107TH CONGRESS 2D SESSION

H. R. 5078

To increase the number of well-trained mental health service professionals (including those based in schools) providing clinical mental health care to children and adolescents, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

July 9, 2002

Mr. Kennedy of Rhode Island (for himself, Ms. Ros-Lehtinen, Ms. Kaptur, Mr. Serrano, Ms. Millender-McDonald, Ms. Rivers, Mr. Owens, Mr. Frost, Mr. Stark, Mr. Conyers, Mr. Holt, Mr. Lantos, Mr. Deutsch, Mr. Baldacci, Ms. Lee, and Mr. Defazio) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To increase the number of well-trained mental health service professionals (including those based in schools) providing clinical mental health care to children and adolescents, 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 "Children's Mental
- 5 Health Service Expansion Act".

SEC. 2. FINDINGS.

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2	The	Congress	finds	the	follow	ing:
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- (1) The Center for Mental Health Services estimates that 20 percent or 13,700,000 of the Nation's children and adolescents have a diagnosable mental disorder, and about 2/3 of these children and adolescents do not receive mental health care.
 - (2) According to "Mental Health: A Report of the Surgeon General" in 1999, there are approximately 6,000,000 to 9,000,000 children and adolescents in the United States (accounting for 9 to 13 percent of all children and adolescents in the United States) who meet the definition for having a serious emotional disturbance.
 - (3) According to the Center for Mental Health Services, approximately 5 to 9 percent of United States children and adolescents meet the definition for extreme functional impairment.
 - (4) According to the Surgeon General's Report, there are particularly acute shortages in the numbers of mental health service professionals serving children and adolescents with serious emotional disorders.
- 24 (5) According to the National Center for Edu-25 cation Statistics in the Department of Education, 26 there are approximately 513 students for each school

- 1 counselor in United States schools, which ratio is 2 more than double the recommended ratio of 250 stu-3 dents for each school counselor.
 - (6) According to the Bureau of Health Professions in 2000, the demand for the services of child and adolescent psychiatry is projected to increase by 100 percent by 2020.
 - (7) The development and application of knowledge about the impact of disasters on children, adolescents, and their families has been impeded by critical shortages of qualified researchers and practitioners specializing in this work.
 - (8) According to the Bureau of the Census, the population of children and adolescents in the United States under the age of 18 is projected to grow by more than 40 percent in the next 50 years from 70 million to more than 100 million by 2050.
- 18 SEC. 3. LOAN REPAYMENTS, SCHOLARSHIPS, AND GRANTS
- 19 TO IMPROVE CHILD AND ADOLESCENT MEN-
- TAL HEALTH CARE.
- 21 Part B of title VII of the Public Health Service Act
- 22 (42 U.S.C. 293 et seq.) is amended by adding at the end
- 23 the following:

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1	"SEC. 742. LOAN REPAYMENTS, SCHOLARSHIPS, AND
2	GRANTS TO IMPROVE CHILD AND ADOLES-
3	CENT MENTAL HEALTH CARE.
4	"(a) Loan Repayments for Child and Adoles-
5	CENT MENTAL HEALTH SERVICE PROFESSIONALS.—
6	"(1) Establishment.—The Secretary, acting
7	through the Administrator of the Health Resources
8	and Services Administration, may establish a pro-
9	gram of entering into contracts on a competitive
10	basis with eligible individuals (as defined in para-
11	graph (2)) under which—
12	"(A) the eligible individual agrees to be
13	employed full-time for a specified period (which
14	shall be at least 2 years) in providing mental
15	health services to children and adolescents; and
16	"(B) the Secretary agrees to make, during
17	the period of employment described in subpara-
18	graph (A), partial or total payments on behalf
19	of the individual on the principal and interest
20	due on the undergraduate and graduate edu-
21	cational loans of the eligible individual.
22	"(2) Eligible individual.—For purposes of
23	this section, the term 'eligible individual' means an
24	individual who—
25	"(A) is receiving specialized training or
26	clinical experience in child and adolescent men-

tal health in psychiatry, psychology, school psychology, psychiatric nursing, social work, school social work, marriage and family therapy, school counseling, or professional counseling and has less than 1 year remaining before completion of such training or clinical experience; or

"(B)(i) has a license in a State to practice allopathic medicine, osteopathic medicine, psychology, school psychology, psychiatric nursing, social work, school social work, marriage and family therapy, school counseling, or professional counseling; and

"(ii)(I) is a mental health service professional who completed (but not before the end of the calendar year in which this Act is enacted) specialized training or clinical experience in child and adolescent mental health described in subparagraph (A); or

"(II) is a physician who graduated from (but not before the end of the calendar year in which this Act is enacted) an accredited child and adolescent psychiatry residency or fellowship program in the United States.

