

109TH CONGRESS
1ST SESSION

H. R. 1106

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

MARCH 3, 2005

Mr. KENNEDY of Rhode Island (for himself, Ms. ROS-LEHTINEN, Mr. TOWNS, Mr. OWENS, Ms. MILLENDER-McDONALD, Mr. KIND, Mr. HINCHEY, Ms. DELAURO, Mr. GUTIERREZ, Mr. LYNCH, Mr. McNULTY, Mr. McGOVERN, Mr. MEEHAN, Mr. PLATTS, Ms. KILPATRICK of Michigan, Ms. WOOLSEY, Mrs. NAPOLITANO, Mr. CONYERS, Mr. LANTOS, Mr. STARK, and Mr. HOLDEN) 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Child Health Care Cri-
3 sis Relief Act of 2005”.

4 **SEC. 2. FINDINGS.**

5 The Congress finds the following:

6 (1) The Center for Mental Health Services esti-
7 mates that 20 percent or 13,700,000 of the Nation’s
8 children and adolescents have a diagnosable mental
9 disorder, and about $\frac{2}{3}$ of these children and adoles-
10 cents do not receive mental health care.

11 (2) According to “Mental Health: A Report of
12 the Surgeon General” in 1999, there are approxi-
13 mately 6,000,000 to 9,000,000 children and adoles-
14 cents in the United States (accounting for 9 to 13
15 percent of all children and adolescents in the United
16 States) who meet the definition for having a serious
17 emotional disturbance.

18 (3) According to the Center for Mental Health
19 Services, approximately 5 to 9 percent of United
20 States children and adolescents meet the definition
21 for extreme functional impairment.

22 (4) According to the Surgeon General’s Report,
23 there are particularly acute shortages in the num-
24 bers of mental health service professionals serving
25 children and adolescents with serious emotional dis-
26 orders.

1 (5) According to the National Center for Edu-
2 cation Statistics in the Department of Education,
3 there are approximately 513 students for each school
4 counselor in United States schools, which ratio is
5 more than double the recommended ratio of 250 stu-
6 dents for each school counselor.

7 (6) According to the Bureau of Health Profes-
8 sions in 2000, the demand for the services of child
9 and adolescent psychiatry is projected to increase by
10 100 percent by 2020.

11 (7) The development and application of knowl-
12 edge about the impact of disasters on children, ado-
13 lescents, and their families has been impeded by crit-
14 ical shortages of qualified researchers and practi-
15 tioners specializing in this work.

16 (8) According to the Bureau of the Census, the
17 population of children and adolescents in the United
18 States under the age of 18 is projected to grow by
19 more than 40 percent in the next 50 years from 70
20 million to more than 100 million by 2050.

1 **SEC. 3. LOAN REPAYMENTS, SCHOLARSHIPS, AND GRANTS**
 2 **TO IMPROVE CHILD AND ADOLESCENT MEN-**
 3 **TAL HEALTH CARE.**

4 Part E of title VII of the Public Health Service Act
 5 (42 U.S.C. 294n et seq.) is amended by adding at the end
 6 the following:

7 **“Subpart 3—Child and Adolescent Mental Health**
 8 **Care**

9 **“SEC. 771. LOAN REPAYMENTS, SCHOLARSHIPS, AND**
 10 **GRANTS TO IMPROVE CHILD AND ADOLES-**
 11 **CENT MENTAL HEALTH CARE.**

12 **“(a) LOAN REPAYMENTS FOR CHILD AND ADOLES-**
 13 **CENT MENTAL HEALTH SERVICE PROFESSIONALS.—**

14 **“(1) ESTABLISHMENT.—**The Secretary, acting
 15 through the Administrator of the Health Resources
 16 and Services Administration, may establish a pro-
 17 gram of entering into contracts on a competitive
 18 basis with eligible individuals under which—

19 **“(A) the eligible individual agrees to be**
 20 **employed full-time for a specified period (which**
 21 **shall be at least 2 years) in providing mental**
 22 **health services to children and adolescents; and**

23 **“(B) the Secretary agrees to make, during**
 24 **the period of employment described in subpara-**
 25 **graph (A), partial or total payments on behalf**
 26 **of the individual on the principal and interest**

1 due on the undergraduate and graduate edu-
2 cational loans of the eligible individual.

