

117TH CONGRESS  
2D SESSION

# S. 4170

To reauthorize programs related to mental health, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

MAY 10, 2022

Mr. CASSIDY (for himself and Mr. MURPHY) introduced the following bill;  
which was read twice and referred to the Committee on Health, Edu-  
cation, Labor, and Pensions

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## A BILL

To reauthorize programs related to mental health, 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 “Mental Health Reform  
5 Reauthorization Act of 2022”.

6 **SEC. 2. SUBSTANCE ABUSE AND MENTAL HEALTH SERV-**  
7 **ICES ADMINISTRATION.**

8 Section 501(d) of the Public Health Service Act (42  
9 U.S.C. 290aa(d)) is amended—

1           (1) in paragraph (5), by inserting “coordination  
2           between programs and Centers of Excellence regard-  
3           ing promising and best practices and dissemination  
4           to the field and” after “, including”;

5           (2) in paragraph (24)(E), by striking “; and”  
6           and inserting a semicolon;

7           (3) in paragraph (25), by striking the period  
8           and inserting “; and”; and

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

10           “(26) coordinate with the Centers for Medicare  
11           & Medicaid Services to promote coverage of evi-  
12           dence-based prevention and treatment services, im-  
13           prove quality of care, and identify opportunities for  
14           State Medicaid agencies and State mental health  
15           and substance use disorder agencies to collaborate,  
16           including through the braiding of funds, demonstra-  
17           tion programs, waivers, amendments to State plans  
18           under section 1912, other State flexibilities, and  
19           agency guidance for all populations enrolled in Med-  
20           icaid programs.”.

21 **SEC. 3. COMMUNITY MENTAL HEALTH SERVICES BLOCK**  
22 **GRANT.**

23           (a) **FUNDING.**—Section 1920 of the Public Health  
24           Service Act (42 U.S.C. 300x–9) is amended—

1           (1) in subsection (a), by striking  
2           “\$532,571,000 for each of fiscal years 2018 through  
3           2022” and inserting “1,000,000,000 for each of fis-  
4           cal years 2023 through 2027”; and

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

6           “(d) CRISIS CARE.—

7           “(1) IN GENERAL.—Except as provided in para-  
8           graph (3), a State shall expend not less than 5 per-  
9           cent of the amount the State receives pursuant to  
10          section 1911 for each fiscal year to support evi-  
11          denced-based programs.

12          “(2) CORE ELEMENTS.—At the discretion of  
13          the single State agency responsible for the adminis-  
14          tration of the program of the State under a grant  
15          under section 1911, funds expended pursuant to  
16          paragraph (1) may be used to fund some or all of  
17          the core crisis care service components, delivered ac-  
18          cording to evidence-based principles, including the  
19          following:

20                  “(A) Crisis call centers.

21                  “(B) 24/7 mobile crisis services.

22                  “(C) Crisis stabilization programs offering  
23          acute care or subacute care in a hospital or ap-  
24          propriately licensed facility, as determined by  
25          the Substance Abuse and Mental Health Serv-

1           ices Administration, with referrals to inpatient  
2           or outpatient care.

3           “(3) STATE FLEXIBILITY.—In lieu of expending  
4           5 percent of the amount the State receives pursuant  
5           to section 1911 for a fiscal year to support evidence-  
6           based programs as required by paragraph (1), a  
7           State may elect to expend not less than 10 percent  
8           of such amount to support such programs by the  
9           end of 2 consecutive fiscal years.

10          “(e) PREVENTION.—

11           “(1) IN GENERAL.—Except as provided in para-  
12           graph (3), a State shall expend not less than 5 per-  
13           cent of the amount the State receives pursuant to  
14           section 1911 for each fiscal year to support evi-  
15           denced-based early identification and early interven-  
16           tion programs that prevent or mitigate the develop-  
17           ment of mental illness in individuals, including chil-  
18           dren and adolescents, who may be at risk of devel-  
19           oping a serious mental illness or serious emotional  
20           disturbance, within the meaning of such term as de-  
21           fined by the Secretary pursuant to section 1912, or  
22           as determined through the use of evidence-based  
23           screening instruments or clinical assessment.

24           “(2) CORE ELEMENTS.—At the discretion of  
25           the single State agency responsible for the adminis-

1       tration of the program of the State under a grant  
2       under section 1911, funds expended pursuant to  
3       paragraph (1) shall be used for evidence-based prac-  
4       tices that follow or exceed the quality of generally  
5       accepted standards of care.

