

Furthermore, in the United States, over seven million people who identify as Black or African American reported having a mental illness in the past year.

This legislation will combat the issue of suicide and mental health in youth from all communities by focusing on a few key areas: support in schools, scientific research, and increase funding in existing programs.

Specifically, the bill provides \$250 million to schools across the country, so they can have more culturally and linguistically appropriate mental health services.

The bill stipulates that priority will be given to schools with higher levels of poverty, to reducing the ratio of counselors to students and to helping more students of color.

These grants will also provide training for teachers and other school staff, so they can better identify the signs of trauma, mental health disorders, and risk of suicide in all students.

Additionally, H.R. 5469 provides \$20 million to establish interprofessional health care teams that can provide behavioral health care.

Madam Speaker, I am particularly supportive of this bill's efforts to develop cultural competency educational curricula so that students who are training to be social workers, psychologists, psychiatrists, and therapists will be able to properly treat youth of color.

This is imperative as we look to improve support for mental health for future generations.

Furthermore, the bill directs the Department of Health and Human Services (HHS) to establish a Commission on the Effects of Smartphone and Social Media Usage on Adolescents as well as prohibits federal funds from being used for conversion therapy and prohibits SAMHSA grants from going to states that continue to allow such practices.

Madam Speaker, I would like to thank Congresswoman BONNIE WATSON COLEMAN for her leadership on this key piece of legislation.

I ask my colleagues on both sides of the aisle to come together and pass this important legislation.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 5469, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

MENTAL HEALTH SERVICES FOR STUDENTS ACT OF 2020

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1109) to amend the Public Health Service Act to revise and extend projects relating to children and to provide access to school-based comprehensive mental health programs, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1109

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 Services for Students Act of 2020”.

SEC. 2. AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT.

(a) TECHNICAL AMENDMENTS.—The second part G (relating to services provided through religious organizations) of title V of the Public Health Service Act (42 U.S.C. 290kk et seq.) is amended—

(1) by redesignating such part as part J; and
(2) by redesignating sections 581 through 584 as sections 596 through 596C, respectively.

(b) SCHOOL-BASED MENTAL HEALTH AND CHILDREN.—Section 581 of the Public Health Service Act (42 U.S.C. 290hh) (relating to children and violence) is amended to read as follows:

“SEC. 581. SCHOOL-BASED MENTAL HEALTH; CHILDREN AND ADOLESCENTS.

“(a) IN GENERAL.—The Secretary, in consultation with the Secretary of Education, shall, through grants, contracts, or cooperative agreements awarded to eligible entities described in subsection (c), provide comprehensive school-based mental health services and supports to assist children in local communities and schools (including schools funded by the Bureau of Indian Education) dealing with traumatic experiences, grief, bereavement, risk of suicide, and violence. Such services and supports shall be—

“(1) developmentally, linguistically, and culturally appropriate;
(2) trauma-informed; and
(3) incorporate positive behavioral interventions and supports.

“(b) ACTIVITIES.—Grants, contracts, or cooperative agreements awarded under subsection (a), shall, as appropriate, be used for—

“(1) implementation of school and community-based mental health programs that—

“(A) build awareness of individual trauma and the intergenerational, continuum of impacts of trauma on populations;

“(B) train appropriate staff to identify, and screen for, signs of trauma exposure, mental health disorders, or risk of suicide; and

“(C) incorporate positive behavioral interventions, family engagement, student treatment, and multigenerational supports to foster the health and development of children, prevent mental health disorders, and ameliorate the impact of trauma;

“(2) technical assistance to local communities with respect to the development of programs described in paragraph (1);

“(3) facilitating community partnerships among families, students, law enforcement agencies, education agencies, mental health and substance use disorder service systems, family-based mental health service systems, child welfare agencies, health care providers (including primary care physicians, mental health professionals, and other professionals who specialize in children’s mental health such as child and adolescent psychiatrists), institutions of higher education, faith-based programs, trauma networks, and other community-based systems to address child and adolescent trauma, mental health issues, and violence; and

“(4) establishing mechanisms for children and adolescents to report incidents of violence or plans by other children, adolescents, or adults to commit violence.

