

IMPROVING MENTAL HEALTH ACCESS FROM THE
EMERGENCY DEPARTMENT ACT OF 2020

SEPTEMBER 29, 2020.—Committed to the Committee of the Whole House on the
State of the Union and ordered to be printed

Mr. PALLONE, from the Committee on Energy and Commerce,
submitted the following

R E P O R T

[To accompany H.R. 2519]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 2519) to authorize the Secretary of Health and Human Services, acting through the Director of the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration, to award grants to implement innovative approaches to securing prompt access to appropriate follow-on care for individuals who experience an acute mental health episode and present for care in an emergency department, and for other purposes, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

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The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Improving Mental Health Access from the Emergency Department Act of 2020”.

SEC. 2. SECURING APPROPRIATE FOLLOW-ON CARE FOR ACUTE MENTAL HEALTH ILLNESS AFTER AN EMERGENCY DEPARTMENT ENCOUNTER.

The Public Health Service Act is amended by inserting after section 520J of such Act (42 U.S.C. 290bb–31) the following new section:

“SEC. 520J–1. SECURING APPROPRIATE FOLLOW-ON CARE FOR ACUTE MENTAL HEALTH ILLNESS AFTER AN EMERGENCY DEPARTMENT ENCOUNTER.

“(a) **IN GENERAL.**—The Secretary may award grants on a competitive basis to qualifying health providers to implement innovative approaches to securing prompt access to appropriate follow-on care for individuals who experience an acute mental health episode and present for care in an emergency department.

“(b) **ELIGIBLE GRANT RECIPIENTS.**—In this section, the term ‘qualifying health provider’ means a health care facility licensed under applicable law that—

“(1) has an emergency department;

“(2) is staffed by medical personnel (such as emergency physicians, psychiatrists, psychiatric registered nurses, mental health technicians, clinical social workers, psychologists, and therapists) capable of providing treatment focused on stabilizing acute mental health conditions and assisting patients to access resources to continue treatment in the least restrictive appropriate setting; and

“(3) has arrangements in place with other providers of care that can provide a full range of medically appropriate, evidence-based services for the treatment of acute mental health episodes.

“(c) **USE OF FUNDS.**—A qualifying health provider receiving funds under this section shall use such funds to create, support, or expand programs or projects intended to assist individuals who are treated at the provider’s emergency department for acute mental health episodes and to expeditiously transition such individuals to an appropriate facility or setting for follow-on care. Such use of funds may support the following:

“(1) Expediting placement in appropriate facilities through activities such as expanded coordination with regional service providers, assessment, peer navigators, bed availability tracking and management, transfer protocol development, networking infrastructure development, and transportation services.

“(2) Increasing the supply of inpatient psychiatric beds and alternative care settings such as regional emergency psychiatric facilities.

“(3) Use of alternative approaches to providing psychiatric care in the emergency department setting, including through tele-psychiatric support and other remote psychiatric consultation, implementation of peak period crisis clinics, or creation of psychiatric emergency service units.

“(4) Use of approaches that include proactive followup such as telephone check-ins, telemedicine, or other technology-based outreach to individuals during the period of transition.

“(5) Such other activities as are determined by the Secretary to be appropriate, consistent with subsection (a).

“(d) **APPLICATION.**—A qualifying health provider desiring a grant under this section shall prepare and submit an application to the Secretary at such time and in such manner as the Secretary may require. At a minimum, the application shall include the following:

“(1) A description of identified need for acute mental health services in the provider’s service area.

“(2) A description of the existing efforts of the provider to meet the need for acute mental health services in the service area, and identified gaps in the provision of such services.

“(3) A description of the proposed use of funds to meet the need and gaps identified pursuant to paragraph (2).

“(4) A description of how the provider will coordinate efforts with Federal, State, local, and private entities within the service area.

“(5) A description of program objectives, how the objectives are proposed to be met, and how the provider will evaluate outcomes relative to objectives.

“(e) **AUTHORIZATION OF APPROPRIATIONS.**—To carry out this section, there is authorized to be appropriated \$15,000,000 for each of fiscal years 2021 through 2025.”.

I. PURPOSE AND SUMMARY

H.R. 2519, the “Improving Mental Health Access from the Emergency Department Act of 2020”, introduced by Representative Raul Ruiz (D–CA) on May 3, 2019, would authorize the Secretary of Health and Human Services (the Secretary) to award grants to qualifying emergency departments for the purpose of supporting mental health services. Grant recipients must use funds to support the provision of follow-up services for individuals who present for care of acute mental health episodes, such as placement in appropriate facilities.

