

114TH CONGRESS
2D SESSION

S. 1893

IN THE HOUSE OF REPRESENTATIVES

JANUARY 5, 2016

Referred to the Committee on Energy and Commerce

AN ACT

To reauthorize and improve programs related to mental
health and substance use disorders.

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 Mental Health Aware-
3 ness and Improvement Act of 2015.

4 **SEC. 2. GARRETT LEE SMITH MEMORIAL ACT REAUTHOR-**
5 **IZATION.**

6 (a) **SUICIDE PREVENTION TECHNICAL ASSISTANCE**
7 **CENTER.**—Section 520C of the Public Health Service Act
8 (42 U.S.C. 290bb–34) is amended—

9 (1) in the section heading, by striking the sec-
10 tion heading and inserting “**SUICIDE PREVENTION**
11 **TECHNICAL ASSISTANCE CENTER.**”;

12 (2) in subsection (a), by striking “and in con-
13 sultation with” and all that follows through the pe-
14 riod at the end of paragraph (2) and inserting “shall
15 establish a research, training, and technical assist-
16 ance resource center to provide appropriate informa-
17 tion, training, and technical assistance to States, po-
18 litical subdivisions of States, federally recognized In-
19 dian tribes, tribal organizations, institutions of high-
20 er education, public organizations, or private non-
21 profit organizations regarding the prevention of sui-
22 cide among all ages, particularly among groups that
23 are at high risk for suicide.”;

24 (3) by striking subsections (b) and (c);

25 (4) by redesignating subsection (d) as sub-
26 section (b);

1 (5) in subsection (b), as so redesignated—

2 (A) by striking the subsection heading and
3 inserting “RESPONSIBILITIES OF THE CEN-
4 TER.”;

5 (B) in the matter preceding paragraph (1),
6 by striking “The additional research” and all
7 that follows through “nonprofit organizations
8 for” and inserting “The center established
9 under subsection (a) shall conduct activities for
10 the purpose of”;

11 (C) by striking “youth suicide” each place
12 such term appears and inserting “suicide”;

13 (D) in paragraph (1)—

14 (i) by striking “the development or
15 continuation of” and inserting “developing
16 and continuing”; and

17 (ii) by inserting “for all ages, particu-
18 larly among groups that are at high risk
19 for suicide” before the semicolon at the
20 end;

21 (E) in paragraph (2), by inserting “for all
22 ages, particularly among groups that are at
23 high risk for suicide” before the semicolon at
24 the end;

1 (F) in paragraph (3), by inserting “and
2 tribal” after “statewide”;

3 (G) in paragraph (5), by inserting “and
4 prevention” after “intervention”;

5 (H) in paragraph (8), by striking “in
6 youth”;

7 (I) in paragraph (9), by striking “and be-
8 havioral health” and inserting “health and sub-
9 stance use disorder”; and

10 (J) in paragraph (10), by inserting “con-
11 ducting” before “other”; and

12 (6) by striking subsection (e) and inserting the
13 following:

14 “(c) AUTHORIZATION OF APPROPRIATIONS.—For the
15 purpose of carrying out this section, there are authorized
16 to be appropriated \$6,000,000 for each of fiscal years
17 2016 through 2020.

18 “(d) ANNUAL REPORT.—Not later than 2 years after
19 the date of enactment of this subsection, the Secretary
20 shall submit to Congress a report on the activities carried
21 out by the center established under subsection (a) during
22 the year involved, including the potential impacts of such
23 activities, and the States, organizations, and institutions
24 that have worked with the center.”.

1 (b) YOUTH SUICIDE EARLY INTERVENTION AND
 2 PREVENTION STRATEGIES.—Section 520E of the Public
 3 Health Service Act (42 U.S.C. 290bb–36) is amended—

4 (1) in paragraph (1) of subsection (a) and in
 5 subsection (c), by striking “substance abuse” each
 6 place such term appears and inserting “substance
 7 use disorder”;

8 (2) in subsection (b)(2)—

9 (A) by striking “each State is awarded
 10 only 1 grant or cooperative agreement under
 11 this section” and inserting “a State does not
 12 receive more than 1 grant or cooperative agree-
 13 ment under this section at any 1 time”; and

14 (B) by striking “been awarded” and insert-
 15 ing “received”; and

16 (3) in subsection (g)(2), by striking “2 years after
 17 the date of enactment of this section,” and insert “2 years
 18 after the date of enactment of the Mental Health Aware-
 19 ness and Improvement Act of 2015,”.

