

111<sup>TH</sup> CONGRESS  
1<sup>ST</sup> SESSION

# H. R. 1932

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.

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## IN THE HOUSE OF REPRESENTATIVES

APRIL 2, 2009

Mr. KENNEDY (for himself, Ms. ROS-LEHTINEN, and Mr. LEWIS of Georgia) 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

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## 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 “Child Health Care Cri-  
5 sis Relief Act of 2009”.

1 **SEC. 2. FINDINGS.**

2 The Congress finds the following:

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

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

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

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

24 (5) According to the National Center for Edu-  
25 cation Statistics in the Department of Education,  
26 there are approximately 479 students for each school

1 counselor in United States schools, which ratio is al-  
2 most double the recommended ratio of 250 students  
3 for each school counselor.

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

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

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

18 (9) There are approximately 7,000 child and  
19 adolescent psychiatrists in the United States. Only  
20 300 child and adolescent psychiatrists complete  
21 training each year.

22 (10) According to the Department of Health  
23 and Human Services, racial and ethnic minority rep-  
24 resentation is lacking in the mental health work-  
25 force. Although 12 percent of the United States pop-

1       ulation is African-American, only 2 percent of psy-  
2       chologists, 2 percent of psychiatrists, and 4 percent  
3       of social workers are African-American providers.  
4       Moreover, there are only 29 Hispanic mental health  
5       professionals for every 100,000 Hispanics in the  
6       United States, compared with 173 non-Hispanic  
7       white providers per 100,000.

8               (11) According to a 2006 study in the Journal  
9       of the American Academy of Child and Adolescent  
10      Psychiatry, the national shortage of child and ado-  
11      lescent psychiatrists affects poor children and ado-  
12      lescents living in rural areas the hardest.

13              (12) According to the Department of Health  
14      and Human Services, the “U.S. mental health sys-  
15      tem is not well equipped to meet the needs of racial  
16      and ethnic minority populations”. This is quite evi-  
17      dent in access to care issues involving racial and eth-  
18      nic minority children. Studies have shown that there  
19      are striking racial and ethnic differences in the utili-  
20      zation of mental health services among children and  
21      youth. Overall, mental health services meet the  
22      needs of 31 percent of non-minority children, but  
23      only 13 percent of minority children (Ringel, J.S. &  
24      Sturm, R. (2001). National estimates of mental  
25      health utilization and expenditures for children.

1 Journal of Behavioral Health and Research, 28,  
2 319–333).

3 (13) According to the National Center for Men-  
4 tal Health and Juvenile Justice, 70 percent of youth  
5 involved in State and local juvenile justice systems  
6 throughout the country suffer from mental dis-  
7 orders, with at least 20 percent experiencing symp-  
8 toms so severe that their ability to function is sig-  
9 nificantly impaired.

10 (14) The Institute of Medicine, in a report enti-  
11 tled “Improving the Quality of Health Care for Men-  
12 tal and Substance-Use Disorders, Quality Chasm Se-  
13 ries” (2006), recommended that clinicians and pa-  
14 tients communicate effectively and share information  
15 to ensure high-quality care, which is enhanced with  
16 education programs that allow families and con-  
17 sumers to share information with mental health pro-  
18 viders about the lived experience of mental illness.

19 **SEC. 3. LOAN REPAYMENTS, SCHOLARSHIPS, AND GRANTS**  
20 **TO IMPROVE CHILD AND ADOLESCENT MEN-**  
21 **TAL HEALTH CARE.**

22 Part E of title VII of the Public Health Service Act  
23 (42 U.S.C. 294n et seq.) is amended by adding at the end  
24 the following:

1     **“Subpart 3—Child and Adolescent Mental Health**  
2                                     **Care**

3     **“SEC. 771. LOAN REPAYMENTS, SCHOLARSHIPS, AND**  
4                                     **GRANTS TO IMPROVE CHILD AND ADOLES-**  
5                                     **CENT MENTAL HEALTH CARE.**