“(c) REQUIREMENTS.—

“(1) IN GENERAL.—To be eligible for a grant, contract, or cooperative agreement under subsection (a), an entity shall be a partnership that includes—

“(A) a State educational agency, as defined in section 8101 of the Elementary and Secondary Education Act of 1965, in coordination with one or more local educational agencies, as defined in section 8101 of the Elementary and Secondary Education Act of 1965, or a consortium of any entities described in subparagraph (B), (C), (D), or (E) of section 8101(30) of such Act; and

“(B) at least 1 community-based mental health provider, including a public or private

mental health entity, health care entity, family-based mental health entity, trauma network, or other community-based entity, as determined by the Secretary (and which may include additional entities such as a human services agency, law enforcement or juvenile justice entity, child welfare agency, agency, an institution of higher education, or another entity, as determined by the Secretary).

“(2) COMPLIANCE WITH HIPAA.—Any patient records developed by covered entities through activities under the grant shall meet the regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996.

“(3) COMPLIANCE WITH FERPA.—Section 444 of the General Education Provisions Act (commonly known as the ‘Family Educational Rights and Privacy Act of 1974’) shall apply to any entity that is a member of the partnership in the same manner that such section applies to an educational agency or institution (as that term is defined in such section).

“(d) GEOGRAPHICAL DISTRIBUTION.—The Secretary shall ensure that grants, contracts, or cooperative agreements under subsection (a) will be distributed equitably among the regions of the country and among urban and rural areas.

“(e) DURATION OF AWARDS.—With respect to a grant, contract, or cooperative agreement under subsection (a), the period during which payments under such an award will be made to the recipient shall be 5 years, with options for renewal.

“(f) EVALUATION AND MEASURES OF OUTCOMES.—

“(1) DEVELOPMENT OF PROCESS.—The Assistant Secretary shall develop a fiscally appropriate process for evaluating activities carried out under this section. Such process shall include—

“(A) the development of guidelines for the submission of program data by grant, contract, or cooperative agreement recipients;

“(B) the development of measures of outcomes (in accordance with paragraph (2)) to be applied by such recipients in evaluating programs carried out under this section; and

“(C) the submission of annual reports by such recipients concerning the effectiveness of programs carried out under this section.

“(2) MEASURES OF OUTCOMES.—The Assistant Secretary shall develop measures of outcomes to be applied by recipients of assistance under this section to evaluate the effectiveness of programs carried out under this section, including outcomes related to the student, family, and local educational systems supported by this Act.

“(3) SUBMISSION OF ANNUAL DATA.—An eligible entity described in subsection (c) that receives a grant, contract, or cooperative agreement under this section shall annually submit to the Assistant Secretary a report that includes data to evaluate the success of the program carried out by the entity based on whether such program is achieving the purposes of the program. Such reports shall utilize the measures of outcomes under paragraph (2) in a reasonable manner to demonstrate the progress of the program in achieving such purposes.

“(4) EVALUATION BY ASSISTANT SECRETARY.—Based on the data submitted under paragraph (3), the Assistant Secretary shall annually submit to Congress a report concerning the results and effectiveness of the programs carried out with assistance received under this section.

“(5) LIMITATION.—An eligible entity shall use not more than 20 percent of amounts received under a grant under this section to carry out evaluation activities under this subsection.

“(g) INFORMATION AND EDUCATION.—The Secretary shall disseminate best practices based on the findings of the knowledge development and application under this section.

“(h) AMOUNT OF GRANTS AND AUTHORIZATION OF APPROPRIATIONS.—

“(1) AMOUNT OF GRANTS.—A grant under this section shall be in an amount that is not more

than \$2,000,000 for each of the first 5 fiscal years following the date of enactment of the Mental Health Services for Students Act of 2019. The Secretary shall determine the amount of each such grant based on the population of children up to age 21 of the area to be served under the grant.