6               “(3) STATE FLEXIBILITY.—In lieu of expending  
7       5 percent of the amount the State receives pursuant  
8       to section 1911 for a fiscal year to support evidence-  
9       based early identification and early intervention pro-  
10      grams as required by paragraph (1), a State may  
11      elect to expend not less than 10 percent of such  
12      amount to support such programs by the end of 2  
13      consecutive fiscal years.

14      “(f) REPORTS BY THE SECRETARY.—

15               “(1) IN GENERAL.—The Secretary shall—

16                       “(A) commission longitudinal follow-up  
17                       studies of the population of individuals served  
18                       by funds expended pursuant to subsection  
19                       (e)(1) to determine clinical outcomes that may  
20                       be associated with such funds, including crisis  
21                       services utilization and emergency department  
22                       visits and hospitalizations related to mental ill-  
23                       ness, prevalence of suicidal behavior, mortality,  
24                       disability income, high school graduation rates,  
25                       employment status and successful timely reuni-

1           fication, placement stability, and permanency  
2           for children in foster care, disaggregated by  
3           mental illness diagnosis; and

4                   “(B) submit a biennial report summarizing  
5           incremental findings of the studies conducted  
6           under paragraph (1) to Congress.

7           “(2) REQUIREMENTS.—In carrying out para-  
8           graph (1)(A), the Secretary shall—

9                   “(A) solicit feedback from stakeholders, in-  
10           cluding pediatric experts, on outcomes to use  
11           for different age groups and populations; and

12                   “(B) consider how States who have re-  
13           ceived funding are partnering with providers to  
14           increase access to mental health services spe-  
15           cific to adults and to children.

16           “(g) SPECIAL RULE.—The requirements described in  
17           subsection (b)(1)(A)(vi) for a State plan required under  
18           such section shall not apply with respect to funds allocated  
19           for the purposes described in subsections (d) and (e).”.

20           (b) RESTRICTIONS ON USE OF PAYMENTS.—Section  
21           1916(a) of the Public Health Service Act (42 U.S.C.  
22           300x–5(a)) is amended—

23                   (1) in paragraph (3), by adding “or” after the  
24           semicolon;

1 (2) in paragraph (4), by striking “; or” and in-  
2 serting a period; and

3 (3) by striking paragraph (5).

4 **SEC. 4. GRANTS FOR JAIL DIVERSION PROGRAMS.**

5 Section 520G of the Public Health Service Act (42  
6 U.S.C. 290bb–38) is amended—

7 (1) in subsection (c)(2)(A)(i)—

8 (A) by inserting “support continuity of  
9 care (including in consultation with the individ-  
10 ual’s mental health clinician when feasible and  
11 with continuation of previously prescribed psy-  
12 chotropic medication and medication for the  
13 treatment of substance use disorder, as appro-  
14 priate),” after “evidence-based practices,”;

15 (B) by inserting “to relevant medications  
16 approved by the Food and Drug Administra-  
17 tion” after “management and access”; and

18 (C) by inserting “peer recovery support  
19 services,” after “co-occurring substance use dis-  
20 order treatment,”;

21 (2) in subsection (e)(4) by inserting “and re-  
22 sponse (including suicide prevention)” after “crisis  
23 intervention”; and

24 (3) in subsection (j), by striking “\$4,269,000  
25 for each of fiscal years 2018 through 2022” and in-

1       serting “\$6,269,000 for each of fiscal years 2023  
2       through 2027”.

3       **SEC. 5. ASSISTED OUTPATIENT TREATMENT.**

4       Section 224 of the Protecting Access to Medicare Act  
5 of 2014 (Public Law 113–93; 42 U.S.C. 290aa note) is  
6 amended—

7           (1) in subsection (e)—

8                   (A) in the matter preceding paragraph (1),  
9                   by striking “each of fiscal years 2016, 2017,  
10                   2018, 2019, 2020, 2021, and 2022” and insert-  
11                   ing “fiscal year 2027”;

12                   (B) by striking paragraphs (2) and (3) and  
13                   inserting the following:

14                   “(2) Impact of assisted outpatient treatment on  
15                   rates of psychiatric hospitalization, homelessness, ar-  
16                   rest, and incarceration of patients.