3 “(2) ELIGIBLE INDIVIDUAL.—For purposes of
4 this section, the term ‘eligible individual’ means an
5 individual who—

6 “(A) is receiving specialized training or
7 clinical experience in child and adolescent men-
8 tal health in psychiatry, psychology, school psy-
9 chology, psychiatric nursing, social work, school
10 social work, marriage and family therapy,
11 school counseling, or professional counseling
12 and has less than 1 year remaining before com-
13 pletion of such training or clinical experience;
14 or

15 “(B)(i) has a license in a State to practice
16 allopathic medicine, osteopathic medicine, psy-
17 chology, school psychology, psychiatric nursing,
18 social work, school social work, marriage and
19 family therapy, school counseling, or profes-
20 sional counseling; and

21 “(ii)(I) is a mental health service profes-
22 sional who completed (but not before the end of
23 the calendar year in which this section is en-
24 acted) specialized training or clinical experience

1 in child and adolescent mental health described
2 in subparagraph (A); or

3 “(II) is a physician who graduated from
4 (but not before the end of the calendar year in
5 which this section is enacted) an accredited
6 child and adolescent psychiatry residency or fel-
7 lowship program in the United States.

8 “(3) ADDITIONAL ELIGIBILITY REQUIRE-
9 MENTS.—The Secretary may not enter into a con-
10 tract under this subsection with an eligible indi-
11 vidual unless the individual—

12 “(A) is a United States citizen or a perma-
13 nent legal United States resident; and

14 “(B) if enrolled in a graduate program (in-
15 cluding a medical residency or fellowship), has
16 an acceptable level of academic standing (as de-
17 termined by the Secretary).

18 “(4) PRIORITY.—In entering into contracts
19 under this subsection, the Secretary shall give pri-
20 ority to applicants who—

21 “(A) are or will be working with high-pri-
22 ority populations;

23 “(B) have familiarity with evidence-based
24 methods in child and adolescent mental health
25 services;

1 “(C) demonstrate financial need; and

2 “(D) are or will be working in the publicly
3 funded sector.

4 “(5) MEANINGFUL LOAN REPAYMENT.—If the
5 Secretary determines that funds appropriated for a
6 fiscal year to carry out this subsection are not suffi-
7 cient to allow a meaningful loan repayment to all ex-
8 pected applicants, the Secretary shall limit the num-
9 ber of contracts entered into under paragraph (1) to
10 ensure that each such contract provides for a mean-
11 ingful loan repayment.

12 “(6) AMOUNT.—

13 “(A) MAXIMUM.—For each year that an
14 eligible individual agrees under a contract
15 under paragraph (1) to be employed, the Sec-
16 retary may agree under that contract to pay
17 not more than \$35,000 on behalf of the indi-
18 vidual.

19 “(B) CONSIDERATION.—In determining
20 the amount of payments to be made on behalf
21 of an eligible individual under a contract to be
22 entered into under paragraph (1), the Secretary
23 shall consider the eligible individual’s income
24 and debt load.

1 “(7) APPLICABILITY OF CERTAIN PROVI-
2 SIONS.—The provisions of sections 338E and 338F
3 shall apply to the program established under para-
4 graph (1) to the same extent and in the same man-
5 ner as such provisions apply to the National Health
6 Service Corps Loan Repayment Program established
7 in subpart III of part D of title III.

8 “(8) AUTHORIZATION OF APPROPRIATIONS.—
9 There is authorized to be appropriated to carry out
10 this subsection \$10,000,000 for each of fiscal years
11 2006 through 2010.

