

111TH CONGRESS
1ST SESSION

S. 1857

To establish national centers of excellence for the treatment of depressive
and bipolar disorders.

IN THE SENATE OF THE UNITED STATES

OCTOBER 22, 2009

Ms. STABENOW (for herself, Mr. VOINOVICH, Mrs. HUTCHISON, Mr. BROWN,
and Mr. KERRY) introduced the following bill; which was read twice and
referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To establish national centers of excellence for the treatment
of depressive and bipolar disorders.

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 “Establishing a Net-
5 work of Health-Advancing National Centers of Excellence
6 for Depression Act of 2009” or the “ENHANCED Act
7 of 2009”.

8 **SEC. 2. PURPOSES; GOAL.**

9 (a) PURPOSE.—It is the purpose of this Act to—

1 (1) establish a national network of centers of
2 excellence for depressive disorders;

3 (2) provide Federal financial assistance to es-
4 tablish and support a National network of depres-
5 sion centers that provide for university- and commu-
6 nity-based delivery of evidence-based interventions,
7 innovative practices, and services to individuals with
8 depressive disorders; and

9 (3) improve the standard of care and delivery of
10 evidence-based interventions, innovative practices,
11 and services to individuals with depressive disorders.

12 (b) GOAL.—It is the goal of this Act to—

13 (1) increase the number of individuals with de-
14 pressive disorders who receive appropriate and evi-
15 dence-based treatment, through the implementation
16 of multidisciplinary research and clinical programs
17 that use a recovery framework, standardize diag-
18 noses, treat individuals early and more effectively,
19 and prevent recurrences of depressive disorders; and

20 (2) to establish a national resource to develop
21 and disseminate evidence-based interventions for de-
22 pressive disorders, provide public and professional
23 education about depressive disorders, and eradicate
24 the stigma associated with depressive disorders.

1 **SEC. 3. CENTERS OF EXCELLENCE FOR DEPRESSION.**

2 Subpart 3 of part B of title V of the Public Health
3 Service Act (42 U.S.C. 290bb et seq.) is amended by in-
4 serting after section 520A the following:

5 **“SEC. 520B. NATIONAL CENTERS OF EXCELLENCE FOR DE-**
6 **PRESSION.**

7 “(a) DEPRESSIVE DISORDER DEFINED.—In this sec-
8 tion, the term ‘depressive disorder’ means a mental or
9 brain disorder relating to depression, including major de-
10 pression, bipolar disorder, and related mood disorders.

11 “(b) GRANT PROGRAM.—

12 “(1) IN GENERAL.—The Secretary, acting
13 through the Administrator, shall award grants on a
14 competitive basis to eligible entities to establish na-
15 tional centers of excellence for depression (referred
16 to in this section as ‘centers of excellence’), which
17 shall engage in activities related to the treatment of
18 depressive disorders.

19 “(2) ALLOCATION OF AWARDS.—If the funds
20 authorized under subsection (f) are appropriated in
21 the amounts provided for under such subsection, the
22 Secretary shall allocate such amounts so that—

23 “(A) not later than 1 year after the date
24 of enactment of the ENHANCED Act of 2009,
25 not more than 20 centers of excellence may be
26 established; and

1 “(B) not later than September 30, 2016,
2 not more than 30 centers of excellence may be
3 established.

4 “(3) GRANT PERIOD.—

5 “(A) IN GENERAL.—A grant awarded
6 under this section shall be for a period of 5
7 years.

8 “(B) RENEWAL.—A grant awarded under
9 subparagraph (A) may be renewed, on a com-
10 petitive basis, for 1 additional 5-year period, at
11 the discretion of the Secretary. In determining
12 whether to renew a grant, the Secretary shall
13 consider the report cards issued under sub-
14 section (e)(2).

15 “(4) USE OF FUNDS.—Grant funds awarded
16 under this subsection shall be used for the establish-
17 ment and ongoing activities of the recipient of such
18 funds.

19 “(5) ELIGIBLE ENTITIES.—

20 “(A) REQUIREMENTS.—To be eligible to
21 receive a grant under this section, an entity
22 shall—

23 “(i) be an institution of higher edu-
24 cation or a public or private nonprofit re-
25 search institution; and

1 “(ii) submit an application to the Sec-
2 retary at such time and in such manner as
3 the Secretary may require, as described in
4 subparagraph (B).