17                   “(3) Significant variations in program design  
18                   among grantees, including variations in the role of  
19                   courts in monitoring and motivating patient  
20                   progress, and the comparative impacts of such vari-  
21                   ations upon program outcomes.”; and

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

23                   “(5) Use of psychiatric advance directives or  
24                   other methods for patient input in care.”;



1           (2) in subsection (f)(1), by striking “local  
2 court” and inserting “local civil court”; and

3           (3) in subsection (g)—

4                 (A) in paragraph (1), by striking “2015  
5 through 2022” and inserting “2023 through  
6 2027”; and

7                 (B) in paragraph (2), by striking  
8 “\$15,000,000 for each of” and all that follows  
9 through “2022” and inserting “\$21,000,000 for  
10 each of fiscal years 2023 through 2027”.

11 **SEC. 6. PROJECTS FOR ASSISTANCE IN TRANSITION FROM**  
12 **HOMELESSNESS.**

13           Part C of title V of the Public Health Service Act  
14 (42 U.S.C. 290cc–21 et seq.) is amended—

15                 (1) in section 522(g)(1) (42 U.S.C. 290cc–  
16 22(g)(1)) by striking “20 percent” and inserting  
17 “25 percent”; and

18                 (2) in section 535(a) (42 U.S.C. 290cc–35(a)),  
19 by striking “\$64,635,000 for each of fiscal years  
20 2018 through 2022” and inserting “\$64,635,000 for  
21 each of fiscal years 2023 through 2027”.

1 **SEC. 7. GRANTS TO SUPPORT MENTAL HEALTH AND SUB-**  
2 **STANCE USE DISORDER PARITY IMPLEMEN-**  
3 **TATION.**

4 (a) IN GENERAL.—Section 2794(c) of the Public  
5 Health Service Act (42 U.S.C. 300gg–94(c)) (as added by  
6 section 1003 of the Patient Protection and Affordable  
7 Care Act (Public Law 111–148) is amended by adding at  
8 the end the following:

9 “(3) PARITY IMPLEMENTATION.—

10 “(A) IN GENERAL.—Beginning 60 days  
11 after the date of enactment of the Parity Imple-  
12 mentation Assistance Act, the Secretary shall  
13 award grants to States to implement the mental  
14 health and substance use disorder parity provi-  
15 sions of section 2726, provided that in order to  
16 receive such a grant, a State is required to re-  
17 quest and review from health insurance issuers  
18 offering group or individual health insurance  
19 coverage the comparative analyses and other in-  
20 formation required of such health insurance  
21 issuers under subsection (a)(8)(A) of such sec-  
22 tion 2726 regarding the design and application  
23 of nonquantitative treatment limitations im-  
24 posed on mental health or substance use dis-  
25 order benefits.



1                   “(II) except as provided in clause  
2                   (ii), no such election with respect to  
3                   the provisions of section 2726 expir-  
4                   ing on or after the date that is 180  
5                   days after the date of such enactment  
6                   may be renewed.

7                   “(ii) EXCEPTION FOR CERTAIN COL-  
8                   LECTIVELY BARGAINED PLANS.—Notwith-  
9                   standing clause (i)(II), a plan described in  
10                  subparagraph (B)(ii) that is subject to  
11                  multiple agreements described in such sub-  
12                  paragraph of varying lengths and that has  
13                  an election in effect under subparagraph  
14                  (A) as of the date of enactment of this  
15                  subparagraph that expires on or after the  
16                  date that is 180 days after the date of  
17                  such enactment may extend such election  
18                  until the date on which the term of the last  
19                  such agreement expires.

20                  “(iii) GUIDANCE.—The Secretary  
21                  shall issue guidance to plans to support  
22                  carrying out activities under this section  
23                  with regard to section 2726, including the  
24                  requirements under subsection (a)(8) of  
25                  such section. Such guidance shall include

1 an explanation of documents that are re-  
2 quired to be disclosed and analyses that  
3 are required to be conducted pursuant to  
4 such subsection (a)(8), including how non-  
5 quantitative treatment limitations are ap-  
6 plied to mental health or substance use  
7 disorder benefits and medical or surgical  
8 benefits covered under the plan, in order  
9 for such plan to demonstrate compliance  
10 with this section and section 2726.”.