12 “(b) SCHOLARSHIPS FOR STUDENTS STUDYING TO
13 BECOME CHILD AND ADOLESCENT MENTAL HEALTH
14 SERVICE PROFESSIONALS.—

15 “(1) ESTABLISHMENT.—The Secretary, acting
16 through the Administrator of the Health Resources
17 and Services Administration, may establish a pro-
18 gram to award scholarships on a competitive basis to
19 eligible students who agree to enter into full-time
20 employment (as described in paragraph (4)(C)) as a
21 child and adolescent mental health service profes-
22 sional after graduation or completion of a residency
23 or fellowship.

24 “(2) ELIGIBLE STUDENT.—For purposes of
25 this subsection, the term ‘eligible student’ means a

1 United States citizen or a permanent legal United
2 States resident who—

3 “(A) is enrolled or accepted to be enrolled
4 in a graduate program that includes specialized
5 training or clinical experience in child and ado-
6 lescent mental health in psychology, school psy-
7 chology, psychiatric nursing, social work, school
8 social work, marriage and family therapy,
9 school counseling, or professional counseling; or

10 “(B) is enrolled or accepted to be enrolled
11 in an accredited graduate training program of
12 allopathic or osteopathic medicine in the United
13 States and intends to complete an accredited
14 residency or fellowship in child and adolescent
15 psychiatry.

16 “(3) PRIORITY.—In awarding scholarships
17 under this subsection, the Secretary shall give—

18 “(A) highest priority to applicants who
19 previously received a scholarship under this
20 subsection and satisfy the criteria described in
21 subparagraph (B); and

22 “(B) second highest priority to applicants
23 who—

24 “(i) demonstrate a commitment to
25 working with high-priority populations;

1 “(ii) have familiarity with evidence-
2 based methods in child and adolescent
3 mental health services;

4 “(iii) demonstrate financial need; and

5 “(iv) are or will be working in the
6 publicly funded sector.

7 “(4) REQUIREMENTS.—The Secretary may
8 award a scholarship to an eligible student under this
9 subsection only if the eligible student agrees—

10 “(A) to complete any graduate training
11 program, internship, residency, or fellowship
12 applicable to that eligible student under para-
13 graph (2);

14 “(B) to maintain an acceptable level of
15 academic standing (as determined by the Sec-
16 retary) during the completion of such graduate
17 training program, internship, residency, or fel-
18 lowship; and

19 “(C) to be employed full-time after gradua-
20 tion or completion of a residency or fellowship,
21 for at least the number of years for which a
22 scholarship is received by the eligible student
23 under this subsection, in providing mental
24 health services to children and adolescents.

1 “(5) USE OF SCHOLARSHIP FUNDS.—A scholar-
2 ship awarded to an eligible student for a school year
3 under this subsection may be used only to pay for
4 tuition expenses of the school year, other reasonable
5 educational expenses (including fees, books, and lab-
6 oratory expenses incurred by the eligible student in
7 the school year), and reasonable living expenses, as
8 such tuition expenses, reasonable educational ex-
9 penses, and reasonable living expenses are deter-
10 mined by the Secretary.

11 “(6) AMOUNT.—The amount of a scholarship
12 under this subsection shall not exceed the total
13 amount of the tuition expenses, reasonable edu-
14 cational expenses, and reasonable living expenses de-
15 scribed in paragraph (5).

16 “(7) APPLICABILITY OF CERTAIN PROVI-
17 SIONS.—The provisions of sections 338E and 338F
18 shall apply to the program established under para-
19 graph (1) to the same extent and in the same man-
20 ner as such provisions apply to the National Health
21 Service Corps Scholarship Program established in
22 subpart III of part D of title III.

23 “(8) AUTHORIZATION OF APPROPRIATIONS.—
24 There is authorized to be appropriated to carry out

1 this subsection \$5,000,000 for each of fiscal years
2 2006 through 2010.

