **Subtitle A—Advancing Research on**
15 **Serious Mental Illness**

16 **SEC. 201. NATIONAL INSTITUTE OF MENTAL HEALTH RE-**
17 **SEARCH PROGRAM ON SERIOUS MENTAL ILL-**
18 **NESS.**

19 (a) **PURPOSE OF INSTITUTE.**—Section 464R(a) of
20 the Public Health Service Act (42 U.S.C. 285p(a)) is
21 amended by inserting “serious mental illness research,”
22 after “biomedical and behavioral research,”.

23 (b) **RESEARCH PROGRAM.**—Section 464R(b) of the
24 Public Health Service Act (42 U.S.C. 285p(b)) is amend-
25 ed—

1 (1) by striking “The research program” and in-
2 serting the following:

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

4 (2) by striking “to further the treatment and
5 prevention of mental illness” and inserting “to fur-
6 ther the treatment and prevention of mental illness
7 (including serious mental illness)”; and

8 (3) by adding at the end the following:

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

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

16 “(B) interventions to improve early identi-
17 fication of individuals with serious mental ill-
18 ness and referral of such individuals to mental
19 health professionals for treatment.”.

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

23 (1) by redesignating subparagraph (L) as sub-
24 paragraph (M); and

1 (2) by inserting after subparagraph (K) the fol-
2 lowing:

3 “(L) Serious mental illness.”.

4 **Subtitle B—Improving the Mental**
5 **Health Workforce**

6 **SEC. 211. NATIONAL HEALTH SERVICE CORPS SCHOLAR-**
7 **SHIP AND LOAN REPAYMENT FUNDING FOR**
8 **BEHAVIORAL AND MENTAL HEALTH PROFES-**
9 **SIONALS.**

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

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

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

16 “(b) **ADDITIONAL FUNDING FOR BEHAVIORAL AND**
17 **MENTAL HEALTH PROFESSIONALS.**—In addition to the
18 amounts authorized to be appropriated under subsection
19 (a), and in addition to the amounts appropriated under
20 section 10503 of Public Law 111–148, there are author-
21 ized to be appropriated such sums as may be necessary
22 for fiscal years 2014 through 2018 for scholarships and
23 loan repayments under this subpart for ensuring, as de-
24 scribed in sections 338A(a) and 338B(a), an adequate
25 supply of behavioral and mental health professionals.”.

1 **SEC. 212. REAUTHORIZATION OF HRSA'S MENTAL AND BE-**
2 **HAVIORAL HEALTH EDUCATION AND TRAIN-**
3 **ING PROGRAM.**

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

7 “(e) AUTHORIZATION OF APPROPRIATIONS.—To
8 carry out this section, there are authorized to be appro-
9 priated such sums as may be necessary for fiscal years
10 2014 through 2018.”.

11 **SEC. 213. MENTAL HEALTH AWARENESS TRAINING FOR**
12 **SCHOOL AND EMERGENCY SERVICES PER-**
13 **SONNEL.**

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

16 (1) in the section heading, by inserting “**MEN-**
17 **TAL HEALTH AWARENESS**” before “**TRAINING**”;
18 and

19 (2) in subsection (b)—

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

22 (B) in paragraph (1)—

23 (i) by inserting “and other categories
24 of individuals, as determined by the Sec-
25 retary,” after “emergency services per-
26 sonnel”; and

1 (ii) by striking “mental illness” each
2 place it appears and inserting “mental
3 health disorder”;

4 (C) in paragraph (5)—

5 (i) in the matter preceding subpara-
6 graph (A), by striking “to” and inserting
7 “for evidence-based programs for the pur-
8 pose of”; and

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

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

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

17 “(ii) the safe de-escalation of crisis situa-
18 tions involving individuals with a mental health
19 disorder.”; and

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

22 “(7) AUTHORIZATION OF APPROPRIATIONS.—
23 There are authorized to be appropriated to carry out
24 this subsection such sums as may be necessary for
25 fiscal years 2014 through 2018.”.

1 **SEC. 214. SAMHSA GRANT PROGRAM FOR DEVELOPMENT**
2 **AND IMPLEMENTATION OF CURRICULA FOR**
3 **CONTINUING EDUCATION ON SERIOUS MEN-**
4 **TAL ILLNESS.**

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

8 **“SEC. 520I-1. CURRICULA FOR CONTINUING EDUCATION ON**
9 **SERIOUS MENTAL ILLNESS.**

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

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

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

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

23 “(c) PREFERENCE.—In awarding grants under this
24 section, the Secretary shall give preference to eligible enti-
25 ties proposing to develop and implement curricula for pro-
26 viding continuing education and training to—

1 “(1) health care professionals in primary care
2 specialities; or

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

7 “(d) AUTHORIZATION OF APPROPRIATIONS.—To
8 carry out this section, there are authorized to be appro-
9 priated such sums as may be necessary for fiscal years
10 2014 through 2018.”.