20 (4) by striking subsection (m) and inserting the
 21 following:

22 “(m) AUTHORIZATION OF APPROPRIATIONS.—For
 23 the purpose of carrying out this section, there are author-
 24 ized to be appropriated \$30,000,000 for each of fiscal
 25 years 2016 through 2020.”.

1 (c) MENTAL HEALTH AND SUBSTANCE USE DIS-
 2 ORDER SERVICES.—Section 520E–2 of the Public Health
 3 Service Act (42 U.S.C. 290bb–36b) is amended—

4 (1) in the section heading, by striking “**AND**
 5 **BEHAVIORAL HEALTH**” and inserting “**HEALTH**
 6 **AND SUBSTANCE USE DISORDER**”;

7 (2) in subsection (a)—

8 (A) by striking “Services,” and inserting
 9 “Services and”;

10 (B) by striking “and behavioral health
 11 problems” and inserting “health or substance
 12 use disorders”; and

13 (C) by striking “substance abuse” and in-
 14 serting “substance use disorders”;

15 (3) in subsection (b)—

16 (A) in the matter preceding paragraph (1),
 17 by striking “for—” and inserting “for one or
 18 more of the following:”; and

19 (B) by striking paragraphs (1) through (6)
 20 and inserting the following:

21 “(1) Educating students, families, faculty, and
 22 staff to increase awareness of mental health and
 23 substance use disorders.

24 “(2) The operation of hotlines.

25 “(3) Preparing informational material.

1 “(4) Providing outreach services to notify stu-
 2 dents about available mental health and substance
 3 use disorder services.

4 “(5) Administering voluntary mental health and
 5 substance use disorder screenings and assessments.

6 “(6) Supporting the training of students, fac-
 7 ulty, and staff to respond effectively to students with
 8 mental health and substance use disorders.

9 “(7) Creating a network infrastructure to link
 10 colleges and universities with health care providers
 11 who treat mental health and substance use dis-
 12 orders.”;

13 (4) in subsection (c)(5), by striking “substance
 14 abuse” and inserting “substance use disorder”;

15 (5) in subsection (d)—

16 (A) in the matter preceding paragraph (1),
 17 by striking “An institution of higher education
 18 desiring a grant under this section” and insert-
 19 ing “To be eligible to receive a grant under this
 20 section, an institution of higher education”;

21 (B) in paragraph (1)—

22 (i) by striking “and behavioral
 23 health” and inserting “health and sub-
 24 stance use disorder”; and

1 (ii) by inserting “, including veterans
2 whenever possible and appropriate,” after
3 “students”; and

4 (C) in paragraph (2), by inserting “, which
5 may include, as appropriate and in accordance
6 with subsection (b)(7), a plan to seek input
7 from relevant stakeholders in the community,
8 including appropriate public and private enti-
9 ties, in order to carry out the program under
10 the grant” before the period at the end;

11 (6) in subsection (e)(1), by striking “and behav-
12 ioral health problems” and inserting “health and
13 substance use disorders”;

14 (7) in subsection (f)(2)—

15 (A) by striking “and behavioral health”
16 and inserting “health and substance use dis-
17 order”; and

18 (B) by striking “suicide and substance
19 abuse” and inserting “suicide and substance
20 use disorders”; and

21 (8) in subsection (h), by striking “\$5,000,000
22 for fiscal year 2005” and all that follows through
23 the period at the end and inserting “\$6,500,000 for
24 each of fiscal years 2016 through 2020.”.

1 **SEC. 3. MENTAL HEALTH AWARENESS TRAINING GRANTS.**

2 Section 520J of the Public Health Service Act (42
3 U.S.C. 290bb–41) is amended—

4 (1) in the section heading, by inserting “**MEN-**
5 **TAL HEALTH AWARENESS**” before “**TRAINING**”;
6 and

7 (2) in subsection (b)—

8 (A) in the subsection heading, by striking
9 “ILLNESS” and inserting “HEALTH”;

10 (B) in paragraph (1), by inserting “and
11 other categories of individuals, as determined
12 by the Secretary,” after “emergency services
13 personnel”;

14 (C) in paragraph (5)—

15 (i) in the matter preceding subpara-
16 graph (A), by striking “to” and inserting
17 “for evidence-based programs for the pur-
18 pose of”; and

19 (ii) by striking subparagraphs (A)
20 through (C) and inserting the following:

21 “(A) recognizing the signs and symptoms
22 of mental illness; and

23 “(B)(i) providing education to personnel
24 regarding resources available in the community
25 for individuals with a mental illness and other
26 relevant resources; or

1 “(ii) the safe de-escalation of crisis situa-
 2 tions involving individuals with a mental ill-
 3 ness.”; and

4 (D) in paragraph (7), by striking “,
 5 \$25,000,000” and all that follows through the
 6 period at the end and inserting “\$15,000,000
 7 for each of fiscal years 2016 through 2020.”.

