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H. R. 7723

To establish the position of Interagency Coordinator for Behavioral Health to coordinate the programs and activities of the Federal Government relating to mental health, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 22, 2020

Mr. KENNEDY (for himself, Ms. MATSUI, Mr. TONKO, Mr. CÁRDENAS, and Mr. TRONE) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To establish the position of Interagency Coordinator for Behavioral Health to coordinate the programs and activities of the Federal Government relating to mental health, 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 “Behavioral Health Co-
5 ordination and Communication Act of 2020”.

6 **SEC. 2. INTERAGENCY COORDINATOR FOR BEHAVIORAL**
7 **HEALTH.**

8 (a) POSITION.—

1 (1) APPOINTMENT.—There is within the Execu-
2 tive Office of the President an Interagency Coordi-
3 nator for Behavioral Health (in this Act referred to
4 as the “Interagency Coordinator”) who shall—

5 (A) be appointed by the President, by and
6 with the advice and consent of the Senate; and

7 (B) report directly to the President.

8 (2) QUALIFICATIONS.—The Interagency Coordi-
9 nator shall—

10 (A) have expertise in mental health and
11 substance use disorders; and

12 (B) have administrative experience.

13 (3) TERM.—The Interagency Coordinator shall
14 be appointed for a term of 5 years. The same indi-
15 vidual may be reappointed to serve as the Inter-
16 agency Coordinator for subsequent 5-years terms.

17 (4) RATE OF PAY.—To the extent or in the
18 amounts provided in advance in appropriation Acts,
19 the Interagency Coordinator shall be paid at a rate
20 equal to the rate of basic pay for level 1 of the Exec-
21 utive Schedule.

22 (b) PRINCIPAL RESPONSIBILITY.—

23 (1) IN GENERAL.—The Interagency Coordi-
24 nator shall coordinate the programs and activities of

1 the Federal Government relating to mental health
2 and substance use disorders.

3 (2) CONSULTATION.—

4 (A) REQUIRED CONSULTATION.—In car-
5 rying out paragraph (1) with respect to any
6 program or activity, the Interagency Coordi-
7 nator shall consult with—

8 (i) the Assistant Secretary of Defense
9 for Health Affairs;

10 (ii) the Attorney General of the
11 United States, the Administrator of the
12 Office of Juvenile Justice and Delinquency
13 Prevention, and the Director of the Bureau
14 of Prisons;

15 (iii) the Director of National Drug
16 Control Policy;

17 (iv) the Secretary of Education, in-
18 cluding the Assistant Secretary for Special
19 Education and Rehabilitative Services;

20 (v) the Secretary of Health and
21 Human Services, the Assistant Secretary
22 for Health, the Assistant Secretary for the
23 Administration for Children and Families,
24 the Assistant Secretary for Mental Health

and Substance Use, and the Director of
the Indian Health Service;

(vi) the Secretary of Homeland Security;

(vii) the Secretary of Housing and
Urban Development;

(viii) the Secretary of Labor;

(ix) the Secretary of Veterans Affairs;

and

(x) the Deputy Assistant Secretary for
Minority Health.

(B) ADDITIONAL CONSULTATION.—In carrying out paragraph (1) with respect to any program or activity, the Interagency Coordinator may consult with the Director of the Centers for Disease Control and Prevention, the Commissioner of Food and Drugs, the Director of the National Institutes of Health, the Administrator of the Centers for Medicare & Medicaid Services, and such additional Federal officials as the Interagency Coordinator determines appropriate.

(c) OTHER RESPONSIBILITIES.—

(1) FRAMEWORK FOR MENTAL HEALTH AND
SUBSTANCE USE DISORDERS.—The Interagency Co-

1 ordinator shall work with Federal departments and
2 agencies to create a framework within and across
3 such departments and agencies for mental health
4 and substance use disorders. Such framework shall
5 include the following:

6 (A) Care coordination to better integrate
7 mental health and substance use disorder care
8 into health care settings and ensure seamless
9 transitions for patients, including by—

10 (i) promoting mental health and sub-
11 stance use disorder care earlier in the
12 health care continuum;

13 (ii) focusing on providing mental
14 health and substance use disorder care in
15 more appropriate settings and locations;

16 (iii) promoting diversion to mental
17 health and substance use disorder treat-
18 ment programs instead of incarceration for
19 mental health conditions and substance use
20 disorders;

21 (iv) improving access to primary care
22 and other medical services in community
23 mental health and substance use disorder
24 settings;

1 (v) promoting better treatment and
2 services for mental health conditions and
3 substance use disorders while incarcerated;
4 and

5 (vi) providing better coordination for
6 wraparound services at every point in
7 health care and the justice system for indi-
8 viduals with mental health conditions and
9 substance use disorders, including social
10 supports, housing, education, and employ-
11 ment.

