

December 18, 2015, through Saturday, January 2, 2016, on a motion offered pursuant to this concurrent resolution by its Majority Leader or his designee, it stand adjourned sine die, or until the time of any reassembly pursuant to section 2 of this concurrent resolution; and that when the Senate adjourns on any day from Friday, December 18, 2015, through Tuesday, December 22, 2015, on a motion offered pursuant to this concurrent resolution by its Majority Leader or his designee, it stand adjourned sine die, or until the time of any reassembly pursuant to section 3 of this concurrent resolution.

SEC. 2. (a) The Speaker or his designee, after consultation with the Minority Leader of the House, shall notify the Members of the House to reassemble at such place and time as he may designate if, in his opinion, the public interest shall warrant it.

(b) After reassembling pursuant to subsection (a), when the House adjourns on a motion offered pursuant to this subsection by its Majority Leader or his designee, the House shall again stand adjourned pursuant to the first section of this concurrent resolution.

SEC. 3. (a) The Majority Leader of the Senate or his designee, after concurrence with the Minority Leader of the Senate, shall notify the Members of the Senate to reassemble at such place and time as he may designate if, in his opinion, the public interest shall warrant it.

(b) After reassembling pursuant to subsection (a), when the Senate adjourns on a motion offered pursuant to this subsection by its Majority Leader or his designee, the Senate shall again stand adjourned pursuant to the first section of this concurrent resolution.

SEC. 4. (a) When the Senate recesses or adjourns on any day of the second session of the One Hundred Fourteenth Congress from Sunday, January 3, 2016, through Friday, January 8, 2016, on a motion offered pursuant to this concurrent resolution by its Majority Leader or his designee, it shall stand recessed or adjourned until noon on Monday, January 11, 2016, or until such other time on that day as may be specified by its Majority Leader or his designee in the motion to recess or adjourn, or until the time of any reassembly pursuant to subsection (b), whichever occurs first.

(b) The Majority Leader of the Senate or his designee, after concurrence with the Minority Leader of the Senate, shall notify the Members of the Senate to reassemble at such place and time as he may designate if, in his opinion, the public interest shall warrant it.

(c) After reassembling pursuant to subsection (b), when the Senate recesses or adjourns on a motion offered pursuant to this subsection by its Majority Leader or his designee, the Senate shall again stand recessed or adjourned pursuant to subsection (a).

COAST GUARD AUTHORIZATION ACT OF 2015

Mr. PERDUE. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of H.R. 4188, which was received from the House.

The PRESIDENT pro tempore. The clerk will report the bill by title.

The senior assistant legislative clerk read as follows:

A bill (H.R. 4188) to authorize appropriations for the Coast Guard for fiscal years 2016 and 2017, and for other purposes.

There being no objection, the Senate proceeded to consider the bill.

Mr. PERDUE. Mr. President, I ask unanimous consent that the Thune substitute amendment be agreed to and the bill, as amended, be read a third time.

The PRESIDENT pro tempore. Without objection, it is so ordered.

The amendment (No. 2941) in the nature of a substitute was agreed to.

(The amendment is printed in today's RECORD under "Text of Amendments.")

The amendment was ordered to be engrossed and the bill to be read a third time.

The bill was read the third time.

Mr. PERDUE. Mr. President, I know of no further debate on this measure.

The PRESIDENT pro tempore. If there is no further debate, the bill having been read the third time, the question is, Shall the bill pass?

The bill (H.R. 4188), as amended, was passed.

Mr. PERDUE. Mr. President, I ask unanimous consent that the motion to reconsider be considered made and laid upon the table.

The PRESIDENT pro tempore. Without objection, it is so ordered.

APPOINTMENT

The PRESIDENT pro tempore. The Chair announces, on behalf of the majority leader, pursuant to the provisions of Public Law 106-398, as amended by Public Law 108-7, and in consultation with the chairmen of the Senate Committee on Armed Services and the Senate Committee on Finance, the reappointment of the following individual to serve as a member of the United States-China Economic and Security Review Commission: James M. Talent of Missouri for a term expiring December 31, 2017.