(2) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, \$130,000,000 for each of fiscal years 2021 through 2024.”

(c) CONFORMING AMENDMENT.—Part G of title V of the Public Health Service Act (42 U.S.C. 290hh et seq.), as amended by subsection (b), is further amended by striking the part designation and heading and inserting the following:

PART G—SCHOOL-BASED MENTAL HEALTH.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Oregon (Mr. WALDEN) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 1109.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H.R. 1109, the Mental Health Services for Students Act of 2020.

Research shows that half of all lifetime mental illness begins by the age of 14. According to the Centers for Disease Control and Prevention, about three in four children between the ages of 3 and 17 suffer from depression and anxiety, and nearly half have behavioral problems. In fact, recent data from Mental Health America show that youth between the ages of 11 and 17 are now at higher risk of moderate to severe anxiety and depression.

For many students, schools are a critical place to get mental health support. Now, with added public health concerns, economic pressures, online learning, and the social isolation that comes with these things, experts worry about the added repercussions we will be seeing on the well-being of students across the country.

The data and the effect of the pandemic make clear that we must do more to invest in preventative mental health services and training in schools to give our kids and teens a brighter future.

The American Academy of Pediatrics Committee on School Health recognized the increasing mental health needs of children and adolescents when it said that “school-based mental health services offer the potential for prevention efforts as well as intervention strategies.” H.R. 1109 does just that.

This bill would support comprehensive mental health programs at schools

across the Nation by encouraging partnerships between State and local educational agencies and mental health providers. Funding would be made available through the Substance Abuse and Mental Health Services Administration to support prevention screening, treatment, and development of evidence-based programs for social, emotional, and mental and behavioral issues among students. This bill will also help us better understand the student, family, and educational outcomes of services provided to students.

Madam Speaker, I want to thank the lead sponsors of this bill, Representatives GRACE NAPOLITANO and JOHN KATKO, for their leadership and their work. I also thank, of course, Ranking Member WALDEN and the members of our committee for their bipartisan support for this bill.

Madam Speaker, it is critical that we support preventative mental health services and training in schools for our kids and teens, particularly at a time when mental health risks are exacerbated by the COVID-19 pandemic.

I urge my colleagues to support the bill, and I reserve the balance of my time.

Mr. WALDEN. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in support today of H.R. 1109.

This is the Mental Health Services for Students Act, and it is sponsored by Representatives NAPOLITANO and KATKO. This bill authorizes the Substance Abuse and Mental Health Services Administration’s Project AWARE grants.

Madam Speaker, these grants support State educational agencies, in partnership with State mental health agencies, in increasing awareness of mental health issues among school-aged youth, providing training for school personnel to detect and respond to mental health issues, and connecting students with behavioral health issues and their families to needed services.

By supporting partnerships between the State and local systems to promote the healthy development of students, these grants increase access to mental health services for school-aged youth, ultimately reducing youth violence, substance use disorder, and suicide.

I am glad we are addressing mental health services for children. Their schooling and whole worlds have changed so much over this year. It is important that they can easily access mental health services.

I urge my colleagues to support this legislation.

I don’t believe we have any other speakers, Madam Speaker, so I yield back the balance of my time.

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Mr. PALLONE. Madam Speaker, I urge support for the bill, and I yield back the balance of my time.

Mrs. NAPOLITANO. Madam Speaker, I rise today in strong support of my bill, H.R. 1109,

the Mental Health Services for Students Act. I am honored to have authored this bill for over a decade. Although it should not have taken this long, today is a historic day in recognizing the need for school based mental health resources.

A mental health crisis is currently unfolding as a result of the COVID-19 pandemic. Fear and anxiety about the coronavirus can be overwhelming and cause strong emotions for our constituents, especially children. The National Institute of Mental Health reports that one in five youth already experience some type of mental health disorder. Yet, prior to this public health emergency, only 10 percent of children and adolescents ages 3 to 17 years old received any treatment or counseling from a mental health professional.

