

117TH CONGRESS
2D SESSION

H. R. 7483

To direct the Secretary of Health and Human Services to conduct a study on the direct and indirect costs of serious mental illness for nongovernmental entities, the Federal Government, and State, local, and Tribal governments, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 7, 2022

Mr. RESCHENTHALER (for himself and Mr. TRONE) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To direct the Secretary of Health and Human Services to conduct a study on the direct and indirect costs of serious mental illness for nongovernmental entities, the Federal Government, and State, local, and Tribal governments, 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 “Cost of Mental Illness Act
5 of 2022”.

1 **SEC. 2. STUDY ON THE COSTS OF SERIOUS MENTAL ILL-**
2 **NESS.**

3 (a) IN GENERAL.—Not later than 180 days after the
4 date of the enactment of this Act, the Secretary of Health
5 and Human Services, in consultation with the Assistant
6 Secretary for Planning and Evaluation, the Attorney Gen-
7 eral of the United States, the Secretary of Labor, and the
8 Secretary of Housing and Urban Development, shall con-
9 duct a study on the direct and indirect costs of serious
10 mental illness with respect to—

- 11 (1) nongovernmental entities; and
12 (2) the Federal Government and State, local,
13 and Tribal governments.

14 (b) CONTENT.—The study under subsection (a) shall
15 consider each of the following:

- 16 (1) The costs of the health care system for all
17 facilities and health services, including—

18 (A) public and private inpatient hospitals,
19 outpatient health care, and home health care;

20 (B) office-based physician visits;

21 (C) prescription drugs and digital thera-
22 peutics;

23 (D) emergency room visits;

24 (E) substance use treatment;

1 (F) skilled nursing and long-term care fa-
2 cilities for residential, custodial, and general
3 health care;

4 (G) with respect to the costs described in
5 subparagraphs (A) through (F), out-of-pocket
6 costs and costs for different types of behavioral
7 health and psychiatric illness; and

8 (H) other professional health services.

9 (2) The costs of homelessness, including—

10 (A) homeless shelters;

11 (B) street outreach activities;

12 (C) crisis response center visits; and

13 (D) other supportive services.

14 (3) The costs of structured residential facilities
15 and other supportive housing for residential and cus-
16 todial care services.

17 (4) The costs of law enforcement encounters
18 and encounters with the criminal justice system, in-
19 cluding—

20 (A) encounters that do and do not result
21 in an arrest;

22 (B) investigating a crime and judicial pro-
23 ceedings, including the process of sentencing;

24 (C) services provided by police officers,
25 sheriff deputies, police departments and sheriff

1 offices, and judicial staff (including public de-
2 fenders, prosecutors, and private attorneys);

3 (D) services provided by public institutions
4 (including local and county jails, State prisons,
5 and paid legal guardians);

6 (E) public safety costs to transport an in-
7 dividual with a serious mental illness to receive
8 mental health or substance use treatment serv-
9 ices or be incarcerated (including vehicle miles
10 and personnel expenses);

11 (F) with respect to inmates with a serious
12 mental illness, incarceration costs in Federal
13 prison, State prison, and local jails (including
14 residential, custodial, and on-site and off-site
15 health care); and

16 (G) solitary confinement, security, and
17 other similar costs.

18 (5) The costs of addressing serious mental ill-
19 ness as a disability in the workplace, including—

20 (A) reduced wages for individuals with a
21 serious mental illness who are employed; and

22 (B) the estimated costs attributable to—

23 (i) the nationwide unemployment rate
24 for individuals with a serious mental ill-
25 ness;

1 (ii) benefits payable on the basis of
2 disability to individuals with a serious
3 mental illness—

4 (I) under title II or XVI of the
5 Social Security Act (42 U.S.C. 401 et
6 seq., 1381 et seq.); or

7 (II) from a State or other gov-
8 ernmental entity; or

9 (iii) to the extent feasible, lost lifetime
10 productivity due to disability.

11 (6) With respect to family members and care-
12 givers, the costs of caring for an individual with a
13 serious mental illness, including—

14 (A) the cost of unpaid labor;

15 (B) additional health care costs associated
16 with providing ongoing care for an individual
17 with a serious mental illness, including higher
18 health care costs resulting from stress and anx-
19 iety;

20 (C) taking leave from work; and

21 (D) out-of-pocket costs incurred while car-
22 ing for such individual.

23 (7) Costs with respect to funding for grants or
24 cooperative agreements for programs or services for

1 basic, translational, and applied research for individ-
2 uals with a serious mental illness.

3 (8) The costs of workforce development and
4 training for personnel that interact with individuals
5 with a serious mental illness, and insurance for such
6 development and training, including health care
7 workers, social service employees, law enforcement,
8 and first responders.

9 (9) Other costs for programs and services ad-
10 ministered by the Federal Government or State,
11 Tribal, or local governments.

12 (c) DATA DISAGGREGATION.—In conducting the
13 study under subsection (a), the Secretary shall (to the ex-
14 tent feasible)—

15 (1) disaggregate data by—

16 (A) costs to nongovernmental entities, the
17 Federal Government, and State, local, and
18 Tribal governments;

19 (B) types of serious mental illnesses and
20 medical chronic diseases common in patients
21 with a serious mental illness; and

22 (C) demographic characteristics, including
23 race, ethnicity, sex, age (including pediatric
24 subgroups), and other characteristics deter-
25 mined by the Secretary; and

1 (2) include an estimate of—

2 (A) the total number of individuals with a
3 serious mental illness in the United States, in-
4 cluding in traditional and nontraditional hous-
5 ing; and

6 (B) taking into account the information
7 collected pursuant to section 3(b)(3), the per-
8 centage of such individuals in—

9 (i) homeless shelters;

10 (ii) penal facilities, including Federal
11 prisons, State prisons, and county and mu-
12 nicipal jails; and

13 (iii) nursing facilities.