APPOINTMENTS AUTHORITY

Mr. PERDUE. Mr. President, I ask unanimous consent that notwithstanding the upcoming adjournment of the Senate, the President of the Senate, the President pro tempore, and the majority and minority leaders be authorized to make appointments to commissions, committees, boards, conferences, or interparliamentary conferences authorized by law, by concurrent action of the two Houses, or by order of the Senate.

The PRESIDENT pro tempore. Is there objection?

Without objection, it is so ordered.

SIGNING AUTHORITY

Mr. PERDUE. Mr. President, I ask unanimous consent that the junior Senator from Arkansas and the junior Senator from West Virginia be authorized to sign duly enrolled bills or joint resolutions on Friday, December 18, 2015, through Monday, January 11, 2016.

The PRESIDENT pro tempore. Without objection, it is so ordered.

MEASURE READ THE FIRST TIME—S. 2434

Mr. PERDUE. Mr. President, I understand that there is a bill at the desk, and I ask for its first reading.

The PRESIDENT pro tempore. The clerk will read the bill by title for the first time.

The senior assistant legislative clerk read as follows:

A bill (S. 2434) to provide that any executive action that infringes on the powers and duties of Congress under section 8 of article I of the Constitution of the United States or on the Second Amendment to the Constitution of the United States has no force or effect, and to prohibit the use of funds for certain purposes.

Mr. PERDUE. I now ask for a second reading and, in order to place the bill on the calendar under the provisions of rule XIV, I object to my own request.

The PRESIDENT pro tempore. Objection is heard.

The bill will be read for the second time on the next legislative day.

RECESS SUBJECT TO THE CALL OF THE CHAIR

Mr. PERDUE. Mr. President, I ask unanimous consent that the Senate stand in recess subject to the call of the Chair.

There being no objection, the Senate, at 3:36 p.m., recessed subject to the call of the Chair and reassembled at 4:21 p.m. when called to order by the Presiding Officer (Mr. BLUNT).

The PRESIDING OFFICER. The Senator from Georgia.

MENTAL HEALTH AWARENESS AND IMPROVEMENT ACT OF 2015

Mr. PERDUE. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 247, S. 1893.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 1893) to reauthorize and improve programs related to mental health and substance use disorders.

There being no objection, the Senate proceeded to consider the bill, which had been reported from the Committee on Health, Education, Labor, and Pensions, with an amendment to strike all after the enacting clause and insert in lieu thereof the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the Mental Health Awareness and Improvement Act of 2015.

SEC. 2. GARRETT LEE SMITH MEMORIAL ACT RE-AUTHORIZATION.

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

(1) in the section heading, by striking the section heading and inserting “SUICIDE PREVENTION TECHNICAL ASSISTANCE CENTER.”;

(2) in subsection (a), by striking “and in consultation with” and all that follows through the period at the end of paragraph (2) and inserting “shall establish a research, training, and technical assistance resource center to provide appropriate information, training, and technical

assistance to States, political subdivisions of States, federally recognized Indian tribes, tribal organizations, institutions of higher education, public organizations, or private nonprofit organizations regarding the prevention of suicide among all ages, particularly among groups that are at high risk for suicide.”;

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

(4) by redesignating subsection (d) as subsection (b);

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

(A) by striking the subsection heading and inserting “RESPONSIBILITIES OF THE CENTER.”;

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

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

(D) in paragraph (1)—

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

(ii) by inserting “for all ages, particularly among groups that are at high risk for suicide” before the semicolon at the end;

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

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

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

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

(I) in paragraph (9), by striking “and behavioral health” and inserting “health and substance use disorder”;

(J) in paragraph (10), by inserting “conducting” before “other”;

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

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

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

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

(2) in subsection (b)(2)—

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

(B) by striking “been awarded” and inserting “received”;

(3) by striking subsection (m) and inserting the following:

“(m) **AUTHORIZATION OF APPROPRIATIONS.**—For the purpose of carrying out this section, there are authorized to be appropriated \$23,500,000 for each of fiscal years 2016 through 2020.”.

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

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

(2) in subsection (a)—

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

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

(C) by striking “substance abuse” and inserting “substance use disorders”;

(3) in subsection (b)—

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

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

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

“(2) The operation of hotlines.

“(3) Preparing informational material.

“(4) Providing outreach services to notify students about available mental health and substance use disorder services.