11 **SEC. 215. CLARIFICATION OF HIPAA TRAINING REQUIRE-**
12 **MENTS REGARDING DISCLOSURE OF PRO-**
13 **TECTED HEALTH INFORMATION CON-**
14 **CERNING INDIVIDUALS WITH MENTAL**
15 **HEALTH DISORDERS.**

16 Not later than 6 months after the date of enactment
17 of this Act, the Secretary of Health and Human Services
18 shall issue guidance regarding the requirements of section
19 164.530(b) of title 45, Code of Federal Regulations, so
20 as to ensure that training under such section includes a
21 clear explanation of the circumstances under which health
22 care professionals and other covered entities (as such term
23 is defined for purposes of regulations promulgated under
24 section 264(c) of the Health Insurance Portability and Ac-
25 countability Act of 1996) are permitted or required to dis-

1 close protected health information concerning individuals
2 with a mental health disorder.

3 **Subtitle C—Expanding Access to**
4 **Mental Health Services**

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

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

9 (1) IN GENERAL.—The first section 581 (in the
10 first part G relating to projects for children and vio-
11 lence) of the Public Health Service Act (42 U.S.C.
12 290hh) is amended to read as follows:

13 **“SEC. 581. CHILDREN AND ADOLESCENTS, VIOLENCE, AND**
14 **SCHOOL- AND COMMUNITY-BASED MENTAL**
15 **HEALTH.**

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

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

23 “(2) provides comprehensive, age-appropriate
24 mental health services and supports;

1 “(3) is linguistically and culturally appropriate;
2 and

3 “(4) incorporates age-appropriate strategies of
4 positive behavioral interventions and supports.

5 “(b) COLLABORATION; CONSULTATION.—The Sec-
6 retary shall carry out this section—

7 “(1) in collaboration with the Secretary of Edu-
8 cation; and

9 “(2) in consultation with the Attorney General
10 of the United States.

11 “(c) ACTIVITIES.—In carrying out subsection (a), the
12 Secretary may—

13 “(1) provide financial and technical support to
14 enable schools and local communities to implement
15 a comprehensive mental health program described in
16 such subsection;

17 “(2) facilitate community partnerships among
18 families, students, law enforcement agencies, edu-
19 cation systems, mental health and substance use dis-
20 order service systems, family-based mental health
21 service systems, welfare agencies, health care sys-
22 tems (including physicians), faith-based programs,
23 trauma networks, and other community-based sys-
24 tems; and

1 “(3) establish mechanisms for children and ado-
2 lescents to report incidents of violence or plans by
3 other children, adolescents, or adults to commit vio-
4 lence.

5 “(d) REQUIREMENTS.—

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

8 “(A) be a partnership between a local edu-
9 cational agency and at least one community
10 program or agency that is involved in mental
11 health activities; and

12 “(B) submit an application that—

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

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

18 “(iii) contains the assurances de-
19 scribed in paragraph (2).

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

23 “(A) The local educational agency involved
24 will enter into a memorandum of under-
25 standing—

1 “(i) with—

2 “(I) at least one of each of the
3 following: a public or private mental
4 health entity, a health care entity, a
5 law enforcement or juvenile justice en-
6 tity, a child welfare agency, a family-
7 based mental health entity, a family
8 or family organization, and a trauma
9 network; and

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

13 “(ii) that specifies—

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

17 “(II) how each partner will be ac-
18 countable for carrying out such re-
19 sponsibilities; and

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

24 “(B) The program will address—

1 “(i) the promotion of the social, emo-
2 tional, and behavioral health of all students
3 in an environment that is conducive to
4 learning;

5 “(ii) the reduction in the likelihood of
6 at-risk students developing social, emo-
7 tional, or behavioral health problems, or
8 substance use disorders;

9 “(iii) the early identification of social,
10 emotional, or behavioral problems, or sub-
11 stance use disorders, and the provision of
12 early intervention services;

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

17 “(v) the development and implementa-
18 tion of programs to assist children and
19 adolescents in dealing with trauma and vi-
20 olence.

