

113TH CONGRESS  
2D SESSION

# S. 2872

To protect individuals by strengthening the Nation’s mental health infrastructure, improving the understanding of violence, strengthening firearm prohibitions and protections for at-risk individuals, and improving and expanding the reporting of mental health records to the National Instant Criminal Background Check System.

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## IN THE SENATE OF THE UNITED STATES

SEPTEMBER 18, 2014

Mr. BLUMENTHAL introduced the following bill; which was read twice and referred to the Committee on the Judiciary

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## A BILL

To protect individuals by strengthening the Nation’s mental health infrastructure, improving the understanding of violence, strengthening firearm prohibitions and protections for at-risk individuals, and improving and expanding the reporting of mental health records to the National Instant Criminal Background Check System.

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.**

4       This Act may be cited as the “Promoting Healthy  
5       Minds for Safer Communities Act of 2014”.

**1 SEC. 2. TABLE OF CONTENTS.**

**2** The table of contents of this Act is as follows:

- Sec. 1. Short title.  
 Sec. 2. Table of contents.

**TITLE I—STRENGTHENING AND IMPROVING INTERVENTION  
 EFFORTS**

- Sec. 101. Mental health crisis assessment, prevention, and education grant program.  
 Sec. 102. School-based mental health programs.  
 Sec. 103. Justice and mental health collaboration.

**TITLE II—IMPROVING MENTAL HEALTH RESEARCH**

- Sec. 201. Research with respect to violence.

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

- Sec. 301. National violent death reporting system.  
 Sec. 302. Reaffirming Centers for Disease Control's authority.  
 Sec. 303. Protecting confidential doctor-patient relationship.

**TITLE IV—MENTAL HEALTH AND ACCESS TO FIREARMS**

- Sec. 401. Ban on firearm possession by person committed involuntarily to mental institution on an outpatient basis.  
 Sec. 402. Grant program regarding firearms.  
 Sec. 403. Notification of State and local law enforcement authorities of attempt to purchase firearm by ineligible person.

**TITLE V—RESTORATION**

- Sec. 501. Federal agency relief program.  
 Sec. 502. State relief programs.  
 Sec. 503. General Federal relief.

**TITLE VI—SUBMISSION OF MENTAL HEALTH RECORDS TO  
 NATIONAL INSTANT CRIMINAL BACKGROUND CHECK SYSTEM**

- Sec. 601. Reports relating to submission of information to NICS.  
 Sec. 602. Reauthorization of the National Criminal History Records Improvement Program.  
 Sec. 603. Improvement of metrics and incentives.  
 Sec. 604. Grants to States to improve coordination and automation of NICS record reporting.  
 Sec. 605. Sharing of records by Federal departments and agencies with NICS.  
 Sec. 606. Rulemaking to permit submission of mental health records to the National Instant Criminal Background Check System pursuant to the Health Insurance Portability and Accountability Act.

1 **TITLE I—STRENGTHENING AND**  
2 **IMPROVING INTERVENTION**  
3 **EFFORTS**

4 **SEC. 101. MENTAL HEALTH CRISIS ASSESSMENT, PREVEN-**  
5 **TION, AND EDUCATION GRANT PROGRAM.**

6 (a) DEFINITIONS.—In this section:

7 (1) ELIGIBLE ENTITY.—The term “eligible enti-  
8 ty” means a State, political subdivision of a State,  
9 or nonprofit private entity.

10 (2) SECRETARY.—The term “Secretary” means  
11 the Secretary of Health and Human Services.

12 (3) STATE.—The term “State” means each  
13 State of the United States, the District of Columbia,  
14 each commonwealth, territory, or possession of the  
15 United States, and each federally recognized Indian  
16 tribe.

17 (b) ESTABLISHMENT OF GRANT PROGRAM.—

18 (1) ESTABLISHMENT.—The Secretary shall es-  
19 tablish a program to award grants to eligible entities  
20 to carry out the activities described in paragraph  
21 (2).

22 (2) USE OF FUNDS.—

23 (A) IN GENERAL.—Grants awarded under  
24 this section may be used to carry out programs  
25 that—

1 (i) expand early intervention and  
2 treatment services to improve access to  
3 mental health crisis assistance and address  
4 unmet mental health care needs;

5 (ii) expand the continuum of services  
6 to address crisis intervention and crisis  
7 stabilization;

8 (iii) reduce recidivism due to mental  
9 health crises and mitigate unnecessary ex-  
10 penditures by local law enforcement; and

11 (iv) reduce unnecessary hospitaliza-  
12 tions by appropriately utilizing community-  
13 based services and improving access to  
14 timely mental health crisis assistance.

15 (B) AUTHORIZED ACTIVITIES.—The pro-  
16 grams described in subparagraph (A) may in-  
17 clude any or all of the following activities:

18 (i) Mental health crisis intervention  
19 and response training for law enforcement  
20 (to increase officers' understanding and  
21 recognition of mental illnesses).

22 (ii) Mobile support that provides field-  
23 based behavioral health assistance to law  
24 enforcement and members of the commu-

1           nity and links individuals in crisis to ap-  
2           propriate services.

3           (iii) School- and community-based  
4           early intervention and prevention programs  
5           that provide mobile response, screening  
6           and assessment, training and education,  
7           and peer-based and family services.

8           (3) APPLICATION.—To be considered for a  
9           grant under this section, an eligible entity shall sub-  
10          mit an application to the Secretary at such time, in  
11          such manner, and containing such information as  
12          the Secretary may require. At minimum, such appli-  
13          cation shall include a description of—

14                (A) the activities to be funded with the  
15                grant;

16                (B) community needs;

17                (C) the population to be served; and

18                (D) the interaction between the activities  
19                described in subparagraph (A) and public sys-  
20                tems of health and mental health care, law en-  
21                forcement, social services, and related assist-  
22                ance programs.

23          (4) SELECTING AMONG APPLICANTS.—

24                (A) IN GENERAL.—Grants shall be award-  
25                ed to eligible entities on a competitive basis.

1 (B) SELECTION CRITERIA.—The Secretary  
2 shall evaluate applicants based on such criteria  
3 as the Secretary determines to be appropriate,  
4 including the ability of an applicant to carry  
5 out the activities described in paragraph (2).

6 (5) REPORTS.—

7 (A) ANNUAL REPORTS.—

8 (i) ELIGIBLE ENTITIES.—As a condi-  
9 tion of receiving a grant under this section,  
10 an eligible entity shall agree to submit a  
11 report to the Secretary, on an annual  
12 basis, describing the activities carried out  
13 with the grant and assessing the effective-  
14 ness of such activities.

15 (ii) SECRETARY.—The Secretary  
16 shall, on an annual basis, and using the re-  
17 ports received under clause (i), report to  
18 Congress on the overall impact and effec-  
19 tiveness of the grant program under this  
20 section.

21 (B) FINAL REPORT.—Not later than Janu-  
22 ary 15, 2019, the Secretary shall submit to  
23 Congress a final report that includes rec-  
24 ommendations with respect to the feasibility

1 and advisability of extending or expanding the  
2 grant program.

3 (6) COLLECTION OF DATA.—

4 (A) IN GENERAL.—The Secretary shall col-  
5 lect data on the grant program to determine its  
6 effectiveness in reducing the social impact of  
7 mental health crises and the feasibility and ad-  
8 visability of extending the grant program.

9 (B) MANNER OF COLLECTION.—Data de-  
10 scribed in subparagraph (A) shall be collected  
11 and analyzed using a scientific peer-reviewed  
12 system and valid and reliable results-based re-  
13 search methodologies.

14 (c) FUNDING.—

15 (1) GRANT AMOUNT.—The Secretary shall de-  
16 termine the amount of each grant awarded under  
17 this section in an amount that is not more than  
18 \$100,000 for each of fiscal years 2015 through  
19 2019.

20 (2) AUTHORIZATION OF APPROPRIATIONS.—  
21 There is authorized to be appropriated to carry out  
22 this section \$10,000,000 for each of fiscal years  
23 2015 through 2019.

1 **SEC. 102. SCHOOL-BASED MENTAL HEALTH PROGRAMS.**

2 (a) TECHNICAL AMENDMENTS.—The second part G  
3 (relating to services provided through religious organiza-  
4 tions) of title V of the Public Health Service Act (42  
5 U.S.C. 290kk et seq.) is amended—

6 (1) by redesignating such part as part J; and

7 (2) by redesignating sections 581 through 584  
8 of such part as sections 596 through 596C, respec-  
9 tively.

