

America Vote Act of 2002 by introducing the State Definition initialized in the Development Disabilities Assistance and Bill of Rights Act of 2000 which allows the Help America Vote of 2002 to cover Northern Mariana Islands citizens.

Additionally, this bill seeks to establish a system to serve the American Indian Consortium, granting them protection under the HAVA act in a similar manner to a State as mentioned prior.

With these two communities protected by PAVA, they will now receive the much-requested grants that will enable them to meet the voting needs of their citizens. With these grants, systems will be able to overcome voter obstacles such as any language barriers.

Mr. Speaker, I urge my fellow Congressmembers to vote in support of the PAVA Inclusion Act. Without the PAVA Inclusion Act, eligible voters residing on the Northern Mariana Islands and in the American Indian Consortium are faced with unsurmountable challenges in exercising their rights to vote.

The SPEAKER pro tempore. All time for debate has expired.

Pursuant to House Resolution 1396, the previous question is ordered on the bill.

The question is on the third reading of the bill.

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

The question is on passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

A motion to reconsider was laid on the table.

□ 1115

MENTAL HEALTH MATTERS ACT

GENERAL LEAVE

Mr. DESAULNIER. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous material on H.R. 7780, the Mental Health Matters Act.

The SPEAKER pro tempore (Ms. JACKSON LEE). Is there objection to the request of the gentleman from California?

There was no objection.

The SPEAKER pro tempore. Pursuant to House Resolution 1396 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the consideration of the bill, H.R. 7780.

The Chair appoints the gentleman from Illinois (Mr. RUSH) to preside over the Committee of the Whole.

□ 1118

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the consideration of the bill (H.R. 7780) to support the behavioral needs of students and youth, invest in the school-based behavioral health workforce, and

ensure access to mental health and substance use disorder benefits, with Mr. RUSH in the chair.

The Clerk read the title of the bill.

The CHAIR. Pursuant to the rule, the bill is considered read the first time.

General debate shall be confined to the bill and shall not exceed 1 hour equally divided and controlled by the chair and ranking minority member of the Committee on Education and Labor or their respective designees.

The gentleman from California (Mr. DESAULNIER) and the gentlewoman from North Carolina (Ms. FOXX) each will control 30 minutes.

The Chair recognizes the gentleman from California.

Mr. DESAULNIER. Mr. Chair, I yield myself such time as I may consume.

Mr. Chairman, the COVID-19 pandemic has exacerbated the mental health crisis among American students, educators, and families.

In 2021, 44 percent of students experienced persistent feelings of hopelessness; almost 20 percent seriously considered suicide; and 9 percent of American kids attempted suicide.

Regrettably, 80 percent of youth in need of mental health services do not have the access to heal in their communities. As a result, educators have been forced to play an outsized role in supporting and responding to students' mental health needs, leading to increased depression and trauma among educators, their students, their families, and the community. However, our schools do not have the specialized staff necessary to respond to the increased prevalence and complexity of students' mental health needs.

According to a 2019 ACLU study, no State met the student-to-social worker ratio of one social worker for every 250 students, as recommended by the National Association of Social Workers. Not one State.

On top of that, the national ratio of school psychologists per students during the 2020-2022 school years was one psychologist per every 1,162 students—more than double the ratio recommended by the National Association of School Psychologists. Clearly, this is unacceptable.

The rise in mental health challenges is not isolated to students and educators. Nearly half of the United States workforce now suffers from mental health issues since the COVID-19 pandemic started. Yet, many workers are denied the mental health and substance use disorder benefits they are legally entitled to receive under their employer-sponsored health plan.

In a recent report to Congress, the Departments of Labor, Health and Human Services, and the Treasury found widespread violations of the Mental Health Parity and Addiction Equity Act by group health plans. Unfortunately, some of these plans are failing to maintain parity between behavioral health benefits and physical health benefits as required by statute.

The report recommended that Congress enhance the Secretary of Labor's

capacity to enforce the parity law, including providing authority to impose civil monetary penalties for violations.

Notably, the same recommendations were made by former President Trump's Commission on Combating the Opioid Crisis, which was led by then-New Jersey Governor, Chris Christie.

In response to these violations and the national mental health crisis, I introduced the Mental Health Matters Act, which includes proposals championed by several committee members.

This legislation helps Head Start agencies implement evidence-based interventions to improve the behavioral health of children and staff in Head Start programs.

It improves trauma-informed services in schools by developing innovative initiatives to link schools and local educational agencies with local trauma-informed support and mental health systems.

It requires colleges and universities to accept existing documentation of disability and provide reasonable accommodations so disabled students can achieve success in higher education.

It also provides the Department of Labor with enhanced authority to ensure that private, employer-sponsored group health plans and insurers comply with the mental health parity and related laws.

The bill ensures workers who are wrongfully denied health or retirement benefits under their job-based plans have meaningful access to the courts.

And finally, this legislation directs the Department of Education to award grants to build a pipeline of school-based mental health service providers and increase the number of mental health professionals serving in elementary and secondary schools in high-need areas.

Mr. Chairman, simply put, the Mental Health Matters Act delivers the resources students, educators, and families need to improve their well-being.

Mr. Chair, I urge my colleagues to support this legislation, and I reserve the balance of my time.

Ms. FOXX. Mr. Chairman, I yield myself such time as I may consume, and I thank my good friend from California for yielding time.

Mr. Chairman, H.R. 7780, the Mental Health Matters Act, is a package of bills our country would be better off without. For example, Title VI of the bill, the Strengthening Behavioral Health Benefits Act, contains dangerous policy which would threaten access to critical workplace benefits.

How would this legislation drive employers to drop benefits? H.R. 7780 allows the Department of Labor, DOL, to levy civil monetary penalties against plans and employers for ambiguous mental health parity violations.

Employers who offer mental health benefits under the Employee Retirement Income Security Act, ERISA, do so voluntarily. They should not be penalized for violating standards that are unclear and vague. Republicans and

Democrats alike support mental health parity, which is why Congress has passed multiple laws to ensure employers are able to meet mental health parity requirements.

Yet, despite receiving explicit direction from Congress outlining what DOL must provide to plans, the Department has yet to issue guidance. Employers and plans have been asking the Department for years to comply with the law and provide examples which illustrate compliance and noncompliance, recommendations to advance compliance, and clarifying information on how plans may demonstrate compliance.

However, instead of helping plans comply, DOL has blamed them for not being able to read the minds of Washington bureaucrats. Providing DOL with the authority to levy civil monetary penalties against plans and increase their risk of litigation will only force plans to drop mental health coverage.

This legislation would also increase DOL's budget for mental health parity enforcement by an additional \$275 million over 10 years, a sure sign DOL wants to double down on its aggression toward employers. This money would be better spent on compliance assistance instead of targeting employers based on ambiguous standards.

Additionally, Title VII, the Employee and Retiree Access to Justice Act, gets rid of arbitration clauses, class action waivers, and discretionary clauses in employee benefit plans. This opens the door to increased litigation against plan sponsors which could drastically increase the cost of administering these plans.

Democrats are treating ERISA arbitration like a treacherous backroom deal, but, in reality, arbitration settles disputes more quickly and more often in favor of claimants than litigation. The only people who benefit from months and years in litigation are trial lawyers.