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

23 “(i) the techniques and supports need-
24 ed for the early identification of children
25 and adolescents with trauma histories and

1 children and adolescents with, or at risk of,
2 mental health disorders;

3 “(ii) the use of referral mechanisms
4 that effectively link such children and ado-
5 lescents to appropriate treatment and
6 intervention services in the school and in
7 the community and to followup when serv-
8 ices are not available;

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

11 “(iv) strategies for promoting the so-
12 cial, emotional, mental, and behavioral
13 health of all students; and

14 “(v) strategies to increase the knowl-
15 edge and skills of school and community
16 leaders about the impact of trauma and vi-
17 olence and on the application of a public
18 health approach to comprehensive mental
19 health programs.

20 “(D) For parents, siblings, and other fam-
21 ily members of children and adolescents with
22 mental health disorders, and for members of
23 the community, the program will provide train-
24 ing on—

1 “(i) the techniques and supports de-
2 scribed in subparagraph (C)(i);

3 “(ii) the referral mechanisms and fol-
4 lowup described in subparagraph (C)(ii);
5 and

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

9 “(E) A plan will be developed and imple-
10 mented to sustain the program after funding
11 under this section terminates.

12 “(F) The local educational agency partner-
13 ship involved will be supported by the appro-
14 priate State educational and mental health au-
15 thority to ensure that the sustainability of the
16 program is established after funding under this
17 section terminates.

18 “(G) The program will—

19 “(i) be based on evidence-based prac-
20 tices, including those related to trauma;

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

23 “(iii) be coordinated with early inter-
24 vening activities carried out under the In-

1 dividuals with Disabilities Education Act;
2 and

3 “ (iv) include a broad needs assess-
4 ment of youth who drop out of school due
5 to policies of ‘zero tolerance’ with respect
6 to drugs, alcohol, or weapons and an in-
7 ability to obtain appropriate services.

8 “(H) The program will provide mental
9 health services through qualified mental and be-
10 havioral health professionals who are—

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

13 “(ii) practicing within their area of
14 expertise.

15 “(3) COMPLIANCE WITH HIPAA.—An award re-
16 cipient under this section shall be deemed to be a
17 covered entity for purposes of compliance with the
18 regulations promulgated under section 264(c) of the
19 Health Insurance Portability and Accountability Act
20 of 1996 with respect to any patient records devel-
21 oped through activities funded through the award.

22 “(e) GEOGRAPHICAL DISTRIBUTION.—The Secretary
23 shall ensure that awards under this section are distributed
24 equitably among the regions of the country and among
25 urban and rural areas.

1 “(f) DURATION OF AWARDS.—The period of an
2 award under this section shall be 6 years. An entity may
3 receive only one award under this section, except that an
4 entity that is providing services and supports on a regional
5 basis may receive additional funding after the expiration
6 of the preceding award period.

7 “(g) PROGRAM EVALUATION AND OUTCOME MEAS-
8 URES.—

9 “(1) DEVELOPMENT OF PROCESS.—The Sec-
10 retary shall develop a process for evaluating com-
11 prehensive mental health programs under this sec-
12 tion that includes—

13 “(A) the development of guidelines for the
14 submission of program data by an award recipi-
15 ent;

16 “(B) the development of outcome measures
17 (in accordance with paragraph (2)) to be ap-
18 plied by such recipient, and used by the Sec-
19 retary, to measure and evaluate the program’s
20 effectiveness and success; and

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

23 “(i) concerning the effectiveness and
24 success of the program; and

1 “(ii) including data and other infor-
2 mation relating to each outcome measure
3 developed under subparagraph (B).

4 “(2) OUTCOME MEASURES.—

5 “(A) STUDENT AND FAMILY MEASURES.—

6 The outcome measures developed under para-
7 graph (1)(B) shall include outcome measures
8 relating to students and families, which, at a
9 minimum, should be designed to measure a pro-
10 gram’s effectiveness in—

11 “(i) increasing social and emotional
12 competency;

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

15 “(iii) reducing disruptive and aggres-
16 sive behaviors;

17 “(iv) improving child and adolescent
18 functioning;

19 “(v) reducing substance use disorders;

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

22 “(vii) increasing graduation rates (as
23 defined under section 1111(b)(2)(C)(vi) of
24 the Elementary and Secondary Education
25 Act of 1965); and

1 “(viii) improving access to care for
2 mental health disorders.