10 (b) SCHOOL-BASED MENTAL HEALTH AND CHIL-  
11 DREN AND VIOLENCE.—Section 581 of the Public Health  
12 Service Act (42 U.S.C. 290hh) is amended to read as fol-  
13 lows:

14 **“SEC. 581. SCHOOL-BASED MENTAL HEALTH AND CHIL-**  
15 **DREN AND VIOLENCE.**

16 “(a) IN GENERAL.—The Secretary, in collaboration  
17 with the Secretary of Education and in consultation with  
18 the Attorney General, shall, directly or through grants,  
19 contracts, or cooperative agreements awarded to public en-  
20 tities and local educational agencies, assist local commu-  
21 nities and schools in applying a public health approach  
22 to mental health services both in schools and in the com-  
23 munity. Such approach should provide comprehensive age-  
24 appropriate services and supports, be linguistically and  
25 culturally appropriate, be trauma-informed, and incor-  
26 porate age-appropriate strategies of positive behavioral

1 interventions and supports. A comprehensive school men-  
2 tal health program funded under this section shall assist  
3 children in dealing with trauma and violence.

4 “(b) ACTIVITIES.—Under the program under sub-  
5 section (a), the Secretary may—

6 “(1) provide financial support to enable local  
7 communities to implement a comprehensive cul-  
8 turally and linguistically appropriate, trauma-in-  
9 formed, and age-appropriate, school mental health  
10 program that incorporates positive behavioral inter-  
11 ventions, client treatment, and supports to foster the  
12 health and development of children;

13 “(2) provide technical assistance to local com-  
14 munities with respect to the development of pro-  
15 grams described in paragraph (1);

16 “(3) provide assistance to local communities in  
17 the development of policies to address child and ado-  
18 lescent trauma and mental health issues and violence  
19 when and if it occurs;

20 “(4) facilitate community partnerships among  
21 families, students, law enforcement agencies, edu-  
22 cation systems, mental health and substance use dis-  
23 order service systems, family-based mental health  
24 service systems, welfare agencies, health care service  
25 systems (including physicians), faith-based pro-

1       grams, trauma networks, and other community-  
2       based systems; and

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

7       “(c) REQUIREMENTS.—

8               “(1) IN GENERAL.—To be eligible for a grant,  
9       contract, or cooperative agreement under subsection  
10      (a), an entity shall—

11               “(A) be a partnership between a local edu-  
12      cational agency and at least 1 community pro-  
13      gram or agency that is involved in mental  
14      health; and

15               “(B) submit an application, that is en-  
16      dorsed by all members of the partnership, that  
17      contains the assurances described in paragraph  
18      (2).

19       “(2) REQUIRED ASSURANCES.—An application  
20      under paragraph (1) shall contain assurances as fol-  
21      lows:

22               “(A) That the applicant will ensure that,  
23      in carrying out activities under this section, the  
24      local educational agency involved will enter into  
25      a memorandum of understanding—

1           “(i) with at least 1 public or private  
2           mental health entity, health care entity,  
3           law enforcement or juvenile justice entity,  
4           child welfare agency, family-based mental  
5           health entity, family or family organiza-  
6           tion, trauma network, or other community-  
7           based entity; and

8           “(ii) that clearly states—

9           “(I) how school-employed mental  
10          health professionals (such as school  
11          psychologists, school counselors, and  
12          school social workers) will be utilized  
13          in the comprehensive school mental  
14          health program;

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

18          “(III) how each such partner will  
19          be accountable for carrying out such  
20          responsibilities; and

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

1           “(B) That the comprehensive school-based  
2           mental health program carried out under this  
3           section supports the flexible use of funds to ad-  
4           dress—

5                   “(i) the promotion of the social, emo-  
6                   tional, mental, and behavioral health and  
7                   wellness of all students in an environment  
8                   that is conducive to learning;

9                   “(ii) the reduction in the likelihood of  
10                  at risk students developing social, emo-  
11                  tional, mental, and behavioral health prob-  
12                  lems, or substance use disorders;

13                  “(iii) the early identification of social,  
14                  emotional, mental, and behavioral prob-  
15                  lems, or substance use disorders and the  
16                  provision of early intervention services;

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

21                  “(v) the development and implementa-  
22                  tion of programs to assist children in deal-  
23                  ing with trauma and violence.

24           “(C) That the comprehensive school-based  
25           mental health program carried out under this

1 section will provide for in-service training of all  
2 school personnel, including ancillary staff and  
3 volunteers, in—

4 “(i) the techniques and supports need-  
5 ed to identify early children with trauma  
6 histories and children with, or at risk of,  
7 mental illness;

8 “(ii) the use of referral mechanisms  
9 that effectively link such children to appro-  
10 priate treatment and intervention services  
11 in the school and in the community and to  
12 follow-up when services are not available;

13 “(iii) strategies that promote the so-  
14 cial, emotional, mental, and behavioral  
15 health and wellness of all students; and

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

22 “(D) That the comprehensive school-based  
23 mental health program carried out under this  
24 section will include comprehensive training for  
25 parents, siblings, and other family members of

1 children with mental health disorders, and for  
2 concerned members of the community in—

3 “(i) the techniques and supports need-  
4 ed to identify early children with trauma  
5 histories, and children with, or at risk of,  
6 mental illness;

7 “(ii) the use of referral mechanisms  
8 that effectively link such children to appro-  
9 priate treatment and intervention services  
10 in the school and in the community and  
11 follow-up when such services are not avail-  
12 able; and

13 “(iii) strategies that promote a school-  
14 wide positive environment.

15 “(E) That the comprehensive school-based  
16 mental health program carried out under this  
17 section will demonstrate the measures to be  
18 taken to sustain the program after funding  
19 under this section terminates.

20 “(F) That the local educational agency  
21 partnership involved is supported by the State  
22 educational and mental health system to ensure  
23 that the sustainability of the programs is estab-  
24 lished after funding under this section termi-  
25 nates.

1           “(G) That the comprehensive school-based  
2           mental health program carried out under this  
3           section will be based on trauma-informed and  
4           evidence-based practices.

5           “(H) That the comprehensive school-based  
6           mental health program carried out under this  
7           section will be coordinated with early inter-  
8           vening activities carried out under the Individ-  
9           uals with Disabilities Education Act (20 U.S.C.  
10          1400 et seq.).

11          “(I) That the comprehensive school-based  
12          mental health program carried out under this  
13          section will be trauma-informed and culturally  
14          and linguistically appropriate.

15          “(J) That the comprehensive school-based  
16          mental health program carried out under this  
17          section will include a broad needs assessment of  
18          youth who drop out of school due to policies of  
19          ‘zero tolerance’ with respect to drugs, alcohol,  
20          or weapons and an inability to obtain appro-  
21          priate services.

22          “(K) That the mental health services pro-  
23          vided through the comprehensive school-based  
24          mental health program carried out under this  
25          section will be provided by qualified mental and

1 behavioral health professionals who are certified  
2 or licensed by the State involved and practicing  
3 within their area of expertise.

4 “(3) COORDINATOR.—Any entity that is a  
5 member of a partnership described in paragraph  
6 (1)(A) may serve as the coordinator of funding and  
7 activities under the grant if all members of the part-  
8 nership agree.

9 “(4) COMPLIANCE WITH HIPAA.—A grantee  
10 under this section shall be deemed to be a covered  
11 entity for purposes of compliance with the regula-  
12 tions promulgated under section 264(c) of the  
13 Health Insurance Portability and Accountability Act  
14 of 1996 (Public Law 104–191; 110 Stat. 2033) with  
15 respect to any patient records developed through ac-  
16 tivities under the grant.

17 “(d) GEOGRAPHICAL DISTRIBUTION.—The Secretary  
18 shall ensure that grants, contracts, or cooperative agree-  
19 ments under subsection (a) will be distributed equitably  
20 among the regions of the country and among urban and  
21 rural areas.

22 “(e) DURATION OF AWARDS.—With respect to a  
23 grant, contract, or cooperative agreement under sub-  
24 section (a), the period during which payments under such  
25 an award will be made to the recipient shall be 6 years.