□ 1130

This bill also contains provisions regarding the youth mental health crisis. There is bipartisan agreement that addressing the mental health of youth matters. However, we can't ignore the fact that Democrats exacerbated the youth mental health situation by prolonging school shutdowns.

At the behest of teachers unions, Democrat politicians from the Centers for Disease Control and Prevention to school district administrators kept classrooms shuttered, despite knowing that schools were not major vectors of spread and that children were suffering from this forced isolation. The results have been catastrophic.

In 2021, more than one-third of high school students reported they experienced poor mental health during the COVID-19 pandemic. According to one study, from February to March 2021, the number of ER visits by young girls for suspected suicide attempts was up by more than 50 percent compared to 2019.

School closures fail students, which is why we should be spending our time addressing the massive learning loss students suffered because of these shutdowns. This is a problem that cannot be neglected, especially if we want to see these young people have as bright a future as possible.

Lastly, H.R. 7780 includes the Respond, Innovate, Succeed, and Empower Act, or RISE Act, the intent of which Republicans support.

While I agree that students with disabilities shouldn't have to jump through hoops to obtain accommodations at school, this legislation will have unintended consequences as currently drafted.

For example, this legislation forces colleges and universities to accept outdated documentation from students who are claiming disability status but who do not, in fact, have a disability. This legislation should have been debated with stakeholders before being rushed to the House floor, but, as usual, Democrats took a shortcut.

I encourage my colleagues to work across the aisle and utilize the deliberative process to form more common-sense and targeted legislation if they actually want to address our country's mental health situation.

H.R. 7780 is a bill that tries to do too much and none of it well.

Mr. Chairman, I urge my colleagues to vote "no" on this legislation, and I reserve the balance of my time.

Mr. DESAULNIER. Mr. Chair, I yield myself such time as I may consume.

Mr. Chair, I do want to say that it is always delightful, truthfully, to see my friend and our differences of opinion. I see Mr. ALLEN will speak as well, my wonderful colleague and ranking member of the subcommittee.

Just as a former small business owner, the term "voluntary" is, in my view, accurate in the sense that it is an employer's choice to provide health insurance, but the parity is required by statute once having done that. So, it is a question of terminology, perhaps.

As I have said, even just shortly ago, I am ready to work with my friend to work on enforcement mechanisms that are efficient because I think we all agree there is a problem here in this country about mental health and kids and how we enforce the best possible enforcement for employers. The vast majority of employers do the right thing, but how to make sure that people who don't do the right thing, and thereby get an advantage if we don't enforce the laws against law-abiding employers, I really think that we can work something out.

This is the best mechanism I see right at the moment, however imperfect. I look forward to continuing the conversation.

Mr. Chairman, I yield 2 minutes to the gentlewoman from Oregon (Ms. BONAMICI), who is the chair of the Civil Rights and Human Services Subcommittee of the Education and Labor Committee.

Ms. BONAMICI. Mr. Chairman, I rise today in support of the Mental Health Matters Act. I thank Representative DESAULNIER for his leadership and for yielding. I thank Chairman SCOTT, as well, for making this important issue a priority in the committee.

In the fall of 2020, pediatric experts declared a national state of emergency in children's mental health. Our Nation's students continue to face significant and serious challenges with social, emotional, and mental health. We must meet them where they are by providing evidence-based treatment and support so they can learn and thrive.

This timely legislation provides needed resources and will greatly improve the behavioral health of children and school staff by building a pipeline of school-based mental health service providers. I want to mention the Ballmer Institute, which is going to be opening soon in Oregon for that very purpose.

Because stress can affect the developing brain, this bill invests in Head Start to address the mental and behavioral health of young children and to support staff wellness. Importantly, the bill will also support students with disabilities beyond their high school education by including my bipartisan bill, the Respond, Innovate, Succeed, and Empower Act, or RISE Act.

Students with disabilities face many barriers to earning a degree or credential after high school. Without the proper accommodations, students with disabilities complete college at a lower rate than their peers without disabilities. Less than 5 percent of students with disabilities disclose their specific learning disability to their college because of stigma. Currently, students are required to obtain expensive and expansive new evaluations before they can access special education services in college. This onerous process poses additional unnecessary barriers to success for students with disabilities.

The RISE Act is bipartisan legislation that aims to provide students with disabilities with affirmation, comfort, and peace of mind during their transition from high school to college by allowing college students to use existing documentation of a disability—whether it is an IEP, 504 plan, or another type of commonly recognized documentation—when seeking accommodations on campus.

My bipartisan, bicameral RISE Act will make it easier for students with disabilities to access the support services they need by easing the burdensome, expensive, and redundant requirements students frequently face when entering college. This action alone could save families hundreds, even thousands, of dollars.

I thank my co-leads, Representatives BUCSHON, SCHRIER, and McMORRIS RODGERS, for supporting the RISE Act, Chairman SCOTT for including the RISE Act in this important mental health package we are discussing today, and Speaker PELOSI and Leader

HOYER for bringing the Mental Health Matters Act to the floor.

By considering this legislation, we are showing a commitment to serving our Nation's most vulnerable students and making our schools and colleges safer and more welcoming places to learn.

Mr. Chairman, I urge all of my colleagues on both sides of the aisle to support the important Mental Health Matters Act.

Ms. FOXX. Mr. Chairman, I yield 3 minutes to the gentleman from Georgia (Mr. ALLEN).

Mr. ALLEN. Mr. Chair, I thank the ranking member for the opportunity to talk about this important legislation.

Millions of Americans experience mental health issues and struggle to find adequate care. We all agree on that in this Chamber. This is especially true among our Nation's youth due in large part to the prolonged school closures championed by the Democrats.

Republicans have continually stressed the mental health toll students have shouldered because of these school closures. But closures were led by Democrats in Democrat-run States that were allies with the teachers unions.

That is why I have also introduced H.R. 787, the Expanding Student Access to Mental Health Services Act, which would authorize State and local educational agencies to use student support and academic enrichment grants to improve mental health services available to students by allowing funds to be used for identifying and disseminating best practices for mental health first aid, emergency planning, coordination of services, and telehealth services.

I would have loved to have introduced this bill as an amendment to H.R. 7780, but, unfortunately, the Democrats did not allow any amendments to this legislation on the floor today. Rather than working in a bipartisan manner to reform our current mental health care systems, Democrats are pushing a bill that will punish employers for offering mental health benefits to their employees and incite brash litigation against benefit plan sponsors.

Let me repeat: Democrats are pushing a bill that will punish employers for offering mental health benefits to their employees and incite brash litigation against benefit plan sponsors.

To add insult to injury, H.R. 7780 recklessly spends 275 million taxpayer dollars under the guise of mental health parity enforcement, but the Department of Labor hasn't even clarified what mental health parity means.

So, we are going to pass it and then figure out what it means. We have heard that before.

How can it be enforced if no one understands what it is? How can we authorize this funding without vetting how it will be spent?

Additionally, H.R. 7780 prohibits arbitration clauses, class action waivers,

and discretionary clauses from employee benefit plans under the Employee Retirement Income Security Act, known as ERISA. In short, this bill will only benefit trial lawyers and will lead to a reduction in mental health benefits as employers will have to divert money to pay attorney's fees.

This is precisely why I tried to submit an amendment to the bill on the floor today, almost the same amendment I offered during its markup in the Education and Labor Committee, which the Democrats failed to pass.