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

“(6) Supporting the training of students, faculty, and staff to respond effectively to students with mental health and substance use disorders.

“(7) Creating a network infrastructure to link colleges and universities with health care providers who treat mental health and substance use disorders.”;

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

(5) in subsection (d)—

(A) in the matter preceding paragraph (1), by striking “An institution of higher education desiring a grant under this section” and inserting “To be eligible to receive a grant under this section, an institution of higher education”;

(B) in paragraph (1)—

(i) by striking “and behavioral health” and inserting “health and substance use disorder”;

and

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

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

(6) in subsection (e)(1), by striking “and behavioral health problems” and inserting “health and substance use disorders”;

(7) in subsection (f)(2)—

(A) by striking “and behavioral health” and inserting “health and substance use disorder”;

and

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

and

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

SEC. 3. MENTAL HEALTH AWARENESS TRAINING GRANTS.

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

(1) in the section heading, by inserting “**MENTAL HEALTH AWARENESS**” before “**TRAINING**”;

(2) in subsection (b)—

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

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

(C) in paragraph (5)—

(i) in the matter preceding subparagraph (A), by striking “to” and inserting “for evidence-based programs for the purpose of”;

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

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

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

“(ii) the safe de-escalation of crisis situations involving individuals with a mental illness.”;

and

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

SEC. 4. CHILDREN’S RECOVERY FROM TRAUMA.

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

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

“(1) the continued operation of the National Child Traumatic Stress Initiative (referred to in this section as the ‘NCTSI’), which includes a cooperative agreement with a coordinating center, that focuses on the mental, behavioral, and biological aspects of psychological trauma response, prevention of the long-term consequences of child trauma, and early intervention services and treatment to address the long-term consequences of child trauma; and

“(2) the development of knowledge with regard to evidence-based practices for identifying and treating mental, behavioral, and biological disorders of children and youth resulting from witnessing or experiencing a traumatic event.”;

(2) in subsection (b)—

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

(B) by striking “treating disorders associated with psychological trauma” and inserting “treating mental, behavioral, and biological disorders associated with psychological trauma”;

and

(C) by striking “mental health agencies and programs that have established clinical and basic research” and inserting “universities, hospitals, mental health agencies, and other programs that have established clinical expertise and research”;

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

(4) by inserting after subsection (b), the following:

“(c) **CHILD OUTCOME DATA.**—The NCTSI coordinating center shall collect, analyze, and report NCTSI-wide child treatment process and outcome data regarding the early identification and delivery of evidence-based treatment and services for children and families served by the NCTSI grantees.

“(d) **TRAINING.**—The NCTSI coordinating center shall facilitate the coordination of training initiatives in evidence-based and trauma-informed treatments, interventions, and practices offered to NCTSI grantees, providers, and partners.

“(e) **DISSEMINATION AND COLLABORATION.**—The NCTSI coordinating center shall, as appropriate, collaborate with—

“(1) the Secretary, in the dissemination of evidence-based and trauma-informed interventions, treatments, products, and other resources to appropriate stakeholders; and

“(2) appropriate agencies that conduct or fund research within the Department of Health and Human Services, for purposes of sharing NCTSI expertise, evaluation data, and other activities, as appropriate.

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

(5) in subsection (g) (as so redesignated), by striking “with respect to centers of excellence are distributed equitably among the regions of the country” and inserting “are distributed equitably among the regions of the United States”;

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

(7) in subsection (j) (as so redesignated), by striking “\$50,000,000” and all that follows

through “2006” and inserting “\$46,000,000 for each of fiscal years 2016 through 2020”.

SEC. 5. ASSESSING BARRIERS TO BEHAVIORAL HEALTH INTEGRATION.

(a) *IN GENERAL.*—Not later than 2 years after the date of enactment of this Act, the Comptroller General of the United States shall submit a report to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives concerning Federal requirements that impact access to treatment of mental health and substance use disorders related to integration with primary care, administrative and regulatory issues, quality measurement and accountability, and data sharing.

(b) *CONTENTS.*—The report submitted under subsection (a) shall include the following:

(1) An evaluation of the administrative or regulatory burden on behavioral health care providers.

(2) The identification of outcome and quality measures relevant to integrated health care, evaluation of the data collection burden on behavioral health care providers, and any alternative methods for evaluation.