8 **SEC. 4. CHILDREN’S RECOVERY FROM TRAUMA.**

9 Section 582 of the Public Health Service Act (42
 10 U.S.C. 290hh–1) is amended—

11 (1) in subsection (a), by striking “developing
 12 programs” and all that follows through the period at
 13 the end and inserting “developing and maintaining
 14 programs that provide for—

15 “(1) the continued operation of the National
 16 Child Traumatic Stress Initiative (referred to in this
 17 section as the ‘NCTSI’), which includes a coopera-
 18 tive agreement with a coordinating center, that fo-
 19 cuses on the mental, behavioral, and biological as-
 20 pects of psychological trauma response, prevention
 21 of the long-term consequences of child trauma, and
 22 early intervention services and treatment to address
 23 the long-term consequences of child trauma; and

24 “(2) the development of knowledge with regard
 25 to evidence-based practices for identifying and treat-

1 ing mental, behavioral, and biological disorders of
 2 children and youth resulting from witnessing or ex-
 3 perienceing a traumatic event.”;

4 (2) in subsection (b)—

5 (A) by striking “subsection (a) related”
 6 and inserting “subsection (a)(2) (related”;

7 (B) by striking “treating disorders associ-
 8 ated with psychological trauma” and inserting
 9 “treating mental, behavioral, and biological dis-
 10 orders associated with psychological trauma”;
 11 and

12 (C) by striking “mental health agencies
 13 and programs that have established clinical and
 14 basic research” and inserting “universities, hos-
 15 pitals, mental health agencies, and other pro-
 16 grams that have established clinical expertise
 17 and research”;

18 (3) by redesignating subsections (c) through (g)
 19 as subsections (g) through (k), respectively;

20 (4) by inserting after subsection (b), the fol-
 21 lowing:

22 “(c) CHILD OUTCOME DATA.—The NCTSI coordi-
 23 nating center shall collect, analyze, and report NCTSI-
 24 wide child treatment process and outcome data regarding
 25 the early identification and delivery of evidence-based

1 treatment and services for children and families served by
2 the NCTSI grantees.

3 “(d) TRAINING.—The NCTSI coordinating center
4 shall facilitate the coordination of training initiatives in
5 evidence-based and trauma-informed treatments, interven-
6 tions, and practices offered to NCTSI grantees, providers,
7 and partners.

8 “(e) DISSEMINATION AND COLLABORATION.—The
9 NCTSI coordinating center shall, as appropriate, collabo-
10 rate with—

11 “(1) the Secretary, in the dissemination of evi-
12 dence-based and trauma-informed interventions,
13 treatments, products, and other resources to appro-
14 priate stakeholders; and

15 “(2) appropriate agencies that conduct or fund
16 research within the Department of Health and
17 Human Services, for purposes of sharing NCTSI ex-
18 pertise, evaluation data, and other activities, as ap-
19 propriate.

20 “(f) REVIEW.—The Secretary shall, consistent with
21 the peer review process, ensure that NCTSI applications
22 are reviewed by appropriate experts in the field as part
23 of a consensus review process. The Secretary shall include
24 review criteria related to expertise and experience in child
25 trauma and evidence-based practices.”;

1 (5) in subsection (g) (as so redesignated), by
 2 striking “with respect to centers of excellence are
 3 distributed equitably among the regions of the coun-
 4 try” and inserting “are distributed equitably among
 5 the regions of the United States”;

6 (6) in subsection (i) (as so redesignated), by
 7 striking “recipient may not exceed 5 years” and in-
 8 serting “recipient shall not be less than 4 years, but
 9 shall not exceed 5 years”; and

10 (7) in subsection (j) (as so redesignated), by
 11 striking “\$50,000,000” and all that follows through
 12 “2006” and inserting “\$46,000,000 for each of fis-
 13 cal years 2016 through 2020”.