5 “(B) APPLICATION.—An application de-
6 scribed in subparagraph (A)(ii) shall include—

7 “(i) evidence that such entity—

8 “(I) provides, or is capable of co-
9 ordinating with other entities to pro-
10 vide, comprehensive medical services
11 with a focus on mental health services
12 and subspecialty expertise for depres-
13 sive disorders;

14 “(II) collaborates with—

15 “(aa) other medical sub-
16 specialists to address co-occur-
17 ring mental illnesses;

18 “(bb) community organiza-
19 tions; and

20 “(cc) other members of the
21 network;

22 “(III) is capable of training
23 health professionals about mental
24 health; and

1 “(ii) such other information, as the
2 Secretary may require.

3 “(C) PRIORITIES.—In awarding grants
4 under this section, the Secretary shall give pri-
5 ority to eligible entities that meet 1 or more of
6 the following criteria:

7 “(i) Demonstrated capacity and exper-
8 tise to serve the targeted population.

9 “(ii) Existing infrastructure or exper-
10 tise to provide appropriate, evidence-based
11 and culturally competent services.

12 “(iii) A location in a geographic area
13 with disproportionate numbers of under-
14 served and at-risk populations in medically
15 underserved areas and health professional
16 shortage areas.

17 “(iv) A history of serving the popu-
18 lation described in clause (iii).

19 “(v) Proposed innovative approaches
20 for outreach to initiate or expand services.

21 “(vi) Use of the most up-to-date
22 science, practices, and interventions avail-
23 able.

24 “(vii) Demonstrated coordination and
25 collaboration, or having a viable plan to co-

1 ordinate, with a community mental health
2 center or other community mental health
3 resources.

4 “(viii) Capacity to establish coopera-
5 tive agreements with other community en-
6 tities to provide social and human services
7 to individuals with depressive disorders.

8 “(ix) Demonstrated potential for rep-
9 lication and dissemination of evidence-
10 based research and practices.

11 “(6) SPECIALTY CENTERS.—Of the centers of
12 excellence receiving a grant under this section, the
13 Secretary may select 1 or more such centers to spe-
14 cialize in—

15 “(A) subspecialties such as prepartum and
16 postpartum depression, traumatic stress dis-
17 order, suicidal tendency, bipolar disorder, and
18 depression; and

19 “(B) providing mental health services to
20 communities with problems of access, such as
21 rural communities and economically depressed
22 communities.

23 “(7) NATIONAL COORDINATING CENTER.—

24 “(A) IN GENERAL.—The Secretary, acting
25 through the Administrator, shall designate 1 re-

1 ipient of a grant under this section to be the
2 coordinating center of excellence for depression
3 (referred to in this section as the ‘coordinating
4 center’). The Secretary shall select such coordi-
5 nating center on a competitive basis, based
6 upon the demonstrated capacity of such center
7 to perform the duties described in subpara-
8 graph (C).

9 “(B) APPLICATION.—A center of excel-
10 lence that has been awarded a grant under
11 paragraph (1) may apply for designation as the
12 coordinating center by submitting an applica-
13 tion to the Secretary at such time, in such man-
14 ner, and containing such information as the
15 Secretary may require.

16 “(C) DUTIES.—The coordinating center
17 shall—

18 “(i) develop, administer, and coordi-
19 nate the network of centers of excellence
20 under this section;

21 “(ii) oversee and coordinate the na-
22 tional database described in subsection (d);

23 “(iii) lead a strategy to disseminate
24 the findings and activities of the centers of
25 excellence through such database;

1 “(iv) serve as a liaison with the Ad-
2 ministration, the National Registry of Evi-
3 dence-based Programs and Practices of the
4 Administration, and any Federal inter-
5 agency or interagency forum on mental
6 health; and

7 “(v) establish a common network in-
8 frastructure to advance services provided
9 by the centers of excellence and dem-
10 onstrate effectiveness in fostering a col-
11 laborative community among such centers
12 for sharing knowledge and skills.