6             “(a) LOAN REPAYMENTS FOR CHILD AND ADOLES-  
7     CENT MENTAL HEALTH 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 of entering into contracts on a competitive  
12            basis with eligible individuals under which—

13                             “(A) the eligible individual agrees to be  
14                             employed full-time for a specified period (which  
15                             shall be at least 2 years) in providing mental  
16                             health services to children and adolescents; and

17                             “(B) the Secretary agrees to make, during  
18                             not more than 3 years of the period of employ-  
19                             ment described in subparagraph (A), partial or  
20                             total payments on behalf of the individual on  
21                             the principal and interest due on the under-  
22                             graduate and graduate educational loans of the  
23                             eligible individual.

24                             “(2) ELIGIBLE INDIVIDUAL.—For purposes of  
25             this section, the term ‘eligible individual’ means an  
26             individual who—

1           “(A) is receiving specialized training or  
2           clinical experience in child and adolescent men-  
3           tal health in psychiatry, psychology, school psy-  
4           chology, behavioral pediatrics, psychiatric nurs-  
5           ing, social work, school social work, marriage  
6           and family therapy, school counseling, or pro-  
7           fessional counseling and has less than 1 year  
8           remaining before completion of such training or  
9           clinical experience; or

10           “(B)(i) has a license or certification in a  
11           State to practice allopathic medicine, osteo-  
12           pathic medicine, psychology, school psychology,  
13           psychiatric nursing, social work, school social  
14           work, marriage and family therapy, school  
15           counseling, or professional counseling; and

16           “(ii)(I) is a mental health service profes-  
17           sional who completed (but not before the end of  
18           the calendar year in which this section is en-  
19           acted) specialized training or clinical experience  
20           in child and adolescent mental health described  
21           in subparagraph (A); or

22           “(II) is a physician who graduated from  
23           (but not before the end of the calendar year in  
24           which this section is enacted) an accredited

1 child and adolescent psychiatry residency or fel-  
2 lowship program in the United States.

3 “(3) ADDITIONAL ELIGIBILITY REQUIRE-  
4 MENTS.—The Secretary may not enter into a con-  
5 tract under this subsection with an eligible indi-  
6 vidual unless—

7 “(A) the individual is a United States citi-  
8 zen or a permanent legal United States resi-  
9 dent; and

10 “(B) if the individual is enrolled in a grad-  
11 uate program (including a medical residency or  
12 fellowship), the program is accredited, and the  
13 individual has an acceptable level of academic  
14 standing (as determined by the Secretary).

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

18 “(A) demonstrate a commitment to work-  
19 ing with high-priority populations in a medically  
20 underserved community;

21 “(B) are located in or are from a medically  
22 underserved community;

23 “(C) are working with high-priority popu-  
24 lations;



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

4           “(E) demonstrate financial need; and

5           “(F) are or will be working in the publicly  
6           funded sector, particularly in community mental  
7           health programs described in section  
8           1913(b)(1).

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

17          “(6) AMOUNT.—

18                 “(A) MAXIMUM.—For each year that the  
19                 Secretary agrees to make payments on behalf of  
20                 an individual under a contract entered into  
21                 under paragraph (1), the Secretary may agree  
22                 to pay not more than \$35,000 on behalf of the  
23                 individual.

24                 “(B) CONSIDERATION.—In determining  
25                 the amount of payments to be made on behalf

1 of an eligible individual under a contract to be  
2 entered into under paragraph (1), the Secretary  
3 shall consider the eligible individual's income  
4 and debt load.

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

12 “(8) AUTHORIZATION OF APPROPRIATIONS.—  
13 There is authorized to be appropriated to carry out  
14 this subsection \$10,000,000 for each of fiscal years  
15 2010 through 2014.