1	"(3) Additional eligibility require-
2	MENTS.—The Secretary may not enter into a con-
3	tract under this subsection with an eligible indi-
4	vidual unless the individual—
5	"(A) is a United States citizen or a perma-
6	nent legal United States resident; and
7	"(B) if enrolled in a graduate program (in-
8	cluding a medical residency or fellowship), has
9	an acceptable level of academic standing (as de-
10	termined by the Secretary).
11	"(4) Priority.—In entering into contracts
12	under this subsection, the Secretary shall give pri-
13	ority to applicants who—
14	"(A) are or will be working with high pri-
15	ority populations;
16	"(B) have familiarity with evidence-based
17	methods in child and adolescent mental health
18	services;
19	"(C) demonstrate financial need; and
20	"(D) are or will be working in the publicly
21	funded sector.
22	"(5) Meaningful loan repayment.—If the
23	Secretary determines that funds appropriated for a
24	fiscal year to carry out this subsection are not suffi-
25	cient to allow a meaningful loan repayment to all ex-

pected applicants, the Secretary shall limit the number of contracts entered into under paragraph (1) to ensure that each such contract provides for a meaningful loan repayment.

"(6) AMOUNT.—

- "(A) MAXIMUM.—For each year that an eligible individual agrees under a contract under paragraph (1) to be employed, the Secretary may agree under that contract to pay not more than \$35,000 on behalf of the individual.
- "(B) Consideration.—In determining the amount of payments to be made on behalf of an eligible individual under a contract to be entered into under paragraph (1), the Secretary shall consider the eligible individual's income and debt load.
- "(7) APPLICABILITY OF CERTAIN PROVISIONS.—The provisions of sections 338E and 338F shall apply to the program established under paragraph (1) to the same extent and in the same manner as such provisions apply to the National Health Service Corps Loan Repayment Program established in subpart III of part D of title III.

1	"(8) Authorization of appropriations.—
2	There is authorized to be appropriated to carry out
3	this subsection \$10,000,000 for each of fiscal years
4	2003 through 2007.
5	"(b) Scholarships for Students Studying To
6	BECOME CHILD AND ADOLESCENT MENTAL HEALTH
7	SERVICE PROFESSIONALS.—
8	"(1) Establishment.—The Secretary, acting
9	through the Administrator of the Health Resources
10	and Services Administration, may establish a pro-
11	gram to award scholarships on a competitive basis to
12	eligible students (as defined in paragraph (2)) who
13	agree to enter into full-time employment (as de-
14	scribed in paragraph (4)(C)) as a child and adoles-
15	cent mental health service professional after gradua-
16	tion or completion of a residency or fellowship.
17	"(2) Eligible student.—For purposes of
18	this subsection, the term 'eligible student' means a
19	United States citizen or a permanent legal United
20	States resident who—
21	"(A) is enrolled or accepted to be enrolled
22	in a graduate program that includes specialized
23	training or clinical experience in child and ado-
24	lescent mental health in psychology, school psy-
25	chology, psychiatric nursing, social work, school

1	social work, marriage and family therapy,
2	school counseling, or professional counseling; or
3	"(B) is enrolled or accepted to be enrolled
4	in an accredited graduate training program of
5	allopathic or osteopathic medicine in the United
6	States and intends to complete an accredited
7	residency or fellowship in child and adolescent
8	psychiatry.
9	"(3) Priority.—In awarding scholarships
10	under this subsection, the Secretary shall give—
11	"(A) highest priority to applicants who
12	previously received a scholarship under this
13	subsection and satisfy the criteria described in
14	subparagraph (B); and
15	"(B) second highest priority to applicants
16	who—
17	"(i) demonstrate a commitment to
18	working with high priority populations;
19	"(ii) have familiarity with evidence-
20	based methods in child and adolescent
21	mental health services;
22	"(iii) demonstrate financial need; and
23	"(iv) are or will be working in the
24	publicly funded sector.