12 (B) A focus on adults, children, youth, and
13 adolescents.

14 (C) Creating and implementing a transi-
15 tion plan for patients with mental health condi-
16 tions or substance use disorders who change
17 systems, departments, agencies, or services.

18 (2) INVENTORY.—The Interagency Coordinator
19 shall—

20 (A) take an inventory of all positions, com-
21 mittees, task forces, grants, and funding
22 streams in the Federal Government that are re-
23 lated to mental health and substance use dis-
24 orders; and

1 (B) provide suggestions to the President,
2 the Congress, and relevant Federal departments
3 and agencies on removing, restructuring, and
4 reorganizing such positions, committees, task
5 forces, grants, and funding streams.

6 (3) KNOWLEDGE CENTER.—The Interagency
7 Coordinator shall establish and maintain a knowl-
8 edge center to provide to the public, including by
9 means of a website, reliable information on mental
10 health and substance use disorders, including insur-
11 ance information and navigation tools for the ap-
12 peals process for insurance denials.

13 (4) BEST PRACTICES.—The Interagency Coor-
14 dinator shall identify best practices for—

15 (A) culturally congruent and linguistically
16 appropriate mental health and substance use
17 disorder care;

18 (B) comprehensive mental health and sub-
19 stance use disorder care;

20 (C) continuity of mental health and sub-
21 stance use disorder care;

22 (D) destigmatization of mental health con-
23 ditions and substance use disorders; and

1 (E) education campaigns on mental health
2 and substance use disorders in a variety of set-
3 tings that include—

4 (i) the full spectrum of education lev-
5 els, ranging from prekindergarten through
6 higher education;

7 (ii) a range of patient populations, in-
8 cluding pediatric, adult, geriatric, veteran,
9 racial and ethnic minority populations, as
10 well as patient populations in the justice
11 system;

12 (iii) a range of health care provider
13 populations; and

14 (iv) a range of providers in the justice
15 system.

16 (5) GUIDANCE ON MENTAL HEALTH AND SUB-
17 STANCE USE DISORDER TELEHEALTH TREATMENT
18 ACROSS STATE LINES.—Not later than 180 days
19 after the date of enactment of this Act, the Inter-
20 agency Coordinator shall issue guidance on collabo-
21 ration among States to enable mental health and
22 substance use disorder care professionals to treat
23 patients across State lines through telehealth tech-
24 nologies.

1 (6) ANNUAL REPORT.—Not later than one year
2 after the date of enactment of this Act, and annually
3 thereafter, the Interagency Coordinator shall submit
4 a public report to the Congress and the President
5 that includes—

6 (A) a description of the activities of the
7 Interagency Coordinator over the reporting pe-
8 riod;

9 (B) the strategic goals of the Interagency
10 Coordinator over the next 5- and 10-year peri-
11 ods; and

12 (C) an inventory of all Federal programs
13 pertaining to mental health and substance use
14 disorders.

15 (7) REPORT.—Not later than one year after the
16 date of enactment of this Act, the Interagency Coor-
17 dinator shall submit a public report to the Congress
18 and the President—

19 (A) describing the racial, ethnic, disability,
20 sex, and gender disparities within the mental
21 health and substance use disorder workforce,
22 describing how such disparities impact access to
23 care, particularly for minority populations, and
24 recommending how to address such disparities;

1 (B) projecting the diversity of mental
2 health and substance use disorder care profes-
3 sional in terms of race, ethnicity, sex, and gen-
4 der in 5 and 10 years;

5 (C) describing the racial, ethnic, disability,
6 sex, and gender disparities in education and
7 training for the mental health and substance
8 use disorder care professionals, and recom-
9 mending how to address such disparities;

10 (D) describing geographic racial, ethnic,
11 disability, sex, and gender disparities of the
12 mental health and substance use disorder work-
13 force, and recommending how to address such
14 disparities;

15 (E) recommending ways to include non-
16 subjective mental health and substance use dis-
17 order screenings as a vital sign;

18 (F) recommending ways to create a com-
19 plexity index for mental health and substance
20 use disorders; and

21 (G) assessing access to community-based
22 mental health and substance use disorder serv-
23 ices in underserved geographic areas and com-
24 munities of color.