16 “(b) SCHOLARSHIPS FOR STUDENTS STUDYING TO  
17 BECOME CHILD AND ADOLESCENT MENTAL HEALTH  
18 SERVICE PROFESSIONALS.—

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

1 sional after graduation or completion of a residency  
2 or fellowship.

3 “(2) ELIGIBLE STUDENT.—For purposes of  
4 this subsection, the term ‘eligible student’ means a  
5 United States citizen or a permanent legal United  
6 States resident who—

7 “(A) is enrolled or accepted to be enrolled  
8 in an accredited graduate program that in-  
9 cludes specialized training or clinical experience  
10 in child and adolescent mental health in psy-  
11 chology, school psychology, psychiatric nursing,  
12 behavioral pediatrics, social work, school social  
13 work, marriage and family therapy, school  
14 counseling, or professional counseling and, if  
15 enrolled, has an acceptable level of academic  
16 standing (as determined by the Secretary); or

17 “(B)(i) is enrolled or accepted to be en-  
18 rolled in an accredited graduate training pro-  
19 gram of allopathic or osteopathic medicine in  
20 the United States and, if enrolled, has an ac-  
21 ceptable level of academic standing (as deter-  
22 mined by the Secretary); and

23 “(ii) intends to complete an accredited  
24 residency or fellowship in child and adolescent  
25 psychiatry or behavioral pediatrics.

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

3           “(A) highest priority to applicants who  
4 previously received a scholarship under this  
5 subsection and satisfy the criteria described in  
6 subparagraph (B); and

7           “(B) second highest priority to applicants  
8 who—

9           “(i) demonstrate a commitment to  
10 working with high-priority populations in a  
11 medically underserved community, includ-  
12 ing students from such populations;

13           “(ii) are located in or are from a  
14 medically underserved community;

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

18           “(iv) demonstrate financial need; and

19           “(v) are or will be working in the pub-  
20 licly funded sector, particularly in commu-  
21 nity mental health programs described in  
22 section 1913(b)(1).

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

1           “(A) to complete any graduate training  
2 program, internship, residency, or fellowship  
3 applicable to that eligible student under para-  
4 graph (2);

5           “(B) to maintain an acceptable level of  
6 academic standing (as determined by the Sec-  
7 retary) during the completion of such graduate  
8 training program, internship, residency, or fel-  
9 lowship; and

10           “(C) to be employed full-time after gradua-  
11 tion or completion of a residency or fellowship,  
12 for at least the number of years for which a  
13 scholarship is received by the eligible student  
14 under this subsection, in providing mental  
15 health services to children and adolescents.

16           “(5) USE OF SCHOLARSHIP FUNDS.—A scholar-  
17 ship awarded to an eligible student for a school year  
18 under this subsection may be used only to pay for  
19 tuition expenses of the school year, other reasonable  
20 educational expenses (including fees, books, and lab-  
21 oratory expenses incurred by the eligible student in  
22 the school year), and reasonable living expenses, as  
23 such tuition expenses, reasonable educational ex-  
24 penses, and reasonable living expenses are deter-  
25 mined by the Secretary.

1           “(6) AMOUNT.—The amount of a scholarship  
2 under this subsection shall not exceed the total  
3 amount of the tuition expenses, reasonable edu-  
4 cational expenses, and reasonable living expenses de-  
5 scribed in paragraph (5).

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

13           “(8) AUTHORIZATION OF APPROPRIATIONS.—  
14 There is authorized to be appropriated to carry out  
15 this subsection \$5,000,000 for each of fiscal years  
16 2010 through 2014.

17           “(c) CLINICAL TRAINING GRANTS FOR PROFES-  
18 SIONALS.—

19           “(1) ESTABLISHMENT.—The Secretary, acting  
20 through the Administrator of the Health Resources  
21 and Services Administration, in cooperation with the  
22 Administrator of the Substance Abuse and Mental  
23 Health Services Administration, may establish a pro-  
24 gram to award grants on a competitive basis to ac-  
25 credited institutions of higher education, or accred-

1 ited professional training programs, to establish or  
2 expand internships or other field placement pro-  
3 grams for students receiving specialized training or  
4 clinical experience in child and adolescent mental  
5 health in psychiatry, psychology, school psychology,  
6 behavioral pediatrics, psychiatric nursing, social  
7 work, school social work, marriage and family ther-  
8 apy, school counseling, or professional counseling.