1 An entity may receive only 1 award under this section,  
2 except that an entity that is providing services and sup-  
3 ports on a regional basis may receive additional funding  
4 after the expiration of the preceding grant period.

5 “(f) EVALUATION AND MEASURES OF OUTCOMES.—

6 “(1) DEVELOPMENT OF PROCESS.—The Ad-  
7 ministrator shall develop a fiscally appropriate proc-  
8 ess for evaluating activities carried out under this  
9 section. Such process shall include—

10 “(A) the development of guidelines for the  
11 submission of program data by grant, contract,  
12 or cooperative agreement recipients;

13 “(B) the development of measures of out-  
14 comes (in accordance with paragraph (2)) to be  
15 applied by such recipients in evaluating pro-  
16 grams carried out under this section; and

17 “(C) the submission of annual reports by  
18 such recipients concerning the effectiveness of  
19 programs carried out under this section.

20 “(2) MEASURES OF OUTCOMES.—

21 “(A) IN GENERAL.—The Administrator  
22 shall develop measures of outcomes to be ap-  
23 plied by recipients of assistance under this sec-  
24 tion, and the Administrator, in evaluating the  
25 effectiveness of programs carried out under this

1 section. Such measures shall include student  
2 and family measures as provided for in sub-  
3 paragraph (B) and local educational measures  
4 as provided for under subparagraph (C).

5 “(B) STUDENT AND FAMILY MEASURES OF  
6 OUTCOMES.—The measures of outcomes devel-  
7 oped under paragraph (1)(B) relating to stu-  
8 dents and families shall, with respect to activi-  
9 ties carried out under a program under this  
10 section, at a minimum include provisions to  
11 evaluate whether the program is effective in—

12 “(i) improving social, emotional, men-  
13 tal, and behavioral health and wellness;

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

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

18 “(iv) improving child functioning;

19 “(v) reducing substance use disorders;

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

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

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

3           “(C) LOCAL EDUCATIONAL OUTCOMES.—  
4           The outcome measures developed under para-  
5           graph (1)(B) relating to local educational sys-  
6           tems shall, with respect to activities carried out  
7           under a program under this section, at a min-  
8           imum include provisions to evaluate—

9                   “(i) the effectiveness of comprehensive  
10                   school mental health programs established  
11                   under this section;

12                   “(ii) the effectiveness of formal part-  
13                   nership linkages among child and family  
14                   serving institutions, community support  
15                   systems, and the educational system;

16                   “(iii) the progress made in sustaining  
17                   the program once funding under the grant  
18                   has expired;

19                   “(iv) the effectiveness of training and  
20                   professional development programs for all  
21                   school personnel that incorporate indica-  
22                   tors that measure cultural and linguistic  
23                   competencies under the program in a man-  
24                   ner that incorporates appropriate cultural  
25                   and linguistic training;

1           “(v) the improvement in perception of  
2           a safe and supportive learning environment  
3           among school staff, students, and parents;

4           “(vi) the improvement in case-finding  
5           of students in need of more intensive serv-  
6           ices and referral of identified students to  
7           early intervention and clinical services;

8           “(vii) the improvement in the imme-  
9           diate availability of clinical assessment and  
10          treatment services within the context of  
11          the local community to students posing a  
12          danger to themselves or others;

13          “(viii) the increased successful matric-  
14          ulation to postsecondary school; and

15          “(ix) reduced referrals to juvenile jus-  
16          tice.

17          “(3) SUBMISSION OF ANNUAL DATA.—An entity  
18          that receives a grant, contract, or cooperative agree-  
19          ment under this section shall annually submit to the  
20          Administrator a report that includes data to evalu-  
21          ate the success of the program carried out by the en-  
22          tity based on whether such program is achieving the  
23          purposes of the program. Such reports shall utilize  
24          the measures of outcomes under paragraph (2) in a

1 reasonable manner to demonstrate the progress of  
2 the program in achieving such purposes.

3 “(4) EVALUATION BY ADMINISTRATOR.—Based  
4 on the data submitted under paragraph (3), the Ad-  
5 ministrator shall annually submit to Congress a re-  
6 port concerning the results and effectiveness of the  
7 programs carried out with assistance received under  
8 this section.

9 “(5) LIMITATION.—A grantee shall use not to  
10 exceed 10 percent of amounts received under a grant  
11 under this section to carry out evaluation activities  
12 under this subsection.

13 “(g) INFORMATION AND EDUCATION.—The Sec-  
14 retary shall establish comprehensive information and edu-  
15 cation programs to disseminate the findings of the knowl-  
16 edge development and application under this section to the  
17 general public and to health care professionals.

18 “(h) AMOUNT OF GRANTS AND AUTHORIZATION OF  
19 APPROPRIATIONS.—

20 “(1) AMOUNT OF GRANTS.—A grant under this  
21 section shall be in an amount that is not more than  
22 \$1,000,000 for each of grant years 2015 through  
23 2019. The Secretary shall determine the amount of  
24 each such grant based on the population of children

1 up to age 21 of the area to be served under the  
2 grant.

3 “(2) AUTHORIZATION OF APPROPRIATIONS.—  
4 There is authorized to be appropriated to carry out  
5 this section, \$200,000,000 for each of fiscal years  
6 2015 through 2019.”.

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

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

12 **SEC. 103. JUSTICE AND MENTAL HEALTH COLLABORATION.**

13 (a) ASSISTING VETERANS.—

14 (1) REDESIGNATION.—Section 2991 of title I of  
15 the Omnibus Crime Control and Safe Streets Act of  
16 1968 (42 U.S.C. 3797aa) is amended by redesignig-  
17 nating subsection (i) as subsection (l).

18 (2) ASSISTING VETERANS.—Section 2991 of  
19 title I of the Omnibus Crime Control and Safe  
20 Streets Act of 1968 (42 U.S.C. 3797aa) is amended  
21 by inserting after subsection (h) the following:

22 “(i) ASSISTING VETERANS.—

23 “(1) DEFINITIONS.—In this subsection:

24 “(A) PEER TO PEER SERVICES OR PRO-  
25 GRAMS.—The term ‘peer to peer services or

1 programs’ means services or programs that con-  
2 nect qualified veterans with other veterans for  
3 the purpose of providing support and  
4 mentorship to assist qualified veterans in ob-  
5 taining treatment, recovery, stabilization, or re-  
6 habilitation.

7 “(B) QUALIFIED VETERAN.—The term  
8 ‘qualified veteran’ means a preliminarily quali-  
9 fied offender who—

10 “(i) has served on active duty in any  
11 branch of the Armed Forces, including the  
12 National Guard and reserve components;  
13 and

14 “(ii) was discharged or released from  
15 such service under conditions other than  
16 dishonorable.

17 “(C) VETERANS TREATMENT COURT PRO-  
18 GRAM.—The term ‘veterans treatment court  
19 program’ means a court program involving col-  
20 laboration among criminal justice, veterans, and  
21 mental health and substance abuse agencies  
22 that provides qualified veterans with—

23 “(i) intensive judicial supervision and  
24 case management, which may include ran-

1 dom and frequent drug testing where ap-  
2 propriate;

3 “(ii) a full continuum of treatment  
4 services, including mental health services,  
5 substance abuse services, medical services,  
6 and services to address trauma;

7 “(iii) alternatives to incarceration; or

8 “(iv) other appropriate services, which  
9 may include housing, transportation, men-  
10 toring, employment, job training, edu-  
11 cation, and assistance in applying for and  
12 obtaining available benefits.

13 “(2) VETERANS ASSISTANCE PROGRAM.—

14 “(A) IN GENERAL.—The Attorney General,  
15 in consultation with the Secretary of Veterans  
16 Affairs, may award grants under this sub-  
17 section to applicants to establish or expand—

18 “(i) veterans treatment court pro-  
19 grams;

20 “(ii) peer to peer services or programs  
21 for qualified veterans;

22 “(iii) practices that identify and pro-  
23 vide treatment, rehabilitation, legal, transi-  
24 tional, and other appropriate services to

1 qualified veterans who have been incarcerated;  
2 ated; and

3 “(iv) training programs to teach  
4 criminal justice, law enforcement, correc-  
5 tions, mental health, and substance abuse  
6 personnel how to identify and appro-  
7 priately respond to incidents involving  
8 qualified veterans.