11 **SEC. 9. MINORITY FELLOWSHIP PROGRAM.**

12 Section 597 of the Public Health Service Act (42  
13 U.S.C. 2901l) is amended—

14 (1) in subsection (b), by inserting “addiction  
15 medicine,” after “mental health counseling,”; and

16 (2) in subsection (c), by striking “\$12,669,000  
17 for each of fiscal years 2018 through 2022” and in-  
18 serting “\$25,000,000 for each of fiscal years 2023  
19 through 2027”.

20 **SEC. 10. PRIORITY MENTAL HEALTH NEEDS OF REGIONAL  
21 AND NATIONAL SIGNIFICANCE.**

22 Section 520A of the Public Health Service Act (42  
23 U.S.C. 290bb–32) is amended by striking “2018 through  
24 2022” and inserting “2023 through 2027”.

1 **SEC. 11. ENCOURAGING INNOVATION AND EVIDENCE-**  
2 **BASED PROGRAMS WITHIN THE NATIONAL**  
3 **MENTAL HEALTH AND SUBSTANCE USE POL-**  
4 **ICY LABORATORY.**

5 (a) REAUTHORIZATION.—Section 501A(e)(3) of the  
6 Public Health Service Act (42 U.S.C. 290aa–0(e)(3)) is  
7 amended by striking “2018 through 2020” each place it  
8 appears and inserting “2023 through 2027”.

9 (b) GAO STUDY.—Not later than 18 months after  
10 the date of enactment of this Act, the Comptroller General  
11 of the United States shall perform a report on the work  
12 of the National Mental Health and Substance Use Policy  
13 Laboratory established under section 501A of the Public  
14 Health Service Act (42 U.S.C. 290aa–0), including—

15 (1) the extent to which such Laboratory is  
16 meeting its responsibilities as set forth in such sec-  
17 tion 501A; and

18 (2) any recommendations for improvement, in-  
19 cluding methods to expand the use of evidence-based  
20 practices across programs, recommendations to im-  
21 prove program evaluations for effectiveness, and dis-  
22 semination of resources to stakeholders and the pub-  
23 lic.

1 **SEC. 12. PROGRAMS FOR CHILDREN WITH A SERIOUS EMO-**  
2 **TIONAL DISTURBANCE.**

3 Section 565(f) of the Public Health Service Act (42  
4 U.S.C. 290ff–4(f)) is amended—

5 (1) in paragraph (1), by striking  
6 “\$119,026,000 for each of fiscal years 2018 through  
7 2022” and inserting “\$125,000,000 for each of fis-  
8 cal years 2023 through 2027”; and

9 (2) by moving the margin of paragraph (2) 2  
10 ems to the right.

11 **SEC. 13. MENTAL AND BEHAVIORAL HEALTH EDUCATION**  
12 **AND TRAINING GRANTS.**

13 Section 756(f) of the Public Health Service Act (42  
14 U.S.C. 294e–1(f)) is amended—

15 (1) in the matter preceding paragraph (1)—

16 (A) by striking “2019 through 2023” and  
17 inserting “2023 through 2027”; and

18 (B) by striking “\$50,000,000” and insert-  
19 ing “\$102,000,000”;

20 (2) in paragraph (1), by striking  
21 “\$15,000,000” and inserting “\$30,500,000”;

22 (3) in paragraph (2), by striking  
23 “\$15,000,000” and inserting “\$30,500,000”;

24 (4) in paragraph (3), by striking  
25 “\$10,000,000” and inserting “\$20,500,000”; and

1           (5) in paragraph (4), by striking  
2           “\$10,000,000” and inserting “\$20,500,000”.

3 **SEC. 14. DEVELOPMENT AND DISSEMINATION OF MODEL**  
4 **TRAINING PROGRAMS UNDER HIPAA.**

5           Section 11004 of the 21st Century Cures Act (Public  
6 Law 114–255; 42 U.S.C. 1320d–2 note) is amended—

7           (1) by redesignating subsections (e) through (e)  
8           as subsections (d) through (f), respectively;

9           (2) by inserting after subsection (b) the fol-  
10          lowing:

11          “(b) **REPORTS TO CONGRESS.**—The Secretary shall  
12          submit a report to Congress—

13                 “(1) not later than 1 year after the date of en-  
14                 actment of the Mental Health Reform Reauthoriza-  
15                 tion Act of 2022, on actions taken pursuant to sub-  
16                 section (b); and

17                 “(2) not later than 2 years after the date of  
18                 submission of the report under paragraph (1), on  
19                 updates made to the model programs and materials  
20                 described in subsection (a) after the release of the  
21                 final regulations required under section 3221(i) of  
22                 the Coronavirus Aid, Relief, and Economic Security  
23                 Act (Public Law 116–136).”; and

24           (3) in subsection (f), as so redesignated, by  
25          striking “this section—” and all that follows



1 through the end of paragraph (3) and inserting the  
2 following: “this section \$1,000,000 for each of fiscal  
3 years 2023 through 2027”.

