

107TH CONGRESS  
2D SESSION

# H. R. 5077

To amend the Public Health Service Act with respect to mental health services for elderly individuals.

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## IN THE HOUSE OF REPRESENTATIVES

JULY 9, 2002

Mr. KENNEDY of Rhode Island introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To amend the Public Health Service Act with respect to mental health services for elderly individuals.

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 “Positive Aging Act of  
5       2002”.

6       **SEC. 2. FINDINGS; STATEMENT OF PURPOSE.**

7       (a) FINDINGS.—The Congress finds that—

8               (1) although, on average,  $\frac{1}{4}$  of all patients seen  
9       in primary care settings have a mental illness, pri-

1       mary care practitioners identify such illness in only  
2       about half of these cases;

3               (2) four mental disorders are among the 10  
4       leading causes of disability in the United States;

5               (3) among the elderly, 10 percent have demen-  
6       tia and as many as one quarter have significant clin-  
7       ical depression;

8               (4) access to mental health services by the el-  
9       derly is compromised by health benefits coverage  
10      limits, gaps in the mental health services delivery  
11      system, and shortages of geriatric mental health  
12      practitioners;

13              (5) the integration of medical and mental  
14      health treatment provides an effective means of co-  
15      ordinating care, improving mental health outcomes,  
16      and saving health care dollars; and

17              (6) the treatment of mental illness in elderly  
18      patients, particularly those with other chronic dis-  
19      eases, can improve health outcomes and the quality  
20      of life for these patients.

21      (b) STATEMENT OF PURPOSE.—In order to address  
22      the emerging crisis in the identification and treatment of  
23      mental illness among the elderly, it is the purpose of this  
24      Act to—

1 (1) promote models of care that integrate men-  
 2 tal health services and medical care within primary  
 3 care settings; and

4 (2) improve access by geriatric patients to men-  
 5 tal health services in community-based settings.

6 **TITLE I—ENHANCING ACCESS**  
 7 **TO MENTAL HEALTH SERV-**  
 8 **ICES FOR THE ELDERLY**

9 **SEC. 101. SERVICES IMPLEMENTATION PROJECTS TO SUP-**  
 10 **PORT INTEGRATION OF MENTAL HEALTH**  
 11 **SERVICES IN PRIMARY CARE SETTINGS.**

12 Subpart 3 of part B of title V of the Public Health  
 13 Service Act (42 U.S.C. 290bb–31 et seq.) is amended—

14 (1) in section 520(b)—

15 (A) in paragraph (14), by striking “and”  
 16 at the end;

17 (B) in paragraph (15), by striking the pe-  
 18 riod at the end and inserting “; and”; and

19 (C) by adding at the end the following  
 20 paragraph:

21 “(16) conduct the demonstration projects speci-  
 22 fied in section 520K.”; and

23 (2) by adding at the end the following section:

1 **“SEC. 520K. PROJECTS TO DEMONSTRATE INTEGRATION OF**  
2 **MENTAL HEALTH SERVICES IN PRIMARY**  
3 **CARE SETTINGS.**

4 “(a) IN GENERAL.—The Secretary, acting through  
5 the Director of the Center for Mental Health Services,  
6 shall make grants to public and private nonprofit entities  
7 for evidence-based projects to demonstrate ways of inte-  
8 grating mental health services for geriatric patients into  
9 primary care settings, such as health centers receiving a  
10 grant under section 330 (or determined by the Secretary  
11 to meet the requirements for receiving such a grant), other  
12 Federally qualified health centers, primary care clinics,  
13 and private practice sites.

14 “(b) REQUIREMENTS.—In order to qualify for a  
15 grant under this section, a project shall—

16 “(1) provide for collaborative care within a pri-  
17 mary care setting, including screening services by a  
18 mental health professional with at least a masters  
19 degree in an appropriate field of training, supported  
20 by psychiatrists with appropriate training and expe-  
21 rience in the treatment of geriatric patients;

22 “(2) make available to such patients referrals  
23 for necessary follow-up care, consultations, and care  
24 planning oversight; and

25 “(3) adopt and implement evidence-based proto-  
26 cols, to the extent available, for prevalent mental

1 health disorders, including depression, anxiety, be-  
2 havioral and psychological symptoms of dementia,  
3 psychosis, and misuse of, or dependence on, alcohol  
4 or medication.

5 “(c) CONSIDERATIONS IN AWARDING GRANTS.—To  
6 the extent feasible, the Secretary shall assure that—

7 “(1) grants under this section are awarded to  
8 projects in a variety of geographic areas, including  
9 urban and rural areas; and

10 “(2) that the needs of ethnically diverse at-risk  
11 populations are addressed.