9 “(B) PRIORITY.—In awarding grants  
10 under this subsection, the Attorney General  
11 shall give priority to applications that—

12 “(i) demonstrate collaboration be-  
13 tween and joint investments by criminal  
14 justice, mental health, substance abuse,  
15 and veterans service agencies;

16 “(ii) promote effective strategies to  
17 identify and reduce the risk of harm to  
18 qualified veterans and public safety; and

19 “(iii) propose interventions with em-  
20 pirical support to improve outcomes for  
21 qualified veterans.”.

22 (b) CORRECTIONAL FACILITIES.—Section 2991 of  
23 title I of the Omnibus Crime Control and Safe Streets Act  
24 of 1968 (42 U.S.C. 3797aa) is amended by inserting after  
25 subsection (i), as added by subsection (a), the following:

1 “(j) CORRECTIONAL FACILITIES.—

2 “(1) DEFINITIONS.—In this subsection:

3 “(A) CORRECTIONAL FACILITY.—The term  
4 ‘correctional facility’ means a jail, prison, or  
5 other detention facility used to house people  
6 who have been arrested, detained, held, or con-  
7 victed by a criminal justice agency or a court.

8 “(B) ELIGIBLE INMATE.—The term ‘eligi-  
9 ble inmate’ means an individual who—

10 “(i) is being held, detained, or incar-  
11 cerated in a correctional facility; and

12 “(ii) manifests obvious signs of a  
13 mental illness or has been diagnosed by a  
14 qualified mental health professional as hav-  
15 ing a mental illness.

16 “(2) CORRECTIONAL FACILITY GRANTS.—The  
17 Attorney General may award grants to applicants to  
18 enhance the capabilities of a correctional facility—

19 “(A) to identify and screen for eligible in-  
20 mates;

21 “(B) to plan and provide—

22 “(i) initial and periodic assessments of  
23 the clinical, medical, and social needs of in-  
24 mates; and

1           “(ii) appropriate treatment and serv-  
2           ices that address the mental health and  
3           substance abuse needs of inmates;

4           “(C) to develop, implement, and enhance—

5           “(i) post-release transition plans for  
6           eligible inmates that, in a comprehensive  
7           manner, coordinate health, housing, med-  
8           ical, employment, and other appropriate  
9           services and public benefits;

10           “(ii) the availability of mental health  
11           care services and substance abuse treat-  
12           ment services; and

13           “(iii) alternatives to solitary confine-  
14           ment and segregated housing and mental  
15           health screening and treatment for inmates  
16           placed in solitary confinement or seg-  
17           regated housing; and

18           “(D) to train each employee of the correc-  
19           tional facility to identify and appropriately re-  
20           spond to incidents involving inmates with men-  
21           tal health or co-occurring mental health and  
22           substance abuse disorders.”.

23           (c) HIGH UTILIZERS.—Section 2991 of title I of the  
24           Omnibus Crime Control and Safe Streets Act of 1968 (42

1 U.S.C. 3797aa) is amended by inserting after subsection  
2 (j), as added by subsection (b), the following:

3 “(k) DEMONSTRATION GRANTS RESPONDING TO  
4 HIGH UTILIZERS.—

5 “(1) DEFINITION.—In this subsection, the term  
6 ‘high utilizer’ means an individual who—

7 “(A) manifests obvious signs of mental ill-  
8 ness or has been diagnosed by a qualified men-  
9 tal health professional as having a mental ill-  
10 ness; and

11 “(B) consumes a significantly dispro-  
12 portionate quantity of public resources, such as  
13 emergency, housing, judicial, corrections, and  
14 law enforcement services.

15 “(2) DEMONSTRATION GRANTS RESPONDING TO  
16 HIGH UTILIZERS.—

17 “(A) IN GENERAL.—The Attorney General  
18 may award not more than 6 grants per year  
19 under this subsection to applicants for the pur-  
20 pose of reducing the use of public services by  
21 high utilizers.

22 “(B) USE OF GRANTS.—A recipient of a  
23 grant awarded under this subsection may use  
24 the grant—

1           “(i) to develop or support multidisci-  
2 plinary teams that coordinate, implement,  
3 and administer community-based crisis re-  
4 sponses and long-term plans for high uti-  
5 lizers;

6           “(ii) to provide training on how to re-  
7 spond appropriately to the unique issues  
8 involving high utilizers for public service  
9 personnel, including criminal justice, men-  
10 tal health, substance abuse, emergency  
11 room, healthcare, law enforcement, correc-  
12 tions, and housing personnel;

13           “(iii) to develop or support alter-  
14 natives to hospital and jail admissions for  
15 high utilizers that provide treatment, sta-  
16 bilization, and other appropriate supports  
17 in the least restrictive, yet appropriate, en-  
18 vironment; or

19           “(iv) to develop protocols and systems  
20 among law enforcement, mental health,  
21 substance abuse, housing, corrections, and  
22 emergency medical service operations to  
23 provide coordinated assistance to high uti-  
24 lizers.

1           “(C) REPORT.—Not later than the last  
2 day of the first year following the fiscal year in  
3 which a grant is awarded under this subsection,  
4 the recipient of the grant shall submit to the  
5 Attorney General a report that—

6                   “(i) measures the performance of the  
7 grant recipient in reducing the use of pub-  
8 lic services by high utilizers; and

9                   “(ii) provides a model set of practices,  
10 systems, or procedures that other jurisdic-  
11 tions may adopt to reduce the use of public  
12 services by high utilizers.”.

13           (d) ACADEMY TRAINING.—Section 2991(h) of title I  
14 of the Omnibus Crime Control and Safe Streets Act of  
15 1968 (42 U.S.C. 3797aa(h)) is amended—

16                   (1) in paragraph (1), by adding at the end the  
17 following:

18                   “(F) ACADEMY TRAINING.—To provide  
19 support for academy curricula, law enforcement  
20 officer orientation programs, continuing edu-  
21 cation training, and other programs that teach  
22 law enforcement personnel how to identify and  
23 respond to incidents involving individuals with  
24 mental illness or co-occurring mental illness and  
25 substance abuse disorders.”; and

1 (2) by adding at the end the following:

2 “(4) PRIORITY CONSIDERATION.—The Attorney  
3 General, in awarding grants under this subsection,  
4 shall give priority to programs that law enforcement  
5 personnel and members of the mental health and  
6 substance abuse professions develop and administer  
7 cooperatively.”.

8 (e) EVIDENCE BASED PRACTICES.—Section 2991(c)  
9 of title I of the Omnibus Crime Control and Safe Streets  
10 Act of 1968 (42 U.S.C. 3797aa(c)) is amended—

11 (1) in paragraph (3), by striking “or” at the  
12 end;

13 (2) by redesignating paragraph (4) as para-  
14 graph (6); and

15 (3) by inserting after paragraph (3) the fol-  
16 lowing:

17 “(4) propose interventions that have been  
18 shown by empirical evidence to reduce recidivism;

19 “(5) when appropriate, use validated assess-  
20 ment tools to target preliminarily qualified offenders  
21 with a moderate or high risk of recidivism and a  
22 need for treatment and services; or”.

23 (f) SAFE COMMUNITIES.—

1           (1) IN GENERAL.—Section 2991(a) of title I of  
2 the Omnibus Crime Control and Safe Streets Act of  
3 1968 (42 U.S.C. 3797aa(a)) is amended—

4           (A) by striking paragraphs (8) and (9) and  
5 inserting the following:

6           “(8) PRELIMINARILY QUALIFIED OFFENDER.—

7           “(A) IN GENERAL.—The term ‘prelimi-  
8 narily qualified offender’ means an adult or ju-  
9 venile accused of an offense who—

10           “(i)(I) at any time, has been diag-  
11 nosed by a qualified mental health profes-  
12 sional as having a mental illness or co-oc-  
13 ccurring mental illness and substance abuse  
14 disorders;

15           “(II) manifests obvious signs of men-  
16 tal illness or co-occurring mental illness  
17 and substance abuse disorders during ar-  
18 rest or confinement or before any court; or

19           “(III) for purposes of a veterans  
20 treatment court program, as defined under  
21 subsection (i), has been diagnosed with, or  
22 manifests obvious signs of, mental illness  
23 or a substance abuse disorder or co-occur-  
24 ring mental illness and substance abuse  
25 disorder; and

1           “(ii) has been unanimously approved  
2           for participation in a program funded  
3           under this section by, when appropriate,  
4           the relevant—

5                       “(I) prosecuting attorney;

6                       “(II) defense attorney;

7                       “(III) probation or corrections  
8           official;

9                       “(IV) judge; and

10                      “(V) representative from the rel-  
11           evant mental health agency described  
12           in subsection (b)(5)(B)(i).

