

One Hundred Seventeenth Congress
of the
United States of America

AT THE SECOND SESSION

*Begun and held at the City of Washington on Monday,
the third day of January, two thousand and twenty-two*

An Act

To address behavioral health and well-being among health care professionals.

*Be it enacted by the Senate and House of Representatives of
the United States of America in Congress assembled,*

SECTION 1. SHORT TITLE.

This Act may be cited as the “Dr. Lorna Breen Health Care Provider Protection Act”.

SEC. 2. DISSEMINATION OF BEST PRACTICES.

Not later than 2 years after the date of the enactment of this Act, the Secretary of Health and Human Services (referred to in this Act as the “Secretary”) shall identify and disseminate evidence-based or evidence-informed best practices for preventing suicide and improving mental health and resiliency among health care professionals, and for training health care professionals in appropriate strategies to promote their mental health. Such best practices shall include recommendations related to preventing suicide and improving mental health and resiliency among health care professionals.

SEC. 3. EDUCATION AND AWARENESS INITIATIVE ENCOURAGING USE OF MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES BY HEALTH CARE PROFESSIONALS.

(a) IN GENERAL.—The Secretary, in consultation with relevant stakeholders, including medical professional associations, shall establish a national evidence-based or evidence-informed education and awareness initiative—

(1) to encourage health care professionals to seek support and care for their mental health or substance use concerns, to help such professionals identify risk factors associated with suicide and mental health conditions, and to help such professionals learn how best to respond to such risks, with the goal of preventing suicide, mental health conditions, and substance use disorders; and

(2) to address stigma associated with seeking mental health and substance use disorder services.

(b) REPORTING.—Not later than 2 years after the date of enactment of this Act, the Secretary shall provide to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives an update on the activities and outcomes of the initiative under subsection (a), including a description of quantitative and qualitative metrics used to evaluate such activities and outcomes.

(c) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated \$10,000,000 for each of fiscal years 2022 through 2024.

SEC. 4. PROGRAMS TO PROMOTE MENTAL HEALTH AMONG THE HEALTH PROFESSIONAL WORKFORCE.

Subpart I of part E of title VII of the Public Health Service Act (42 U.S.C. 294n et seq.) is amended by adding at the end the following:

“SEC. 764. PROGRAMS TO PROMOTE MENTAL HEALTH AMONG THE HEALTH PROFESSIONAL WORKFORCE.

“(a) PROGRAMS TO PROMOTE MENTAL HEALTH AMONG HEALTH CARE PROFESSIONALS.—

“(1) IN GENERAL.—The Secretary shall award grants or contracts to health care entities, including entities that provide health care services, such as hospitals, community health centers, and rural health clinics, or to medical professional associations, to establish or enhance evidence-based or evidence-informed programs dedicated to improving mental health and resiliency for health care professionals.

“(2) USE OF FUNDS.—An eligible entity receiving a grant or contract under this subsection shall use funds received through the grant or contract to implement a new program or enhance an existing program to promote mental health among health care professionals, which may include—

“(A) improving awareness among health care professionals about risk factors for, and signs of, suicide and mental health or substance use disorders, in accordance with evidence-based or evidence-informed practices;

“(B) establishing new, or enhancing existing, evidence-based or evidence-informed programs for preventing suicide and improving mental health and resiliency among health care professionals;

“(C) establishing new, or enhancing existing, peer-support programs among health care professionals; or

“(D) providing mental health care, follow-up services and care, or referral for such services and care, as appropriate.

“(3) PRIORITY.—In awarding grants and contracts under this subsection, the Secretary shall give priority to eligible entities in health professional shortage areas or rural areas.

“(b) TRAINING GRANTS.—The Secretary may establish a program to award grants to health professions schools, academic health centers, State or local governments, Indian Tribes or Tribal organizations, or other appropriate public or private nonprofit entities (or consortia of entities, including entities promoting multidisciplinary approaches) to support the training of health care students, residents, or health care professionals in evidence-based or evidence-informed strategies to address mental and substance use disorders and improve mental health and resiliency among health care professionals.

“(c) GRANT TERMS.—A grant or contract awarded under subsection (a) or (b) shall be for a period of 3 years.

“(d) APPLICATION SUBMISSION.—An entity seeking a grant or contract under subsection (a) or (b) shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may require.

“(e) REPORTING.—An entity awarded a grant or contract under subsection (a) or (b) shall periodically submit to the Secretary a report evaluating the activities supported by the grant or contract.

“(f) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section and section 5 of the Dr. Lorna Breen Health Care Provider Protection Act, there are authorized to be appropriated \$35,000,000 for each of fiscal years 2022 through 2024.”.

SEC. 5. REVIEW WITH RESPECT TO HEALTH CARE PROFESSIONAL MENTAL HEALTH AND RESILIENCY.

(a) IN GENERAL.—Not later than 3 years after the date of enactment of this Act, the Secretary, in consultation with relevant stakeholders, shall—

(1) conduct a review on improving health care professional mental health and the outcomes of programs authorized under this Act; and

(2) submit a report to the Congress on the results of such review.

(b) CONSIDERATIONS.—The review under subsection (a) shall take into account—

(1) the prevalence and severity of mental health conditions among health professionals, and factors that contribute to those mental health conditions;

(2) barriers to seeking and accessing mental health care for health care professionals, which may include consideration of stigma and licensing concerns, and actions taken by State licensing boards, schools for health professionals, health care professional training associations, hospital associations, or other organizations, as appropriate, to address such barriers;

(3) the impact of the COVID–19 public health emergency on the mental health of health care professionals and lessons learned for future public health emergencies;

(4) factors that promote mental health and resiliency among health care professionals, including programs or strategies to strengthen mental health and resiliency among health care professionals; and

(5) the efficacy of health professional training programs that promote resiliency and improve mental health.

(c) RECOMMENDATIONS.—The review under subsection (a), as appropriate, shall identify best practices related to, and make recommendations to address—

(1) improving mental health and resiliency among health care professionals;

(2) removing barriers to mental health care for health care professionals; and

(3) strategies to promote resiliency among health care professionals in health care settings.

SEC. 6. GAO REPORT.

Not later than 4 years after the date of enactment of this Act, the Comptroller General of the United States shall submit to the Congress a report on the extent to which Federal substance use disorder and mental health grant programs address the prevalence and severity of mental health conditions and substance use disorders among health professionals. Such report shall—

(1) include an analysis of available evidence and data related to such conditions and programs; and

H. R. 1667—4

(2) assess whether there are duplicative goals and objectives among such grant programs.

Speaker of the House of Representatives.

*Vice President of the United States and
President of the Senate.*