

116TH CONGRESS
2D SESSION

S. 3825

To establish the Coronavirus Mental Health and Addiction Assistance Network, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 21, 2020

Ms. KLOBUCHAR (for herself and Mr. YOUNG) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To establish the Coronavirus Mental Health and Addiction Assistance Network, and for other purposes.

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 “Coronavirus Mental
5 Health and Addiction Assistance Act of 2020”.

6 **SEC. 2. CORONAVIRUS MENTAL HEALTH AND ADDICTION**
7 **ASSISTANCE NETWORK.**

8 (a) IN GENERAL.—The Secretary of Health and
9 Human Services (referred to in this section as the “Sec-
10 retary”), acting through the Assistant Secretary for Men-

1 tal Health and Substance Use, shall make competitive
2 grants to eligible entities described in subsection (c) to es-
3 tablish a Coronavirus Mental Health and Addiction Assist-
4 ance Network that provides programs for assisting individ-
5 uals in managing mental health and substance use dis-
6 orders during or in connection to the COVID–19 pan-
7 demic.

8 (b) ELIGIBLE PROGRAMS.—Grants awarded under
9 subsection (a) may be used—

10 (1) to initiate, expand, or sustain programs that
11 provide professional mental health and substance use
12 disorder counseling and referral for other forms of
13 assistance as necessary to assist in the management
14 of mental health and substance use disorders during
15 or in connection to the COVID–19 pandemic,
16 through—

17 (A) telephone helplines and websites;

18 (B) training, including training programs
19 and workshops;

20 (C) support groups;

21 (D) outreach and support activities, includ-
22 ing the dissemination of information, materials,
23 and equipment to clients for remote access to
24 mental health and substance use disorder serv-
25 ices; and

1 (E) telehealth services; or

2 (2) to enter into contracts, on a multiyear
3 basis, with community-based, direct-service organiza-
4 tions to initiate, expand, or sustain programs de-
5 scribed in paragraph (1) and subsection (a).

6 (c) ELIGIBLE ENTITIES.—The Secretary may award
7 a grant under this section to an entity that provides evi-
8 dence-based services and is—

9 (1) an Indian tribe (as defined in section 4 of
10 the Indian Self-Determination and Education Assist-
11 ance Act (25 U.S.C. 5304)) or an urban Indian or-
12 ganization (as defined in section 4 of the Indian
13 Health Care Improvement Act (25 U.S.C. 1603));

14 (2) a qualified nonprofit organization, as deter-
15 mined by the Secretary;

16 (3) an entity providing appropriate services, as
17 determined by the Secretary, in 1 or more States; or

18 (4) a partnership carried out by 2 or more enti-
19 ties described in any of paragraphs (1) through (3).

20 (d) FUNDING.—

21 (1) IN GENERAL.—There is appropriated, out
22 of amounts in the Treasury not otherwise appro-
23 priated, \$100,000,000, for the fiscal year ending
24 September 30, 2020, to remain available until ex-
25 pended, or until the date that is 1 year after the

1 conclusion of the public health emergency declared
2 by the Secretary under section 319 of the Public
3 Health Service Act (42 U.S.C. 247d) on January
4 30, 2020, with respect to COVID–19, whichever is
5 earlier, for the purpose of carrying out this section.

6 (2) EMERGENCY DESIGNATION.—

7 (A) IN GENERAL.—The amounts provided
8 by paragraph (1) are designated as an emer-
9 gency requirement pursuant to section 4(g) of
10 the Statutory Pay-As-You-Go Act of 2010 (2
11 U.S.C. 933(g)).

12 (B) DESIGNATION IN SENATE.—In the
13 Senate, this subsection is designated as an
14 emergency requirement pursuant to section
15 4112(a) of H. Con. Res. 71 (115th Congress),
16 the concurrent resolution on the budget for fis-
17 cal year 2018.

18 (e) REPORT TO CONGRESS, AGENCIES, AND PUB-
19 LIC.—

20 (1) IN GENERAL.—Not later than 2 years after
21 the amount appropriated under subsection (d) is no
22 longer available, the Secretary shall submit to Con-
23 gress and any other relevant Federal department or
24 agency, and make publicly available, a report de-
25 scribing the success of the Coronavirus Mental

1 Health and Addiction Assistance Network under this
2 section in assisting in managing mental health and
3 substance use disorders during or in connection to
4 the COVID–19 pandemic.

5 (2) CONTENTS.—The report under paragraph
6 (1) shall include—

7 (A) an inventory and assessment of efforts,
8 to support individuals seeking to manage men-
9 tal health and substance use disorders during
10 or in connection to the COVID–19 pandemic,
11 by—

12 (i) the Federal Government, States,
13 and units of local government;

14 (ii) communities comprised of individ-
15 uals seeking to manage mental health and
16 substance use disorders during or in con-
17 nection to the COVID–19 pandemic;

18 (iii) health care providers; and

19 (iv) other appropriate entities, as de-
20 termined by the Secretary;

21 (B) a description of the challenges faced
22 by individuals seeking to manage mental health
23 and substance use disorders during or in con-
24 nection to the COVID–19 pandemic;

1 (C) a description of how the Secretary can
2 improve coordination and cooperation with
3 other Federal health departments and agencies,
4 including other subagencies of the Department
5 of Health and Human Services such as the
6 Health Resources and Services Administration,
7 the Centers for Disease Control and Prevention,
8 and the National Institutes of Health, to best
9 address the mental health and substance use
10 disorders of individuals who are seeking to
11 manage mental health and substance use dis-
12 orders during or in connection to the COVID-
13 19 pandemic; and

14 (D) an evaluation of the impact that men-
15 tal health and substance use disorder challenges
16 and health outcomes (including suicide) experi-
17 enced during or in connection to the COVID-
18 19 pandemic have on—

19 (i) the health care workforce and oc-
20 cupations related to pandemic prepared-
21 ness and response;

22 (ii) workforce readiness in new occu-
23 pations for employees whose jobs became
24 obsolete; and

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(iii) community resilience.

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