14 (d) REPORT.—Not later than 2 years after the date
15 of the enactment of this Act, the Secretary shall—

16 (1) submit to the Congress a report containing
17 the results of the study conducted under this sec-
18 tion; and

19 (2) make such report publicly available.

20 (e) DEFINITIONS.—In this section:

21 (1) SECRETARY.—The term “Secretary” means
22 the Secretary of Health and Human Services.

23 (2) SERIOUS MENTAL ILLNESS.—The term “se-
24 rious mental illness” means a mental, behavioral, or
25 emotional disorder resulting in a serious functional

1 impairment that substantially interferes with or lim-
2 its one or more major life activities, including the
3 following:

4 (A) Schizophrenia, including schizoaffective
5 disorder and other related psychosis.

6 (B) Schizoaffective disorder.

7 (C) Persistent mood disorder, including bi-
8 polar disorder I and II.

9 (D) Major depressive disorder.

10 (E) Any other such mental, behavioral, or
11 emotional disorder, as determined by the Sec-
12 retary.

13 (f) **AUTHORIZATION OF APPROPRIATIONS.**—There is
14 authorized to be appropriated to the Secretary to carry
15 out this section \$3,500,000 for each of fiscal years 2023
16 and 2024.

17 **SEC. 3. SCHIZOPHRENIA SURVEILLANCE SURVEY.**

18 (a) **IN GENERAL.**—The Secretary of Health and
19 Human Services (in this section referred to as the “Sec-
20 retary”), acting through the Assistant Secretary for Men-
21 tal Health and Substance Use, and in coordination with
22 the Director of the Centers for Disease Control and Pre-
23 vention and the Director of the National Institute of Men-
24 tal Health, shall—

1 (1) conduct a surveillance survey to collect the
2 information described in subsection (b) about indi-
3 viduals with schizophrenia in the United States; and

4 (2) not less than every 5 years, update such
5 survey.

6 (b) CONTENT.—In carrying out subsection (a), the
7 Secretary shall collect—

8 (1) to the extent practicable, information relat-
9 ing to individuals with schizophrenia, such as—

10 (A) demographics, such as age, race, eth-
11 nicity, sex, geographic location, family history,
12 and other information as appropriate;

13 (B) risk factors that may be associated
14 with schizophrenia such as environmental risk
15 factors and other information as appropriate;
16 and

17 (C) average age at the time of initial diag-
18 nosis and time lapses, if any, between the initial
19 diagnosis and the initiation of mental health
20 care;

21 (2) to the extent practicable, information on the
22 health status of individuals with schizophrenia, in-
23 cluding—

24 (A) mortality and morbidity rates;

1 (B) incidences of comorbid chronic dis-
2 eases, including diabetes, cardiac conditions,
3 emphysema, cirrhosis, HIV/AIDS, and hepatitis
4 C; and

5 (C) the frequency of hospital emergency
6 department utilization; and

7 (3) the percentage of individuals with schizo-
8 phrenia in—

9 (A) homeless shelters;

10 (B) penal facilities, including Federal pris-
11 ons, State prisons, and county and municipal
12 jails;

13 (C) nursing facilities; and

14 (D) inpatient hospitals.

15 (c) CONSULTATION.—In carrying out this section, the
16 Secretary shall consult with individuals with appropriate
17 expertise, which may include—

18 (1) epidemiologists with experience in mental
19 health conditions surveillance; and

20 (2) representatives of national voluntary health
21 association and nonprofit citizens organizations
22 that—

23 (A) focus on schizophrenia and related
24 psychotic conditions; and

1 (B) have experience in research, care, and
2 patient services.

3 (d) COORDINATION.—In carrying out this section, the
4 Secretary shall—

5 (1) coordinate with the National Neurological
6 Conditions Surveillance System under section 399S–
7 1 of the Public Health Service Act (42 U.S.C. 280g–
8 7a) to determine any overlap between—

9 (A) individuals with schizophrenia counted
10 for purposes of the survey under this section;
11 and

12 (B) individuals with neurological conditions
13 identified by the Director of the Centers for
14 Disease Control and Prevention for purposes of
15 the National Neurological Conditions Surveil-
16 lance System; and

17 (2) coordinate with other Federal agencies, in-
18 cluding the Social Security Administration, the De-
19 partment of the Treasury, and the Department of
20 Labor, to use administrative data, to the extent fea-
21 sible, to provide information for the survey author-
22 ized by subsection (a).

23 (e) GRANTS.—The Secretary may award grants to,
24 or enter into contracts or cooperative agreements with,
25 public or private nonprofit entities to carry out activities

1 in furtherance of the surveillance survey under this sec-
2 tion, including the convening of stakeholder meetings.

3 (f) REPORTING.—

4 (1) IN GENERAL.—The Secretary shall submit
5 to the Committee on Energy and Commerce of the
6 House of Representatives and the Committee on
7 Health, Education, Labor, and Pensions of the Sen-
8 ate—

9 (A) not later than 2 years after the date
10 of enactment of this Act, a report containing
11 findings of the surveillance survey under this
12 section, including aggregate information col-
13 lected and epidemiological analyses, as appro-
14 priate; and

15 (B) not less than every 5 years when an
16 updated survey is conducted pursuant to sub-
17 section (a)(2), an updated report.

18 (2) POSTING.—The Secretary shall post the re-
19 port under paragraph (1) and each update under
20 paragraph (2) on the public website of the Depart-
21 ment of Health and Human Services.

22 (g) AUTHORIZATION OF APPROPRIATIONS.—To carry
23 out this section, there is authorized to be appropriated

1 \$50,000,000 for the period of fiscal years 2023 through
2 2027.