3 “(B) LOCAL EDUCATIONAL SYSTEM MEAS-
4 URES.—The outcome measures developed under
5 paragraph (1)(B) shall include outcome meas-
6 ures relating to local educational systems,
7 which, at a minimum, should be designed to
8 measure—

9 “(i) the effectiveness of—

10 “(I) formal partnership linkages
11 among child and family-serving insti-
12 tutions, community support systems,
13 and the educational system in ad-
14 dressing mental health disorders; and

15 “(II) training and professional
16 development programs, including cul-
17 turally and linguistically appropriate
18 training for appropriate school per-
19 sonnel; and

20 “(ii) the progress in—

21 “(I) improving the perception of
22 a safe and supportive learning envi-
23 ronment among school staff, students,
24 and parents;

1 “(II) improving the identification
2 of students in need of more intensive
3 mental health services and referral of
4 such students to early intervention
5 and clinical mental health services;

6 “(III) improving access to clinical
7 assessment and treatment services
8 within the context of the local commu-
9 nity to students posing a danger to
10 themselves or others; and

11 “(IV) improving rates of matricu-
12 lation to postsecondary school and re-
13 ducing referrals to the juvenile justice
14 system.

15 “(3) EVALUATION AND DISSEMINATION BY SEC-
16 RETARY.—

17 “(A) EVALUATION.—The Secretary shall
18 annually submit to Congress a report on the ef-
19 fectiveness and success of the programs under
20 this section, based on the data submitted under
21 paragraph (1)(C).

22 “(B) DISSEMINATION.—The Secretary
23 shall establish comprehensive information and
24 education programs to disseminate to the gen-
25 eral public and to health care professionals

1 findings and conclusions based on the data sub-
2 mitted under paragraph (1)(C).

3 “(4) LIMITATION ON EVALUATION ACTIVI-
4 TIES.—An award recipient shall not use more than
5 10 percent of amounts received under this section to
6 carry out evaluation activities.

7 “(h) DEFINITION.—In this section, the terms ‘chil-
8 dren and adolescents’ and ‘child and adolescent’ refer to
9 individuals under 22 years of age.

10 “(i) FUNDING.—

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

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

21 (2) TECHNICAL AMENDMENTS.—The second
22 part G (relating to services provided through reli-
23 gious organizations) of title V of the Public Health
24 Service Act (42 U.S.C. 290kk et seq.) is amended—

1 (A) by redesignating such part as part J;
2 and

3 (B) by redesignating sections 581 through
4 584 as sections 596 through 596C, respectively.

5 (3) CONFORMING AMENDMENT.—Part G of title
6 V of the Public Health Service Act (42 U.S.C.
7 290hh et seq.), as amended by this subsection, is
8 further amended by striking the part heading and
9 inserting the following:

10 **“PART G—SCHOOL-BASED MENTAL HEALTH”.**

11 (b) GARRETT LEE SMITH MEMORIAL ACT REAU-
12 THORIZATION.—

13 (1) SUICIDE PREVENTION TECHNICAL ASSIST-
14 ANCE CENTER.—Section 520C of the Public Health
15 Service Act (42 U.S.C. 290bb–34) is amended—

16 (A) in the section heading, by striking the
17 section heading and inserting “**SUICIDE PRE-**
18 **VENTION TECHNICAL ASSISTANCE CEN-**
19 **TER.**”;

20 (B) in subsection (a), by striking “and in
21 consultation with” and all that follows through
22 the period at the end of paragraph (2) and in-
23 serting “shall establish a research, training, and
24 technical assistance resource center to provide
25 appropriate information, training, and technical

1 assistance to States, political subdivisions of
2 States, federally recognized Indian tribes, tribal
3 organizations, institutions of higher education,
4 public organizations, or private nonprofit orga-
5 nizations regarding the prevention of suicide
6 among all ages, particularly among groups that
7 are at high risk for suicide.”;

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

9 (D) by redesignating subsection (d) as sub-
10 section (b);

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

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

15 (ii) in the matter preceding paragraph
16 (1), by striking “The additional research”
17 and all that follows through “nonprofit or-
18 ganizations for” and inserting “The center
19 established under subsection (a) shall con-
20 duct activities for the purpose of”;

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

24 (iv) in paragraph (1)—

- 1 (I) by striking “the development
2 or continuation of” and inserting “de-
3 veloping and continuing”; and
- 4 (II) by inserting “for all ages,
5 particularly among groups that are at
6 high risk for suicide” before the semi-
7 colon at the end;
- 8 (v) in paragraph (2), by inserting “for
9 all ages, particularly among groups that
10 are at high risk for suicide” before the
11 semicolon at the end;
- 12 (vi) in paragraph (3), by inserting
13 “and tribal” after “statewide”;
- 14 (vii) in paragraph (5), by inserting
15 “and prevention” after “intervention”;
- 16 (viii) in paragraph (8), by striking “in
17 youth”;
- 18 (ix) in paragraph (9), by striking
19 “and behavioral health” and inserting
20 “health and substance use disorder”; and
- 21 (x) in paragraph (10), by inserting
22 “conducting” before “other”; and
- 23 (F) by striking subsection (e) and inserting
24 the following:

1 “(c) AUTHORIZATION OF APPROPRIATIONS.—To
2 carry out this section, there are authorized to be appro-
3 priated such sums as may be necessary for fiscal years
4 2014 through 2018.”.

5 (2) YOUTH SUICIDE EARLY INTERVENTION AND
6 PREVENTION STRATEGIES.—Section 520E of the
7 Public Health Service Act (42 U.S.C. 290bb–36) is
8 amended—

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

13 (B) in subsection (b)(2)—

14 (i) by striking “each State is awarded
15 only 1 grant or cooperative agreement
16 under this section” and inserting “a State
17 does not receive more than 1 grant or co-
18 operative agreement under this section at
19 any 1 time”; and

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

22 (C) by striking subsection (m) and insert-
23 ing the following:

24 “(m) AUTHORIZATION OF APPROPRIATIONS.—To
25 carry out this section, there are authorized to be appro-

1 priated such sums as may be necessary for fiscal years
2 2014 through 2018.”.

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

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

11 (B) in subsection (a)—

12 (i) by striking “Services,” and insert-
13 ing “Services and”;

14 (ii) by striking “and behavioral health
15 problems” and inserting “health or sub-
16 stance use disorders”; and

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

19 (C) in subsection (b)—

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

23 (ii) by striking paragraphs (1)
24 through (6) and inserting the following:

1 “(1) Educating students, families, faculty, and
2 staff to increase awareness of mental health and
3 substance use disorders.

4 “(2) Operating hotlines.

5 “(3) Preparing informational material.

6 “(4) Providing outreach services to notify stu-
7 dents about available mental health and substance
8 use disorder services.

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

11 “(6) Supporting the training of students, fac-
12 ulty, and staff to respond effectively to students with
13 mental health and substance use disorders.

14 “(7) Creating a network infrastructure to link
15 colleges and universities with health care providers
16 who treat mental health and substance use dis-
17 orders.”;

18 (D) in subsection (c)(5), by striking “sub-
19 stance abuse” and inserting “substance use dis-
20 order”;

21 (E) in subsection (d)—

22 (i) in the matter preceding paragraph
23 (1), by striking “An institution of higher
24 education desiring a grant under this sec-
25 tion” and inserting “To be eligible to re-

1 ceive a grant under this section, an institu-
2 tion of higher education”;

3 (ii) in paragraph (1)—

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

7 (II) by inserting “, including vet-
8 erans as appropriate,” after “stu-
9 dents”; and

10 (iii) in paragraph (2), by inserting “,
11 which may include, as appropriate and in
12 accordance with subsection (b)(7), a plan
13 to seek input from relevant stakeholders in
14 the community, including appropriate pub-
15 lic and private entities, in order to carry
16 out the program under the grant” before
17 the period at the end;

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

21 (G) in subsection (f)(2)—

22 (i) by striking “and behavioral
23 health” and inserting “health and sub-
24 stance use disorder”; and

1 (ii) by striking “suicide and substance
2 abuse” and inserting “suicide and sub-
3 stance use disorders”; and

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

6 “(h) AUTHORIZATION OF APPROPRIATIONS.—To
7 carry out this section, there are authorized to be appro-
8 priated such sums as may be necessary for fiscal years
9 2014 through 2018.”.

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

15 (d) EVALUATION.—Not later than the end of fiscal
16 year 2017, the Secretary of Health and Human Services
17 shall submit to the Congress a report on the implementa-
18 tion and effectiveness of the activities carried out under
19 sections 581, 520C, 520E, and 520E–2 of the Public
20 Health Service Act, as amended by this section, and sec-
21 tion 520J of the Public Health Service Act, as amended
22 by section 213.

1 **SEC. 222. SAMHSA AND HRSA INTEGRATION OF MENTAL**
2 **HEALTH SERVICES INTO PRIMARY CARE SET-**
3 **TINGS.**

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

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

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

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

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

23 “(1) the co-location of mental health services in
24 primary care settings;

1 “(2) the use of care management services to fa-
2 cilitate coordination between mental health and pri-
3 mary care providers;

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

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

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

10 “(4) the provision of training and technical as-
11 sistance to improve the delivery, effectiveness, and
12 integration of mental health services into primary
13 care settings.