12 “(d) DURATION.—A project may receive funding pur-  
13 suant to a grant under this section for a period of up to  
14 3 years, with an extension period of two additional years  
15 at the discretion of the Secretary.

16 “(e) APPLICATION.—In order to receive a grant  
17 under this section, a public or private nonprofit entity  
18 shall—

19 “(1) submit an application to the Secretary (in  
20 such form, containing such information, at such  
21 time as the Secretary may specify); and

22 “(2) agree to report to the Secretary standard-  
23 ized clinical and behavioral data necessary to evalu-  
24 ate patient outcomes and to facilitate evaluations  
25 across participating projects.

1       “(f) EVALUATION.—Not later than 6 months after  
 2 the close of a calendar year, the Secretary shall submit  
 3 to the Congress a report evaluating the projects receiving  
 4 awards under this section for such year.

5       “(g) AUTHORIZATION OF APPROPRIATIONS.—There  
 6 are authorized to be appropriated for fiscal year 2003 and  
 7 each fiscal year thereafter such sums as may be necessary  
 8 to carry out this section.”.

9       **SEC. 102. GRANTS FOR COMMUNITY-BASED MENTAL**  
 10               **HEALTH TREATMENT OUTREACH TEAMS.**

11       Subpart 3 of part B of title V of the Public Health  
 12 Service Act, as amended by section 101 of this Act, is fur-  
 13 ther amended by adding at the end the following section:

14       **“SEC. 520L. GRANTS FOR COMMUNITY-BASED MENTAL**  
 15               **HEALTH TREATMENT OUTREACH TEAMS.**

16       “(a) IN GENERAL.—The Secretary, acting through  
 17 the Director of the Center for Mental Health Services,  
 18 shall make grants to public or private nonprofit entities  
 19 that are community-based providers of geriatric mental  
 20 health services, to support the establishment and mainte-  
 21 nance by such entities of multi-disciplinary geriatric men-  
 22 tal health outreach teams in community settings where el-  
 23 derly persons reside or receive social services. Entities eli-  
 24 gible for such grants include (but are not limited to)—

1           “(1) mental health service providers of a State  
2           or local government;

3           “(2) outpatient programs of private, nonprofit  
4           hospitals; and

5           “(3) community mental health centers meeting  
6           the criteria specified in section 1913(c).

7           “(b) REQUIREMENTS.—In order to qualify for a  
8           grant under this section, an entity shall—

9           “(1) adopt and implement, for use by its mental  
10          health outreach team, evidence-based intervention  
11          and treatment protocols (to the extent such proto-  
12          cols are available) for mental disorders prevalent in  
13          geriatric patients, relying to the greatest extent fea-  
14          sible on protocols that have been developed—

15                 “(A) by or under the auspices of the Sec-  
16                 retary; or

17                 “(B) by geriatric mental health programs  
18                 based at academic medical centers;

19           “(2) provide screening for mental disorders, di-  
20          agnostic services, referrals for treatment, and case  
21          management and coordination through such teams;  
22          and

23           “(3) coordinate and integrate the services pro-  
24          vided by such team with the services of social service

1 and medical providers at the site or sites where the  
2 team is based in order to—

3 “(A) improve patient outcomes; and

4 “(B) to assure, to the maximum extent  
5 feasible, the continuing independence of geri-  
6 atric patients who are residing in the commu-  
7 nity.

8 “(c) COOPERATIVE ARRANGEMENTS WITH SITES  
9 SERVING AS BASES FOR OUTREACH TEAMS.—An entity  
10 receiving a grant under this section may enter into an  
11 agreement with a person operating a site at which a geri-  
12 atric mental health outreach team of the entity is based,  
13 including (but not limited to)—

14 “(1) senior centers,

15 “(2) adult day care programs,

16 “(3) assisted living facilities, and

17 “(4) recipients of grants to provide services to  
18 senior citizens under the Older Americans Act,  
19 under which such person provides (and is reim-  
20 bursed by the entity, out of funds received under the  
21 grant, for) any supportive services, such as transpor-  
22 tation and administrative support, that such person  
23 provides to an outreach team of such entity.

24 “(d) CONSIDERATIONS IN AWARDING GRANTS.—To  
25 the extent feasible, the Secretary shall assure that—



1           “(1) grants under this section are awarded to  
2       projects in a variety of geographic areas, including  
3       urban and rural areas; and

4           “(2) that the needs of ethnically diverse at-risk  
5       populations are addressed.