13           “(B) DETERMINATION.—In determining  
14           whether to designate an individual as a prelimi-  
15           narily qualified offender, the relevant pros-  
16           ecuting attorney, defense attorney, probation or  
17           corrections official, judge, and mental health or  
18           substance abuse agency representative shall  
19           take into account—

20                      “(i) whether the participation of the  
21           individual in the program would pose a  
22           substantial risk of violence to the commu-  
23           nity;

1           “(ii) the criminal history of the indi-  
2           vidual and the nature and severity of the  
3           offense for which the individual is charged;

4           “(iii) the views of any relevant victims  
5           to the offense;

6           “(iv) the extent to which the indi-  
7           vidual would benefit from participation in  
8           the program carried out using a grant  
9           under this section;

10           “(v) the extent to which the commu-  
11           nity would realize cost savings because of  
12           the individual’s participation in the pro-  
13           gram; and

14           “(vi) whether the individual satisfies  
15           the eligibility criteria for program partici-  
16           pation unanimously established by the rel-  
17           evant prosecuting attorney, defense attor-  
18           ney, probation or corrections official, judge  
19           and mental health or substance abuse  
20           agency representative.”; and

21           (B) by redesignating paragraphs (10) and  
22           (11) as paragraphs (9) and (10), respectively.

23           (2) TECHNICAL AND CONFORMING AMEND-  
24           MENT.—Section 2927(2) of title I of the Omnibus  
25           Crime Control and Safe Streets Act of 1968 (42

1 U.S.C. 3797s-6(2)) is amended by striking “has the  
2 meaning given that term in section 2991(a).” and  
3 inserting “means an offense that—

4 “(A) does not have as an element the use,  
5 attempted use, or threatened use of physical  
6 force against the person or property of another;  
7 or

8 “(B) is not a felony that by its nature in-  
9 volves a substantial risk that physical force  
10 against the person or property of another may  
11 be used in the course of committing the of-  
12 fense.”.

13 (g) REAUTHORIZATION OF APPROPRIATIONS.—Sub-  
14 section (l) of section 2991 of title I of the Omnibus Crime  
15 Control and Safe Streets Act of 1968 (42 U.S.C. 3797aa),  
16 as redesignated in subsection (a)(1), is amended—

17 (1) in paragraph (1)—

18 (A) in subparagraph (B), by striking  
19 “and” at the end;

20 (B) in subparagraph (C), by striking the  
21 period and inserting “; and”; and

22 (C) by adding at the end the following:

23 “(D) \$40,000,000 for each of fiscal years 2015  
24 through 2019.”; and

25 (2) by adding at the end the following:

1       “(3) LIMITATION.—Not more than 20 percent of the  
2 funds authorized to be appropriated under this subsection  
3 may be used for purposes described in subsection (i) (re-  
4 lating to veterans).”.

5       **TITLE II—IMPROVING MENTAL**  
6                   **HEALTH RESEARCH**

7       **SEC. 201. RESEARCH WITH RESPECT TO VIOLENCE.**

8       The Secretary of Health and Human Services, in con-  
9 sultation with the Director of the National Institutes of  
10 Health, shall expand and intensify research on self-di-  
11 rected and other-directed violence associated with mental  
12 illness.

13       **TITLE            III—UNDERSTANDING**  
14                   **THE EPIDEMIC OF GUN VIO-**  
15                   **LENCE**

16       **SEC. 301. NATIONAL VIOLENT DEATH REPORTING SYSTEM.**

17       The Secretary of Health and Human Services, acting  
18 through the Director of the Centers for Disease Control  
19 and Prevention, shall improve the National Violent Death  
20 Reporting System, authorized pursuant to title III of the  
21 Public Health Service Act (42 U.S.C. 241 et seq.), par-  
22 ticularly through the expansion of the application of such  
23 system to include the 50 States. Participation in the sys-  
24 tem by the States shall be voluntary.

1 **SEC. 302. REAFFIRMING CENTERS FOR DISEASE CON-**  
2 **TROL'S AUTHORITY.**

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

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

10 “(A) the causes, mechanisms, prevention, diag-  
11 nosis, and treatment of injuries, including with re-  
12 spect to gun violence; and

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

14 (2) by adding at the end the following:

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

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

21 “(2) permit a recipient of any assistance, grant,  
22 cooperative agreement, or contract under this section  
23 to use such assistance, grant, agreement, or contract  
24 for the purpose of advocating or promoting gun con-  
25 trol.”.

1 (b) AUTHORIZATION OF APPROPRIATIONS.—Section  
2 394A of the Public Health Service Act (42 U.S.C. 280b–  
3 3) is amended by striking “authorized to be appropriated”  
4 and all that follows through the end and inserting the fol-  
5 lowing: “authorized to be appropriated such sums as may  
6 be necessary for each of fiscal years 2015 through 2019.”.

7 **SEC. 303. PROTECTING CONFIDENTIAL DOCTOR-PATIENT**  
8 **RELATIONSHIP.**

9 Section 2717(c) of the Public Health Service Act (42  
10 U.S.C. 300gg–17(c)) is amended by adding at the end the  
11 following:

12 “(6) RULE OF CONSTRUCTION.—Notwith-  
13 standing the previous provisions of this subsection,  
14 none of the authorities provided to the Secretary  
15 under this subsection, Public Law 111–148, or an  
16 amendment made by such Public Law shall be con-  
17 strued to prohibit a physician or other health care  
18 provider from—

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

22 “(B) speaking to a patient about gun safe-  
23 ty; or

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

1 **TITLE IV—MENTAL HEALTH AND**  
 2 **ACCESS TO FIREARMS**

3 **SEC. 401. BAN ON FIREARM POSSESSION BY PERSON COM-**  
 4 **MITTED INVOLUNTARILY TO MENTAL INSTI-**  
 5 **TUTION ON AN OUTPATIENT BASIS.**

6 Section 922 of title 18, United States Code, is  
 7 amended—

8 (1) in subsection (d)(4), by inserting “on an in-  
 9 voluntary inpatient or involuntary outpatient basis”  
 10 before the semicolon; and

11 (2) in subsection (g)(4), by inserting “on an in-  
 12 voluntary inpatient or involuntary outpatient basis”  
 13 before the semicolon.

14 **SEC. 402. GRANT PROGRAM REGARDING FIREARMS.**

15 Section 506(b) of the Omnibus Crime Control and  
 16 Safe Streets Act of 1968 (42 U.S.C. 3756(b)) is amend-  
 17 ed—

18 (1) by redesignating paragraphs (1) and (2) as  
 19 subparagraphs (A) and (B), respectively, and adjust-  
 20 ing the margins accordingly;

21 (2) in the matter preceding subparagraph (A),  
 22 as redesignated, by striking “to 1 or more States or  
 23 units of local government” and all that follows and  
 24 inserting the following: “to—

1           “(1) 1 or more States or units of local govern-  
2           ment, for 1 or more of the purposes specified in sec-  
3           tion 501, if the Attorney General determines that  
4           providing such funds is necessary—”;

5           (3) in paragraph (1), as designated, by striking  
6           the period at the end and inserting “; or”; and

7           (4) by adding at the end the following:

8           “(2) 1 or more States, if each such State has  
9           demonstrated, in the determination of the Attorney  
10          General, that the State has adopted policies, proce-  
11          dures, protocols, laws, or regulations pertaining to  
12          the possession or transfer of firearms or ammunition  
13          that—

14               “(A)(i) give State and local law enforce-  
15               ment officers the authority, to the extent allow-  
16               able under Federal laws and the United States  
17               Constitution, to seize firearms or ammunition  
18               from an individual pursuant to a warrant, if  
19               there is probable cause to believe that the indi-  
20               vidual poses an elevated risk of harm to himself  
21               or herself or to another individual, which may  
22               be determined by considering whether the indi-  
23               vidual—

24                       “(I) has caused harm to himself or  
25                       herself or to another individual;

1           “(II) has detailed plans to cause harm  
2           to himself or herself or to another indi-  
3           vidual;

4           “(III) has a history of substance  
5           abuse; or

6           “(IV) lacks impulse control; and

7           “(ii) provide that not later than 14 days  
8           after a seizure of firearms or ammunition from  
9           an individual as described in subparagraph  
10          (A)—

11           “(I) the individual shall be given an  
12           opportunity to contest the seizure in court;  
13           and

14           “(II) any firearm or ammunition  
15           seized shall be returned to the individual  
16           unless a State or local law enforcement of-  
17           ficer demonstrates in court by a prepon-  
18           derance of the evidence that the individual  
19           poses an elevated risk of harm to himself  
20           or herself or to another individual; or

21           “(B) temporarily prohibit an individual  
22           who has been involuntarily hospitalized for a  
23           period of not less than 48 hours for mental ill-  
24           ness on an emergency basis from possessing a  
25           firearm or ammunition;”.