II. BACKGROUND AND NEED FOR THE LEGISLATION

Mental health is an essential part of overall health and includes an individual’s emotional, psychological, and social well-being.¹ Depression, anxiety, and post-traumatic stress disorder (PTSD) are among the most common mental health conditions in the United States. Nearly one third of adults report feeling worried, nervous, or anxious on a daily, weekly, or monthly basis.² In 2018, 17 million adults and three million adolescents experienced a major depressive episode.³ Data from 2018 show that 47.6 million American adults had a mental illness in the past year, while 11.4 million adults had serious mental illness (SMI).⁴ Research also shows that an estimated 7.7 million children have a mental disorder.⁵

The coronavirus disease of 2019 (COVID–19) public health emergency has triggered distress for many Americans, such as experiencing the loss of family or community members, loss of employment, insurance, and other supports.⁶ The Disaster Distress Helpline, supported by the Substance Abuse and Mental Health Services Administration (SAMHSA), saw an 891 percent increase in call volume in March 2020, compared to its call volume in March 2019.⁷ Research suggests that adverse emotional effects of the pandemic on people with mental health conditions may be exacerbated by physical distancing, self-isolation, and fear.⁸ Some children and adolescents are experiencing additional emotional distress because of a disrupted school schedule, family stress, or abuse at home.⁹

Currently, substantial barriers to treatment exist for people with mental health conditions. Of those with mental health conditions,

¹U.S. Department of Health and Human Services, *What is Mental health?* (www.mentalhealth.gov/basics/what-is-mental-health) (accessed June 5, 2020).

²National Center for Health Statistics, *National Health Interview Survey, 2015–2018* (www.cdc.gov/nchs/nhis/index.htm) (accessed June 5, 2020).

³Substance Abuse and Mental Health Services Administration, *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health* (2019) (www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf).

⁴*Id.*

⁵Whitney DG, Peterson MD. US National and State-Level Prevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children. *JAMA Pediatr.* (2019) (pubmed.ncbi.nlm.nih.gov/30742204/).

⁶Kaiser Family Foundation, *The Implications of COVID–19 for Mental Health and Substance Use* (Aug. 21, 2020) (www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/).

⁷*Calls to US helpline jump 891%, as White House is warned of mental health crisis*, ABC News (Apr. 7, 2020) (abcnews.go.com/Politics/calls-us-helpline-jump-891-white-house-warned/story?id=70010113).

⁸Kaiser Family Foundation, *The Implications of COVID–19 for Mental Health and Substance Use* (Apr. 21, 2020) (www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/).

⁹United Nations, *Policy Brief: COVID–19 and the Need for Action on Mental Health*, (May 13, 2020) (www.un.org/sites/un2.un.org/files/un_policy_brief-covid_and_mental_health_final.pdf).

only slightly more than 43 percent say they have received treatment.¹⁰ For adults with SMI, 64.1 percent said they have received care.¹¹ Overall, 11.2 million adults with mental conditions and 5.1 million adults with SMI said they had an unmet mental health treatment need in 2018.¹² Studies show that the most common reason individuals do not seek care is the inability to pay for services.¹³ Other barriers include fear of discrimination in housing or employment.¹⁴ Workforce shortages have also contributed to the lack of available treatment.¹⁵

Past research found that one in every eight emergency department visits in the United States is related to a mental health or substance use disorder.¹⁶ A recent study by the University of Southern California Schaeffer Center found that emergency room visits for mental-health concerns have substantially increased since 2009, most of which were driven by adolescents and young adults.¹⁷

H.R. 2519 would help to increase access to care for individuals who report to the emergency department for acute mental health episode. Under the bill, the Secretary is authorized to award grants to health care providers to support innovative approaches for providing follow-up care for individuals treated in the emergency department for acute mental health episodes.

III. COMMITTEE HEARINGS

For the purposes of section 103(i) of H. Res. 6 of the 116th Congress, the following hearing was used to develop or consider H.R. 2519:

The Subcommittee on Health held a virtual legislative hearing on June 30, 2020, entitled “High Anxiety and Stress: Legislation to Improve Mental Health During Crisis,” to consider H.R. 2519, the “Improving Mental Health Access from the Emergency Department Act”, and 21 other bills. The Subcommittee received testimony from the following witnesses:

- The Honorable Patrick J. Kennedy, Founder of the Kennedy Forum and former Member of Congress
- Arthur C. Evans, Jr., Ph.D., Chief Executive Officer, American Psychological Association
- Jeffrey L. Geller, M.D., M.P.H., President, American Psychiatric Association, Professor of Psychiatry and Director of Public Sector Psychiatry at the University of Massachusetts Medical School Worcester Recovery Center and Hospital

¹⁰U.S. Department of Health and Human Services, *Mental Health Myths and Fact* (www.mentalhealth.gov) (accessed June 6, 2020).