4 **SEC. 15. PROMOTING INTEGRATION OF PRIMARY CARE**  
5 **AND BEHAVIORAL HEALTH.**

6 Section 520K of the Public Health Service Act (42  
7 U.S.C. 290bb-42) is amended—

8 (1) in subsection (c)(2)—

9 (A) in subparagraph (D), by striking “;  
10 and” and inserting a semicolon;

11 (B) by redesignating subparagraph (E) as  
12 subparagraph (F); and

13 (C) by inserting after subparagraph (D)  
14 the following:

15 “(E) a description of how validated rating  
16 scales will be implemented to support the im-  
17 provement of patient outcomes using measure-  
18 ment-based care, including related to depression  
19 screening, patient follow up, and symptom im-  
20 provement; and”;

21 (2) in subsection (h), by striking “\$51,878,000  
22 for each of fiscal years 2018 through 2022” and in-  
23 serting “\$52,877,000 for each of fiscal years 2023  
24 through 2027”.

1 **SEC. 16. PEDIATRIC MENTAL HEALTH CARE ACCESS GRANT**  
2 **PROGRAM.**

3 Section 330M of the Public Health Service Act (42  
4 U.S.C. 254c-19) is amended—

5 (1) in subsection (b)—

6 (A) in paragraph (1)—

7 (i) in subparagraph (G)—

8 (I) by inserting “developmental-  
9 behavioral pediatricians,” after “ado-  
10 lescent psychiatrists,”; and

11 (II) by inserting “, and which  
12 may include addiction specialists,”  
13 after “mental health counselors”;

14 (ii) in subparagraph (H), by striking  
15 “; and” and inserting a semicolon;

16 (iii) in subparagraph (I), by striking  
17 the period and inserting “; and”; and

18 (iv) by adding at the end the fol-  
19 lowing:

20 “(J) maintain an up-to-date list of commu-  
21 nity-based supports for children with mental  
22 health conditions.”;

23 (B) in paragraph (2), by inserting “, and  
24 which may include a developmental-behavioral  
25 pediatrician and an addiction specialist” before  
26 the period at the end of the first sentence; and

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

2 “(3) SUPPORT TO SCHOOLS AND EMERGENCY  
3 DEPARTMENTS.—In addition to the required activi-  
4 ties specified in paragraph (1), a statewide or re-  
5 gional network of pediatric mental health teams re-  
6 ferred to in subsection (a), with respect to which a  
7 grant under such subsection may be used, may pro-  
8 vide support to schools and emergency depart-  
9 ments.”;

10 (2) by redesignating subsection (g) as sub-  
11 section (h);

12 (3) by inserting after subsection (f) the fol-  
13 lowing:

14 “(g) TECHNICAL ASSISTANCE.—The Secretary may  
15 award a grant to an eligible entity for purposes of pro-  
16 viding technical assistance to recipients of grants under  
17 subsection (a).”; and

18 (4) in subsection (h), as so redesignated, by  
19 striking “\$9,000,000 for the period of fiscal years  
20 2018 through 2022” and inserting “\$14,000,000 for  
21 each of fiscal years 2023 through 2025 and  
22 \$30,000,000 for each of fiscal years 2026 and  
23 2027”.

1 **SEC. 17. TRAINING IN BEHAVIORAL HEALTH FOR PRIMARY**  
2 **CARE PROVIDERS CARING FOR PEDIATRIC**  
3 **POPULATIONS.**

4 The Advisory Committee on Training in Primary  
5 Care Medicine and Dentistry of the Health Resources and  
6 Services Administration shall convene and issue a report  
7 that includes—

8 (1) recommendations to optimize the content  
9 and competencies of trainees and primary care pro-  
10 viders treating pediatric populations to address be-  
11 havioral health conditions; and

12 (2) best practices for training pediatric pro-  
13 viders in behavioral health conditions, utilization of  
14 evidence-based screening tools, and follow up care to  
15 higher levels of care, when appropriate.