1	"(4) REQUIREMENTS.—The Secretary may
2	award a scholarship to an eligible student under this
3	subsection only if the eligible student agrees—
4	"(A) to complete any graduate training
5	program, internship, residency, or fellowship
6	applicable to that eligible student under para-
7	graph (2);
8	"(B) to maintain an acceptable level of
9	academic standing (as determined by the Sec-
10	retary) during the completion of such graduate
11	training program, internship, residency, or fel-
12	lowship; and
13	"(C) to be employed full-time after gradua-
14	tion or completion of a residency or fellowship
15	for at least the number of years for which a
16	scholarship is received by the eligible student
17	under this subsection, in providing mental
18	health services to children and adolescents.
19	"(5) USE OF SCHOLARSHIP FUNDS.—A scholar-
20	ship awarded to an eligible student for a school year
21	under this subsection may be used only to pay for
22	tuition expenses of the school year, other reasonable
23	educational expenses (including fees, books, and lab-
24	oratory expenses incurred by the eligible student in

the school year), and reasonable living expenses, as

- such tuition expenses, reasonable educational expenses, and reasonable living expenses are determined by the Secretary.
- "(6) Amount.—The amount of a scholarship under this subsection shall not exceed the total amount of the tuition expenses, reasonable educational expenses, and reasonable living expenses described in paragraph (5).
 - "(7) APPLICABILITY OF CERTAIN PROVISIONS.—The provisions of sections 338E and 338F shall apply to the program established under paragraph (1) to the same extent and in the same manner as such provisions apply to the National Health Service Corps Scholarship Program established in subpart III of part D of title III.
- "(8) AUTHORIZATION OF APPROPRIATIONS.—
 There is authorized to be appropriated to carry out
 this subsection \$5,000,000 for each of fiscal years
 2003 through 2007.
- 20 "(c) Clinical Training Grants for Profes-21 sionals.—
- "(1) ESTABLISHMENT.—The Secretary, acting
 through the Administrator of the Health Resources
 and Services Administration, in cooperation with the
 Administrator of the Substance Abuse and Mental

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1 Health Services Administration, may establish a pro-2 gram to award grants on a competitive basis to ac-3 credited institutions of higher education to establish or expand internships or other field placement pro-5 grams for students receiving specialized training or 6 clinical experience in child and adolescent mental 7 health in psychiatry, psychology, school psychology, 8 psychiatric nursing, social work, school social work, 9 marriage and family therapy, school counseling, or 10 professional counseling. 11

- "(2) Priority.—In awarding grants under this subsection, the Secretary shall give priority to applicants that—
 - "(A) have demonstrated the ability to collect data on the number of students trained in child and adolescent mental health and the populations served by such students after graduation;
 - "(B) have demonstrated familiarity with evidence-based methods in child and adolescent mental health services; and
 - "(C) have programs designed to increase the number of professionals serving high priority populations.

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1	"(3) Requirements.—The Secretary may
2	award a grant to an applicant under this subsection
3	only if the applicant agrees that—
4	"(A) any internship or other field place-
5	ment program assisted under the grant will
6	prioritize cultural competency;
7	"(B) students benefiting from any assist-
8	ance under this subsection will be United States
9	citizens or permanent legal United States resi-
10	dents;
11	"(C) the institution will provide to the Sec-
12	retary such data, assurances, and information
13	as the Secretary may require; and
14	"(D) with respect to any violation of the
15	agreement between the Secretary and the insti-
16	tution, the institution will pay such liquidated
17	damages as prescribed by the Secretary by reg-
18	ulation.
19	"(4) Application.—The Secretary shall re-
20	quire that any application for a grant under this
21	subsection include a description of the applicant's
22	experience working with child and adolescent mental
23	health issues.
24	"(5) Authorization of appropriations.—
25	There is authorized to be appropriated to carry out

- this subsection \$10,000,000 for each of fiscal years
- 2 2003 through 2007.
- 3 "(d) Progressive Education Grants for Para-
- 4 Professionals.—
- "(1) Establishment.—The Secretary, acting 5 6 through the Administrator of the Health Resources 7 and Services Administration, in cooperation with the 8 Administrator of the Substance Abuse and Mental 9 Health Services Administration, may establish a pro-10 gram to award grants on a competitive basis to 11 State-licensed mental health nonprofit and for-profit 12 organizations (including accredited institutions of 13 higher education) to enable such organizations to 14 pay for programs for preservice or in-service training 15 of paraprofessional child and adolescent mental 16 health workers.
 - "(2) DEFINITION.—For purposes of this subsection, the term 'paraprofessional child and adolescent mental health worker' means an individual who is not a mental health service professional, but who works at the first stage of contact with children and families who are seeking mental health services.
 - "(3) Priority.—In awarding grants under this subsection, the Secretary shall give priority to applicants that—