13 “(8) MATCHING FUNDS.—The Secretary may
14 not award a grant or contract under this section to
15 an entity unless the entity agrees that it will make
16 available (directly or through contributions from
17 other public or private entities) non-Federal con-
18 tributions toward the activities to be carried out
19 under the grant or contract in an amount equal to
20 \$1 for each \$5 of Federal funds provided under the
21 grant or contract. Such non-Federal matching funds
22 may be provided directly or through donations from
23 public or private entities and may be in cash or in-
24 kind, fairly evaluated, including plant, equipment, or
25 services.

1 “(c) ACTIVITIES OF THE CENTERS OF EXCEL-
2 LENCE.—Each center of excellence shall carry out the fol-
3 lowing activities:

4 “(1) GENERAL ACTIVITIES.—Each center of ex-
5 cellence shall—

6 “(A) integrate basic, clinical, or health
7 services interdisciplinary research and practice
8 in the development of evidence-based interven-
9 tions;

10 “(B) involve a broad cross-section of stake-
11 holders, such as researchers, clinicians, con-
12 sumers, and families of consumers, to develop
13 innovative approaches to incorporate research
14 and practice and advance evidence-based prac-
15 tices;

16 “(C) provide training and technical assist-
17 ance to mental health professionals, and engage
18 in and disseminate translational research with a
19 focus on meeting the needs of individuals with
20 depressive disorders;

21 “(D) facilitate the dissemination and com-
22 munication of research findings and depressive
23 disorder-related information from the institu-
24 tions of higher education to the public; and

1 “(E) educate policy makers, employers,
2 community leaders, and the general public
3 about depressive disorders to reduce stigma and
4 raise awareness of available treatments for such
5 disorders.

6 “(2) IMPROVED TREATMENT STANDARDS, CLIN-
7 ICAL GUIDELINES, AND DIAGNOSTIC PROTOCOLS.—
8 Each center of excellence shall collaborate with other
9 centers of excellence in the network to—

10 “(A) develop and implement treatment
11 standards, clinical guidelines, and protocols to
12 improve the accuracy and timeliness of diag-
13 nosis of depressive disorders; and

14 “(B) develop and implement treatment
15 standards that emphasize early intervention and
16 treatment for, primary prevention and the pre-
17 vention of recurrences of, and recovery from,
18 depressive disorders.

19 “(3) COORDINATION AND INTEGRATION OF
20 PHYSICAL, MENTAL, AND SOCIAL CARE.—Each cen-
21 ter of excellence shall—

22 “(A) incorporate principles of chronic care
23 coordination and integration of services that ad-
24 dress physical, mental, and social conditions in
25 the treatment of depressive disorders;

1 “(B) foster communication with other pro-
 2 viders attending to co-occurring physical health
 3 conditions such as cardiovascular, diabetes, can-
 4 cer, and substance abuse disorders;

5 “(C) identify how treatment for depression
 6 interacts with such co-occurring illnesses to im-
 7 prove overall health outcomes;

8 “(D) leverage available community re-
 9 sources, develop and implement improved self-
 10 management programs, and, when appropriate,
 11 involve family and other providers of social sup-
 12 port in the development and implementation of
 13 care plans; and

14 “(E) use electronic health records and tele-
 15 health technology to better coordinate and man-
 16 age, and improve access to, care, as determined
 17 by the coordinating center.

18 “(4) TRANSLATIONAL RESEARCH THROUGH
 19 COLLABORATION OF CENTERS OF EXCELLENCE AND
 20 COMMUNITY-BASED ORGANIZATIONS.—Each center
 21 of excellence shall—

22 “(A) demonstrate effective use of a public-
 23 private partnership to foster collaborations
 24 among members of the network and commu-
 25 nity-based organizations such as community

1 mental health centers and other social and
2 human services providers;

3 “(B) expand multidisciplinary,
4 translational, and patient-oriented research and
5 treatment by fostering such collaborations; and

6 “(C) coordinate with accredited academic
7 programs to provide ongoing opportunities, in
8 academic and in community settings, for the
9 professional and continuing education of mental
10 health providers.

11 “(d) NATIONAL DATABASE.—

12 “(1) IN GENERAL.—The coordinating center
13 shall establish and maintain a national, publicly
14 available database to improve prevention programs,
15 evidence-based interventions, and disease manage-
16 ment programs for depressive disorders, using data
17 collected from the centers of excellence, as described
18 in paragraph (2).