16 **SEC. 18. FIRST EPISODE PSYCHOSIS.**

17 (a) REVIEW OF USE OF CERTAIN FUNDING.—Not  
18 later than 180 days after the date of enactment of this  
19 Act, the Secretary of Health and Human Services, acting  
20 through the Assistant Secretary for Mental Health and  
21 Substance Use, shall conduct a review of the use by States  
22 of funds made available under the Community Mental  
23 Health Services Block Grant subpart I of part B of title  
24 XIX of the Public Health Service Act (42 U.S.C. 300x  
25 et seq.) for First Episode Psychosis activities. Such review  
26 shall consider the following:

1           (1) How the States use funds for evidence-  
2           based treatments and services according to the  
3           standard of care for those with serious mental ill-  
4           ness, including the comprehensiveness of such treat-  
5           ments to include all aspects of the recommended  
6           intervention.

7           (2) How State mental health departments are  
8           coordinating with State Medicaid departments in the  
9           delivery of the treatments and services described in  
10          paragraph (1).

11          (3) What percentage of the State funding under  
12          the block grant is being applied toward First Epi-  
13          sode Psychosis in excess of 10 percent of the amount  
14          of the grant, as broken down on a State-by-State  
15          basis. The review shall also identify any States that  
16          fail to expend the required 10 percent of block grant  
17          funds on First Episode Psychosis activities.

18          (4) How many individuals are served by the ex-  
19          penditures described in paragraph (3), broken down  
20          on a per-capita basis.

21          (5) How the funds are used to reach individuals  
22          in underserved populations, including individuals in  
23          rural areas and individuals from minority groups.

24          (b) REPORT AND GUIDANCE.—

1           (1) REPORT.—Not later than 6 months after  
2 the completion of the review under subsection (a),  
3 the Secretary of Health and Human Services, acting  
4 through the Assistant Secretary for Mental Health  
5 and Substance Use, shall submit to the appropriate  
6 authorization and appropriations committees of Con-  
7 gress, a report on the finding made as a result of  
8 the review conducted under subsection (a). Such re-  
9 port shall include any recommendations with respect  
10 to any changes to the Community Mental Health  
11 Services Block Grant program, including the set  
12 aside required for First Episode Psychosis, that  
13 would facilitate improved outcomes for the targeted  
14 population involved.

15           (2) GUIDANCE.—Not later than 1 year after  
16 the date on which the report is submitted under  
17 paragraph (1), the Secretary of Health and Human  
18 Services, acting through the Assistant Secretary for  
19 Mental Health and Substance Use, shall update the  
20 guidance provided to States under the Community  
21 Mental Health Services Block Grant based on the  
22 findings and recommendations of the report.

23           (c) TECHNICAL ASSISTANCE.—The Director of the  
24 National Institute of Mental Health shall coordinate with  
25 the Assistant Secretary for Mental Health and Substance

1 Use in providing technical assistance to State grantees  
2 and provider subgrantees in the delivery of services for  
3 First Episode Psychosis under the Community Mental  
4 Health Services Block Grant.

5 **SEC. 19. CMS STUDY AND REPORT REGARDING ADHER-**  
6 **ENCE TO STANDARD OF CARE FOR TREAT-**  
7 **MENT OF INDIVIDUALS WITH SERIOUS MEN-**  
8 **TAL ILLNESS AND CHILDREN WITH SERIOUS**  
9 **EMOTIONAL DISTURBANCE UNDER MEDI-**  
10 **CARE AND MEDICAID.**

11 (a) STUDY.—The Administrator of the Centers for  
12 Medicare & Medicaid Services shall review claims relating  
13 to treatment of individuals with serious mental illness and  
14 children with serious emotional disturbance made under  
15 the Medicare program established under title XVIII of the  
16 Social Security Act (42 U.S.C. 1395 et seq.) and the Med-  
17 icaid program established under title XIX of such Act (42  
18 U.S.C. 1396 et seq.) and the State Children’s Health In-  
19 surance Program under title XXI of the Social Security  
20 Act (42 U.S.C. 1397aa et seq.) for purposes of assessing  
21 the extent to which such individuals receive evidence-based  
22 treatments according to the standard of care for those  
23 with serious mental illness and serious emotional disturb-  
24 ance and the extent to which the comprehensiveness of

1 such treatments includes all aspects of a recommended  
 2 intervention under the applicable standard of care.