1 **SEC. 403. NOTIFICATION OF STATE AND LOCAL LAW EN-**  
2 **FORCEMENT AUTHORITIES OF ATTEMPT TO**  
3 **PURCHASE FIREARM BY INELIGIBLE PER-**  
4 **SON.**

5 (a) DEFINITIONS.—In this section—

6 (1) the term “National Instant Criminal Back-  
7 ground Check System” means the National Instant  
8 Criminal Background Check System established  
9 under section 103 of the Brady Handgun Violence  
10 Prevention Act (18 U.S.C. 922 note); and

11 (2) the terms “firearm” and “licensed dealer”  
12 have the meanings given those terms in section  
13 921(a) of title 18, United States Code.

14 (b) ESTABLISHMENT OF NOTIFICATION SYSTEM.—

15 The Attorney General shall establish a system for the  
16 prompt notification of the relevant State and local enforce-  
17 ment agencies when the National Instant Criminal Back-  
18 ground Check System notifies a licensed dealer that the  
19 information available to the National Instant Criminal  
20 Background Check System indicates that the possession  
21 of a firearm by an individual attempting to obtain a fire-  
22 arm from the licensed dealer would violate subsection (g)  
23 or (n) of section 922 of title 18, United States Code, or  
24 State law, except when the Attorney General determines,  
25 on a case-by-case basis, that law enforcement purposes  
26 would best be served by not providing such a notice.

1                   **TITLE V—RESTORATION**

2   **SEC. 501. FEDERAL AGENCY RELIEF PROGRAM.**

3           Section 101(c)(2)(A) of the NICS Improvement  
4 Amendments Act of 2007 (18 U.S.C. 922 note) is amend-  
5 ed—

6                   (1) by redesignating clauses (ii) and (iii) as  
7 clauses (iii) and (iv), respectively; and

8                   (2) by inserting after clause (i) the following:

9                               “(ii) ADJUDICATION OF APPLICA-  
10                               TIONS.—A Federal department or agency  
11                               that makes an adjudication related to the  
12                               mental health of a person or imposes a  
13                               commitment of a person to a mental insti-  
14                               tution, as described in subsection (d)(4) or  
15                               (g)(4) of section 922 of title 18, United  
16                               States Code, shall grant the person relief  
17                               from the disability imposed by such sub-  
18                               section only if—

19                                       “(I) not earlier than 1 year after  
20                                       the date on which the person is first  
21                                       subject to the disability, the person  
22                                       submits to the department or agen-  
23                                       cy—

24   “(aa) an application for re-  
25   lief from the disability; and

1           “(bb) the opinion (and  
2 records and information sup-  
3 porting the opinion) of a psychia-  
4 trist or licensed clinical psycholo-  
5 gist who has personally evaluated  
6 the person, which attests that—

7           “(AA) the person no  
8 longer manifests the symp-  
9 toms of mental disorder that  
10 resulted in the adjudication  
11 of the person as a mental  
12 defective or involuntary com-  
13 mitment of the person;

14           “(BB) the person ap-  
15 pears to have adhered con-  
16 sistently to any prescribed  
17 treatment for a substantial  
18 period of time preceding the  
19 date of the application; and

20           “(CC) if ongoing treat-  
21 ment is required, adherence  
22 to that treatment is likely to  
23 minimize the risk that the  
24 person will revert to a men-  
25 tal state that would present

1 a danger to the person or to  
2 others;

3 “(II) the department or agency  
4 has the opportunity to request an ad-  
5 ditional evaluation of the person by a  
6 psychiatrist or licensed clinical psy-  
7 chologist appointed by the department  
8 or agency; and

9 “(III) the department or agency  
10 determines by a preponderance of the  
11 evidence received that—

12 “(aa) the person no longer  
13 manifests the symptoms of men-  
14 tal disorder that resulted in that  
15 person’s adjudication as a mental  
16 defective or involuntary commit-  
17 ment or that otherwise signifi-  
18 cantly elevate the risk of harm to  
19 self or others;

20 “(bb) the person—

21 “(AA) appears to have  
22 consistently adhered to any  
23 prescribed treatment for a  
24 substantial period of time

1 preceding the date of the ap-  
2 plication; and

3 “(BB) has expressed a  
4 willingness to continue treat-  
5 ment under an appropriate  
6 mental health professional;

7 “(cc) if ongoing treatment is  
8 required, adherence to that treat-  
9 ment is likely to minimize the  
10 risk that the person will revert to  
11 a mental state that would present  
12 a danger to the person or to oth-  
13 ers; and

14 “(dd) the granting of the re-  
15 lief would not be contrary to the  
16 public interest.”.

17 **SEC. 502. STATE RELIEF PROGRAMS.**

18 (a) IN GENERAL.—Section 105 of the NICS Im-  
19 provement Amendments Act of 2007 (18 U.S.C. 922 note)  
20 is amended—

21 (1) in subsection (a), by striking paragraph (2)  
22 and inserting the following:

23 “(2) provides that, not earlier than 1 year after  
24 the date on which a person is first adjudicated or  
25 committed as described in subsection (g)(4) of sec-

1       tion 922 of title 18, United States Code, a State  
2       court, board, commission, or other lawful authority  
3       shall grant the relief, pursuant to State law and in  
4       accordance with the principles of due process, only  
5       if—

6               “(A) the person submits with the applica-  
7       tion for relief under paragraph (1) the opinion  
8       (and records and information supporting the  
9       opinion) of a psychiatrist or licensed clinical  
10      psychologist who has personally evaluated the  
11      person, which attests that—

12               “(i) the person no longer manifests  
13      the symptoms of mental disorder that re-  
14      sulted in the adjudication of the person as  
15      a mental defective or involuntary commit-  
16      ment of the person;

17               “(ii) the person appears to have ad-  
18      hered consistently to any prescribed treat-  
19      ment for a substantial period of time pre-  
20      ceding the date of the application; and

21               “(iii) if ongoing treatment is required,  
22      adherence to that treatment is likely to  
23      minimize the risk that the person will re-  
24      vert to a mental state that would present  
25      a danger to the person or to others;

1           “(B) the State has the opportunity to re-  
2           quest an additional evaluation of the person by  
3           a psychiatrist or licensed clinical psychologist  
4           appointed by the court, board, commission, or  
5           other lawful authority; and

6           “(C) the court, board, commission, or  
7           other lawful authority determines by a prepon-  
8           derance of the evidence received that—

9                   “(i) the person no longer manifests  
10                  the symptoms of mental disorder that re-  
11                  sulted in the adjudication of the person as  
12                  a mental defective or involuntary commit-  
13                  ment of the person;

14                   “(ii) the person—

15                           “(I) appears to have consistently  
16                           adhered to any prescribed treatment  
17                           for a substantial period of time pre-  
18                           ceding the date of the application; and

19                           “(II) has expressed a willingness  
20                           to continue treatment under an appro-  
21                           priate mental health professional;

22                           “(iii) if ongoing treatment is required,  
23                           adherence to that treatment is likely to  
24                           minimize the risk that the person will re-

1           vert to a mental state that would present  
2           a danger to the person or to others; and

3                   “(iv) the granting of the relief would  
4           not be contrary to the public interest;  
5           and”;

6           (2) by adding at the end the following:

7           “(c) DEFINITIONS.—The Attorney General may, by  
8 regulation, define a term used in this section to ensure  
9 conformity with Federal programs providing relief from  
10 disabilities imposed under subsections (d) and (g) of sec-  
11 tion 922 of title 18, United States Code.”.