(3) An analysis of the degree to which electronic data standards, including interoperability and meaningful use includes behavioral health measures, and an analysis of strategies to address barriers to health information exchange posed by part 2 of title 42, Code of Federal Regulations.

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

(5) An analysis of the challenges to behavioral health and primary care integration faced by providers in rural areas.

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

(a) *IN GENERAL.*—In order to improve the quality of care delivery and treatment outcomes among patients with opioid use disorders, the Secretary of Health and Human Services (referred to in this section as the “Secretary”), acting through the Administrator for the Substance Abuse and Mental Health Services Administration, may advance, through existing programs as appropriate, the education and awareness of providers, patients, and other appropriate stakeholders regarding all products approved by the Food and Drug Administration to treat opioid use disorders.

(b) *ACTIVITIES.*—The activities described in subsection (a) may include—

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

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

(3) increasing awareness among relevant stakeholders of the treatment of opioid use disorders;

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

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

(c) *REPORT.*—Not later than 1 year after the date of enactment of this Act, if the Secretary carries out the activities under this section, the Secretary shall 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 that examines—

(1) the activities the Substance Abuse and Mental Health Services Administration conducts under this section, including any potential impacts on health care costs associated with such activities;

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

(3) recommendations on priorities and strategies to address co-occurring substance use disorders and mental illnesses.

SEC. 7. EXAMINING MENTAL HEALTH CARE FOR CHILDREN.

(a) *IN GENERAL.*—Not later than 1 year after the date of enactment of this Act, the Comptroller General of the United States shall conduct an independent evaluation, 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 services for children, including the usage of psychotropic medications.

(b) *CONTENT.*—The report submitted under subsection (a) shall review and assess—

(1) the ways in which children access mental health care, including information on whether children are treated by primary care or specialty providers, 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 including 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:

“(3) *GERIATRIC MENTAL HEALTH DISORDERS.*—The Secretary shall, as appropriate, provide technical assistance to grantees regarding evidence-based practices for the prevention and treatment of geriatric mental health disorders and co-occurring mental health and substance use disorders among geriatric populations, as well as disseminate information about such evidence-based practices to States and nongrantees throughout the United States.”.

SEC. 9. NATIONAL VIOLENT DEATH REPORTING SYSTEM.

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

SEC. 10. GAO STUDY ON VIRGINIA TECH RECOMMENDATIONS.

(a) *IN GENERAL.*—Not later than 1 year after the date of enactment of this Act, the Comptroller General of the United States shall conduct an independent evaluation, and submit to the appropriate committees of Congress 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.

Mr. PERDUE. Mr. President, I ask unanimous consent that the Murkowski amendment and the Lee amendment, which are at the desk, be agreed to; that the substitute amendment, as amended, be agreed to; that the bill, as amended, be read a third time and passed; and that the motion to reconsider be considered made and laid upon the table.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment (No. 2942) was agreed to, as follows:

(Purpose: To increase amounts authorized to be appropriated for youth suicide early intervention and prevention strategies grants)

On page 22, line 22, strike “\$23,500,000” and insert “\$30,000,000”.

The amendment (No. 2943) was agreed to, as follows:

(Purpose: To provide for improved reporting)

On page 22, strike line 2 and insert the following: “through 2020.

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

On page 22, between lines 17 and 18, insert the following:

(3) in subsection (g)(2), by striking “2 years after the date of enactment of this section,” and insert “2 years after the date of enactment of the Mental Health Awareness and Improvement Act of 2015.”.

On page 36, after line 15, add the following:

SEC. 11. PERFORMANCE METRICS.

(a) *EVALUATION OF CURRENT PROGRAMS.*—

(1) *IN GENERAL.*—Not later than 180 days after the date of enactment of this Act, the Assistant Secretary for Planning and Evaluation of the Department of Health and Human Services shall conduct an evaluation of the impact of activities related to the prevention and treatment of mental illness and substance use disorders conducted by the Substance Abuse and Mental Health Services Administration.

(2) *ASSESSMENT OF PERFORMANCE METRICS.*—The evaluation conducted under paragraph (1) shall include an assessment of the use of performance metrics to evaluate activities carried out by entities receiving grants, contracts, or cooperative agreements related to mental illness or substance use disorders under title V or title XIX of the Public Health Service Act (42 U.S.C. 290aa et seq.; 42 U.S.C. 300w et seq.).