H.R. 1109 acknowledges this problem by providing \$130 million in competitive grants per year for 5 years for 100 school-based mental health programs nationwide. It expands the scope of the Project Advancing Wellness and Resilience Education (AWARE) program by providing on-site licensed mental health professionals in schools across the country.

Dr. Anthony Fauci, the Director of the National Institute of Allergy and Infectious Diseases, testified in May before the Senate HELP Committee on the prospect of reopening school buildings and said, “We don’t know everything about this virus, and we really better be very careful, particularly when it comes to children”. While schools work to navigate this pandemic, it is critical that we provide them with the resources to create a mental health plan to reach their students during this stressful time.

H.R. 1109 is based on the successful Youth Suicide Prevention Program that I helped establish with Pacific Clinics in Los Angeles County in 2001. Regular classes will eventually resume, and according to the CDC, children may feel upset or have other strong emotions after an emergency. How a child reacts can vary depending on their age, previous experiences, and how that child typically copes with stress. We need to ensure the long-term availability of mental health services to ensure a bright future for our students, which my bill would help accomplish.

I would like to thank the many advocates in and outside of Congress who have played an integral role in this legislation. H.R. 1109 has 135 bipartisan co-sponsors and has the support of over 50 mental health organizations, as well as local governments and teacher unions.

Madam Speaker, I ask my colleagues to support H.R. 1109, the Mental Health Services for Students Act, which will help address this ongoing children’s mental health crisis. It is now time to act on this bill, which has had broad support for decades.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 1109, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

IMPROVING MENTAL HEALTH ACCESS FROM THE EMERGENCY DEPARTMENT ACT OF 2020

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2519) to authorize the Secretary of Health and Human Services, acting through the Director of the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration, to award grants to implement innovative approaches to securing prompt access to appropriate follow-on care for individuals who experience an acute mental health episode and present for care in an emergency department, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2519

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 “Improving Mental Health Access from the Emergency Department Act of 2020”.

SEC. 2. SECURING APPROPRIATE FOLLOW-ON CARE FOR ACUTE MENTAL HEALTH ILLNESS AFTER AN EMERGENCY DEPARTMENT ENCOUNTER.

The Public Health Service Act is amended by inserting after section 520J of such Act (42 U.S.C. 290bb-31) the following new section:

“SEC. 520J-1. SECURING APPROPRIATE FOLLOW-ON CARE FOR ACUTE MENTAL HEALTH ILLNESS AFTER AN EMERGENCY DEPARTMENT ENCOUNTER.

“(a) IN GENERAL.—The Secretary may award grants on a competitive basis to qualifying health providers to implement innovative approaches to securing prompt access to appropriate follow-on care for individuals who experience an acute mental health episode and present for care in an emergency department.

“(b) ELIGIBLE GRANT RECIPIENTS.—In this section, the term ‘qualifying health provider’ means a health care facility licensed under applicable law that—

“(1) has an emergency department;

“(2) is staffed by medical personnel (such as emergency physicians, psychiatrists, psychiatric registered nurses, mental health technicians, clinical social workers, psychologists, and therapists) capable of providing treatment focused on stabilizing acute mental health conditions and assisting patients to access resources to continue treatment in the least restrictive appropriate setting; and

“(3) has arrangements in place with other providers of care that can provide a full range of medically appropriate, evidence-based services for the treatment of acute mental health episodes.

“(c) USE OF FUNDS.—A qualifying health provider receiving funds under this section shall use such funds to create, support, or expand programs or projects intended to assist individuals who are treated at the provider’s emergency department for acute mental health episodes and to expeditiously transition such individuals to an appropriate facility or setting for follow-on care. Such use of funds may support the following:

“(1) Expediting placement in appropriate facilities through activities such as expanded coordination with regional service providers, assessment, peer navigators, bed availability tracking and management, transfer protocol development, networking infrastructure development, and transportation services.