My proposed amendment would have made the Department of Labor's ability to bring civil action against ERISA plans offering mental health benefits conditional on the Department issuing additional guidance on these vague mental health parity requirements. It would also strike the \$275 million in funding that has been allocated to the Department of Labor. But, again, Democrats blocked our ability to offer amendments.

Of course, I would be remiss if I didn't mention that Democrats exempt unions from some of the most damaging provisions of the bill.

It is imperative that we address the mental health crisis that is plaguing our society, but we should do that by ensuring access to reliable, high-quality, and affordable mental health services.

The CHAIR. The time of the gentleman has expired.

Ms. FOXX. Mr. Chair, I yield an additional 30 seconds to the gentleman from Georgia.

Mr. ALLEN. Mr. Chair, I emphasize it is imperative that we address the mental health crisis that is plaguing our society. We all agree here in the House on that. But we should do that by ensuring access to reliable, high-quality, and affordable mental health services, not by punishing employers with undue litigation for offering these benefits to our workers.

I remain committed to finding solutions to combat the mental health problem in this country, especially for our youth. It is my hope that, in the future, as my chairman said, House Democrats will work in a bipartisan manner to address this crisis, rather than bringing damaging legislation such as H.R. 7780 to the floor.

Mr. DESAULNIER. Mr. Chair, I yield 2 minutes to the very distinguished gentleman from Connecticut (Mr. COURTNEY), who is a member of the Education and Labor Committee.

Mr. COURTNEY. Mr. Chair, for years, leaders in mental health and addiction have been sounding the alarm that despite the best intentions, our Nation's mental health parity laws are not meeting the needs and expectations of patients.

Existing mental health parity laws were supposed to ensure that patients access mental health benefits with the same ease as medical benefits under their insurance.

Unfortunately, we know that patients and their families are continuing

to struggle with barriers to needed treatment that should be prohibited under existing law.

The 2022 mental health parity report to Congress from the U.S. Department of Labor, HHS, and Treasury found that health plans and insurers are failing to comply with our Federal parity laws at an alarming rate, meaning that plans are illegally denying claims for treatment associated with mental or behavioral health conditions at a time when substance use disorder, depression, anxiety, and other mental health conditions are rising rapidly, especially for children.

The legislation we are considering today would implement recommendations to fix this. The Mental Health Matters Act includes my legislation, the Strengthening Behavioral Health Benefits Act, which would bolster the ability of the Department of Labor to effectively enforce the mental health parity laws and provide resources to the Department of Labor to help bring plans into compliance. The goal here is compliance, not retribution.

In their 2022 report, DOL made a series of recommendations for ways Congress can amend ERISA to empower the Department and patients to hold insurance companies accountable to the law. In this legislation today, we are codifying those recommendations.

This will help patients recover funds spent on treatment that their insurance company should have paid for and will empower DOL to require insurance companies to revisit claims that they wrongly denied. It will also allow penalties to be levied against plans that are found in violation of law, which does not exist today. As the old ancient legal maxim says, without a remedy, there is no right.

That is what this bill is doing. It is enhancing people's rights for mental health parity.

□ 1145

The CHAIR. The time of the gentleman has expired.

Mr. DESAULNIER. Mr. Chair, I yield an additional 30 seconds to the gentleman from Connecticut.

Mr. COURTNEY. Mr. Chair, this is not the first time the executive branch has asked for additional authority from Congress. President Trump's Commission on Opioids issued a report in 2017 which asked for exactly the same reforms. DOL must be given the real authority to regulate the health insurance industry.

"The health insurers are not following Federal law requiring parity in the reimbursement of mental health and addiction. They must be held responsible." That is a quote from Chris Christie, the chairman of President Trump's opioid task force.

We are executing on bipartisan recommendations that came from the prior administration and from the Biden administration to create a real mental health parity system in our Nation.

Mr. Chair, I urge passage of the bill.

Ms. FOXX. Mr. Chair, our colleagues keep saying the goal is compliance. Well, if the goal is compliance, then it is up to the Department to define the standard. Employers do not know what the standard is. Therefore, they do not know what is expected of them to comply.

Mr. Chair, I yield 3 minutes to the gentleman from Virginia (Mr. GOOD).

Mr. GOOD of Virginia. Mr. Chair, I rise today in strong opposition to H.R. 7780.

The China virus lockdowns of our schools resulted in an undisputed increase in mental health issues for our students, for our children. This bill is yet another leftist response to the lockdown problems that Democrats created.

Thanks to Democrat lockdowns in collusion with their beloved teachers unions, students across this country are suffering academically and mentally. You know, students—remember, the ones who we were supposed to put first in decisions regarding our schools. That is what we used to do.

But 9-year-old students have suffered a 7-point drop in math scores and a 5-point drop in reading scores since 2020, losing 20 years of academic progress, meaning children today are posting the same test scores in reading and math as they did 20 years ago.

The CDC reports that students who experienced long-term isolation from schools because Democrats would not reopen or let the kids come back to school, they have experienced acutely higher feelings of hopelessness and higher rates of attempted suicide as a result.

According to one report, emergency room visits for young girls for attempted suicides were 51 percent higher in the spring of 2021 than in the same period in 2019.

History will judge us harshly for how we treated children during the China virus pandemic, regarding how this government crushed the economy, this government crushed small businesses, this government crushed individual liberties and sacrificed our children on the altar of the leftist political agenda and the special interest groups.

Yet, Democrats still don't want to acknowledge that the pandemic is over. The President said it. Then, of course, his staff is walking that back.

Maybe it is because they want to hold on to the power that they have accumulated in the name of the emergency, or maybe they want to hold on to proxy voting in this Chamber, or maybe they want to hold on to the expansion of government and the expansion of the welfare state. But with poll numbers plunging and suburban moms and minorities and others fleeing the Democratic Party, not to mention literally fleeing blue States that are even more destroyed by their policies, they are suddenly realizing and Democrats are saying: Houston, we have a problem.

Their solutions are all wrong and promise more of what created the suffering across America. They don't want to understand or don't care to understand that it was government that exacerbated the problems from the China virus lockdowns that caused the mental health issues for our students, and expanding this government will only increase the problem.

H.R. 7780 prohibits arbitration and conflict resolution clauses in employee benefit plans, creating an opening for trial lawyers—perhaps the only group that the Democrats love more than teachers unions, trial lawyers—allowing them to sue and trip up businessowners in troublesome and expensive litigation.

Instead of empowering businessowners after the harmful lockdown mandates from the Democrats, they instead want to create more ways to hurt the American economy.

Mr. Chair, I urge my colleagues to oppose this bill.

Mr. DESAULNIER. Mr. Chair, I yield 2 minutes to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE. Mr. Chair, I thank the gentleman from California for his enormous leadership, and I thank the sponsors of this legislation for their hard work.

It is always baffling to me, as I have spoken on the floor of the House and served in this Congress, how colleagues can look a crisis in the face and run head-on as a locomotive, smashing the solution, speaking ill about those who need and are suffering, and that is what we are hearing today.

I am very glad to rise in support of the Mental Health Matters Act, H.R. 7780, and I hope some of my friends on the other side of the aisle will recognize that we are the problem-solvers. We are not the bomb-throwers. We are not supposed to be looking at every solution, and because it comes from somebody of a different party, we want to fight them for it.