19 “(2) DATA COLLECTION.—

20 “(A) DATA.—Each center of excellence
21 shall submit data gathered at such center, as
22 appropriate, to the coordinating center regard-
23 ing—

24 “(i) the prevalence and incidence of
25 depressive disorders;

1 “(ii) the health and social outcomes of
2 individuals with depressive disorders;

3 “(iii) the effectiveness of interventions
4 designed, tested, and evaluated;

5 “(iv) the progress in the prevention
6 of, and recovery from, depressive disorders;
7 and

8 “(v) the economic impact of the activi-
9 ties of such center.

10 “(B) FINANCIAL INFORMATION.—Each
11 center of excellence shall provide to the coordi-
12 nating center appropriately summarized finan-
13 cial information to enable the coordinating cen-
14 ter to assess the efficiency and financial sus-
15 tainability of such center.

16 “(3) SUBMISSION OF DATA TO THE ADMINIS-
17 TRATOR.—The coordinating center shall submit to
18 the Administrator the data and financial information
19 gathered under paragraph (2).

20 “(4) PUBLICATION USING DATA FROM THE
21 DATABASE.—A center of excellence, or an individual
22 affiliated with a center of excellence, may publish
23 findings using the data described in paragraph
24 (2)(A) only if such center submits such data to the

1 coordinating center, as required under such para-
2 graph.

3 “(e) ESTABLISHMENT OF STANDARDS; REPORT
4 CARDS AND RECOMMENDATIONS; THIRD PARTY RE-
5 VIEW.—

6 “(1) ESTABLISHMENT OF STANDARDS.—The
7 Secretary, acting through the Administrator, shall
8 establish performance standards for—

9 “(A) each center of excellence; and

10 “(B) the network of centers of excellence
11 as a whole.

12 “(2) REPORT CARDS.—The Secretary, acting
13 through the Administrator, shall—

14 “(A) for each center of excellence, not later
15 than 3 years after the date on which such cen-
16 ter of excellence is established and annually
17 thereafter, issue a report card to the coordi-
18 nating center to rate the performance of such
19 center of excellence; and

20 “(B) not later than 3 years after the date
21 on which the first grant is awarded under sub-
22 section (b)(1) and annually thereafter, issue a
23 report card to Congress to rate the performance
24 of the network of centers of excellence as a
25 whole.

1 “(3) RECOMMENDATIONS.—Based upon the re-
2 port cards described in paragraph (1), the Secretary
3 shall, not later than September 30, 2015—

4 “(A) make recommendations to the centers
5 of excellence regarding improvements such cen-
6 ters shall make; and

7 “(B) make recommendations to Congress
8 for expanding the centers of excellence to serve
9 individuals with other types of mental disorders.

10 “(4) THIRD PARTY REVIEW.—Not later than 3
11 years after the date on which the first grant is
12 awarded under subsection (b)(1) and annually there-
13 after, the Secretary shall arrange for an independent
14 third party to conduct an evaluation of the network
15 of centers of excellence to ensure that such centers
16 are meeting the goals of this section.

17 “(f) AUTHORIZATION OF APPROPRIATIONS.—

18 “(1) IN GENERAL.—To carry out this section,
19 there are authorized to be appropriated—

20 “(A) \$100,000,000 for each of the fiscal
21 years 2011 through 2015; and

22 “(B) \$150,000,000 for each of the fiscal
23 years 2016 through 2020.

24 “(2) ALLOCATION OF FUNDS AUTHORIZED.—Of
25 the amount appropriated under paragraph (1) for a

1 fiscal year, the Secretary shall determine the alloca-
2 tion of each center of excellence receiving a grant
3 under this section, but in no case may the allocation
4 be more than \$5,000,000, except that the Secretary
5 may allocate not more than \$10,000,000 to the co-
6 ordinating center.”.

7 **SEC. 4. SENSE OF THE SENATE.**

8 It is the sense of the Senate that the knowledge and
9 research developed by the centers of excellence for depres-
10 sion established under section 520B of the Public Health
11 Service Act should be disseminated broadly within the
12 medical community and the Federal Government, particu-
13 larly to agencies with an interest in mental health, includ-
14 ing other agencies within the Department of Health and
15 Human Services and the Departments of Justice, Defense,
16 Labor, and Veterans Affairs.

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