“(2) Increasing the supply of inpatient psychiatric beds and alternative care settings such as regional emergency psychiatric facilities.

“(3) Use of alternative approaches to providing psychiatric care in the emergency department setting, including through tele-psychiatric support and other remote psychiatric consultation, implementation of peak period crisis clinics, or creation of psychiatric emergency service units.

“(4) Use of approaches that include proactive followup such as telephone check-ins, telemedicine, or other technology-based outreach to individuals during the period of transition.

“(5) Such other activities as are determined by the Secretary to be appropriate, consistent with subsection (a).

“(d) APPLICATION.—A qualifying health provider desiring a grant under this section shall prepare and submit an application to the Secretary at such time and in such manner as the Secretary may require. At a minimum, the application shall include the following:

“(1) A description of identified need for acute mental health services in the provider’s service area.

“(2) A description of the existing efforts of the provider to meet the need for acute mental health services in the service area, and identified gaps in the provision of such services.

“(3) A description of the proposed use of funds to meet the need and gaps identified pursuant to paragraph (2).

“(4) A description of how the provider will coordinate efforts with Federal, State, local, and private entities within the service area.

“(5) A description of program objectives, how the objectives are proposed to be met, and how the provider will evaluate outcomes relative to objectives.

“(e) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated \$15,000,000 for each of fiscal years 2021 through 2025.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Oregon (Mr. WALDEN) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 2519.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

I rise today in support of H.R. 2519, the Improving Mental Health Access from the Emergency Department Act of 2020.

I thank Representative RAUL RUIZ, a member of our committee, and his staff for their work on this important legislation. As an emergency room physician himself, Dr. RUIZ knows firsthand the needs of both the medical professional and the patients in the ER.

One of these increasing needs is support for mental health services. Research has shown that one in every eight emergency department visits in the U.S. is related to a mental health issue. Since 2009, mental health emergency room visits have substantially increased, most of which were driven by adolescents and young adults.

This is especially concerning, given recent data from the Centers for Disease Control and Prevention that found that, in 2019, more than one in seven Americans experienced some level of anxiety and nearly one in five reported depression.

These studies were conducted before COVID-19, and we know that this pandemic is likely to have both long- and short-term implications for mental health, and this anticipated increase in need is reason to act now. H.R. 2519 would help to provide increased access to care for people who report to the emergency department for acute mental health episodes.

Under the bill, the Secretary of Health and Human Services is authorized to award grants to support innovative approaches for providing follow-on care for individuals treated in the emergency department for acute mental health issues. This includes increasing the number of inpatient psychiatric beds and alternative care settings, supporting a patient’s transition to appropriate mental health services, or the use of telepsychiatric support or other remote psychiatric consultation methods.

Madam Speaker, emergency departments can sometimes feel like a stressful place, especially for people in crisis; however, they are often the last remaining safety net in many communities. We know that follow-up care for people with mental illness is linked to fewer repeat emergency room visits and improved mental and physical health. Let’s do our part to support the emergency room staff and patients in need.

Madam Speaker, I urge my colleagues to support this bill, and I reserve the balance of my time.

Mr. WALDEN. Madam Speaker, I yield myself such time as I may consume.

I rise in support of H.R. 2519. This is the Improving Mental Health Access from the Emergency Department Act of 2020 sponsored by our colleague from California, Dr. RUIZ.

The bill authorizes Substance Abuse and Mental Health Services Administration award grants to emergency departments for the purpose of supporting follow-up services to patients who present in the emergency department experiencing a mental health crisis.

Now, according to SAMHSA’s National Guidelines for Behavioral Health Crisis Care, there is a disconnect in the provision of follow-up services regarding what comes next for a patient experiencing a mental health crisis in an emergency department. If a patient comes in with appendicitis, the emergency physician can call a surgeon. If the patient has a rash, the emergency department has a roster of dermatologists and clinics, and, in many cases, the physician can even make an appointment for that patient.