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1	"(A) have demonstrated the ability to col-
2	lect data on the number of paraprofessional
3	child and adolescent mental health workers
4	trained by the applicant and the populations
5	served by these workers after the completion of
6	the training;
7	"(B) have familiarity with evidence-based
8	methods in child and adolescent mental health
9	services; and
10	"(C) have programs designed to increase
11	the number of paraprofessional child and ado-
12	lescent mental health workers serving high pri-
13	ority populations.
14	"(4) Requirements.—The Secretary may
15	award a grant to an organization under this sub-
16	section only if the organization agrees that—
17	"(A) any training program assisted under
18	the grant will prioritize cultural competency;
19	"(B) the organization will provide to the
20	Secretary such data, assurances, and informa-
21	tion as the Secretary may require; and
22	"(C) with respect to any violation of the
23	agreement between the Secretary and the orga-
24	nization, the organization will pay such liq-

- uidated damages as prescribed by the Secretaryby regulation.
- "(5) APPLICATION.—The Secretary shall require that any application for a grant under this subsection include a description of the applicant's experience working with paraprofessional child and adolescent mental health workers.
- 8 "(6) AUTHORIZATION OF APPROPRIATIONS.—
 9 There is authorized to be appropriated to carry out
 10 this subsection \$5,000,000 for each of fiscal years
 11 2003 through 2007.
- 12 "(e) CHILD AND ADOLESCENT MENTAL HEALTH
 13 PROGRAM DEVELOPMENT GRANTS.—
- 14 "(1) Establishment.—The Secretary, acting 15 through the Administrator of the Health Resources 16 and Services Administration, may establish a pro-17 gram to increase the number of well-trained child 18 and adolescent mental health service professionals in 19 the United States by awarding grants on a competi-20 tive basis to accredited institutions of higher edu-21 cation to enable the institutions to establish or ex-22 pand accredited graduate child and adolescent men-23 tal health programs.

1	"(2) Priority.—In awarding grants under this
2	subsection, the Secretary shall give priority to appli-
3	cants that—
4	"(A) demonstrate familiarity with the use
5	of evidence-based methods in child and adoles-
6	cent mental health services;
7	"(B) provide experience in and collabora-
8	tion with community-based child and adolescent
9	mental health services;
10	"(C) have included normal child develop-
11	ment curricula; and
12	"(D) demonstrate commitment to working
13	with high priority populations.
14	"(3) Use of funds.—Funds received as a
15	grant under this subsection may be used to establish
16	or expand any accredited graduate child and adoles-
17	cent mental health program in any manner deemed
18	appropriate by the Secretary, including by improving
19	the coursework, related field placements, or faculty
20	of such program.
21	"(4) Requirements.—The Secretary may
22	award a grant to an accredited institution of higher
23	education under this subsection only if the institu-
24	tion agrees that—

1	"(A) any child and adolescent mental
2	health program assisted under the grant will
3	prioritize cultural competency;
4	"(B) the institution will provide to the Sec-
5	retary such data, assurances, and information
6	as the Secretary may require; and
7	"(C) with respect to any violation of the
8	agreement between the Secretary and the insti-
9	tution, the institution will pay such liquidated
10	damages as prescribed by the Secretary by reg-
11	ulation.
12	"(5) Authorization of appropriations.—
13	There is authorized to be appropriated to carry out
14	this subsection \$15,000,000 for each of fiscal years
15	2003 through 2007.
16	"(f) Definitions.—In this section:
17	"(1) Specialized training or clinical ex-
18	PERIENCE IN CHILD AND ADOLESCENT MENTAL
19	HEALTH.—The term 'specialized training or clinical
20	experience in child and adolescent mental health'
21	means training and clinical experience that—
22	(A) is part of or occurs after completion of
23	an accredited graduate program in the United
24	States for training mental health service profes-
25	sionals;