I know what happened during the pandemic. I was out in the community doing testing and vaccinations. I talked to parents about online learning, those who didn't have access to broadband, and I knew what it did to the children.

Why? Because children view schools and their daily activities as their work. Adults go to work; children go to school. It builds their confidence, their sense of esteem, their friendships, lifelong friendships. That was all undone because of the pandemic.

Do you know what else we did? We saved lives. If we had continued in-school learning, we would have lost thousands of children and their families.

We must repair what was broken, not because we broke it but because there was a pandemic. So, this legislation provides grants to build a pipeline of school-based mental health service providers, more nurses in the school. It directs the Department of Education to

award grants to State agencies to develop more school-based mental health providers. It requires institutions of higher learning to let incoming students with existing documentation have access to disability resources and creates a grant program I am most excited about, increasing student access to treatment of evidence-based trauma. They experienced trauma.

Add to that trauma the families in Uvalde that I visited on Monday who are still crying with the pain of the loss of their children.

It is clearly a bill that we should accept, and it is a bill that I support enthusiastically. Mr. Chair, the Mental Health Matters Act, H.R. 7780.

Ms. FOXX. Mr. Chair, I yield 5 minutes to the gentlewoman from Michigan (Mrs. MCCLAIN).

Mrs. MCCLAIN. Mr. Chair, my amendment to H.R. 7780 would establish that parents have the right to be informed of any mental health-related issues with their children. In other words, schools may not hide critical information from parents.

Before my colleagues say this isn't necessary or this isn't needed, just open social media. You will find examples of teachers and school personnel bragging about how they covertly discuss transgender issues with their students, regardless of their accordance with schools or State laws.

I think it is disappointing that it has come to this, that on the House floor, we have to make an affirmative case for parents' rights. Yet, here we are.

School officials and personnel are not the parents. School officials and personnel have no right to ignore a parent's decision on what they think is best for their child.

This amendment protects both parents and students. It would ensure that parents are never excluded from their children's health conversations and that teachers and administrators can't make these decisions unilaterally.

If you want to protect children, believe in families and support hard-working parents, then you must agree with us and support our motion to recommit.

Every mother and father in this Chamber should want to know what is happening with their children. Every one of us has the right to know what a person is telling our child.

If we adopt the motion to recommit, we will instruct the Committee on Education and Labor to consider my amendment, H.R. 7780, to protect parents' rights.

I include in the RECORD the text of the amendment.

Add at the end the following:

TITLE VIII—PARENTAL RIGHTS

SEC. 801. PARENTAL CONSENT AND NOTICE OF PARENTAL RIGHTS.

(a) INFORMED PARENTAL CONSENT.—A covered grantee shall ensure that each parent of a child served by such grantee—

(1) receives the notice of parental rights described in subsection (b); and

(2) provides informed written consent before the grantee offers or provides any mental health or other social and emotional services to the parent's child.

(b) NOTICE OF PARENTAL RIGHTS.—A covered grantee shall provide to each parent of a child served by the grantee written notice of any mental health or other social and emotional services that may be offered to the child by such grantee, including—

- (1) mental health assessments;
- (2) counseling for individual students or group sessions;
- (3) any group or individual session related to the child's or other children's sexual orientation or gender identity;
- (4) clubs or other after school activities related to mental health or other social and emotional learning;
- (5) curriculum used to discuss social and emotional learning or other mental health needs;
- (6) books made available to students for discussion of social and emotional or mental health needs;
- (7) interventions utilized by staff to address students' mental health or other social and emotional needs; and
- (8) any evaluations or data collection used to assess students' individual or school wide mental health or other social and emotional needs.

(c) COVERED GRANTEE DEFINED.—In this section, the term "covered grantee" means any entity receiving funds under title I, II, III, or IV, including a State educational agency, local educational agency, or Head Start grantee.

Mrs. McCLAIN. Mr. Chair, I urge my colleagues to pass this amendment so we can provide the assurance to parents that they have the right to protect their children.

Mr. DESAULNIER. Mr. Chair, I yield 2 minutes to the gentlewoman from Connecticut (Mrs. HAYES), a distinguished member of the Education and Labor Committee.

Mrs. HAYES. Mr. Chair, as a teacher, I rise in strong support of the Mental Health Matters Act.

This crucial legislation will help rebuild schools and address the mental health crisis plaguing our country by providing schools with resources to help students and educators heal and recover after this pandemic.

I am excited that this package includes my legislation, the Supporting Trauma-Informed Education Practices Act. My legislation specifically will help develop and improve prevention, screening, referral, treatment, and support services to students. It will implement schoolwide positive behavioral interventions and provide professional development to school personnel. This legislation will also engage with families and communities to increase awareness of child and youth trauma.

The broader impact of the pandemic on students and their families is often overlooked. We talk about the number of children who were lost as a result of being low, but I remind everyone that those children lost parents, grandparents, neighbors, and community members to the COVID-19 pandemic. That loss has taken a tremendous toll on their ability to learn and thrive in school.

The impact of trauma is greater than just one incident. No person, especially a child, should ever have to carry that weight alone.

As students continue to heal from the most traumatizing interruption to

their academic journeys, they need strong, reliable, and accessible support services.

Mr. Chair, I urge my colleagues to support this bill to ensure students recover completely.

Ms. FOXX. Mr. Chair, I would like to correct the record regarding a comment Chairman SCOTT made at the Rules Committee Tuesday that employers must offer mental health benefits.

Most health plans governed by ERISA are not required to offer mental health benefits. Let me repeat myself: Most mental health benefits offered by employers with ERISA plans are offered voluntarily.

Offering comprehensive health coverage is a valuable tool used to recruit and retain employees. When employers choose to offer mental health benefits, those benefits must be at parity with other benefits. What parity means is a matter of debate, which is the root of the problem here.

The Mental Health Parity Act of 1996 required mental health parity for plans that choose to provide mental health benefits. When these employer-sponsored plans cover mental health benefits, they must abide by mental health parity laws.

The Consolidated Appropriations Act of 2021 directed the Department of Labor to provide additional assistance to plans to comply with parity requirements. DOL has ignored Congress' mandate to provide additional assistance to plans and is instead expecting plans to read the minds of Washington bureaucrats or face litigation and fines.

The problem with this top-down approach is that employers do not have to subject themselves to DOL's whims. Employers are choosing to cover mental health benefits. They can just as easily choose not to offer mental health benefits if Washington is intent on making it too challenging or costly.

DOL should follow the law and issue additional guidance, specifically standards, to employers and plans.

Helping employers would undermine the Democrats' long-term goal of weakening employer-sponsored insurance and implementing government-run healthcare.

Mr. Chair, I reserve the balance of my time.

□ 1200

Mr. DESAULNIER. Mr. Chair, I yield 2 minutes to the gentlewoman from Massachusetts (Ms. CLARK).

Ms. CLARK of Massachusetts. Mr. Chair, recently, hospital staff and healthcare providers in my district shared with me that their emergency rooms are filled with children and teens struggling with their mental health.

We know rates of youth anxiety, depression, and suicidal ideation have skyrocketed across the country. While this was a problem before COVID, the pandemic has made it so much worse.

This is a national emergency, specifically in our schools.

Last year, 75 percent of public schools reported increased concerns around students showing trauma symptoms. Yet, only half of those schools felt they had the resources to be able to address students' mental health needs. Our children need help, and our parents need a place to turn.