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

12 “(A) have demonstrated the ability to col-  
13 lect data on the number of students trained in  
14 child and adolescent mental health and the pop-  
15 ulations served by such students after gradua-  
16 tion;

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

20 “(C) have programs designed to increase  
21 the number of professionals serving high-pri-  
22 ority populations;

23 “(D) are located in medically underserved  
24 communities; and

25 “(E) offer curricula that—

1           “(i) are taught with the collaboration  
2           of consumers, family members, or con-  
3           sumer and family organizations; and

4           “(ii) include coursework on the per-  
5           spectives and life experience of mental  
6           health consumers and family members and  
7           the importance of the family-professional  
8           partnership.

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 and linguistic competency;

15           “(B) students benefitting 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 2010 through 2014.

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;

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; and

23                   “(D) provide services through a community  
24                   mental health program described in section  
25                   1913(b)(1).

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

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

6                   “(B) the organization will provide to the  
7                   Secretary such data, assurances, and informa-  
8                   tion as the Secretary may require; and

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

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

19           “(6) AUTHORIZATION OF APPROPRIATIONS.—  
20           There is authorized to be appropriated to carry out  
21           this subsection \$5,000,000 for each of fiscal years  
22           2010 through 2014.

23           “(e) CHILD AND ADOLESCENT MENTAL HEALTH  
24           PROGRAM DEVELOPMENT GRANTS.—

1           “(1) ESTABLISHMENT.—The Secretary, acting  
2 through the Administrator of the Health Resources  
3 and Services Administration, may establish a pro-  
4 gram to increase the number of well-trained child  
5 and adolescent mental health service professionals in  
6 the United States by awarding grants on a competi-  
7 tive basis to accredited institutions of higher edu-  
8 cation to enable the institutions to establish or ex-  
9 pand accredited graduate child and adolescent men-  
10 tal health programs.

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

14           “(A) demonstrate familiarity with the use  
15 of evidence-based methods in child and adoles-  
16 cent mental health services;

17           “(B) provide experience in, and collabora-  
18 tion with, community-based child and adoles-  
19 cent mental health services;

20           “(C) have included normal child develop-  
21 ment curricula; and

22           “(D) demonstrate commitment to working  
23 with high-priority populations.

24           “(3) USE OF FUNDS.—Funds received as a  
25 grant under this subsection may be used to establish

1 or expand any accredited graduate child and adoles-  
2 cent mental health program in any manner deemed  
3 appropriate by the Secretary, including by improving  
4 the course work, related field placements, or faculty  
5 of such program.

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

10 “(A) any child and adolescent mental  
11 health program assisted under the grant will  
12 prioritize cultural competency;

13 “(B) the institution will provide to the Sec-  
14 retary such data, assurances, and information  
15 as the Secretary may require; and

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

21 “(5) AUTHORIZATION OF APPROPRIATIONS.—  
22 There is authorized to be appropriated to carry out  
23 this subsection \$15,000,000 for each of fiscal years  
24 2010 through 2014.

25 “(f) DEFINITIONS.—In this section:

1           “(1) SPECIALIZED TRAINING OR CLINICAL EX-  
2           PERIENCE IN CHILD AND ADOLESCENT MENTAL  
3           HEALTH.—The term ‘specialized training or clinical  
4           experience in child and adolescent mental health’  
5           means training and clinical experience that—

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

10                   “(B) consists of at least 500 hours of  
11                   training or clinical experience in treating chil-  
12                   dren and adolescents; and

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

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

19                   “(A) a population in which there is a sig-  
20                   nificantly greater incidence than the national  
21                   average of—

22                           “(i) children who have serious emo-  
23                           tional disturbances; or

24                           “(ii) children who are racial, ethnic,  
25                           or linguistic minorities; or

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

3                   “(3) **MEDICALLY UNDERSERVED COMMUNITY.**—  
4                   The term ‘medically underserved community’ has the  
5                   meaning given to such term in section 799B.