(3) *RECOMMENDATIONS.*—The evaluation conducted under paragraph (1) shall include recommendations for the use of performance metrics to improve the quality of programs related to the prevention and treatment of mental illness and substance use disorders.

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

The committee amendment in the nature of a substitute, as amended, was agreed to.

The bill (S. 1893), as amended, was ordered to be engrossed for a third reading, was read the third time, and passed, as follows:

S. 1893

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the Mental Health Awareness and Improvement Act of 2015.

SEC. 2. GARRETT LEE SMITH MEMORIAL ACT RE-AUTHORIZATION.

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

(1) in the section heading, by striking the section heading and inserting “**SUICIDE PREVENTION TECHNICAL ASSISTANCE CENTER.**”;

(2) in subsection (a), by striking “and in consultation with” and all that follows through the period at the end of paragraph (2) and inserting “shall establish a research, training, and technical assistance resource center to provide appropriate information, training, and technical assistance to States, political subdivisions of States, federally recognized Indian tribes, tribal organizations, institutions of higher education, public organizations, or private nonprofit organizations regarding the prevention of suicide among all ages, particularly among groups that are at high risk for suicide.”;

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

(4) by redesignating subsection (d) as subsection (b);

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

(A) by striking the subsection heading and inserting “**RESPONSIBILITIES OF THE CENTER.**”;

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

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

(D) in paragraph (1)—

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

(ii) by inserting “for all ages, particularly among groups that are at high risk for suicide” before the semicolon at the end;

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

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

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

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

(I) in paragraph (9), by striking “and behavioral health” and inserting “health and substance use disorder”;

(J) in paragraph (10), by inserting “conducting” before “other”;

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

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

“(d) ANNUAL REPORT.—Not later than 2 years after the date of enactment of this subsection, the Secretary shall submit to Congress a report on the activities carried out

by the center established under subsection (a) during the year involved, including the potential impacts of such activities, and the States, organizations, and institutions that have worked with the center.”.

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

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

(2) in subsection (b)(2)—

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

(B) by striking “been awarded” and inserting “received”; and

(3) in subsection (g)(2), by striking “2 years after the date of enactment of this section,” and insert “2 years after the date of enactment of the Mental Health Awareness and Improvement Act of 2015.”.

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

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

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

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

(2) in subsection (a)—

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

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

(C) by striking “substance abuse” and inserting “substance use disorders”;

(3) in subsection (b)—

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

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

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

“(2) The operation of hotlines.

“(3) Preparing informational material.

“(4) Providing outreach services to notify students about available mental health and substance use disorder services.

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

“(6) Supporting the training of students, faculty, and staff to respond effectively to students with mental health and substance use disorders.

“(7) Creating a network infrastructure to link colleges and universities with health care providers who treat mental health and substance use disorders.”;

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

(5) in subsection (d)—

(A) in the matter preceding paragraph (1), by striking “An institution of higher education desiring a grant under this section” and inserting “To be eligible to receive a grant under this section, an institution of higher education”;

(B) in paragraph (1)—

(i) by striking “and behavioral health” and inserting “health and substance use disorder”;

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

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

(6) in subsection (e)(1), by striking “and behavioral health problems” and inserting “health and substance use disorders”;

(7) in subsection (f)(2)—

(A) by striking “and behavioral health” and inserting “health and substance use disorder”;

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

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

SEC. 3. MENTAL HEALTH AWARENESS TRAINING GRANTS.

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

(1) in the section heading, by inserting “**MENTAL HEALTH AWARENESS**” before “**TRAINING**”; and

(2) in subsection (b)—

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

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

(C) in paragraph (5)—

(i) in the matter preceding subparagraph (A), by striking “to” and inserting “for evidence-based programs for the purpose of”; and

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

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

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

“(ii) the safe de-escalation of crisis situations involving individuals with a mental illness.”;

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

SEC. 4. CHILDREN'S RECOVERY FROM TRAUMA.