The Mental Health Matters Act includes legislation to address the critical and unmet needs for school-based mental health providers.

My legislation establishes a 5-year grant program to recruit and retain counselors in public schools, ensuring that whether you are in Head Start or high school, kids have the mental health care support they need to be healthy and thrive.

Mr. Chair, a "yes" vote today for this act is a vote for a healthy future for all.

Ms. FOXX. Mr. Chair, I reserve the balance of my time.

Mr. DESAULNIER. Mr. Chair, could I ask how much time we have remaining?

The Acting CHAIR (Mr. CROW). The gentleman from California has 14 minutes remaining.

Mr. DESAULNIER. Mr. Chair, we have no more speakers, I am prepared to close, and I reserve the balance of my time.

Ms. FOXX. Mr. Chair, passing H.R. 7780 would do a disservice to students, workers, and job creators. This legislation has been weighed, it has been measured, and it has been found wanting.

Mr. Chair, I yield back the balance of my time.

Mr. DESAULNIER. Mr. Chair, I yield myself the balance of my time.

Mr. Chair, I love my good friend's closing. That was artful and poetic, but I respectfully disagree. I look forward to continuing the conversation, particularly around enforcement and the definition of parity.

To me, as a former employer, I thought parity was clear, but if we need more clarity for some employers, I am happy to have that discussion.

Mr. Chair, as lawmakers, we have a duty to support Americans' health and well-being. The Mental Health Matters Act will help us deliver on that goal by ensuring students, educators, and families receive the support they need to lead healthier and happier lives, and provide America with future generations of healthy and happy providers.

I thank the gentleman from Virginia, Chairman SCOTT; the gentlewoman from California (Ms. CHU); the gentlewoman from Massachusetts, Assistant Speaker CLARK; the gentlewoman from Connecticut (Mrs. HAYES); the gentlewoman from Oregon (Ms. BONAMICI); the gentleman from Connecticut (Mr. COURTNEY); and the gentleman from New Jersey (Mr. NORCROSS) for their leadership on this legislation.

Mr. Chair, I yield back the balance of my time.

Mr. SCOTT of Virginia. Mr. Chair, I rise today in strong support of the Mental Health Matters Act, led by the gentleman from California, Mr. DESAULNIER.

The COVID-19 pandemic has exacerbated the mental health crisis among students, workers, and families.

In 2021, over 44 percent of students experienced persistent feelings of sadness or hopelessness; almost 20 percent seriously considered suicide; and 9 percent actually attempted suicide. Regrettably, 80 percent of youth in need of mental health services do not have access in their communities.

As a result, educators have been forced to play an outsized role in supporting and responding to students' mental health needs, leading to increased depression and trauma among educators. However, our schools do not have the specialized staff necessary to respond to the increased prevalence and complexity of students' mental health needs.

According to a 2019 ACLU study, no state met the student-to-social worker ratio of one social worker to every 250 students, as recommended by the National Association of Social Workers. Furthermore, the national ratio of school psychologists per students during the 2020-2022 school years was one psychologist per every 1,100 students—more than double the ratio recommended by the National Association of School Psychologists.

The rise in mental health challenges is not isolated to students and educators. Nearly half of the U.S. workforce now suffers from mental health issues since the COVID-19 pandemic began.

Yet, many workers are denied the mental health and substance abuse disorder benefits they are legally entitled to receive under their employer-sponsored health plan.

In a recent report to Congress, the Departments of Labor, Health and Human Services, and the Treasury found widespread violations of the Mental Health Parity and Addiction Equity Act by group health plans and insurers who are failing to maintain parity between mental health and substance abuse disorder benefits and physical health benefits. Further, the report recommended that Congress enhance the Secretary of Labor's capacity to enforce the parity law, including providing the authority to impose civil monetary penalties for violations. Notably, this same recommendation was made by former President Trump's Commission on Combatting the Opioid Crisis, which was led by then-Governor Chris Christie.

In response to these violations and the national mental health crisis, the Chair of the Subcommittee on Health, Employment, Labor, and Pensions, Mr. DESAULNIER, introduced the Mental Health Matters Act, which includes proposals championed by several Committee Members.

This legislation:

Helps Head Start agencies implement evidence-based interventions to improve the behavioral health of children and staff wellness;

Improves trauma-informed services in schools by developing innovative initiatives to link schools and local educational agencies with local trauma-informed support and mental health systems;

Requires colleges and universities to accept existing documentation of disability and provide reasonable accommodations so that disabled students can achieve success in higher education;

Provides the Department of Labor with enhanced authority to ensure that private, employer-sponsored group health plans and insurers fulfill their responsibility to provide mental health and substance abuse disorder benefits;

Strengthens protections to ensure workers receive behavioral health care and other benefits they have earned under their job-based plans; and, finally,

Directs the Department of Education to award grants to build a pipeline of school-based mental health services providers and increase the number of mental health professionals serving in elementary and secondary schools in high-need areas.

Simply put, the Mental Health Matters Act delivers the resources that students, workers, and families need to improve their well-being.

I want to thank the gentleman from California, Mr. DESAULNIER, for championing the bill. I also want to thank those that had sponsored bills that were included in this legislation: the gentle lady from California, Ms. CHU, the gentle lady from Massachusetts, Assistant Speaker CLARK, the gentle lady from Connecticut, Ms. HAYES, the gentle lady from Oregon, Ms. BONAMICI, the gentleman from Connecticut, Mr. COURTNEY, and the gentleman from New Jersey, Mr. NORCROSS, for their leadership in helping to put together this legislation.

Mr. Chair, I include in the RECORD the following letters in support.

NATIONAL EDUCATION ASSOCIATION,
Washington, DC, May 17, 2022.
EDUCATION AND LABOR COMMITTEE,
House of Representatives, Washington, D.C.

DEAR REPRESENTATIVE: On behalf of our 3 million members and the 50 million students they serve, we urge you to address the pressing need to modernize America's public school facilities and address the mental health crisis among students. Specifically, during the May 18 markup session, we urge you to support the:

Reopen and Rebuild America's Schools Act (H.R. 604)—This bill would create a \$100 billion grant program and \$30 billion tax-credit bond program targeting high-poverty schools whose facilities pose health and safety risks to students and educators. It would also provide the means for such schools to operate safely in accordance with Centers for Disease Control and Prevention (CDC) guidelines, including heating, ventilation, and air conditioning (HVAC) systems. America spends more on public school facilities than any part of our infrastructure except roads and highways, yet many of our 100,000 public school buildings are poorly equipped or in poor physical condition—so poor it undermines student learning. The federal government, however, remains noticeably absent from any meaningful investment in this area.

Enhancing Mental Health and Suicide Prevention Through Campus Planning Act (H.R. 5407)—This bill would promote positive mental health among college students and encourage comprehensive planning on college campuses to prevent suicide and other mental health crises.

Campus Prevention and Recovery Services for Students Act (H.R. 6493)—This bill would promote evidence-based prevention and intervention strategies on college campuses. It would also encourage integration and collaboration among campus-based health services to address substance use and mental health.

Mental Health Matters Act (H.R. 7780)—This bill would promote the use of evidence-based

mental health, social-emotional, and behavioral health interventions for young children enrolled in early education programs like Head Start. It would also create a grant program to increase the number of school-based mental health services providers.