14 “(d) AUTHORIZATION OF APPROPRIATIONS.—To
15 carry out this section, there are authorized to be appro-
16 priated such sums as may be necessary for fiscal years
17 2014 through 2018.”.

18 **SEC. 223. CHILDREN’S RECOVERY FROM TRAUMA.**

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

21 (1) in subsection (a), by striking “developing
22 programs” and all that follows and inserting “devel-
23 oping and maintaining programs that provide for—

24 “(1) the continued operation of the National
25 Child Traumatic Stress Initiative (referred to in this

1 section as the ‘NCTSI’), including a coordinating
2 center, that focuses on the mental, behavioral, and
3 biological aspects of psychological trauma response;
4 and

5 “(2) the development of knowledge with regard
6 to evidence-based practices for identifying and treat-
7 ing mental, behavioral, and biological disorders of
8 children and youth resulting from witnessing or ex-
9 perienceing a traumatic event.”;

10 (2) in subsection (b) by striking “subsection (a)
11 related” and all that follows through the end of the
12 subsection and inserting “subsection (a)(2) (related
13 to the development of knowledge on evidence-based
14 practices for treating mental, behavioral, and bio-
15 logical disorders associated with psychological trau-
16 ma), the Secretary shall give priority to universities,
17 hospitals, mental health agencies, and other pro-
18 grams that have established clinical expertise and re-
19 search experience in the field of trauma-related men-
20 tal disorders.”;

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

23 (4) by inserting after subsection (b), the fol-
24 lowing:

1 “(c) NATIONAL CHILD TRAUMATIC STRESS INITIA-
2 TIVE.—The NCTSI coordinating center shall—

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

8 “(2) facilitate the coordination of training ini-
9 tiatives in evidence-based and trauma-informed
10 treatments, interventions, and practices offered to
11 NCTSI grantees, providers, and partners; and

12 “(3) collaborate, as appropriate, with the Sec-
13 retary in the dissemination of evidence-based and
14 trauma-informed interventions, treatments, prod-
15 ucts, and other resources to appropriate stake-
16 holders.

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

21 (5) in subsection (e) (as so redesignated), by
22 striking “with respect to centers of excellence are
23 distributed equitably among the regions of the coun-
24 try” and inserting “are distributed equitably among
25 the regions of the United States”;

1 (6) in subsection (g) (as so redesignated), by
2 striking “recipient may not exceed 5 years” and in-
3 serting “recipient shall not be less than 4 years, but
4 shall not exceed 5 years”; and

5 (7) by amending subsection (h) (as so redesign-
6 nated) to read as follows:

7 “(h) AUTHORIZATION OF APPROPRIATIONS.—To
8 carry out this section, there are authorized to be appro-
9 priated such sums as may be necessary for fiscal years
10 2014 through 2018.”.

11 **SEC. 224. INFORMATION ON GERIATRIC MENTAL HEALTH**
12 **DISORDERS.**

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

16 “(3) GERIATRIC MENTAL HEALTH DIS-
17 ORDERS.—The Secretary shall, as appropriate, pro-
18 vide information to grantees regarding evidence-
19 based practices for the prevention and treatment of
20 geriatric mental health disorders and co-occurring
21 mental health and substance use disorders among
22 geriatric populations, as well as disseminate infor-
23 mation about such evidence-based practices to States
24 and nongrantees throughout the United States.”.

1 **SEC. 225. GAO STUDY ON AVAILABILITY OF INPATIENT**
2 **BEDS.**

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

7 (1) the availability of inpatient beds for treat-
8 ment of mental health disorders;

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

11 (3) the impact on individuals with serious men-
12 tal illness and on States of the exclusion from med-
13 ical assistance under section 1905(a) of the Social
14 Security Act (42 U.S.C. 1396d(a)) of payment with
15 respect to care or services for certain patients in an
16 institution for mental diseases.

17 **SEC. 226. REPORTING REQUIREMENTS FOR BLOCK GRANTS**
18 **REGARDING MENTAL HEALTH AND SUB-**
19 **STANCE USE DISORDERS.**

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

22 **“SEC. 1942. REQUIREMENT OF REPORTS AND AUDITS BY**
23 **STATES.**

24 **“(a) BLOCK GRANTS FOR COMMUNITY MENTAL**
25 **HEALTH SERVICES.—**

1 “(1) ANNUAL REPORT.—A funding agreement
2 for a grant under section 1911 is that—

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

6 “(B) each such report shall be prepared
7 by, or in consultation with, the State agency re-
8 sponsible for community mental health pro-
9 grams and activities.

