

111TH CONGRESS  
1ST SESSION

# H. R. 2066

To amend the Public Health Service Act to promote mental and behavioral health services for underserved populations.

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## IN THE HOUSE OF REPRESENTATIVES

APRIL 23, 2009

Mr. GENE GREEN of Texas (for himself and Mr. TIM MURPHY of Pennsylvania) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To amend the Public Health Service Act to promote mental and behavioral health services for underserved populations.

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 “Graduate Psychology  
5 Education Act of 2009”.

6 **SEC. 2. FINDINGS.**

7 Congress finds that—

8 (1) the Institute of Medicine issued a 2006 re-  
9 port entitled “Improving the Quality of Health Care  
10 for Mental and Substance Abuse Conditions”, which

1 called for efforts to increase the mental and behav-  
2 ioral health care workforce in the United States, and  
3 to assure competency of that workforce;

4 (2) the “Action Plan for Behavioral Health  
5 Workforce Development”, commissioned in 2007 by  
6 the Substance Abuse and Mental Health Services  
7 Administration, reported an insufficient supply of  
8 trained professionals available to provide mental and  
9 behavioral health services to older adults, and pre-  
10 dicted that such shortage would become more dire as  
11 the aging population grows and the demand for spe-  
12 cialized mental and behavioral health services in-  
13 creases;

14 (3) the Bureau of Labor Statistics projects a  
15 need for approximately 70,000 more doctoral level  
16 health service psychologists, including clinical psy-  
17 chologists, counselors, and school psychologists, in  
18 the United States by 2016;

19 (4) the Department of Defense Task Force on  
20 Mental Health reported in 2007 that—

21 (A) the Nation faces a great need for ade-  
22 quately trained mental health professionals,  
23 both civilian and in the Armed Forces;

24 (B) nearly 40 percent of soldiers and half  
25 of National Guard members report psycho-

1           logical “symptoms” and these problems are  
2           “daunting and growing”; and

3                   (C) increasingly, National Guard members,  
4           reservists, and even active duty members of the  
5           Armed Forces who are stationed far from  
6           health care installations of the Armed Forces,  
7           as well as the families of such individuals, are  
8           more likely to seek care in civilian settings, thus  
9           increasing the demand for mental health serv-  
10          ices in those communities;

11           (5) according to a report of the Health Re-  
12          sources and Services Administration in September  
13          2008, there are 3,059 mental health professional  
14          shortage areas in rural and urban areas of the  
15          United States, in which 77,000,000 people live, and,  
16          based on the Administration’s population to practi-  
17          tioner ratio of 10,000:1, an additional 5,145 mental  
18          health providers are required to meet the immediate  
19          needs of the mental health professional shortage  
20          areas;

21           (6) the Annapolis Coalition Report, commis-  
22          sioned in 2007 by the Substance Abuse and Mental  
23          Health Services Administration—

24                   (A) found substantial needs to increase the  
25          mental and behavioral health workforce of the

1 future and to broaden the racial and cultural  
2 diversity of that workforce; and

3 (B) identified a pending retirement of  
4 more than half of the clinically trained mental  
5 and behavioral health professionals in the  
6 United States, along with a serious shortage of  
7 providers in rural areas, and urged a national  
8 focus on—

9 (i) addressing the needs of under-  
10 served persons dealing with chronic ill-  
11 nesses;

12 (ii) treating young people with mental  
13 disorders; and

14 (iii) working with young people to  
15 help prevent risk-taking behaviors, includ-  
16 ing smoking, substance abuse, violence, un-  
17 safe sex, and actions that might cause ve-  
18 hicular accidents;

19 (7) according to multiple reports of the Surgeon  
20 General on the mental health of children and older  
21 adults—

22 (A) there is an urgent need for a well-  
23 trained mental and behavioral health workforce  
24 to treat the increase in depression and suicide;

1 (B) 2 out of every 100 children and adoles-  
2 cents have major depression, and 20 percent of  
3 older adults suffer from depression;

4 (C) depression is a condition commonly as-  
5 sociated with suicide and older adults are dis-  
6 proportionately likely to die by suicide; and

7 (D) in general, suicide rates for adults and  
8 children are higher in rural communities than  
9 in urban communities;

10 (8) in 2007, the President’s Commission on  
11 Care For America’s Returning Wounded Warriors  
12 (the “Dole-Shalala Commission”)—