25 (d) TEAM.—

1 (1) IN GENERAL.—The Interagency Coordi-
2 nator may appoint such personnel (in this Act re-
3 ferred to as the “team”) as the Interagency Coordi-
4 nator considers appropriate.

5 (2) COMPOSITION.—The Interagency Coordi-
6 nator shall ensure that the team, collectively, has the
7 following experience:

8 (A) Working in an adult mental health set-
9 ting.

10 (B) Working in a geriatric mental health
11 setting.

12 (C) Working in a child mental health set-
13 ting.

14 (D) Working in an adult substance use dis-
15 order setting.

16 (E) Working in a child substance use dis-
17 order setting.

18 (F) Working in the adult justice system
19 with a focus on mental health and substance
20 use disorders.

21 (G) Working in the juvenile justice system
22 with a focus on mental health and substance
23 use disorders.

1 (H) Working in a school or college cam-
2 pus-based setting with a focus on mental health
3 and substance use disorders.

4 (I) Working in a health care facility of the
5 Department of Veterans Affairs with a focus on
6 mental health and substance use disorders.

7 (J) Working in a foster care setting.

8 (K) Working in an integrated care setting.

9 (L) Receiving mental health and substance
10 use disorder care as an adult.

11 (M) Receiving mental health and substance
12 use disorder care as a child.

13 (N) Having been incarcerated in the adult
14 justice system while suffering from a mental ill-
15 ness or substance use disorder.

16 (O) Having been detained in the juvenile
17 justice system while suffering from a mental ill-
18 ness or substance use disorder.

19 (P) Having been placed in a foster care
20 setting.

21 (Q) Experience providing mental health or
22 substance use disorder care in minority and un-
23 derserved communities.

1 (3) DELEGATION OF RESPONSIBILITIES.—The
2 Interagency Coordinator shall delegate to the team
3 responsibilities including—

4 (A) using the framework created under
5 subsection (c)(1);

6 (B) helping to identify Federal, State,
7 Tribal, and local partnerships between the pub-
8 lic and private sectors for improving mental
9 health and substance use disorders; and

10 (C) help with implementation of this Act.

11 (4) APPLICABILITY OF CERTAIN CIVIL SERVICE
12 LAWS.—The team may be appointed without regard
13 to the provisions of title 5, United States Code, gov-
14 erning appointments in the competitive service, and
15 may be paid without regard to the provisions of
16 chapter 51 and subchapter III of chapter 53 of that
17 title relating to classification and General Schedule
18 pay rates, except that an individual so appointed
19 may not receive pay in excess of the annual rate of
20 basic pay for GS–15 of the General Schedule.

21 (5) EXPERTS AND CONSULTANTS.—The Inter-
22 agency Coordinator may procure temporary and
23 intermittent services under section 3109(b) of title
24 5, United States Code, but at rates for individuals

1 not to exceed the daily equivalent of the annual rate
2 of basic pay for GS-15 of the General Schedule.

3 (6) STAFF OF FEDERAL AGENCIES.—Upon re-
4 quest of the Interagency Coordinator, the head of
5 any Federal department or agency may detail, on a
6 reimbursable basis, any of the personnel of that de-
7 partment or agency to the Interagency Coordinator
8 to assist it in carrying out the responsibilities under
9 this Act.

10 (e) POWERS.—

11 (1) HEARINGS AND SESSIONS.—The Inter-
12 agency Coordinator may, for the purpose of carrying
13 out this Act, hold hearings, sit and act at times and
14 places, take testimony, and receive evidence as the
15 Interagency Coordinator considers appropriate.

16 (2) POWERS OF TEAM AND AGENTS.—Any
17 member of the team or agent of the Interagency Co-
18 ordinator may, if authorized by the Interagency Co-
19 ordinator, take any action which the Commission is
20 authorized to take by this section.

21 (3) OBTAINING OFFICIAL DATA.—The Inter-
22 agency Coordinator may secure directly from any de-
23 partment or agency of the United States information
24 necessary to enable the Interagency Coordinator to
25 carry out this Act. Upon request of the Interagency

1 Coordinator, the head of that department or agency
2 shall, within 30 days of receiving the request, fur-
3 nish that information to the Interagency Coordi-
4 nator.