1	(B) consists of at least 500 hours of train-
2	ing or clinical experience in treating children
3	and adolescents; and
4	(C) is comprehensive, coordinated, develop-
5	mentally appropriate, and of high quality to ad-
6	dress the unique ethnic and cultural diversity of
7	the United States population.
8	"(2) High priority population.—The term
9	'high priority population' means a population that
10	has a high incidence of children and adolescents who
11	have serious emotional disturbances, are racial and
12	ethnic minorities, or live in urban or rural areas.
13	"(3) Mental Health Service Profes-
14	SIONAL.—The term 'mental health service profes-
15	sional' means an individual with a graduate or post-
16	graduate degree from an accredited institution of
17	higher education in psychiatry, psychology, school
18	psychology, psychiatric nursing, social work, school
19	social work, marriage and family counseling, school
20	counseling, or professional counseling.".
21	SEC. 4. AMENDMENTS TO SOCIAL SECURITY ACT TO IM-
22	PROVE CHILD AND ADOLESCENT MENTAL
23	HEALTH CARE.
24	(a) Increasing Number of Child and Adoles-
25	CENT PSYCHIATRY RESIDENTS PERMITTED TO BE PAID

- Under the Medicare Graduate Medical Education Program.—Section 1886(h)(4)(F) of the Social Security 3 Act (42 U.S.C. 1395ww(h)(4)(F)) is amended by adding at the end the following new clause: 5 "(iii) Increase allowed for train-6 ING IN CHILD AND ADOLESCENT PSYCHI-7 ATRY.—In applying clause (i), there shall 8 not be taken into account such additional 9 number of full-time equivalent residents in 10 the field of allopathic or osteopathic medi-11 cine who are residents or fellows in child 12 and adolescent psychiatry as the Secretary 13 determines reasonable to meet the need for 14 such physicians as demonstrated by the 15 1999 report of the Department of Health Human Services entitled 16 'Mental and 17 Health: A Report of the Surgeon Gen-18 eral'.". 19 (b) Extension of Medicare Board Eligibility Period for Residents and Fellows in Child and 20 21 Adolescent Psychiatry.—
- (1) IN GENERAL.—Section 1886(h)(5)(G) of
 the Social Security Act (42 U.S.C.
 1395ww(d)(5)(G)) is amended—

1	(A) in clause (i), by striking "or (v)" and
2	inserting "(v), or (vi)"; and
3	(B) by adding at the end the following new
4	clause:
5	"(vi) Child and adolescent psy-
6	CHIATRY TRAINING PROGRAMS.—In the
7	case of an individual enrolled in a child
8	and adolescent psychiatry residency or fel-
9	lowship program approved by the Sec-
10	retary, the period of board eligibility and
11	the initial residency period shall be the pe-
12	riod of board eligibility for the specialty of
13	general psychiatry, plus 2 years for the
14	subspecialty of child and adolescent psychi-
15	atry.".
16	(2) Effective date.—The amendments made
17	by paragraph (1) shall apply to residency training
18	years beginning on or after July 1, 2002.
19	SEC. 5. CHILD MENTAL HEALTH PROFESSIONAL REPORT.
20	(a) Study.—The Administrator of the Health Re-
21	sources and Services Administration (in this section re-
22	ferred to as the "Administrator") shall study and make
23	findings and recommendations on the distribution and
24	need for child mental health service professionals, includ-
25	ing with respect to specialty certifications, practice charac-

- 1 teristics, professional licensure, practice types, locations,
- 2 education, and training.
- 3 (b) DISAGGREGATION.—The results of the study re-
- 4 quired by subsection (a) shall be disaggregated by State.
- 5 (c) Report.—Not later than 1 year after the date
- 6 of the enactment of this Act, the Administrator shall sub-
- 7 mit to the Congress and make publicly available a report
- 8 on the study, findings, and recommendations required by
- 9 subsection (a).
- 10 (d) Revision.—Each year the Administrator shall
- 11 revise the report required under subsection (c).
- 12 (e) AUTHORIZATION OF APPROPRIATIONS.—There
- 13 are authorized to be appropriated to carry out this section
- 14 such sums as may be necessary for each of fiscal years
- 15 2003 through 2007.
- 16 SEC. 6. REPORTS.
- 17 (a) Transmission.—The Secretary of Health and
- 18 Human Services shall transmit a report described in sub-
- 19 section (b) to the Congress—
- 20 (1) not later than 3 years after the date of the
- 21 enactment of this Act; and
- 22 (2) not later than 5 years after the date of the
- enactment of this Act.

- 1 (b) CONTENTS.—The reports transmitted to the Con-2 gress under subsection (a) shall each address the fol-3 lowing:
 - (1) The effectiveness of the amendments made by, and the programs carried out under, this Act in increasing the number of child and adolescent mental health service professionals and paraprofessional child and adolescent mental health workers.
 - (2) The demographics of the individuals served by such increased number of child and adolescent mental health service professionals and paraprofessional child and adolescent mental health workers.

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