13 (A) recommended that the Department of  
14 Defense aggressively address the acute shortage  
15 of mental health clinicians in the Armed  
16 Forces;

17 (B) recognized that the health care system  
18 in the United States is certain to experience in-  
19 creased strain for years to come as active duty  
20 servicemembers re-enter civilian society in local  
21 communities and turn to mental health care  
22 professionals skilled in treating such combat  
23 stress disorders and their effects on families,  
24 which is especially significant due to the ex-  
25 pected long-term demand that may arise from

1 chronic or delayed-onset symptoms of post-trau-  
2 matic stress disorder;

3 (C) reported that the Armed Forces's new  
4 efforts to prevent mental health problems and  
5 identify symptoms more quickly have severely  
6 stretched the already thin mental health pro-  
7 gram staff; and

8 (D) reported that hospitals located in geo-  
9 graphically isolated or less desirable areas re-  
10 port great difficulty recruiting civilian staff;  
11 and

12 (9) the determinants of human health include a  
13 complex array of biological, environmental, and so-  
14 cial factors, an individual's behavior and coping re-  
15 sources, and an individual's access to health care; al-  
16 though biologic interventions, including medications  
17 and immunizations, often are considered the hall-  
18 mark of medical practice, the role of behavior and  
19 psychosocial components has received increasing at-  
20 tention, and, because approximately half of mortality  
21 in the United States is linked to behavior, behavioral  
22 science and practice are fundamental to addressing  
23 societal needs.

1 **SEC. 3. PROMOTING EDUCATION AND TRAINING OF PSY-**  
2 **CHOLOGISTS TO PROVIDE MENTAL AND BE-**  
3 **HAVIORAL HEALTH SERVICES TO UNDER-**  
4 **SERVED POPULATIONS.**

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

8 **“Subpart 3—Mental and Behavioral Health Care**  
9 **Workforce**

10 **“SEC. 775. PROGRAM FOR GRADUATE EDUCATION AND**  
11 **TRAINING IN PSYCHOLOGY.**

12 “(a) IN GENERAL.—The Secretary may award  
13 grants, cooperative agreements, and contracts to accred-  
14 ited doctoral, internship, and residency programs in psy-  
15 chology for the development and implementation of pro-  
16 grams to provide interdisciplinary training in integrated  
17 health care settings to students in doctoral psychology  
18 programs, including interns and residents in such pro-  
19 grams. Any training funded by such grants, cooperative  
20 agreements, or contracts shall focus on the needs of under-  
21 served populations.

22 “(b) ELIGIBILITY.—To be eligible to receive an award  
23 under this section an entity shall—

24 “(1) provide training at or through an accred-  
25 ited doctoral program in psychology, including an in-  
26 ternship or residency program; and

1           “(2) prepare and submit to the Secretary an  
2           application at such time, in such manner, and con-  
3           taining such information as the Secretary may re-  
4           quire.

5           “(c) EVALUATION OF PROGRAMS.—The Secretary  
6           shall evaluate any program implemented through an  
7           award under this section in order to determine the effect  
8           of such program on increasing the number of psychologists  
9           who provide mental and behavioral health services to un-  
10          derserved populations.

11          “(d) DEFINITIONS.—For purposes of this section—

12           “(1) the term ‘underserved population’ means  
13           individuals, especially older adults, children, chron-  
14           ically ill individuals, victims of abuse or trauma, and  
15           victims of combat- or war-related stress disorders,  
16           including post-traumatic stress disorder and trau-  
17           matic brain injury, and their families, living in an  
18           urban or rural area that has a shortage of mental  
19           or behavioral health services; and

20           “(2) the term ‘interdisciplinary training’ means  
21           training for graduate psychology students with 1 or  
22           more of the other health professions, including medi-  
23           cine, nursing, dentistry, and pharmacy.

24          “(e) AUTHORIZATION OF APPROPRIATIONS.—To  
25          carry out this section, there is authorized to be appro-



1 priated \$10,000,000 for fiscal year 2010, \$12,000,000 for  
2 fiscal year 2011, \$14,000,000 for fiscal year 2012,  
3 \$16,000,000 for fiscal year 2013, and \$18,000,000 for fis-  
4 cal year 2014.”.

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