12          (b) TRANSITION RULE.—The amendment made by  
13 subsection (a) shall apply only beginning on the date that  
14 is 5 years after the date of enactment of this Act, in the  
15 case of any State that has a program described in section  
16 105 of the NICS Improvement Amendments Act of 2007  
17 (18 U.S.C. 922 note) in effect on the date of enactment  
18 of this Act.

19 **SEC. 503. GENERAL FEDERAL RELIEF.**

20          Section 925(c) of title 18, United States Code, is  
21 amended—

22           (1) by striking “(c) A person” and inserting  
23           “(c)(1) Except as provided in paragraph (2), a per-  
24           son”;

25           (2) by adding at the end the following:

1       “(2) A person who is subject to a disability imposed  
2 under subsection (d)(4) or (g)(4) of section 922 may not  
3 receive relief under this subsection unless—

4           “(A) the person submits an application to the  
5 Attorney General for relief from the disability not  
6 earlier than 1 year after the date on which the per-  
7 son is first subject to the disability;

8           “(B) the person submits, with the application  
9 for relief, the opinion (and records and information  
10 supporting the opinion) of a psychiatrist or licensed  
11 clinical psychologist who has personally evaluated  
12 the person, which attests that—

13           “(i) the person no longer manifests the  
14 symptoms of mental disorder that resulted in  
15 the adjudication of the person as a mental de-  
16 fective or involuntary commitment of the per-  
17 son;

18           “(ii) the person appears to have adhered  
19 consistently to any prescribed treatment for a  
20 substantial period of time preceding the date of  
21 the application; and

22           “(iii) if ongoing treatment is required, ad-  
23 herence to that treatment is likely to minimize  
24 the risk that the person will revert to a mental

1 state that would present a danger to the person  
2 or to others;

3 “(C) the Attorney General has the opportunity  
4 to request an additional evaluation by a psychiatrist  
5 or licensed clinical psychologist appointed by the  
6 court; and

7 “(D) the Attorney General determines by a pre-  
8 ponderance of the evidence received that—

9 “(i) the person no longer manifests the  
10 symptoms of mental disorder that resulted in  
11 the adjudication of the person as a mental de-  
12 fective or involuntary commitment of the per-  
13 son;

14 “(ii) the person—

15 “(I) appears to have adhered consist-  
16 ently to any prescribed treatment for a  
17 substantial period of time preceding the  
18 date of the application; and

19 “(II) has expressed a willingness to  
20 continue treatment under an appropriate  
21 mental health professional;

22 “(iii) if ongoing treatment is required, ad-  
23 herence to that treatment is likely to minimize  
24 the risk that the person will revert to a mental

1 state that would present a danger to the person  
2 or to others; and

3 “(iv) the granting of the relief would not  
4 be contrary to the public interest.”.

5 **TITLE VI—SUBMISSION OF MEN-**  
6 **TAL HEALTH RECORDS TO**  
7 **NATIONAL INSTANT CRIMI-**  
8 **NAL BACKGROUND CHECK**  
9 **SYSTEM**

10 **SEC. 601. REPORTS RELATING TO SUBMISSION OF INFOR-**  
11 **MATION TO NICS.**

12 Section 201 of the NICS Improvement Amendments  
13 Act of 2007 (18 U.S.C. 922 note) is amended—

14 (1) by striking subsection (b) and inserting the  
15 following:

16 “(b) REPORT ON PERSONS PROHIBITED FROM OB-  
17 TAINING FIREARMS AS A RESULT OF A CONVICTION OF  
18 A MISDEMEANOR CRIME OF DOMESTIC VIOLENCE.—Not  
19 later than January 31 of each year, the Director shall sub-  
20 mit to Congress a report containing the number of persons  
21 reported by each State to the National Instant Criminal  
22 Background Check System under section 102(b) who are  
23 prohibited from possessing or receiving a firearm under  
24 section 922(g)(9) of title 18, United States Code.”;

25 (2) by redesignating subsection (d) as (e); and

1           (3) by inserting after subsection (c) the fol-  
2           lowing:

3           “(d) REPORT ON PROMISING PRACTICES.—

4           “(1) IN GENERAL.—Not later than 180 days  
5           after the date of enactment of the Promoting  
6           Healthy Minds for Safer Communities Act of 2014,  
7           and annually thereafter, the Director shall submit to  
8           Congress and to each State participating in the Na-  
9           tional Criminal History Improvement Program, a re-  
10          port of the practices of the States that the Director  
11          considers to be promising practices.

12          “(2) PROMISING PRACTICE DEFINED.—For  
13          purposes of this subsection, the term ‘promising  
14          practice’ means a program, activity, or strategy of a  
15          State regarding the collection, maintenance, automa-  
16          tion, and transmittal by the State or any State  
17          agency of information relevant to determining  
18          whether a person is prohibited from possessing or  
19          receiving a firearm by Federal or State law, or any  
20          other records relevant to the National Instant Crimi-  
21          nal Background Check System, that the Director de-  
22          termines—

23                  “(A) has been used by a State or any  
24                  State agency to successfully increase or expand  
25                  its ability to collect, maintain, automate, and

1 transmit the information described in the mat-  
2 ter preceding this subparagraph;

3 “(B) shows promise in its early stages of  
4 becoming a best practice under subsection (c),  
5 with long-term sustainable impact; and

6 “(C) may be replicated by other States or  
7 State agencies.”.

8 **SEC. 602. REAUTHORIZATION OF THE NATIONAL CRIMINAL**  
9 **HISTORY RECORDS IMPROVEMENT PRO-**  
10 **GRAM.**

11 Section 106(b) of the Brady Handgun Violence Pre-  
12 vention Act (18 U.S.C. 922 note) is amended—

13 (1) in paragraph (1), in the matter preceding  
14 subparagraph (A), by striking “this Act” and insert-  
15 ing “the Promoting Healthy Minds for Safer Com-  
16 munities Act of 2014”; and

17 (2) in paragraph (2), by striking “a total of”  
18 and all that follows and inserting the following:  
19 “\$100,000,000 for each of fiscal years 2015 through  
20 2018.”.

21 **SEC. 603. IMPROVEMENT OF METRICS AND INCENTIVES.**

22 Section 102(b) of the NICS Improvement Amend-  
23 ments Act of 2007 (18 U.S.C. 922 note) is amended to  
24 read as follows:

25 “(b) IMPLEMENTATION PLAN.—

1           “(1) IN GENERAL.—Not later than 1 year after  
2 the date of enactment of the Promoting Healthy  
3 Minds for Safer Communities Act of 2014, the At-  
4 torney General, in coordination with the States, shall  
5 establish for each State or Indian tribal government  
6 desiring a grant under section 103 a 4-year imple-  
7 mentation plan to ensure maximum coordination and  
8 automation of the reporting of records or making  
9 records available to the National Instant Criminal  
10 Background Check System.

11           “(2) BENCHMARK REQUIREMENTS.—Each 4-  
12 year plan established under paragraph (1) shall in-  
13 clude annual benchmarks, including both qualitative  
14 goals and quantitative measures, to assess the imple-  
15 mentation of the 4-year plan.

16           “(3) PENALTIES FOR NON-COMPLIANCE.—

17           “(A) IN GENERAL.—During the 4-year pe-  
18 riod covered by a 4-year plan established under  
19 paragraph (1), the Attorney General shall with-  
20 hold—

21           “(i) 10 percent of the amount that  
22 would otherwise be allocated to a State  
23 under section 505 of the Omnibus Crime  
24 Control and Safe Streets Act of 1968 (42  
25 U.S.C. 3755) if the State does not meet

1 the benchmark established under para-  
2 graph (2) for the first year in the 4-year  
3 period;

4 “(ii) 11 percent of the amount that  
5 would otherwise be allocated to a State  
6 under section 505 of the Omnibus Crime  
7 Control and Safe Streets Act of 1968 (42  
8 U.S.C. 3755) if the State does not meet  
9 the benchmark established under para-  
10 graph (2) for the second year in the 4-year  
11 period;

12 “(iii) 13 percent of the amount that  
13 would otherwise be allocated to a State  
14 under section 505 of the Omnibus Crime  
15 Control and Safe Streets Act of 1968 (42  
16 U.S.C. 3755) if the State does not meet  
17 the benchmark established under para-  
18 graph (2) for the third year in the 4-year  
19 period; and

20 “(iv) 15 percent of the amount that  
21 would otherwise be allocated to a State  
22 under section 505 of the Omnibus Crime  
23 Control and Safe Streets Act of 1968 (42  
24 U.S.C. 3755) if the State does not meet  
25 the benchmark established under para-

1 graph (2) for the fourth year in the 4-year  
2 period.