¹¹*Id.*

¹²*Id.*

¹³Novak P. et al., *Behavioral health treatment utilization among individuals with co-occurring opioid use disorder and mental illness: Evidence from a national survey*. Journal of Substance Abuse Treatment (2019).

¹⁴Mojtabai R. et al., *Comparing barriers to mental health treatment and substance use disorder treatment among individuals with comorbid major depression and substance use disorders*. Journal of Substance Abuse Treatment (2014) (pubmed.ncbi.nlm.nih.gov/30665603/).

¹⁵Health Resources & Services Administration, *Health Professional Shortage Areas* (data.hrsa.gov/topics/health-workforce/shortage-areas) (accessed June 5, 2020).

¹⁶Moore B.J. (IBM Watson Health), Stocks C (AHRQ), Owens PL (AHRQ). *Trends in Emergency Department Visits, 2006–2014*. HCUP Statistical Brief #227. (September 2017).

¹⁷Genevieve Santillanes et al., National trends in mental health-related emergency department visits by children and adults, 2009–2015, *American Journal of Emergency Medicine*. (December 20, 2019).

- Arriana Gross, National Youth Advisory Board Member, Sandy Hook Promise Students Against Violence Everywhere (SAVE) Promise Club

IV. COMMITTEE CONSIDERATION

Representative Ruiz (D–CA) introduced H.R. 2519, the “Improving Mental Health Access from the Emergency Department Act of 2020”, on May 3, 2019, and the bill was referred to the Committee on Energy and Commerce. H.R. 2519 was then referred to the Subcommittee on Health on May 6, 2019. A legislative hearing was held on the bill on July 30, 2020.

On September 9, 2020, H.R. 2519 was discharged from further consideration by the Subcommittee on Health as it was called up for markup by the full Committee on Energy and Commerce. The full Committee met in virtual open markup session on September 9, 2020, pursuant to notice, to consider H.R. 2519. During consideration of the bill, a Manager’s amendment, offered by Mr. Ruiz, was agreed to by a voice vote. Upon conclusion of consideration of the bill, the full Committee agreed to a motion on final passage by Mr. Pallone, Chairman of the committee, to order H.R. 2519 reported favorably to the House, amended, by a voice vote, a quorum being present.

V. COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list each record vote on the motion to report legislation and amendments thereto. The Committee advises that there were no record votes taken on H.R. 2519, including the motion for final passage of the bill.

VI. OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII and clause 2(b)(1) of rule X of the Rules of the House of Representatives, the oversight findings and recommendations of the Committee are reflected in the descriptive portion of the report.

VII. NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Pursuant to 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new budget authority, entitlement authority, or tax expenditures or revenues contained in the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

The Committee has requested but not received from the Director of the Congressional Budget Office a statement as to whether this bill contains any new budget authority, spending authority, credit authority, or an increase or decrease in revenues or tax expenditures.

VIII. FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

IX. STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII, the general performance goal or objective of this legislation is to authorize the Secretary, acting through the Director of the Center for Mental Health Services of SAMHSA, to award grants to implement innovative approaches to securing prompt access to appropriate follow-up care for individuals who experience an acute mental health episode and present for care in an emergency department, and for other purposes.

X. DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 2519 is known to be duplicative of another Federal program, including any program that was included in a report to Congress pursuant to section 21 of Public Law 111–139 or the most recent Catalog of Federal Domestic Assistance.

XI. COMMITTEE COST ESTIMATE

Pursuant to clause 3(d)(1) of rule XIII, the Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

XII. EARMARKS, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

Pursuant to clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 2519 contains no earmarks, limited tax benefits, or limited tariff benefits.

XIII. ADVISORY COMMITTEE STATEMENT

No advisory committee within the meaning of section 5(b) of the Federal Advisory Committee Act was created by this legislation.

XIV. APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

XV. SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 designates that the short title may be cited as the “Improving Mental Health Access from the Emergency Department Act of 2020”.

Sec. 2. Securing appropriate follow up care for acute mental health illness after an emergency department encounter

Section 2 amends the Public Health Service Act to authorize the Secretary to award grants on a competitive basis to qualifying health providers to implement innovative approaches for securing prompt access to appropriate follow-up care for individuals who experience an acute mental health episode and present for care in an emergency department. A “qualifying health provider” is defined as a licensed facility that: has an emergency department; is staffed by medical personnel capable of providing treatment focused on stabilizing acute mental health conditions and assisting patients to access resources to continue treatment in the least restrictive emergency setting; and has arrangements in place with other providers of care that can provide a full range of medically appropriate, evidence-based services for the treatment of acute mental health episodes.