Please support this vitally important legislation.

Sincerely,

MARC EGAN,
Director of Government Relations,
National Education Association.

NATIONAL ASSOCIATION OF SCHOOL
PSYCHOLOGISTS,

Bethesda, MD, September 28, 2022.

SUPPORT FOR MENTAL HEALTH MATTERS ACT,
DEAR REPRESENTATIVE, On behalf of the National Association of School Psychologists (NASP), we encourage you to support swift passage of the Mental Health Matters Act and the package of bills it includes. NASP represents 24,000 school psychologists who work with students, families, educators, administrators, and community members to ensure that every student has access to comprehensive mental and behavioral health support. We are a nonpartisan association committed to advocating for research-based policies and practices that ensure all children have the supports they need to thrive at school, at home, and throughout life.

Schools play a critical role in our mental and behavioral health care system, and the widespread shortage of school psychologists and other school-based mental health professionals exacerbates existing challenges to addressing the growing number of students' mental and behavioral health concerns. In order to provide necessary comprehensive services, NASP recommends a ratio of one school psychologist per 500 students. Current data estimate a national ratio of about 1:1200; however, great variability exists among states, with some states approaching a ratio of 1:5000. Shortages in school psychology significantly undermine the availability of high-quality services to students, families, and schools, particularly in rural, underserved, and other hard to staff school districts. The Mental Health Matters Act would provide much needed support for schools and school-based mental health professionals to address shortages and expand access to mental and behavioral health supports by passing the Elementary Secondary School Counseling Act and the Building Pipeline of School-Based Mental Health Service Providers Act.

School psychologists are also integral to supporting students with disabilities, and we provide critical supports to students, educators, and families regarding special education. We recommend the passage of the Respond, Innovate, Succeed, and Empower Act, which expands access to needed accommodations and supports for college students with disabilities. Additionally, we encourage the passage of the Supporting Trauma-Informed Education Practices Act through the Mental Health Matters Act. Its passage would not only increase student access to evidence-based trauma support services and mental health care, but it would also support the mental health of our educators and other school staff, which is a necessary component of providing comprehensive mental and behavioral health supports to students.

Thank you for your leadership and commitment to providing comprehensive mental and behavioral health supports in schools. We look forward to working with you on this critical issue. If you have any questions or would like to follow up, please contact Dr. Kelly Vaillancourt Strobach, NASP Director of Policy and Advocacy..

Sincerely,

KATHLEEN MINKE, PhD, NCSP,
Executive Director.

AFSCME,

Washington, DC, September 29, 2022.

HOUSE OF REPRESENTATIVES,
Washington, DC.

DEAR REPRESENTATIVE: On behalf of the 1.4 million members of the American Federation of State, County and Municipal Employees (AFSCME), we write in support of Congressman MRVAN's amendment to direct the National Institute for Occupational Safety and Health (NIOSH) to study and make recommendations for workers whose mental health is negatively impacted by their job. AFSCME members and workers across the nation work in high stress positions including but not limited to public safety, health care, emergency medical services and firefighters. Workers such as these already face workplace stressors that have been exacerbated by the COVID-19 pandemic forcing essential workers to the brink of a mental health crisis.

Throughout the pandemic public safety officers, health care workers and other essential workers answered the call. But even before the pandemic many of these occupations were at an increased risk of mental health issues because the nature of their jobs routinely involves stressful, hazardous, potentially violent and traumatic situations. A study from the University of California Berkley found the rate of correctional or parole officers who have considered suicide is three times that of the general population. Other research found suicides rates among correctional officers to be as high as 12 times that of the general public. Nurses and doctors have burnout rates and staffing shortages that directly impact the health care system. A 2020 study conducted by Mental Health America showed that 76% of health care workers reported exhaustion and burnout while 75% reported they were overwhelmed. There is incontrovertible evidence that this is a national issue that demands a comprehensive federal scale response.

This amendment recognizes the need to address mental health at an organizational level. It takes a modern approach to fund and set up much needed research on workplace and organization changes that can improve the mental health outcomes of workers in high stress occupations. Moreover, this amendment recognizes that it is time we stop adding to the burden of probation officers, correction officers, public safety workers, health care workers and others by demanding that they "deal with it" outside of work or figure out how to provide self-care when the nature of the work leaves them burnt out, stressed, or in despair that they do not want to share.

This amendment requires NIOSH to conduct research and fund training to identify what workplace interventions make a difference and achieve better mental health outcomes for workers. It calls for NIOSH to consult with other appropriate federal departments and agencies to establish a research program to identify best practices and interventions for occupations with an elevated risk of workplace stress, post-traumatic stress or suicide attempts. The focus on best practices and recommendations would be on occupation-related or work organization interventions to improve mental health outcomes to lay the groundwork for a federal response to the mental health crisis faced by everyday workers.

We ask these workers to put themselves in danger for public safety. It is time for Congress to support essential and front-line workers' mental and physical well-being. We ask you to support Congressman MRVAN's amendment to study workplace stress and support everyday workers' mental health.

Sincerely,

EDWIN S. JAYNE,
Director of Federal Government Affairs.

September 27, 2022.

Hon. NANCY PELOSI,

Speaker, House of Representatives, Washington,
DC.Hon. KEVIN MCCARTHY,
Minority Leader, House of Representa-
tives, Washington, DC.

DEAR SPEAKER PELOSI AND MINORITY LEADER MCCARTHY, Our organizations write in strong support of two critical provisions (Titles VI and VII) contained in the Mental Health Matters Act (H.R. 7780) that take important steps toward ensuring parity in coverage of mental health and substance use disorder (MH/SUD) care and strengthening Americans' coverage rights under ERISA. We urge the full House to pass H.R. 7780.

The Strengthening Behavioral Health Benefits Act (Title VI) would provide civil monetary penalty authority to the U.S. Department of Labor (USDOL) to enforce the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). Providing USDOL this authority will make recent MH/SUD investments (e.g., those contained in the Bipartisan Safer Communities Act) go much further by ensuring that insurance companies are meeting their parity responsibilities and are not the unintended beneficiaries of taxpayer funds that effectively displace insurance reimburse-

Civil monetary penalty authority will position USDOL—which has one investigator for every 12,500 plans—to step in more aggressively when necessary to change plans' coverage practices, make parity a reality, and increase access to life-saving treatment. This provision carefully balances the interests of Americans seeking MH/SUD care with insurers, plan sponsors, and administrators attempting to comply with the law. By adding MHPAEA to USDOL's existing civil monetary penalty authority for violations of the Genetic Information Non-Discrimination Act (GINA), this provision captures the existing safe harbor provision that protects insurers, plan sponsors, and administrators that exercise "reasonable diligence" to comply with the law.

Civil monetary penalty authority to ensure compliance with MHPAEA has enjoyed bipartisan support in the past. The 2016 Mental Health and Substance Use Disorders Parity Task Force strongly recommended providing this authority, as did President Trump's Commission on Combating Drug Addiction and the Opioid Crisis. In fact, former New Jersey Governor Chris Christie, chair of the Commission, stated that the authority is "absolutely necessary" and that the Commission "unequivocally" supported Congressional action to give USDOL the authority to issue penalties. We also strongly support Title VI's increased appropriation authorization for the Employee Benefits Security Administration and the Solicitor of Labor to ensure compliance with ERISA, including the Federal Parity Act.