3 (b) REPORT.—Not later than 6 months after the date  
 4 of enactment of this Act, the Administrator of the Centers  
 5 for Medicare & Medicaid Services shall submit to Congress  
 6 a report on the study required by subsection (a).

7 **SEC. 20. GUIDANCE FOR STATES RELATING TO COVERAGE**  
 8 **RECOMMENDATIONS OF HEALTH CARE SERV-**  
 9 **ICES AND INTERVENTIONS FOR INDIVIDUALS**  
 10 **WITH SERIOUS MENTAL ILLNESS AND CHIL-**  
 11 **DREN WITH SERIOUS EMOTIONAL DISTURB-**  
 12 **ANCE.**

13 Not later than 2 years after the date of enactment  
 14 of this Act, the Administrator of the Centers for Medicare  
 15 & Medicaid Services, jointly with the Assistant Secretary  
 16 for Mental Health and Substance Use and the Director  
 17 of the National Institute of Mental Health—

18 (1) shall provide updated guidance to States  
 19 concerning—

20 (A) coverage recommendations relating to  
 21 health care services and interventions for those  
 22 with serious mental illness, specifically First  
 23 Episode Psychosis; and

24 (B) the manner in which Federal funding  
 25 provided to States through programs adminis-



1           tered by such agencies, including the Commu-  
2           nity Mental Health Services Block Grant pro-  
3           gram under subpart I of part B of title XIX of  
4           the Public Health Service Act (42 U.S.C. 300x  
5           et seq.), may be coordinated to support individ-  
6           uals with serious mental illness and serious  
7           emotional disturbance; and

8           (2) may streamline relevant State reporting re-  
9           quirements if such streamlining would result in mak-  
10          ing it easier for States to coordinate funding under  
11          the programs described in paragraph (1)(B) to im-  
12          prove treatments for individuals with serious mental  
13          illness and serious emotional disturbance.

14 **SEC. 21. GAO STUDY ON DATA COLLECTION AND PUBLIC**  
15 **REPORTING.**

16          Not later than 18 months after the date of enactment  
17          of this Act, the Comptroller General of the United States,  
18          in consultation with the Assistant Secretary for Mental  
19          Health and Substance Use and the Secretary of Health  
20          and Human Services, shall perform a study on areas to  
21          improve data reporting across programs of the Substance  
22          Abuse and Mental Health Services Administration. Such  
23          report and evaluation shall include—

24                (1) recommendations for improvements to—

1 (A) data collected from recipients of  
2 grants, contract, and cooperative agreements  
3 from the Substance Abuse and Mental Health  
4 Services Administration;

5 (B) utilization of outcome measures and  
6 evidence-based practices;

7 (C) program performance evaluations; and

8 (D) the impact of grant funding on dif-  
9 ferent age groups and populations, including  
10 children and adolescents;

11 (2) a review of how the State plans required  
12 under section 1912 of the Public Health Service Act  
13 (42 U.S.C. 300x-1) and section 1932 of such Act  
14 (42 U.S.C. 300x-32) and reports required under  
15 section 1942 of such Act (42 U.S.C. 300x-52) could  
16 be updated and simplified; and

17 (3) areas to improve dissemination and how  
18 data should be reported to the public.

19 **SEC. 22. PRIMARY CARE TRAINING AND ENHANCEMENT**  
20 **FOR MENTAL HEALTH.**

21 Section 747(c)(2) of the Public Health Service Act  
22 (42 U.S.C. 293k(c)(2)) is amended—

23 (1) by striking “Fifteen percent” and inserting  
24 the following:

1           “(A) PHYSICIAN ASSISTANT TRAINING  
2 PROGRAMS.—Fifteen percent”; and  
3 (2) by adding at the end the following:

4           “(B) MENTAL HEALTH PROGRAMS.—Ten  
5 percent of the amount appropriated pursuant to  
6 paragraph (1) in each such fiscal year shall be  
7 allocated to training programs focused on men-  
8 tal health, with an emphasis on primary care  
9 for pediatric populations.”.

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