14 **SEC. 5. ASSESSING BARRIERS TO BEHAVIORAL HEALTH IN-**
 15 **TEGRATION.**

16 (a) IN GENERAL.—Not later than 2 years after the
 17 date of enactment of this Act, the Comptroller General
 18 of the United States shall submit a report to the Com-
 19 mittee on Health, Education, Labor, and Pensions of the
 20 Senate and the Committee on Energy and Commerce of
 21 the House of Representatives concerning Federal require-
 22 ments that impact access to treatment of mental health
 23 and substance use disorders related to integration with
 24 primary care, administrative and regulatory issues, quality
 25 measurement and accountability, and data sharing.

1 (b) CONTENTS.—The report submitted under sub-
2 section (a) shall include the following:

3 (1) An evaluation of the administrative or regu-
4 latory burden on behavioral health care providers.

5 (2) The identification of outcome and quality
6 measures relevant to integrated health care, evalua-
7 tion of the data collection burden on behavioral
8 health care providers, and any alternative methods
9 for evaluation.

10 (3) An analysis of the degree to which elec-
11 tronic data standards, including interoperability and
12 meaningful use includes behavioral health measures,
13 and an analysis of strategies to address barriers to
14 health information exchange posed by part 2 of title
15 42, Code of Federal Regulations.

16 (4) An analysis of the degree to which Federal
17 rules and regulations for behavioral and physical
18 health care are aligned, including recommendations
19 to address any identified barriers.

20 (5) An analysis of the challenges to behavioral
21 health and primary care integration faced by pro-
22 viders in rural areas.

1 **SEC. 6. INCREASING EDUCATION AND AWARENESS OF**
2 **TREATMENTS FOR OPIOID USE DISORDERS.**

3 (a) IN GENERAL.—In order to improve the quality
4 of care delivery and treatment outcomes among patients
5 with opioid use disorders, the Secretary of Health and
6 Human Services (referred to in this section as the “Sec-
7 retary”), acting through the Administrator for the Sub-
8 stance Abuse and Mental Health Services Administration,
9 may advance, through existing programs as appropriate,
10 the education and awareness of providers, patients, and
11 other appropriate stakeholders regarding all products ap-
12 proved by the Food and Drug Administration to treat
13 opioid use disorders.

14 (b) ACTIVITIES.—The activities described in sub-
15 section (a) may include—

16 (1) disseminating evidence-based practices for
17 the treatment of opioid use disorders;

18 (2) facilitating continuing education programs
19 for health professionals involved in treating opioid
20 use disorders;

21 (3) increasing awareness among relevant stake-
22 holders of the treatment of opioid use disorders;

23 (4) assessing current barriers to the treatment
24 of opioid use disorders for patients and providers
25 and development and implementation of strategies to
26 mitigate such barriers; and

1 (5) continuing innovative approaches to the
2 treatment of opioid use disorders in various treat-
3 ment settings, such as prisons, community mental
4 health centers, primary care, and hospitals.

5 (c) REPORT.—Not later than 1 year after the date
6 of enactment of this Act, if the Secretary carries out the
7 activities under this section, the Secretary shall submit to
8 the Committee on Health, Education, Labor, and Pen-
9 sions of the Senate and the Committee on Energy and
10 Commerce of the House of Representatives a report that
11 examines—

12 (1) the activities the Substance Abuse and Men-
13 tal Health Services Administration conducts under
14 this section, including any potential impacts on
15 health care costs associated with such activities;

16 (2) the role of adherence in the treatment of
17 opioid use disorders and methods to reduce opioid
18 use disorders; and

19 (3) recommendations on priorities and strate-
20 gies to address co-occurring substance use disorders
21 and mental illnesses.

22 **SEC. 7. EXAMINING MENTAL HEALTH CARE FOR CHILDREN.**

23 (a) IN GENERAL.—Not later than 1 year after the
24 date of enactment of this Act, the Comptroller General
25 of the United States shall conduct an independent evalua-

tion, and submit to the Committee on Health, Education,
 Labor, and Pensions of the Senate and the Committee on
 Energy and Commerce of the House of Representatives,
 a report concerning the utilization of mental health serv-
 ices for children, including the usage of psychotropic medi-
 cations.