3 “(c) CLINICAL TRAINING GRANTS FOR PROFES-
4 SIONALS.—

5 “(1) ESTABLISHMENT.—The Secretary, acting
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 ac-
11 credited institutions of higher education to establish
12 or expand internships or other field placement pro-
13 grams for students receiving specialized training or
14 clinical experience in child and adolescent mental
15 health in psychiatry, psychology, school psychology,
16 psychiatric nursing, social work, school social work,
17 marriage and family therapy, school counseling, or
18 professional counseling.

19 “(2) PRIORITY.—In awarding grants under this
20 subsection, the Secretary shall give priority to appli-
21 cants that—

22 “(A) have demonstrated the ability to col-
23 lect data on the number of students trained in
24 child and adolescent mental health and the pop-

1 ulations served by such students after gradua-
2 tion;

3 “(B) have demonstrated familiarity with
4 evidence-based methods in child and adolescent
5 mental health services; and

6 “(C) have programs designed to increase
7 the number of professionals serving high-pri-
8 ority populations.

9 “(3) REQUIREMENTS.—The Secretary may
10 award a grant to an applicant under this subsection
11 only if the applicant agrees that—

12 “(A) any internship or other field place-
13 ment program assisted under the grant will
14 prioritize cultural competency;

15 “(B) students benefiting from any assist-
16 ance under this subsection will be United States
17 citizens or permanent legal United States resi-
18 dents;

19 “(C) the institution will provide to the Sec-
20 retary such data, assurances, and information
21 as the Secretary may require; and

22 “(D) with respect to any violation of the
23 agreement between the Secretary and the insti-
24 tution, the institution will pay such liquidated

1 damages as prescribed by the Secretary by reg-
2 ulation.

3 “(4) APPLICATION.—The Secretary shall re-
4 quire that any application for a grant under this
5 subsection include a description of the applicant’s
6 experience working with child and adolescent mental
7 health issues.

8 “(5) AUTHORIZATION OF APPROPRIATIONS.—
9 There is authorized to be appropriated to carry out
10 this subsection \$10,000,000 for each of fiscal years
11 2006 through 2010.

12 “(d) PROGRESSIVE EDUCATION GRANTS FOR PARA-
13 PROFESSIONALS.—

14 “(1) ESTABLISHMENT.—The Secretary, acting
15 through the Administrator of the Health Resources
16 and Services Administration, in cooperation with the
17 Administrator of the Substance Abuse and Mental
18 Health Services Administration, may establish a pro-
19 gram to award grants on a competitive basis to
20 State-licensed mental health nonprofit and for-profit
21 organizations (including accredited institutions of
22 higher education) to enable such organizations to
23 pay for programs for preservice or in-service training
24 of paraprofessional child and adolescent mental
25 health workers.

1 “(2) DEFINITION.—For purposes of this sub-
2 section, the term ‘paraprofessional child and adoles-
3 cent mental health worker’ means an individual who
4 is not a mental health service professional, but who
5 works at the first stage of contact with children and
6 families who are seeking mental health services.

7 “(3) PRIORITY.—In awarding grants under this
8 subsection, the Secretary shall give priority to appli-
9 cants that—

10 “(A) have demonstrated the ability to col-
11 lect data on the number of paraprofessional
12 child and adolescent mental health workers
13 trained by the applicant and the populations
14 served by these workers after the completion of
15 the training;

16 “(B) have familiarity with evidence-based
17 methods in child and adolescent mental health
18 services; and

19 “(C) have programs designed to increase
20 the number of paraprofessional child and ado-
21 lescent mental health workers serving high-pri-
22 ority populations.

23 “(4) REQUIREMENTS.—The Secretary may
24 award a grant to an organization under this sub-
25 section only if the organization agrees that—

1 “(A) any training program assisted under
2 the grant will prioritize cultural competency;

3 “(B) the organization will provide to the
4 Secretary such data, assurances, and informa-
5 tion as the Secretary may require; and

6 “(C) with respect to any violation of the
7 agreement between the Secretary and the orga-
8 nization, the organization will pay such liq-
9 uidated damages as prescribed by the Secretary
10 by regulation.

