

108TH CONGRESS
1ST SESSION

S. 1456

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

IN THE SENATE OF THE UNITED STATES

JULY 25 (legislative day, July 21), 2003

Mr. BREAUX introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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 2003”.

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 disorder, 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 disorders in older
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 disorders among the elderly, it is the purpose of
24 this 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 older adults to mental
 5 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 older patients into pri-
9 mary 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 provide for col-
16 laborative care within a primary care setting, involving
17 psychiatrists, psychologists, and other licensed mental
18 health professionals with appropriate training and experi-
19 ence in the treatment of older adults, in which screening,
20 assessment, and intervention services are combined into
21 an integrated service delivery model, including—

22 “(1) screening services by a mental health pro-
23 fessional with at least a masters degree in an appro-
24 priate field of training, supported by psychiatrists
25 and psychologists with appropriate training and ex-
26 perience in the treatment of older adults to ensure

1 adequate consideration of biomedical and psycho-
2 social conditions, respectively;

3 “(2) referrals for necessary prevention, inter-
4 vention, follow-up care, consultations, and care plan-
5 ning oversight for mental health and other service
6 needs, as indicated; and

7 “(3) adoption and implementation of evidence-
8 based protocols, to the extent available, for prevalent
9 mental health disorders, including depression, anx-
10 iety, behavioral and psychological symptoms of de-
11 mentia, psychosis, and misuse of, or dependence on,
12 alcohol or medication.

13 “(c) CONSIDERATIONS IN AWARDING GRANTS.—To
14 the extent feasible, the Secretary shall ensure that—

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

18 “(2) the needs of ethnically diverse at-risk pop-
19 ulations are addressed.

20 “(d) DURATION.—A project may receive funding pur-
21 suant to a grant under this section for a period of up to
22 3 years, with an extension period of 2 additional years
23 at the discretion of the Secretary.

1 “(e) APPLICATION.—In order to receive a grant
 2 under this section, a public or private nonprofit entity
 3 shall—

4 “(1) submit an application to the Secretary (in
 5 such form, containing such information, and at such
 6 time as the Secretary may specify); and

7 “(2) agree to report to the Secretary standard-
 8 ized clinical and behavioral data necessary to evalu-
 9 ate patient outcomes and to facilitate evaluations
 10 across participating projects.

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

15 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
 16 are authorized to be appropriated for fiscal year 2004 and
 17 each fiscal year thereafter such sums as may be necessary
 18 to carry out this section.”.

19 **SEC. 102. GRANTS FOR COMMUNITY-BASED MENTAL**
 20 **HEALTH TREATMENT OUTREACH TEAMS.**

21 Subpart 3 of part B of title V of the Public Health
 22 Service Act (42 U.S.C. 290bb–31 et seq.), as amended by
 23 section 101 of this Act, is further amended by adding at
 24 the end the following section:

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

3 “(a) IN GENERAL.—The Secretary, acting through
4 the Director of the Center for Mental Health Services,
5 shall make grants to public or private nonprofit entities
6 that are community-based providers of geriatric mental
7 health services, to support the establishment and mainte-
8 nance by such entities of multi-disciplinary geriatric men-
9 tal health outreach teams in community settings where
10 older adults reside or receive social services. Entities eligi-
11 ble for such grants include—

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

14 “(2) outpatient programs of private, nonprofit
15 hospitals;

16 “(3) community mental health centers meeting
17 the criteria specified in section 1913(c); and

18 “(4) other community-based providers of mental
19 health services.

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

22 “(1) adopt and implement, for use by its mental
23 health outreach team, evidence-based intervention
24 and treatment protocols (to the extent such proto-
25 cols are available) for mental disorders prevalent in

1 older adults, relying to the greatest extent feasible
 2 on protocols that have been developed—

3 “(A) by or under the auspices of the Sec-
 4 retary; or

5 “(B) by academicians with expertise in
 6 mental health and aging;

7 “(2) provide screening for mental disorders, di-
 8 agnostic services, referrals for treatment, and case
 9 management and coordination through such teams;
 10 and

11 “(3) coordinate and integrate the services pro-
 12 vided by such team with the services of social serv-
 13 ice, mental health, medical, and other health care
 14 providers at the site or sites where the team is based
 15 in order to—

16 “(A) improve patient outcomes; and

17 “(B) to ensure, to the maximum extent
 18 feasible, the continuing independence of older
 19 adults who are residing in the community.