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

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

“(1) the continued operation of the National Child Traumatic Stress Initiative (referred to in this section as the ‘NCTSI’), which includes a cooperative agreement with a coordinating center, that focuses on the mental, behavioral, and biological aspects of psychological trauma response, prevention of the long-term consequences of child trauma, and early intervention services and treatment to address the long-term consequences of child trauma; and

“(2) the development of knowledge with regard to evidence-based practices for identifying and treating mental, behavioral, and biological disorders of children and youth resulting from witnessing or experiencing a traumatic event.”;

(2) in subsection (b)—

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

(B) by striking “treating disorders associated with psychological trauma” and inserting “treating mental, behavioral, and biological disorders associated with psychological trauma”; and

(C) by striking “mental health agencies and programs that have established clinical and basic research” and inserting “universities, hospitals, mental health agencies, and other programs that have established clinical expertise and research”;

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

(4) by inserting after subsection (b), the following:

“(c) CHILD OUTCOME DATA.—The NCTSI coordinating center shall collect, analyze, and report NCTSI-wide child treatment process and outcome data regarding the early identification and delivery of evidence-based treatment and services for children and families served by the NCTSI grantees.

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

“(e) DISSEMINATION AND COLLABORATION.—The NCTSI coordinating center shall, as appropriate, collaborate with—

“(1) the Secretary, in the dissemination of evidence-based and trauma-informed interventions, treatments, products, and other resources to appropriate stakeholders; and

“(2) appropriate agencies that conduct or fund research within the Department of Health and Human Services, for purposes of sharing NCTSI expertise, evaluation data, and other activities, as appropriate.

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

(5) in subsection (g) (as so redesignated), by striking “with respect to centers of excellence are distributed equitably among the regions of the country” and inserting “are distributed equitably among the regions of the United States”;

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

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

SEC. 5. ASSESSING BARRIERS TO BEHAVIORAL HEALTH INTEGRATION.

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

(b) CONTENTS.—The report submitted under subsection (a) shall include the following:

(1) An evaluation of the administrative or regulatory burden on behavioral health care providers.

(2) The identification of outcome and quality measures relevant to integrated health care, evaluation of the data collection burden on behavioral health care providers, and any alternative methods for evaluation.

(3) An analysis of the degree to which electronic data standards, including interoperability and meaningful use includes behavioral health measures, and an analysis of strategies to address barriers to health information exchange posed by part 2 of title 42, Code of Federal Regulations.

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

(5) An analysis of the challenges to behavioral health and primary care integration faced by providers in rural areas.

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

(a) IN GENERAL.—In order to improve the quality of care delivery and treatment outcomes among patients with opioid use disorders, the Secretary of Health and Human Services (referred to in this section as the “Secretary”), acting through the Administrator for the Substance Abuse and Mental Health Services Administration, may advance, through existing programs as appropriate, the education and awareness of providers, patients, and other appropriate stakeholders regarding all products approved by the Food and Drug Administration to treat opioid use disorders.

(b) ACTIVITIES.—The activities described in subsection (a) may include—

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

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

(3) increasing awareness among relevant stakeholders of the treatment of opioid use disorders;

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

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

(c) REPORT.—Not later than 1 year after the date of enactment of this Act, if the Secretary carries out the activities under this section, the Secretary shall 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 that examines—

(1) the activities the Substance Abuse and Mental Health Services Administration conducts under this section, including any potential impacts on health care costs associated with such activities;

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

(3) recommendations on priorities and strategies to address co-occurring substance use disorders and mental illnesses.

SEC. 7. EXAMINING MENTAL HEALTH CARE FOR CHILDREN.

(a) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Comptroller General of the United States shall conduct an independent evaluation, 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 services for children, including the usage of psychotropic medications.

(b) CONTENT.—The report submitted under subsection (a) shall review and assess—

(1) the ways in which children access mental health care, including information on

whether children are treated by primary care or specialty providers, 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 including 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:

“(3) GERIATRIC MENTAL HEALTH DISORDERS.—The Secretary shall, as appropriate, provide technical assistance to grantees regarding evidence-based practices for the prevention and treatment of geriatric mental health disorders and co-occurring mental health and substance use disorders among geriatric populations, as well as disseminate information about such evidence-based practices to States and nongrantees throughout the United States.”.

SEC. 9. NATIONAL VIOLENT DEATH REPORTING SYSTEM.