Our organizations also strongly support the Employee and Retiree Access to Justice Act (Title VII), which includes critical patient-protection provisions for the 136 million Americans enrolled in ERISA health plans. This legislation would prohibit ERISA plans from inserting provisions into plan policies (except when agreed to as part of bona fide collective bargaining agreements) that force beneficiaries into mandatory binding arbitrations, taking away their access to federal courts in order to protect their rights under ERISA. The expansion of these clauses threatens to undermine Americans' ability to challenge wrongful coverage denials in the courts. Congress must act to ensure that ERISA beneficiaries' rights are protected. In particular, arbitration clauses would require beneficiaries to bring individual arbitrations

to challenge even widespread policies that adversely impact thousands of individuals. Not only would such an individual arbitration process provide no ability to compel insurers to alter their behavior, allowing even clear cut misconduct to continue across the board, but most beneficiaries would be unable to identify attorneys to bring the claim at all, given that attorneys would have no financial incentive to do so. Thus, binding arbitration would only serve the interests of the insurance companies at the clear expense of ERISA beneficiaries.

The Employee and Retiree Access to Justice Act also addresses the unfairness of ERISA plans requiring beneficiaries to litigate their claims subject to an impossibly high burden of proof. By inserting "discretionary clauses" into their plan policies, ERISA plans grant themselves broad discretion to interpret the meaning of the terms of the policies they administer and the facts they consider when adjudicating benefits under these policies. Many ERISA plans use discretionary clauses as a strategy to evade liability for improperly denying benefits, particularly for mental health and substance use disorders, because discretionary clauses obligate courts to broadly defer to insurers' coverage determinations. (See *Firestone Tire & Rubber Co. v. Bruch*, 489 U.S. 101, 115 (1989).) Under the deferential standard of review, courts only reverse benefit denials that are found to be "arbitrary and capricious"—even if they are incorrect determinations. In contrast, under state law, where insurers are generally not deemed to be fiduciaries, such deference is not granted. Instead, courts apply the ordinary, civil standard of *de novo* review and reverse insurers' benefit determinations that are wrong on the merits.

Ironically, the discretion courts grant to ERISA fiduciaries based on the application of these discretionary clauses actually conflicts with the underlying purpose of ERISA. In adopting ERISA, Congress made clear that it was designed "to protect interstate commerce and the interests of participants in employee benefit plans and their beneficiaries, . . . by establishing standards of conduct, responsibility, and obligation for fiduciaries of employee benefit plans, and by providing for appropriate remedies, sanctions, and ready access to the Federal courts." (29 U.S.C. 1001(b)). Thus, while ERISA was intended to place a heightened duties on fiduciaries, discretionary clauses have instead shielded fiduciaries from accountability for their misconduct—a perverse result given the legislative history.

A recent example of the perverse impact of the judicially-created, deferential standard of review is *Wit v. United Behavioral Health*, No. 14-CV-02346-JCS, 2019 WL 1033730 (N.D. Cal. Mar. 5, 2019), rev'd, 2022 WL 850647 (9th Cir. Mar. 22, 2022), an ERISA case that has been recognized nationwide as a landmark for mental health patients. Despite a devastating 100-9page plus trial decision, which found that United Behavioral Health had breached its fiduciary duties by placing its own financial interests over the needs of its beneficiaries by denying nearly 70,000 claims based on substandard medical necessity guidelines that conflicted with generally accepted standards of care ("GASC"), in express violation of plan terms and the laws of four states, a 9th Circuit panel recently reversed that decision in a sparse, seven-page decision.

In reversing this landmark decision, the panel completely ignored detailed and extensive findings of fact, including that UBH had lied to regulators about its medical necessity guidelines and that its financial officers had vetoed UBH clinicians' unanimous preference to use non-profit guidelines that would have complied with GASC solely because the change would cost more money for

UBH. Instead, the panel reversed this important holding solely based on the standard of review, finding that it was “not unreasonable” for UBH to interpret its ERISA plans to allow it to apply medical necessity guidelines that were substantially more restrictive than generally accepted standards of care.

In other words, the panel did not determine if using medical necessity guidelines that were more restrictive than GASC was actually consistent with the plan terms, nor did it consider whether UBH’s actions to place its own interest above that of its insureds violated its fiduciary duties, but instead it simply deferred to UBH’s conclusions. As a result, if allowed to stand, tens of thousands of insureds will lose their ability to challenge UBH’s denials, and it—and other insurers—will be able to continue using overly restrictive medical necessity guidelines going forward. This proposed statute is required to prevent such a travesty from happening in the future.

Nationally, there is a clear movement by states regulating fully insured ERISA plans to ban discretionary clauses. In fact, the National Association of Insurance Commissioners (NAIC) has adopted a model law entitled the “Prohibition on the Use of Discretionary Clauses Model Act.” The NAIC describes the purpose of the model act to prohibit discretionary clauses “to assure that health insurance benefits and disability income protection coverage are contractually guaranteed, and to avoid the conflict of interest that occurs when the carrier responsible for providing benefits has discretionary authority to decide when benefits are due.” Recognizing the pernicious effects of discretionary clauses in insurance policies, nearly half of states have banned these clauses.

Because discretionary clauses are a powerful tool that insurers have to self-justify coverage decisions, such clauses have become ubiquitous. Where they are allowed to stand, patients are at a terrible disadvantage in challenging wrongful denials of healthcare coverage. This is because, in turning to the courts to challenge wrongful denials of benefits, patients must overcome a very high evidentiary bar by proving that their insurers’ determinations were “arbitrary and capricious.” This is true even if courts believe that, on an equal weighing of the evidence, the insurers’ determinations were inconsistent with the terms of the insurance policies and/or relevant facts known to the insurers. As the NAIC recognizes, this paradoxically means that coverage promised in insurance policies is not necessarily contractually guaranteed.

Federal Circuit Courts have articulated the unfairness that can result from applying a discretionary review in benefits cases, while various federal trial courts have noted that the standard of review in benefits matters is determinative and that the abuse of discretion standards of review permits incorrect outcomes.

If discretionary clauses were prohibited for ERISA plans such outrageous scenarios would no longer be permitted, because patients would have their claims adjudicated using an equitable *de novo* standard of review (meaning from the beginning, or without deference to the insurer’s decision). This standard means that courts give patients and insurers equal consideration when deciding whether the insurers’ coverage determinations were wrongful. The evidentiary standards applied by courts in benefit cases are not academic. Time and time again, the effect of discretionary clauses is that patients have little or no recourse for wrongful benefit determinations.

We urge you to support these critical provisions to help ensure mental health and ad-

diction parity and protect more than 130 million Americans’ coverage rights under ERISA.

Sincerely,

American Foundation for Suicide Prevention, American Psychiatric Association, American Psychological Association, Depression and Bipolar Support Alliance, Eating Disorders Coalition, Families USA, The Kennedy Forum, Health Law Advocates, Mental Health America, Mom Congress, National Federation of Families, National Association for Behavioral Healthcare, National Health Law Program, Psychotherapy Action Network, REDC Consortium, SMART Recovery, Treatment Advocacy Center, 2020 Mom.