5 (4) **MAILS.**—The Interagency Coordinator may
6 use the United States mails in the same manner and
7 under the same conditions as other departments and
8 agencies of the United States.

9 (5) **ADMINISTRATIVE SUPPORT SERVICES.**—
10 Upon the request of the Interagency Coordinator,
11 the Administrator of General Services shall provide
12 to the Interagency Coordinator, on a reimbursable
13 basis, the administrative support services necessary
14 for the Interagency Coordinator to carry out the re-
15 sponsibilities under this Act.

16 (6) **CONTRACT AUTHORITY.**—To the extent or
17 in the amounts provided in advance in appropriation
18 Acts, the Interagency Coordinator may contract with
19 and compensate government and private agencies or
20 persons for supplies and services.

21 (f) **DEFINITION.**—In this section, the term “cul-
22 turally congruent” means consistent with preferred cul-
23 tural values, beliefs, worldview, language, and practices.

1 **SEC. 3. COOPERATION BY OTHER FEDERAL AGENCIES.**

2 The head of each Federal department or agency seek-
3 ing to commence development or implementation of a pol-
4 icy, including through rulemaking or guidance, that is di-
5 rectly related to mental health or substance use disorder
6 care shall—

7 (1) give notice of the policy to the Interagency
8 Coordinator;

9 (2) in accordance with section 2(e)(3), share
10 such information relating to the policy as the Inter-
11 agency Coordinator may request; and

12 (3) participate in such discussions and meetings
13 regarding the policy as the Interagency Coordinator
14 may request for purposes of coordination pursuant
15 to section 2(b).

16 **SEC. 4. STUDY ON REIMBURSEMENT OF MENTAL HEALTH**
17 **AND SUBSTANCE USE DISORDER SERVICES**
18 **FOR JUVENILES.**

19 (a) REIMBURSEMENT OF MENTAL HEALTH AND
20 SUBSTANCE USE DISORDER SERVICES PROVIDED IN
21 PRESCHOOL, ELEMENTARY SCHOOL, AND SECONDARY
22 SCHOOL SETTINGS.—Not later than 2 years after the date
23 of enactment of this Act, the Comptroller General of the
24 United States shall—

25 (1) complete a study on the reimbursement of
26 mental health and substance use disorder care pro-

1 professionals for services provided in preschool, elemen-
2 tary school, and secondary school settings; and

3 (2) submit a public report to the Congress and
4 the President on the findings, conclusions, and rec-
5 ommendations resulting from such study.

6 (b) SERVICES AVAILABLE TO JUSTICE INVOLVED JU-
7 VENILES.—Not later than 2 years after the date of enact-
8 ment of this Act, the Comptroller General of the United
9 States shall—

10 (1) complete a study to determine the percent-
11 age of the budget of the Federal Government and
12 each State government, disaggregated by agency,
13 used to support mental health and substance use
14 disorder services for juveniles who are arrested or
15 become part of the juvenile or criminal justice sys-
16 tems; and

17 (2) submit a public report to the Congress and
18 the President on the findings, conclusions, and rec-
19 ommendations resulting from such study, including
20 recommendations on—

21 (A) whether the amount expended by each
22 Federal and State agency on mental health and
23 substance use disorder services for such juve-
24 niles needs to be adjusted; and

1 (B) any gaps in community-based services
2 for juveniles with mental health conditions or
3 substance use disorders that should be available
4 to prevent such juveniles from becoming part of
5 the juvenile or criminal justice systems.

6 **SEC. 5. REPORT ON INTERAGENCY COORDINATOR'S IN-**
7 **VOVEMENT AT THE FEDERAL AND STATE**
8 **LEVELS IN PROGRAMS, DECISIONS, AND**
9 **CHANGES RELATING TO MENTAL HEALTH**
10 **AND SUBSTANCE USE DISORDERS.**

11 Not later than 5 years after the date of enactment
12 of this Act, the Comptroller General shall—

13 (1) submit a report to the Congress and the
14 President on the involvement of the Interagency Co-
15 ordinator and the Interagency Coordinator's team at
16 the Federal and State levels in programs, decisions,
17 and changes relating to mental and behavioral
18 health;

19 (2) disaggregate the information in such report
20 by year; and

21 (3) include in such report recommendations
22 on—

23 (A) ways to improve such involvement of
24 the Interagency Coordinator and the Inter-
25 agency Coordinator's team; and

- 1 (B) addressing any identified gaps in such
- 2 involvement.