10 “(2) STANDARDIZED FORM; CONTENTS.—In
11 order to properly evaluate and to compare the per-
12 formance of different States assisted under section
13 1911, reports under this section shall be in such
14 standardized form and contain such information as
15 the Secretary determines (after consultation with the
16 States) to be necessary—

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

20 “(B) to determine the extent to which
21 funds were expended consistent with the State’s
22 application transmitted under section 1917(a);
23 and

1 “(C) to describe the extent to which the
2 State has met the goals and objectives it set
3 forth in its State plan under section 1912(b).

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

7 “(A)(i) The number of individuals served
8 by the State under subpart I (by class of indi-
9 viduals).

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

12 “(iii) The types of services (as defined by
13 the Secretary) provided under subpart I to indi-
14 viduals within each such class.

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

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

22 “(i) The proportion of adolescents
23 with serious mental illness (including
24 major depression).

1 “(ii) The proportion of adults with se-
2 rious mental illness (including major de-
3 pression).

4 “(iii) The proportion of individuals
5 with co-occurring mental health and sub-
6 stance use disorders.

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

10 “(v) The proportion of adults with
11 mental health disorders who seek and re-
12 ceive treatment.

13 “(vi) The proportion of individuals
14 with co-occurring mental health and sub-
15 stance use disorders who seek and receive
16 treatment.

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

20 “(viii) The number of primary care
21 facilities that provide mental health screen-
22 ing and treatment services onsite or by
23 paid referral.

1 “(ix) The number of primary care
2 physician office visits that include mental
3 health screening services.

4 “(x) The number of juvenile residen-
5 tial facilities that screen admissions for
6 mental health disorders.

7 “(xi) The number of deaths attrib-
8 utable to suicide.

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

12 “(4) AVAILABILITY OF REPORTS.—The Sec-
13 retary shall, upon request, provide a copy of any re-
14 port under this section to any interested public
15 agency.

16 “(b) BLOCK GRANTS FOR PREVENTION AND TREAT-
17 MENT OF SUBSTANCE USE DISORDERS.—

18 “(1) ANNUAL REPORT.—A funding agreement
19 for a grant under section 1921 is that—

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

23 “(B) each such report shall be prepared
24 by, or in consultation with, the State agency re-

1 sponsible for substance use disorder programs
2 and activities.

3 “(2) STANDARDIZED FORM; CONTENTS.—In
4 order to properly evaluate and to compare the per-
5 formance of different States assisted under section
6 1921, reports under this section shall be in such
7 standardized form and contain such information as
8 the Secretary determines (after consultation with the
9 States) to be necessary—

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

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

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

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

23 “(A)(i) The number of individuals served
24 by the State under subpart II (by class of indi-
25 viduals).

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

3 “(iii) The types of services (as defined by
4 the Secretary) provided under subpart II to in-
5 dividuals within each such class.

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

9 “(B) Information on the status of sub-
10 stance use disorders in the State, including in-
11 formation (by county and by racial and ethnic
12 group) on each of the following:

13 “(i) The proportion of adolescents
14 using alcohol or other addictive drugs (in-
15 cluding nicotine).

16 “(ii) The proportion of adults (includ-
17 ing pregnant women) using alcohol or
18 other addictive drugs (including nicotine).

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

22 “(iv) The proportion of adults using
23 prescription drugs for nonmedical pur-
24 poses.

1 “(v) The number of individuals (in-
2 cluding pregnant women) admitted to sub-
3 stance use disorder treatment programs
4 (including group home arrangements).

5 “(vi) The number of deaths attrib-
6 utable to alcohol.

7 “(vii) The number of deaths attrib-
8 utable to illicit drugs.

9 “(viii) The number of deaths attrib-
10 utable to prescription drugs.

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

15 “(4) AVAILABILITY OF REPORTS.—The Sec-
16 retary shall, upon request, provide a copy of any re-
17 port under this section to any interested public
18 agency.”.

19 **SEC. 227. MENTAL HEALTH PARITY.**

20 In the case of a group health plan or health insurance
21 coverage that provides both medical and surgical benefits
22 and mental health and substance use disorder benefits, the
23 Paul Wellstone and Pete Domenici Mental Health Parity
24 and Addiction Equity Act of 2008 (subtitle B of title V
25 of division C of Public Law 110–343) and the amend-

1 ments made thereby shall be construed to ensure full par-
2 ity of such benefits, including—

3 (1) at all levels of medically appropriate treat-
4 ment; and

5 (2) with respect to applicable medical manage-
6 ment techniques.

