

DR. LORNA BREEN HEALTH CARE PROVIDER
PROTECTION ACT

DECEMBER 8, 2021.—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. 1667]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 1667) to address behavioral health and well-being among health care professionals, 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 “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 non-profit 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
- (2) assess whether there are duplicative goals and objectives among such grant programs.

I. PURPOSE AND SUMMARY

H.R. 1667, the “Dr. Lorna Breen Health Care Provider Protection Act,” requires the Department of Health and Human Services (HHS) to establish grant programs and conduct activities intended to address the behavioral health and well-being among health care professionals. Among other things, HHS would be required to award grants for relevant mental and behavioral health training for health care students, residents, or professionals and to support mental health and behavioral health needs among health care providers; conduct a campaign to encourage health care providers to seek support and treatment for mental and behavioral health concerns; and disseminate best practices to prevent suicide and improve mental health and resiliency among health care providers.

The legislation also requires HHS to study, develop, and submit policy recommendations to Congress on policies to improve health care professional mental health and prevent burnout. Finally, the legislation requires a Government Accountability Office (GAO) study on how federal substance use disorder (SUD) and mental health grant programs address mental health conditions and SUDs among health care professionals and identify any duplication of work amongst agencies.

II. BACKGROUND AND NEED FOR LEGISLATION

The coronavirus disease of 2019 (COVID-19) pandemic has compounded the stress and burnout experienced by health care workers working in an already emotionally demanding field.¹ A recent American Medical Association survey of over 20,000 medical professionals found that 38 percent of respondents were experiencing anxiety and depression, and 49 percent had burnout.² Another survey from the Kaiser Family Foundation and the Washington Post found that a majority of frontline health care workers (62 percent) say that worry or stress related to COVID-19 had a negative impact on their mental health.³ The same survey found that only 13 percent of health care workers reported receiving mental health services. An additional 18 percent surveyed said that although they thought they needed them, they did not seek out these services, citing busy schedules, embarrassment or fear, professional repercussions and financial concerns.⁴

The American Rescue Plan (ARP) which included funding for grants to medical providers to promote mental health among their health professional workforce as well as for an education and awareness campaign encouraging healthy work conditions and greater use of mental health and SUD services by health care providers.⁵ H.R. 1667 would authorize the funding provided in ARP in order to provide sustained and predictable programming to support the behavioral health and well-being among health care providers through the establishment of programs that offer behavioral health services for front-line health care workers, the authorization of studies and recommendations about strategies to address provider burnout and facilitate resiliency, and the creation of a public awareness campaign encouraging health care workers to seek assistance when needed. This legislation is named for Dr. Lorna M. Breen, the medical director of the emergency department at New York-Presbyterian Allen Hospital, who died of suicide in April 2020.

¹Gemma Seda-Gombau et al., *Impact of the COVID-19 Pandemic on Burnout in Primary Care Physicians in Catalonia*, U.S. National Library of Medicine, National Institutes of Health (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8431168/>) (Sep. 2021).

²American Medical Association, *Half of health workers report burnout amid COVID-19* (www.ama-assn.org/practice-management/physician-health/half-health-workers-report-burnout-amid-covid-19) (July 20, 2021).

³Kaiser Family Foundation, *KFF/The Washington Post Frontline Health Care Workers Survey* (www.kff.org/report-section/kff-the-washington-post-frontline-health-care-workers-survey-toll-of-the-pandemic/?utm_campaign=KFF-2021-polling-surveys&utm_medium=email&_hsmi=2&hsenc=p2ANqtz-O1wzC3EysCZIKW0kCMDZpbV6oLd5xwx4ClkuyY3sw3HY_IWeEIYAKCkKa7ODLB801Vx8g9u2oXcvko8YvTVJhgmDoQ&utm_content=2&utm_source=hs_email) (Apr. 6, 2021).

⁴*Id.*

⁵American Rescue Plan Act of 2021, Pub. L. No 117-2.

III. COMMITTEE HEARINGS

For the purposes of section 3(c) of rule XIII of the Rules of the House of Representatives, the following hearing was used to develop or consider H.R. 1667:

The Subcommittee on Health held a legislative hearing on October 26, 2021, entitled “Caring for America: Legislation to Support Patients, Caregivers, and Providers.” The Subcommittee received testimony from the following witnesses:

Corey Feist, Founder, Dr. Lorna Breen Foundation;
 Lisa Macon Harrison, M.P.H., President, National Association of County and City Health Officials (NACCHO);
 Brooks A. Keel, Ph.D., President, Augusta University;
 Alan Levine, Executive Chairman, President, and CEO, Ballad Health;
 Jeanne Marrazzo, M.D., Board Member, Infectious Disease Society of America (IDSA), Infectious Disease Division Chief, University of Alabama at Birmingham;
 Stephanie Monroe, J.D., Director, Equity and Access, UsAgainstAlzheimer’s, Executive Director, AfricanAmericans AgainstAlzheimer’s; and
 Victoria Garcia Wilburn, D.H.Sc., O.T.R., F.A.O.T.A., Assistant Professor, Occupational Therapy, IUPUI School of Health & Human Sciences.