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

SEC. 10. GAO STUDY ON VIRGINIA TECH RECOMMENDATIONS.

(a) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Comptroller General of the United States shall conduct an independent evaluation, and submit to the appropriate committees of Congress 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) IN GENERAL.—Not later than 180 days after the date of enactment of this Act, the Assistant Secretary for Planning and Evaluation of the Department of Health and Human Services shall conduct an evaluation of the impact of activities related to the prevention and treatment of mental illness and substance use disorders conducted by the Substance Abuse and Mental Health Services Administration.

(2) ASSESSMENT OF PERFORMANCE METRICS.—The evaluation conducted under paragraph (1) shall include an assessment of the use of performance metrics to evaluate

activities carried out by entities receiving grants, contracts, or cooperative agreements related to mental illness or substance use disorders under title V or title XIX of the Public Health Service Act (42 U.S.C. 290aa et seq.; 42 U.S.C. 300w et seq.).

(3) RECOMMENDATIONS.—The evaluation conducted under paragraph (1) shall include recommendations for the use of performance metrics to improve the quality of programs related to the prevention and treatment of mental illness and substance use disorders.

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

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. PERDUE. Mr. President, I ask unanimous consent that the Senate proceed to executive session to consider the following nominations en bloc: Calendar Nos. 332, 333, 383, 424, 432, and 438.

The PRESIDING OFFICER. Without objection, it is so ordered.

The clerk will report the nominations en bloc:

The senior assistant legislative clerk read the nominations of David Malcolm Robinson, of Connecticut, a Career Member of the Senior Foreign Service, Class of Minister-Counselor, to be Coordinator for Reconstruction and Stabilization; David Malcolm Robinson, of Connecticut, a Career Member of the Senior Foreign Service, Class of Minister-Counselor, to be an Assistant Secretary of State (Conflict and Stabilization Operations); Suzette M. Kimball, of West Virginia, to be Director of the United States Geological Survey; Carlos J. Torres, of Virginia, to be Deputy Director of the Peace Corps; Shoshana Miriam Lew, of the District of Columbia, to be Chief Financial Officer, Department of Transportation; and Patrick Joseph Murphy, of Pennsylvania, to be Under Secretary of the Army.

Thereupon, the Senate proceeded to consider the nominations en bloc.

Mr. PERDUE. Mr. President, I ask unanimous consent that the Senate vote en bloc without intervening action or debate on the nominations in the order listed; that following disposition of the nominations, the motion to reconsider be considered made and laid upon the table with no intervening action or debate; that no further motions be in order to any of the nominations; that any statements related to the nominations be printed in the RECORD; that the President be immediately notified of the Senate's action and the Senate then resume legislative session.

The PRESIDING OFFICER. Without objection, it is so ordered.

The question is, Will the Senate advise and consent to the Robinson, Kimball, Torres, Lew, and Murphy nominations en bloc?

The nominations were confirmed en bloc.

LEGISLATIVE SESSION

The PRESIDING OFFICER. The Senate will now resume legislative session.

NOMINATIONS REMAINING IN STATUS QUO

Mr. PERDUE. Mr. President, as in executive session, I ask unanimous consent that all the nominations received by the Senate during the 114th Congress, first session, remain in status quo, notwithstanding the provisions of rule XXXI, paragraph 6, of the Standing Rules of the Senate, with the exception of PN128 and PN214.

The PRESIDING OFFICER. Without objection, it is so ordered.

ORDERS FOR MONDAY, JANUARY 4, 2016, AND MONDAY, JANUARY 11, 2016

Mr. PERDUE. Mr. President, I ask unanimous consent that when the Senate completes its business today, it stand adjourned pursuant to the provisions of H. Con. Res. 104 until January 4, 2016, and pursuant to the terms of H.J. Res. 76, and that on January 4, the Senate convene at noon for a pro forma session only with no business conducted; further, that when the Senate adjourns on January 4, 2016, pursuant to the provisions of H. Con. Res. 104, it stand adjourned until 2 p.m., Monday, January 11, 2016; that following the prayer and pledge on January 11, the morning hour be deemed expired, the Journal of proceedings be approved to date, and the time for the two leaders be reserved for their use later in the day; further, that following leader remarks, the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each until 5 p.m.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

ADJOURNMENT SINE DIE

Mr. PERDUE. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order.