20 “(c) COOPERATIVE ARRANGEMENTS WITH SITES
 21 SERVING AS BASES FOR OUTREACH TEAMS.—An entity
 22 receiving a grant under this section may enter into an
 23 agreement with a person operating a site at which a geri-
 24 atric mental health outreach team of the entity is based,
 25 including—

1 “(1) senior centers;

2 “(2) adult day care programs;

3 “(3) assisted living facilities; and

4 “(4) recipients of grants to provide services to

5 senior citizens under the Older Americans Act,

6 under which such person provides (and is reim-

7 bursed by the entity, out of funds received under the

8 grant, for) any supportive services, such as transpor-

9 tation and administrative support, that such person

10 provides to an outreach team of such entity.

11 “(d) CONSIDERATIONS IN AWARDING GRANTS.—To

12 the extent feasible, the Secretary shall ensure that—

13 “(1) grants under this section are awarded to

14 projects in a variety of geographic areas, including

15 urban and rural areas; and

16 “(2) the needs of ethnically diverse at-risk pop-

17 ulations are addressed.

18 “(e) APPLICATION.—In order to receive a grant

19 under this section, an entity shall—

20 “(1) submit an application to the Secretary (in

21 such form, containing such information, and at such

22 time as the Secretary may specify); and

23 “(2) agree to report to the Secretary standard-

24 ized clinical and behavioral data necessary to evalu-

1 ate patient outcomes and to facilitate evaluations
 2 across participating projects.

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

7 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
 8 are authorized to be appropriated for fiscal year 2004 and
 9 each fiscal year thereafter such sums as may be necessary
 10 to carry out this section.”.

11 **TITLE II—ADMINISTRATIVE**
 12 **CHANGES TO STRENGTHEN**
 13 **PROGRAMS FOR GERIATRIC**
 14 **MENTAL HEALTH SERVICES**

15 **SEC. 201. DESIGNATION OF DEPUTY DIRECTOR FOR GERI-**
 16 **ATRIC MENTAL HEALTH SERVICES IN CEN-**
 17 **TER FOR MENTAL HEALTH SERVICES.**

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

22 “(c) DEPUTY DIRECTOR FOR GERIATRIC MENTAL
 23 HEALTH SERVICES.—The Director, after consultation
 24 with the Administrator, shall designate a Deputy Director
 25 for Geriatric Mental Health Services, who shall be respon-

1 sible for the development and implementation of initiatives
 2 of the Center to address the mental health needs of older
 3 adults. Such initiatives shall include—

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

6 “(2) innovative demonstration projects for the
 7 delivery of community-based mental health services
 8 for older Americans;

9 “(3) support for the development and dissemi-
 10 nation of evidence-based practice models, including
 11 models to address dependence on, and misuse of, al-
 12 cohool and medication in older adults; and

13 “(4) development of model training programs
 14 for mental health professionals and caregivers serv-
 15 ing older adults.”.

16 **SEC. 202. MEMBERSHIP OF ADVISORY COUNCIL FOR THE**
 17 **CENTER FOR MENTAL HEALTH SERVICES.**

18 Section 502(b)(3) of the Public Health Service Act
 19 (42 U.S.C. 290aa–1(b)(3)) is amended by adding at the
 20 end the following:

21 “(C) In the case of the advisory council for
 22 the Center for Mental Health Services, the
 23 members appointed pursuant to subparagraphs
 24 (A) and (B) shall include representatives of
 25 older Americans, their families, and geriatric

1 mental health specialists, including at least 1
 2 physician with board certification in geriatric
 3 psychiatry and at least 1 psychologist with ap-
 4 propriate training and experience in the treat-
 5 ment of older adults.”.

6 **SEC. 203. PROJECTS OF NATIONAL SIGNIFICANCE TAR-**
 7 **GETING SUBSTANCE ABUSE IN OLDER**
 8 **ADULTS.**

9 Section 509(b)(2) of the Public Health Service Act
 10 (42 U.S.C. 290bb–2(b)(2)) is amended by inserting before
 11 the period the following: “, and to providing treatment for
 12 older adults with alcohol or substance abuse or addiction,
 13 including medication misuse or dependence”.

14 **SEC. 204. CRITERIA FOR STATE PLANS UNDER COMMUNITY**
 15 **MENTAL HEALTH SERVICES BLOCK GRANTS.**

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

19 “(6) GOALS AND INITIATIVES FOR IMPROVING
 20 ACCESS TO SERVICES FOR OLDER ADULTS.—The
 21 plan—

22 “(A) specifies goals for improving access
 23 by older Americans to community-based mental
 24 health services;

1 “(B) includes a plan identifying and ad-
2 dressing the unmet needs of such individuals
3 for mental health services; and

4 “(C) includes an inventory of the services,
5 personnel, and treatment sites available to im-
6 prove the delivery of mental health services to
7 such individuals.”.

8 (b) EFFECTIVE DATE.—The amendment made by
9 subsection (a) shall apply to State plans submitted under
10 section 1912 of the Public Health Service Act on or after
11 the date that is 180 days after the date of the enactment
12 of this Act.

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