6                   “(4) **MENTAL HEALTH SERVICE PROFES-**  
7                   **SIONAL.**—The term ‘mental health service profes-  
8                   sional’ means an individual with a graduate or post-  
9                   graduate degree from an accredited institution of  
10                  higher education in psychiatry, psychology, school  
11                  psychology, behavioral pediatrics, psychiatric nurs-  
12                  ing, social work, school social work, marriage and  
13                  family counseling, school counseling, or professional  
14                  counseling.”.

15 **SEC. 4. AMENDMENTS TO SOCIAL SECURITY ACT TO IM-**  
16 **PROVE CHILD AND ADOLESCENT MENTAL**  
17 **HEALTH CARE.**

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

24                                   “(iii) **INCREASE ALLOWED FOR TRAIN-**  
25 **ING IN CHILD AND ADOLESCENT PSYCHI-**

1            ATRY.—In applying clause (i), there shall  
2            not be taken into account such additional  
3            number of full-time equivalent residents in  
4            the field of allopathic or osteopathic medi-  
5            cine who are residents or fellows in child  
6            and adolescent psychiatry as the Secretary  
7            determines reasonable to meet the need for  
8            such physicians as demonstrated by the  
9            1999 report of the Department of Health  
10           and Human Services entitled ‘Mental  
11           Health: A Report of the Surgeon Gen-  
12           eral’.”.

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

18            (1) in clause (i), by striking “and (v)” and in-  
19            serting “(v), and (vi)”;

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

22                            “(vi) CHILD AND ADOLESCENT PSY-  
23                            CHIATRY TRAINING PROGRAMS.—In the  
24                            case of an individual enrolled in a child  
25                            and adolescent psychiatry residency or fel-



1 lowship program approved by the Sec-  
2 retary, the period of board eligibility and  
3 the initial residency period shall be the pe-  
4 riod of board eligibility for the specialty of  
5 general psychiatry, plus 2 years for the  
6 subspecialty of child and adolescent psychi-  
7 atry.”.

8 (c) EFFECTIVE DATE.—The amendments made by  
9 this section shall apply to residency training years begin-  
10 ning on or after July 1, 2010.

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

12 (a) STUDY.—The Administrator of the Health Re-  
13 sources and Services Administration (in this section re-  
14 ferred to as the “Administrator”) shall study and make  
15 findings and recommendations on—

16 (1) the distribution and need for child mental  
17 health service professionals, including with respect to  
18 specialty certifications, practice characteristics, pro-  
19 fessional licensure, practice types, racial and ethnic  
20 backgrounds, locations, education, and training; and

21 (2) a comparison of such distribution and need,  
22 including identification of disparities, on a State-by-  
23 State basis.

24 (b) REPORT.—Not later than 2 years after the date  
25 of the enactment of this Act, the Administrator shall sub-

1 mit to the Congress and make publicly available a report  
2 on the results of the study required by subsection (a), in-  
3 cluding with respect to findings and recommendations on  
4 disparities among the States.

5 **SEC. 6. REPORTS.**

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

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

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

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

16 (1) The effectiveness of the amendments made  
17 by, and the programs carried out under, this Act in  
18 increasing the number of child and adolescent men-  
19 tal health service professionals and paraprofessional  
20 child and adolescent mental health workers.

21 (2) The demographics of the individuals served  
22 by such increased number of child and adolescent  
23 mental health service professionals and paraprofes-  
24 sional child and adolescent mental health workers.

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