7 **Subtitle D—Promoting Public**
8 **Awareness of Mental Health Dis-**
9 **orders and Reducing Stigma of**
10 **Such Disorders**

11 **SEC. 231. PROMOTING PUBLIC AWARENESS OF MENTAL**
12 **HEALTH DISORDERS AND REDUCING STIGMA**
13 **OF SUCH DISORDERS.**

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

17 **“SEC. 520E-3. PROMOTING PUBLIC AWARENESS OF MENTAL**
18 **HEALTH DISORDERS AND REDUCING STIGMA**
19 **OF SUCH DISORDERS.**

20 “(a) PROGRAM AUTHORIZED.—The Secretary may,
21 by awarding grants, contracts, and cooperative agree-
22 ments to eligible entities, provide for planning, estab-
23 lishing, coordinating, and evaluating a nationwide public
24 education campaign that is designed—

1 “(1) to promote public awareness and under-
2 standing of mental health disorders, including seri-
3 ous mental illness; and

4 “(2) to reduce the stigma associated with men-
5 tal health disorders.

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

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

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

16 “(2) community-based education and outreach.

17 “(d) PREFERENCE.—In making awards under this
18 section, the Secretary shall give preference to eligible enti-
19 ties that—

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

23 “(2) are proposing public education campaigns
24 that will—

1 “(A) be carried out in partnership with
2 local community partners; and

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

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

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

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

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

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

17 “(5) Representatives of private- and public-sec-
18 tor groups with experience in the development of ef-
19 fective public health education campaigns.

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

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

24 “(1) to evaluate the effectiveness of activities
25 funded through the award; and

1 “(2) to report the results of such evaluation to
2 the Secretary.

3 “(g) AUTHORIZATION OF APPROPRIATIONS.—To
4 carry out this section, there are authorized to be appro-
5 priated such sums as may be necessary for fiscal years
6 2014 through 2018.”.

7 **TITLE III—UNDERSTANDING**
8 **THE EPIDEMIC OF GUN VIO-**
9 **LENCE**

10 **SEC. 301. REAFFIRMING CDC RESEARCH AUTHORITY.**

11 (a) IN GENERAL.—Section 391 of the Public Health
12 Service Act (42 U.S.C. 280b) is amended—

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

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

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

23 (2) by adding at the end the following new sub-
24 section:

1 “(c) NO ADVOCACY OR PROMOTION OF GUN CON-
2 TROL.—Nothing in this section shall be construed to—

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

7 “(2) permit a recipient of any assistance, grant,
8 cooperative agreement, or contract under this section
9 to use such assistance, grant, agreement, or contract
10 for the purpose of advocating or promoting gun con-
11 trol.”.

12 (b) AUTHORIZATION OF APPROPRIATIONS.—Section
13 394A of the Public Health Service Act (42 U.S.C. 280b-
14 3) is amended by striking “authorized to be appropriated”
15 and all that follows through the end and inserting the fol-
16 lowing: “authorized to be appropriated such sums as may
17 be necessary for fiscal years 2014 through 2018.”.

18 **SEC. 302. NATIONAL VIOLENT DEATH REPORTING SYSTEM.**

19 The Secretary of Health and Human Services, acting
20 through the Director of the Centers for Disease Control
21 and Prevention, shall improve, particularly through the in-
22 clusion of additional States, the National Violent Death
23 Reporting System, as authorized by title III of the Public
24 Health Service Act (42 U.S.C. 241 et seq.). Participation
25 in the system by the States shall be voluntary.

1 **SEC. 303. PROTECTING CONFIDENTIAL DOCTOR-PATIENT**
2 **RELATIONSHIP.**

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

6 “(6) **RULE OF CONSTRUCTION.**—Notwith-
7 standing the previous provisions of this subsection,
8 none of the authorities provided to the Secretary
9 under the Patient Protection and Affordable Care
10 Act, an amendment made by that Act, or this sub-
11 section shall be construed to prohibit a physician or
12 other health care provider from—

13 “(A) asking a patient about the ownership,
14 possession, use, or storage of a firearm or am-
15 munition in the home of such patient;

16 “(B) speaking to a patient about gun safe-
17 ty; or

18 “(C) reporting to the authorities a pa-
19 tient’s threat of violence.”.

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