There being no objection, the Senate, at 4:25 p.m., adjourned sine die.

NOMINATIONS

Executive nominations received by the Senate:

MILLENNIUM CHALLENGE CORPORATION

MORTON H. HALPERIN, OF THE DISTRICT OF COLUMBIA, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE

MILLENNIUM CHALLENGE CORPORATION FOR A TERM OF TWO YEARS. (REAPPOINTMENT)

MICHAEL O. JOHANNIS, OF NEBRASKA, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE MILLENNIUM CHALLENGE CORPORATION FOR A TERM OF THREE YEARS, VICE LORNE W. CRANER, TERM EXPIRED.

DEPARTMENT OF STATE

ADAM H. STERLING, OF VIRGINIA, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF COUNSELOR, TO BE AMBASSADOR, EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE SLOVAK REPUBLIC.

NATIONAL FOUNDATION ON THE ARTS AND THE HUMANITIES

DAIN BORGES, OF PUERTO RICO, TO BE A MEMBER OF THE NATIONAL COUNCIL ON THE HUMANITIES FOR A TERM EXPIRING JANUARY 26, 2020, VICE MARVIN KRISLOV, TERM EXPIRED.

THAVOLIA GLYMPH, OF NORTH CAROLINA, TO BE A MEMBER OF THE NATIONAL COUNCIL ON THE HUMANITIES FOR A TERM EXPIRING JANUARY 26, 2020, VICE ROLENA KLAHN ADORNO, TERM EXPIRED.

DEBORAH WONG, OF CALIFORNIA, TO BE A MEMBER OF THE NATIONAL COUNCIL ON THE HUMANITIES FOR A TERM EXPIRING JANUARY 26, 2020, VICE ADELE LOGAN ALEXANDER, TERM EXPIRED.

NOMINATIONS RETURNED TO THE PRESIDENT

The following nominations transmitted by the President of the United States to the Senate during the first session of the 114th Congress, and upon which no action was had at the time of the sine die adjournment of the Senate, failed of confirmation under the provisions of Rule XXXI, paragraph 6, of the Standing Rules of the Senate.

DEPARTMENT OF JUSTICE

STUART F. DELEERY, OF THE DISTRICT OF COLUMBIA, TO BE ASSOCIATE ATTORNEY GENERAL.
CONO R. NAMORATO, OF VIRGINIA, TO BE AN ASSISTANT ATTORNEY GENERAL.

CONFIRMATIONS

Executive nominations confirmed by the Senate December 18, 2015:

DEPARTMENT OF STATE

DAVID MALCOLM ROBINSON, OF CONNECTICUT, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF MINISTER-COUNSELOR, TO BE COORDINATOR FOR RECONSTRUCTION AND STABILIZATION.

DAVID MALCOLM ROBINSON, OF CONNECTICUT, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF MINISTER-COUNSELOR, TO BE AN ASSISTANT SECRETARY OF STATE (CONFLICT AND STABILIZATION OPERATIONS).

DEPARTMENT OF THE INTERIOR

SUZETTE M. KIMBALL, OF WEST VIRGINIA, TO BE DIRECTOR OF THE UNITED STATES GEOLOGICAL SURVEY.

PEACE CORPS

CARLOS J. TORRES, OF VIRGINIA, TO BE DEPUTY DIRECTOR OF THE PEACE CORPS.

DEPARTMENT OF TRANSPORTATION

SHOSHANA MIRIAM LEW, OF THE DISTRICT OF COLUMBIA, TO BE CHIEF FINANCIAL OFFICER, DEPARTMENT OF TRANSPORTATION.

DEPARTMENT OF DEFENSE

PATRICK JOSEPH MURPHY, OF PENNSYLVANIA, TO BE UNDER SECRETARY OF THE ARMY.

WITHDRAWAL

Executive message transmitted by the President to the Senate on December 18, 2015 withdrawing from further Senate consideration the following nomination:

ADEWALE ADEYEMO, OF CALIFORNIA, TO BE AN ASSISTANT SECRETARY OF THE TREASURY, VICE MARISA LAGO, WHICH WAS SENT TO THE SENATE ON JANUARY 16, 2015.