3 “(B) FAILURE TO ESTABLISH A PLAN.—A  
4 State that fails to establish a plan under para-  
5 graph (1) shall be treated as having not met  
6 any benchmark established under paragraph  
7 (2).”.

8 **SEC. 604. GRANTS TO STATES TO IMPROVE COORDINATION**  
9 **AND AUTOMATION OF NICS RECORD REPORT-**  
10 **ING.**

11 (a) IN GENERAL.—The NICS Improvement Amend-  
12 ments Act of 2007 (18 U.S.C. 922 note) is amended—

13 (1) by striking section 103 and inserting the  
14 following:

15 **“SEC. 103. GRANTS TO STATES FOR IMPROVEMENT OF CO-**  
16 **ORDINATION AND AUTOMATION OF NICS**  
17 **RECORD REPORTING.**

18 “(a) AUTHORIZATION.—From amounts made avail-  
19 able to carry out this section, the Attorney General shall  
20 make grants to States, Indian tribal governments, and  
21 State court systems, in a manner consistent with the Na-  
22 tional Criminal History Improvement Program and con-  
23 sistent with State plans for integration, automation, and  
24 accessibility of criminal history records, for use by the  
25 State or units of local government of the State, Indian

1 tribal government, or State court system to improve the  
2 automation and transmittal of mental health records and  
3 criminal history dispositions, records relevant to deter-  
4 mining whether a person has been convicted of a mis-  
5 demeanor crime of domestic violence, court orders, and  
6 mental health adjudications or commitments to Federal  
7 and State record repositories in accordance with section  
8 102 and the National Criminal History Improvement Pro-  
9 gram.

10       “(b) USE OF GRANT AMOUNTS.—A grant awarded  
11 to a State, Indian tribal government, or State court sys-  
12 tem under this section may only be used to—

13               “(1) carry out, as necessary, assessments of the  
14 capabilities of the courts of the State or Indian trib-  
15 al government for the automation and transmittal of  
16 arrest and conviction records, court orders, and  
17 mental health adjudications or commitments to Fed-  
18 eral and State record repositories;

19               “(2) implement policies, systems, and proce-  
20 dures for the automation and transmittal of arrest  
21 and conviction records, court orders, and mental  
22 health adjudications or commitments to Federal and  
23 State record repositories;

24               “(3) create electronic systems that provide ac-  
25 curate and up-to-date information that is directly re-

1 lated to checks under the National Instant Criminal  
2 Background Check System, including court disposi-  
3 tion and corrections records;

4 “(4) assist the State or Indian tribal govern-  
5 ment in establishing or enhancing its own capacity  
6 to perform background checks using the National  
7 Instant Criminal Background Check System; and

8 “(5) develop and maintain the relief from dis-  
9 abilities program in accordance with section 105.

10 “(c) ELIGIBILITY.—

11 “(1) IN GENERAL.—To be eligible for a grant  
12 under this section, a State, Indian tribal govern-  
13 ment, or State court system shall certify, to the sat-  
14 isfaction of the Attorney General, that the State, In-  
15 dian tribal government, or State court system—

16 “(A) is not prohibited by State law or  
17 court order from submitting mental health  
18 records to the National Instant Criminal Back-  
19 ground Check System; and

20 “(B) subject to paragraph (2), has imple-  
21 mented a relief from disabilities program in ac-  
22 cordance with section 105.

23 “(2) RELIEF FROM DISABILITIES PROGRAM.—

24 For purposes of obtaining a grant under this sec-  
25 tion, a State, Indian tribal government, or State

1 court system shall not be required to meet the eligi-  
2 bility requirement described in paragraph (1)(B)  
3 until the date that is 2 years after the date of enact-  
4 ment of the Promoting Healthy Minds for Safer  
5 Communities Act of 2014.

6 “(d) FEDERAL SHARE.—

7 “(1) STUDIES, ASSESSMENTS, NON-MATERIAL  
8 ACTIVITIES.—The Federal share of a study, assess-  
9 ment, creation of a task force, or other non-material  
10 activity, as determined by the Attorney General, car-  
11 ried out with a grant under this section shall be not  
12 more than 25 percent.

13 “(2) INFRASTRUCTURE OR SYSTEM DEVELOP-  
14 MENT.—The Federal share of an activity involving  
15 infrastructure or system development, including  
16 labor-related costs, for the purpose of improving  
17 State or Indian Tribal government record reporting  
18 to the National Instant Criminal Background Check  
19 System carried out with a grant under this section  
20 may amount to 100 percent of the cost of the activ-  
21 ity.

22 “(e) GRANTS TO INDIAN TRIBES.—Not more than 5  
23 percent of the amounts made available under this section  
24 may be reserved for Indian tribal governments for use by  
25 Indian tribal judicial systems.

1 “(f) AUTHORIZATION OF APPROPRIATIONS.—There  
2 are authorized to be appropriated to carry out this section  
3 \$100,000,000 for each of fiscal years 2015 through  
4 2018.”;

5 (2) by striking title III; and

6 (3) in section 401(b), by inserting after “of this  
7 Act” the following: “, and not later than 18 months  
8 after the date of enactment of the Promoting  
9 Healthy Minds for Safer Communities Act of 2014”.

10 (b) TECHNICAL AND CONFORMING AMENDMENT.—  
11 The table of sections in section 1(b) of the NICS Improve-  
12 ment Amendments Act of 2007 (18 U.S.C. 922 note) is  
13 amended—

14 (1) by striking the item relating to section 103  
15 and inserting the following:

“Sec. 103. Grants to States for improvement of coordination and automation  
of NICS record reporting.”;

16 (2) by striking the item relating to title III; and

17 (3) by striking the item relating to section 301.

18 **SEC. 605. SHARING OF RECORDS BY FEDERAL DEPART-**  
19 **MENTS AND AGENCIES WITH NICS.**

20 Section 101(b) of the NICS Improvement Act of  
21 2007 (18 U.S.C. 922 note) is amended—

22 (1) in paragraph (2)—

23 (A) in subparagraph (B), by striking

24 “and” at the end;

1 (B) in subparagraph (C), by striking the  
2 period at the end and inserting “; and”; and

3 (C) by inserting at the end the following:

4 “(D) not later than 180 days after the  
5 date of enactment of the Promoting Healthy  
6 Minds for Safer Communities Act of 2014, and  
7 annually thereafter, submit a report to Con-  
8 gress on the compliance of the head of each de-  
9 partment or agency of the Federal Government  
10 with the requirements under paragraphs (1)  
11 and (3).”; and

12 (2) by adding at the end the following:

13 “(3) OTHER FEDERAL DEPARTMENTS AND  
14 AGENCIES.—The head of each department or agency  
15 of the Federal Government that is in possession of  
16 a record that is relevant to a determination of  
17 whether a person is disqualified from possessing or  
18 receiving a firearm under subsection (g) or (n) of  
19 section 922 of title 18, United States Code, shall  
20 make available to the Attorney General the record,  
21 updated not less than quarterly, for use in the back-  
22 ground checks performed by the National Instant  
23 Criminal Background Check System.”.

1 **SEC. 606. RULEMAKING TO PERMIT SUBMISSION OF MEN-**  
2 **TAL HEALTH RECORDS TO THE NATIONAL IN-**  
3 **STANT CRIMINAL BACKGROUND CHECK SYS-**  
4 **TEM PURSUANT TO THE HEALTH INSURANCE**  
5 **PORTABILITY AND ACCOUNTABILITY ACT.**

6 Not later than 1 year after the date of enactment  
7 of this Act, the Secretary of Health and Human Services  
8 shall promulgate final regulations, in accordance with sec-  
9 tion 264(c) of the Health Insurance Portability and Ac-  
10 countability Act of 1996 (42 U.S.C. 1320d–2 note), to  
11 allow disclosures of information described in section  
12 102(c)(3) of the NICS Improvement Amendments Act of  
13 2007 (18 U.S.C. 922 note) to the National Instant Crimi-  
14 nal Background Check System to assist the Attorney Gen-  
15 eral in enforcing section 922(g)(4) of title 18, United  
16 States Code.

○