11 “(5) APPLICATION.—The Secretary shall re-
12 quire that any application for a grant under this
13 subsection include a description of the applicant’s
14 experience working with paraprofessional child and
15 adolescent mental health workers.

16 “(6) AUTHORIZATION OF APPROPRIATIONS.—
17 There is authorized to be appropriated to carry out
18 this subsection \$5,000,000 for each of fiscal years
19 2006 through 2010.

20 “(e) CHILD AND ADOLESCENT MENTAL HEALTH
21 PROGRAM DEVELOPMENT GRANTS.—

22 “(1) ESTABLISHMENT.—The Secretary, acting
23 through the Administrator of the Health Resources
24 and Services Administration, may establish a pro-
25 gram to increase the number of well-trained child

1 and adolescent mental health service professionals in
2 the United States by awarding grants on a competi-
3 tive basis to accredited institutions of higher edu-
4 cation to enable the institutions to establish or ex-
5 pand accredited graduate child and adolescent men-
6 tal health programs.

7 “(2) PRIORITY.—In awarding grants under this
8 subsection, the Secretary shall give priority to appli-
9 cants that—

10 “(A) demonstrate familiarity with the use
11 of evidence-based methods in child and adoles-
12 cent mental health services;

13 “(B) provide experience in and collabora-
14 tion with community-based child and adolescent
15 mental health services;

16 “(C) have included normal child develop-
17 ment curricula; and

18 “(D) demonstrate commitment to working
19 with high-priority populations.

20 “(3) USE OF FUNDS.—Funds received as a
21 grant under this subsection may be used to establish
22 or expand any accredited graduate child and adoles-
23 cent mental health program in any manner deemed
24 appropriate by the Secretary, including by improving

1 the course work, related field placements, or faculty
2 of such program.

3 “(4) REQUIREMENTS.—The Secretary may
4 award a grant to an accredited institution of higher
5 education under this subsection only if the institu-
6 tion agrees that—

7 “(A) any child and adolescent mental
8 health program assisted under the grant will
9 prioritize cultural competency;

10 “(B) the institution will provide to the Sec-
11 retary such data, assurances, and information
12 as the Secretary may require; and

13 “(C) with respect to any violation of the
14 agreement between the Secretary and the insti-
15 tution, the institution will pay such liquidated
16 damages as prescribed by the Secretary by reg-
17 ulation.

18 “(5) AUTHORIZATION OF APPROPRIATIONS.—
19 There is authorized to be appropriated to carry out
20 this subsection \$15,000,000 for each of fiscal years
21 2006 through 2010.

22 “(f) DEFINITIONS.—In this section:

23 “(1) SPECIALIZED TRAINING OR CLINICAL EX-
24 PERIENCE IN CHILD AND ADOLESCENT MENTAL
25 HEALTH.—The term ‘specialized training or clinical

1 experience in child and adolescent mental health’
2 means training and clinical experience that—

3 “(A) is part of or occurs after completion
4 of an accredited graduate program in the
5 United States for training mental health service
6 professionals;

7 “(B) consists of at least 500 hours of
8 training or clinical experience in treating chil-
9 dren and adolescents; and

10 “(C) is comprehensive, coordinated, devel-
11 opmentally appropriate, and of high quality to
12 address the unique ethnic and cultural diversity
13 of the United States population.

14 “(2) HIGH-PRIORITY POPULATION.—The term
15 ‘high-priority population’ means—

16 “(A) a population in which there is a sig-
17 nificantly greater incidence than the national
18 average of—

19 “(i) children who have serious emo-
20 tional disturbances; or

21 “(ii) children who are racial or ethnic
22 minorities; or

23 “(B) a population consisting of individuals
24 living in a high-poverty urban or rural area.

1 “(3) MENTAL HEALTH SERVICE PROFES-
 2 SIONAL.—The term ‘mental health service profes-
 3 sional’ means an individual with a graduate or post-
 4 graduate degree from an accredited institution of
 5 higher education in psychiatry, psychology, school
 6 psychology, psychiatric nursing, social work, school
 7 social work, marriage and family counseling, school
 8 counseling, or professional counseling.”.