IV. COMMITTEE CONSIDERATION

H.R. 1667, the “Dr. Lorna Breen Health Care Provider Protection Act,” was introduced on March 8, 2021, by Representative Susan Wild (D-PA) and 14 original cosponsors and referred to the Committee on Energy and Commerce. Subsequently, on March 9, 2021, the bill was referred to the Subcommittee on Health.

On November 4, 2021, the Subcommittee on Health met in open markup session, pursuant to notice, to consider H.R. 1667 and eight other bills. During consideration of the bill, an amendment in the nature of a substitute (AINS) offered by Representative Griffith (R-VA) was agreed to by a voice vote. Upon conclusion of consideration of the bill, the Subcommittee on Health agreed to report the bill favorably to the full Committee, amended, by a voice vote.

On November 17, 2021, the full Committee met in open markup session, pursuant to notice, to consider H.R. 1193 and 11 other bills. No amendments were offered during consideration of the bill. Upon conclusion of consideration of the bill, the full Committee agreed to a motion on final passage offered by Representative Pallone (D-NJ), Chairman of the Committee, to order H.R. 1193 reported favorably to the House, as amended, by a voice vote.

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. 1667, including a motion by Mr. Pallone ordering H.R. 1667 favorably reported to the House, as amended.

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 reduce and prevent suicide, burnout, and mental and behavioral health conditions among health care professionals and to provide resources to support health care entities to offer assistance to address these needs.

X. DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 1667 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. 1667 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 “Dr. Lorna Breen Health Care Provider Protection Act.”

Sec. 2. Dissemination of best practices

Section 2 requires the Secretary of HHS, two years after enactment of the legislation, to identify and disseminate evidence-based or evidence-informed best practices and recommendations 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.

Sec. 3. Education and awareness initiative encouraging use of mental health and substance use disorder services by health care professionals

Section 3 requires the Secretary of HHS, in consultation with relevant stakeholders, to establish a national evidence-based or evidence-informed awareness initiative. The initiative shall (1) 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 SUDs, and (2) to address stigma associated with seeking mental health and SUD services. Section 3 also requires the Secretary of HHS to provide an update on the activities and outcomes of the initiative to the Senate Committee on Health, Education, Labor, and Pensions and the House Committee on Energy and Commerce no later than two years after enactment. Section 3 authorizes \$10 million for each of fiscal years 2022 through 2024 to carry out the activities outlined in this section.

Sec. 4. Programs to promote mental health among the health professional workforce

Section 4 amends the Public Health Service Act to establish programming to promote mental health among the health professional workforce, by authorizing \$35 million for each of fiscal years 2022 through 2024 for the Secretary of HHS to award grants or contracts to health care entities 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. Eligible entities receiving a grant or contract shall use funds to implement a new program or enhance an existing program to promote mental health among health care professionals, which may include improving awareness among health professionals about risk factors and signs of suicide and mental health or SUD; establishing new or enhancing existing peer-support programs; and, providing mental health care, follow-up services and care, or referrals for such services or care. The Secretary of HHS must also prioritize eligible entities in areas with health professional shortages or rural areas. The Secretary may also 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 non-profit entities to support training for health care students, residents, or health care professionals to address mental health and SUD and improve mental health and resiliency among health care professionals. Grants or contracts shall be for a period of three years, and entities receiving grants or contracts shall submit a report evaluating the activities supported by the grant or contract.

Sec. 5. Review with respect to health care professional mental health and resiliency

Section 5 directs the Secretary of HHS, in consultation with stakeholders, to conduct a review on improving health care professional mental health and the outcomes of programs authorized under this legislation, and submit a report to Congress on the results of this review no later than three years after enactment. This review should take into account (1) the prevalence and severity of mental health conditions for health care professionals and factors that contribute to those 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 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. This review, as appropriate, shall identify best practices 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

Section 6 requires GAO, no later than four years after enactment, to submit a report to Congress on the extent to which federal SUD and mental health programs address the prevalence and severity of mental health conditions and SUDs among health care professionals. The report shall include an analysis of available evi-

dence and data related to such conditions and programs and assess whether there are duplicative goals and objective among such grant programs.

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

* * * * *

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.

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