6       “(e) APPLICATION.—In order to receive a grant  
7       under this section, an entity shall—

8           “(1) submit an application to the Secretary (in  
9       such form, containing such information, at such  
10      time as the Secretary may specify); and

11          “(2) agree to report to the Secretary standard-  
12      ized clinical and behavioral data necessary to evalu-  
13      ate patient outcomes and to facilitate evaluations  
14      across participating projects.

15      “(f) EVALUATION.—Not later than 6 months after  
16      the close of a calendar year, the Secretary shall submit  
17      to the Congress a report evaluating the programs receiving  
18      a grant under this section for such year.

19      “(g) AUTHORIZATION OF APPROPRIATIONS.—There  
20      are authorized to be appropriated for fiscal year 2003 and  
21      each fiscal year thereafter such sums as may be necessary  
22      to carry out this section.”.

1 **TITLE II—ADMINISTRATIVE**  
 2 **CHANGES TO STRENGTHEN**  
 3 **PROGRAMS FOR GERIATRIC**  
 4 **MENTAL HEALTH SERVICES**

5 **SEC. 201. DESIGNATION OF DEPUTY DIRECTOR FOR GERI-**  
 6 **ATRIC MENTAL HEALTH SERVICES IN CEN-**  
 7 **TER FOR MENTAL HEALTH SERVICES.**

8 Section 520 of the Public Health Service Act (42  
 9 U.S.C. 290bb–31) is amended by redesignating subsection  
 10 (c) as subsection (d) and inserting after subsection (b) the  
 11 following:

12 “(c) DEPUTY DIRECTOR FOR GERIATRIC MENTAL  
 13 HEALTH SERVICES.—The Director, after consultation  
 14 with the Administrator, shall designate a Deputy Director  
 15 for Geriatric Mental Health Services, who shall be respon-  
 16 sible for the development and implementation of initiatives  
 17 of the Center to address the mental health needs of older  
 18 adults. Such initiatives shall include (but are not limited  
 19 to)—

20 “(1) research on prevention and identification  
 21 of mental disorders in the geriatric population;

22 “(2) innovative demonstration projects for the  
 23 delivery of community-based mental health services  
 24 for older Americans;

1 “(3) support for the development and dissemi-  
2 nation of evidence-based practice models, including  
3 models to address dependence on, and misuse of, al-  
4cohol and medication in geriatric patients; and

5 “(4) development of model training programs  
6 for mental health professionals and care givers serv-  
7 ing geriatric patients.”.

8 **SEC. 202. MEMBERSHIP OF ADVISORY COUNCIL FOR THE**  
9 **CENTER FOR MENTAL HEALTH SERVICES.**

10 Section 502(b)(3) of the Public Health service Act  
11 (42 U.S.C. 269aa–1(b)(3)) is amended by adding at the  
12 end the following:

13 “(C) In the case of the advisory council for  
14 the Center for Mental Health Services, the  
15 members appointed pursuant to subparagraphs  
16 (A) and (B) shall include representatives of  
17 older Americans, their families, and geriatric  
18 mental health specialists, including at least one  
19 physician with board certification in geriatric  
20 psychiatry.”.

21 **SEC. 203. PROJECTS OF NATIONAL SIGNIFICANCE TAR-**  
22 **GETING SUBSTANCE ABUSE IN GERIATRIC**  
23 **PATIENTS.**

24 Section 509(b)(2) of the Public Health Service Act  
25 (42 U.S.C. 290bb–2(b)(2)) is amended by inserting before

1 the period the following: “, and to providing treatment for  
 2 geriatric patients with alcohol or substance abuse or addic-  
 3 tion, including medication misuse or dependence”.

4 **SEC. 204. CRITERIA FOR STATE PLANS UNDER COMMUNITY**  
 5 **MENTAL HEALTH SERVICES BLOCK GRANTS.**

6 (a) IN GENERAL.—Section 1912(b) of the Public  
 7 Health Service Act (42 U.S.C. 300x–2(b)) is amended by  
 8 inserting after paragraph (5) the following:

9 “(6) GOALS AND INITIATIVES FOR IMPROVING  
 10 ACCESS TO SERVICES FOR GERIATRIC PATIENTS.—

11 The plan—

12 “(A) specifies goals for improving access  
 13 by older Americans to community-based mental  
 14 health services;

15 “(B) includes a plan identifying and ad-  
 16 dressing the unmet needs of such individuals  
 17 for mental health services; and

18 “(C) includes an inventory of the services,  
 19 personnel, and treatment sites available to im-  
 20 prove the delivery of mental health services to  
 21 such individuals.”.

22 (b) EFFECTIVE DATE.—The amendment made by  
 23 subsection (a) shall apply to State plans submitted under  
 24 section 1912 of the Public Health Service Act on or after

- 1 the date that is 180 days after the date of the enactment
- 2 of this Act.