9 **SEC. 4. AMENDMENTS TO SOCIAL SECURITY ACT TO IM-**
 10 **PROVE CHILD AND ADOLESCENT MENTAL**
 11 **HEALTH CARE.**

12 (a) INCREASING NUMBER OF CHILD AND ADOLES-
 13 CENT PSYCHIATRY RESIDENTS PERMITTED TO BE PAID
 14 UNDER THE MEDICARE GRADUATE MEDICAL EDUCATION
 15 PROGRAM.—Section 1886(h)(4)(F) of the Social Security
 16 Act (42 U.S.C. 1395ww(h)(4)(F)) is amended by adding
 17 at the end the following new clause:

18 “(iii) INCREASE ALLOWED FOR TRAIN-
 19 ING IN CHILD AND ADOLESCENT PSYCHI-
 20 ATRY.—In applying clause (i), there shall
 21 not be taken into account such additional
 22 number of full-time equivalent residents in
 23 the field of allopathic or osteopathic medi-
 24 cine who are residents or fellows in child
 25 and adolescent psychiatry as the Secretary

determines reasonable to meet the need for such physicians as demonstrated by the 1999 report of the Department of Health and Human Services entitled ‘Mental Health: A Report of the Surgeon General’.”.

(b) EXTENSION OF MEDICARE BOARD ELIGIBILITY PERIOD FOR RESIDENTS AND FELLOWS IN CHILD AND ADOLESCENT PSYCHIATRY.—Section 1886(h)(5)(G) of the Social Security Act (42 U.S.C. 1395ww(h)(5)(G)) is amended—

(1) in clause (i), by striking “and (v)” and inserting “(v), and (vi)”; and

(2) by adding at the end the following new clause:

“(vi) CHILD AND ADOLESCENT PSYCHIATRY TRAINING PROGRAMS.—In the case of an individual enrolled in a child and adolescent psychiatry residency or fellowship program approved by the Secretary, the period of board eligibility and the initial residency period shall be the period of board eligibility for the specialty of general psychiatry, plus 2 years for the

1 subspecialty of child and adolescent psychi-
2 atry.”.

3 (c) EFFECTIVE DATE.—The amendments made by
4 this section shall apply to residency training years begin-
5 ning on or after July 1, 2006.

6 **SEC. 5. CHILD MENTAL HEALTH PROFESSIONAL REPORT.**

7 (a) STUDY.—The Administrator of the Health Re-
8 sources and Services Administration (in this section re-
9 ferred to as the “Administrator”) shall study and make
10 findings and recommendations on the distribution and
11 need for child mental health service professionals, includ-
12 ing with respect to specialty certifications, practice charac-
13 teristics, professional licensure, practice types, locations,
14 education, and training.

15 (b) DISAGGREGATION.—The results of the study re-
16 quired by subsection (a) shall be disaggregated by State.

17 (c) REPORT.—Not later than 2 years after the date
18 of the enactment of this Act, the Administrator shall sub-
19 mit to the Congress and make publicly available a report
20 on the study, findings, and recommendations required by
21 subsection (a).

22 **SEC. 6. REPORTS.**

23 (a) TRANSMISSION.—The Secretary of Health and
24 Human Services shall transmit a report described in sub-
25 section (b) to the Congress—

1 (1) not later than 3 years after the date of the
2 enactment of this Act; and

3 (2) not later than 5 years after the date of the
4 enactment of this Act.

5 (b) CONTENTS.—The reports transmitted to the Con-
6 gress under subsection (a) shall address each of the fol-
7 lowing:

8 (1) The effectiveness of the amendments made
9 by, and the programs carried out under, this Act in
10 increasing the number of child and adolescent men-
11 tal health service professionals and paraprofessional
12 child and adolescent mental health workers.

13 (2) The demographics of the individuals served
14 by such increased number of child and adolescent
15 mental health service professionals and paraprofes-
16 sional child and adolescent mental health workers.

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