Qualifying health providers that receive funding shall use the funds for the purposes of creating, supporting, or expanding programs or projects intended to assist individuals who are treated at the provider’s emergency department for acute mental health episodes, and to expeditiously transition such individuals to an appropriate facility or setting for follow-up care. Those criteria include: expediting placement in appropriate facility; increasing the supply of inpatient psychiatric beds and alternative care settings; use of alternative approaches to providing psychiatric care in emergency department settings (such as tele-psychiatric support and other remote psychiatric consultation, or implementation of peak period crisis clinics); use of approaches that include proactive follow-up (such as telephone check-ins or telemedicine); and such other relevant activities determined by the Secretary.

At a minimum, qualifying health care providers who apply must provide the Secretary with descriptions of: identified needs for acute mental health services in the provider’s service area; existing efforts to meet the need for acute mental health services in the service area and identified gaps in those efforts; proposed uses of the grant funds; and how the provider will coordinate efforts with Federal, State, local, and private entities within the services area. In addition, qualifying providers must also provide the Secretary with their program objectives, how those objectives are proposed to be met, and how the provider will evaluate outcomes relative to those objectives.

Section 2 authorizes \$15 million for each of the fiscal years 2021 through 2025.

XVI. CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (new matter is printed in italics and existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * *

TITLE V—SUBSTANCE ABUSE AND MENTAL HEALTH
SERVICES ADMINISTRATION

* * * * *

PART B—CENTERS AND PROGRAMS

* * * * *

Subpart 3—Center for Mental Health Services

* * * * *

**SEC. 520J-1. SECURING APPROPRIATE FOLLOW-ON CARE FOR ACUTE
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(a) *IN GENERAL.*—The Secretary may award grants on a competitive basis to qualifying health providers to implement innovative approaches to securing prompt access to appropriate follow-on care for individuals who experience an acute mental health episode and present for care in an emergency department.

(b) *ELIGIBLE GRANT RECIPIENTS.*—In this section, the term “qualifying health provider” means a health care facility licensed under applicable law that—

(1) has an emergency department;

(2) is staffed by medical personnel (such as emergency physicians, psychiatrists, psychiatric registered nurses, mental health technicians, clinical social workers, psychologists, and therapists) capable of providing treatment focused on stabilizing acute mental health conditions and assisting patients to access resources to continue treatment in the least restrictive appropriate setting; and

(3) has arrangements in place with other providers of care that can provide a full range of medically appropriate, evidence-based services for the treatment of acute mental health episodes.

(c) *USE OF FUNDS.*—A qualifying health provider receiving funds under this section shall use such funds to create, support, or expand programs or projects intended to assist individuals who are treated at the provider’s emergency department for acute mental health episodes and to expeditiously transition such individuals to an appropriate facility or setting for follow-on care. Such use of funds may support the following:

(1) *Expediting placement in appropriate facilities through activities such as expanded coordination with regional service providers, assessment, peer navigators, bed availability tracking and management, transfer protocol development, networking infrastructure development, and transportation services.*

(2) *Increasing the supply of inpatient psychiatric beds and alternative care settings such as regional emergency psychiatric facilities.*

(3) *Use of alternative approaches to providing psychiatric care in the emergency department setting, including through tele-psychiatric support and other remote psychiatric consultation, implementation of peak period crisis clinics, or creation of psychiatric emergency service units.*

(4) *Use of approaches that include proactive followup such as telephone check-ins, telemedicine, or other technology-based outreach to individuals during the period of transition.*

(5) *Such other activities as are determined by the Secretary to be appropriate, consistent with subsection (a).*

(d) *APPLICATION.—A qualifying health provider desiring a grant under this section shall prepare and submit an application to the Secretary at such time and in such manner as the Secretary may require. At a minimum, the application shall include the following:*

(1) *A description of identified need for acute mental health services in the provider’s service area.*

(2) *A description of the existing efforts of the provider to meet the need for acute mental health services in the service area, and identified gaps in the provision of such services.*

(3) *A description of the proposed use of funds to meet the need and gaps identified pursuant to paragraph (2).*

(4) *A description of how the provider will coordinate efforts with Federal, State, local, and private entities within the service area.*

(5) *A description of program objectives, how the objectives are proposed to be met, and how the provider will evaluate outcomes relative to objectives.*

(e) *AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated \$15,000,000 for each of fiscal years 2021 through 2025.*

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