(b) CONTENT.—The report submitted under sub-
 section (a) shall review and assess—

(1) the ways in which children access mental
 health care, including information on whether chil-
 dren are treated by primary care or specialty pro-
 viders, what types of referrals for additional care are
 recommended, and any barriers to accessing this
 care;

(2) the extent to which children are prescribed
 psychotropic medications in the United States in-
 cluding the frequency of concurrent medication
 usage; and

(3) the tools, assessments, and medications that
 are available and used to diagnose and treat children
 with mental health disorders.

SEC. 8. EVIDENCE BASED PRACTICES FOR OLDER ADULTS.

Section 520A(e) of the Public Health Service Act (42
 U.S.C. 290bb–32(e)) is amended by adding at the end the
 following:

1 “(3) GERIATRIC MENTAL HEALTH DIS-
2 ORDERS.—The Secretary shall, as appropriate, pro-
3 vide technical assistance to grantees regarding evi-
4 dence-based practices for the prevention and treat-
5 ment of geriatric mental health disorders and co-oc-
6 curring mental health and substance use disorders
7 among geriatric populations, as well as disseminate
8 information about such evidence-based practices to
9 States and nongrantees throughout the United
10 States.”.

11 **SEC. 9. NATIONAL VIOLENT DEATH REPORTING SYSTEM.**

12 The Secretary of Health and Human Services, acting
13 through the Director of the Centers for Disease Control
14 and Prevention, is encouraged to improve, particularly
15 through the inclusion of additional States, the National
16 Violent Death Reporting System as authorized by title III
17 of the Public Health Service Act (42 U.S.C. 241 et seq.).
18 Participation in the system by the States shall be vol-
19 untary.

20 **SEC. 10. GAO STUDY ON VIRGINIA TECH RECOMMENDA-**
21 **TIONS.**

22 (a) IN GENERAL.—Not later than 1 year after the
23 date of enactment of this Act, the Comptroller General
24 of the United States shall conduct an independent evalua-
25 tion, and submit to the appropriate committees of Con-

gress a report concerning the status of implementation of recommendations made in the report to the President, On Issues Raised by the Virginia Tech Tragedy, by the Secretaries of Health and Human Services and Education and the Attorney General of the United States, submitted to the President on June 13, 2007.

(b) CONTENT.—The report submitted to the committees of Congress under subsection (a) shall review and assess—

(1) the extent to which the recommendations in the report that include participation by the Department of Health and Human Services were implemented;

(2) whether there are any barriers to implementation of such recommendations; and

(3) identification of any additional actions the Federal government can take to support States and local communities and ensure that the Federal government and Federal law are not obstacles to addressing at the community level—

(A) school violence; and

(B) mental illness.

SEC. 11. PERFORMANCE METRICS.

(a) EVALUATION OF CURRENT PROGRAMS.—

1 (1) IN GENERAL.—Not later than 180 days
2 after the date of enactment of this Act, the Assist-
3 ant Secretary for Planning and Evaluation of the
4 Department of Health and Human Services shall
5 conduct an evaluation of the impact of activities re-
6 lated to the prevention and treatment of mental ill-
7 ness and substance use disorders conducted by the
8 Substance Abuse and Mental Health Services Ad-
9 ministration.

10 (2) ASSESSMENT OF PERFORMANCE
11 METRICS.—The evaluation conducted under para-
12 graph (1) shall include an assessment of the use of
13 performance metrics to evaluate activities carried
14 out by entities receiving grants, contracts, or cooper-
15 ative agreements related to mental illness or sub-
16 stance use disorders under title V or title XIX of the
17 Public Health Service Act (42 U.S.C. 290aa et seq.;
18 42 U.S.C. 300w et seq.).

19 (3) RECOMMENDATIONS.—The evaluation con-
20 ducted under paragraph (1) shall include rec-
21 ommendations for the use of performance metrics to
22 improve the quality of programs related to the pre-
23 vention and treatment of mental illness and sub-
24 stance use disorders.

1 (b) USE OF PERFORMANCE METRICS.—Not later
2 than 1 year after the date of enactment of this Act, the
3 Secretary of Health and Human Services, acting through
4 the Administrator of the Substance Abuse and Mental
5 Health Services Administration, shall advance, through
6 existing programs, the use of performance metrics, taking
7 into consideration the recommendations under subsection
8 (a)(3), to improve programs related to the prevention and
9 treatment of mental illness and substance use disorders.

Passed the Senate December 18, 2015.

Attest:

JULIE E. ADAMS,
Secretary.