Mr. SABLAN. Mr. Chair, H.R. 7780, the Mental Health Matters Act, will provide federal funding to help students and school staff in my district, the Northern Mariana Islands, access mental health care and hire more school based mental health service providers.

The COVID-19 pandemic seriously impacted students’ social and emotional development. In 2021, the Centers for Disease Control and Prevention reported over 44 percent of students felt sadness or hopelessness, almost 20 percent had suicidal thoughts, and 9 percent attempted suicide. However, the student mental health crisis preceded the pandemic. In 2016, CDC found roughly 1 in 6 children in America aged 2–8 years were diagnosed with mental, behavioral, or developmental disorders. The House Early Childhood, Elementary, and Secondary Education Subcommittee I chair has heard from schools nationwide on the worsening state of our children’s mental health. The House now has an opportunity to pass the Mental Health Matters Act that I cosponsored to provide the resources necessary to help schools provide lifesaving care to our students in need.

H.R. 7780 will set aside \$25 million to school districts in the Marianas and other insular areas for the recruitment and retention of school-based mental health service providers. The Marianas Public School System serves a high percentage of students that come from families with incomes below the poverty line. Students, regardless of income, should have access to the health care they need. H.R. 7780 expands students’ access to mental health care and ensures our schools have the resources to provide the care they need.

I urge my colleagues to support H.R. 7780. Ms. JACKSON LEE. Mr. Chair, I rise in support of the Mental Health Matters Act requiring certain federal actions to increase access to mental and behavioral health care.

H.R. 7780 creates various grants to support the behavioral needs of students and youth, invest in the school-based behavioral health workforce, and ensure access to mental health and substance use disorder benefits.

This includes increasing the number of mental health professionals serving in high need public schools and increasing students’ access to evidence-based trauma support.

For institutions of higher education, they will be required to increase transparency around the accommodations process and allow students with existing documentation of a disability to access disability accommodations.

The capacity of the Department of Labor will be strengthened to ensure that private, employer-sponsored group health plans provide mental health and substance use disorder benefits.

H.R. 7780 will also plan to hold employee-sponsors accountable when they are improperly denied mental health and substance use disorder benefits.

The Coronavirus pandemic and opioid epidemic have only exacerbated our nation’s mental health needs.

The COVID-19 pandemic has been associated with mental health challenges related to the morbidity and mortality caused by the disease and the impact of stay-at-home orders.

Adults reporting symptoms of anxiety disorder and depressive disorder increased considerably in the United States during April through June of 2020, compared with the same period in 2019.

Children are also not being spared from the mental health impacts from COVID-19.

In a study of about 1,500 teenagers, 7 out of 10 kids reported that they were struggling with their mental health in some way.

The Substance Abuse and Mental Health Services Administration hotline for people in emotional distress registered more than a 1,000 percent increase in April 2020 compared with the same time last year.

These life changing events have left our children, students, workers, and families grappling with traumas caused by factors outside of their control.

Too many Americans make the perilous choice of self-medicating when they feel that they’ve run out of other options. We cannot protect our Nation’s health or help communities recover if we do not strengthen our mental health care system.

Mental illness has long received too little attention from policy makers and public health advocates who too often reflect upon and stress the importance of physical health insurance, taking little note of the importance of mental health coverage.

Therefore, Congress must take the lead in reforming mental health care options as our current system abandoned too many Americans in their time of personal crisis.

As a frequent cosponsor of mental health legislation and Legislator of the Year for the National Mental Health Association, I am proud to support the Mental Health Matters Act.

The Acting CHAIR. All time for debate has expired.

Pursuant to the rule, the bill shall be considered for amendment under the 5-minute rule.

In lieu of the amendment in the nature of a substitute recommended by the Committee on Education and Labor printed in the bill, an amendment in the nature of a substitute consisting of the text of Rules Committee Print 117-67, shall be considered as adopted. The bill, as amended, shall be considered as the original bill for the purpose of further amendment under the 5-minute rule and shall be considered as read.

The text of the bill, as amended, is as follows:

H.R. 7780

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 Matters Act”.

SEC. 2. TABLE OF CONTENTS.

The table of contents of this Act is as follows:

Sec. 1. Short title.

Sec. 2. Table of contents.

TITLE I—EARLY CHILDHOOD MENTAL HEALTH ACT

Sec. 101. Short title.

Sec. 102. Identification of effective interventions in Head Start programs.

Sec. 103. Implementing the interventions in Head Start programs.

Sec. 104. Evaluating implementation of interventions in Head Start programs.

Sec. 105. Implementing the evaluation framework for Head Start programs.

Sec. 106. Best Practice Centers.

Sec. 107. Funding.

TITLE II—BUILDING PIPELINE OF SCHOOL-BASED MENTAL HEALTH SERVICE PROVIDERS ACT

Sec. 201. Short title.

Sec. 202. Definitions.

Sec. 203. Grant program to increase the number of school-based mental health services providers serving in high-need local educational agencies.

TITLE III—ELEMENTARY AND SECONDARY SCHOOL COUNSELING ACT

Sec. 301. Short title.

Sec. 302. Definitions.

Sec. 303. Allotments to States and subgrants to local educational agencies.

Sec. 304. Authorization of appropriations.

TITLE IV—SUPPORTING TRAUMA-INFORMED EDUCATION PRACTICES ACT

Sec. 401. Short title.

Sec. 402. Amendment to the SUPPORT for Patients and Communities Act.

TITLE V—RESPOND, INNOVATE, SUCCEED, AND EMPOWER ACT

Sec. 501. Short title.

Sec. 502. Perfecting amendment to the definition of disability.

Sec. 503. Supporting students with disabilities to succeed once enrolled in college.

Sec. 504. Authorization of funds for the National Center for Information and Technical Support for Postsecondary Students With Disabilities.

Sec. 505. Inclusion of information on students with disabilities.

Sec. 506. Rule of construction.

TITLE VI—STRENGTHENING BEHAVIORAL HEALTH BENEFITS ACT

Sec. 601. Short title.

Sec. 602. Enforcement of Mental Health and Substance Use Disorder Requirements.

TITLE VII—EMPLOYEE AND RETIREE ACCESS TO JUSTICE ACT

Sec. 701. Short title.

Sec. 702. Unenforceable arbitration clauses, class action waivers, representation waivers, and discretionary clauses.

Sec. 703. Prohibition on mandatory arbitration clauses, class action waivers, representation waivers, and discretionary clauses.

Sec. 704. Effective date.

TITLE I—EARLY CHILDHOOD MENTAL HEALTH ACT

SEC. 101. SHORT TITLE.

This title may be cited as the “Early Childhood Mental Health Support Act”.

SEC. 102. IDENTIFICATION OF EFFECTIVE INTERVENTIONS IN HEAD START PROGRAMS.

(a) **INTERVENTIONS THAT IMPROVE SOCIAL-EMOTIONAL AND BEHAVIORAL HEALTH OF CHILDREN.**—

(1) **IN GENERAL.**—The Secretary of Health and Human Services acting through the Assistant Secretary for the Administration for Children

and Families (in this section referred to as the “Secretary”) shall identify and review interventions, best practices, curricula, and staff trainings—

(A) that improve the behavioral health of children; and

(B) that are evidence based.

(2) **FOCUS.**—In carrying out paragraph (1), the Secretary shall focus on interventions, best practices, curricula, and staff trainings that—

(A) can be delivered by a provider or other staff member in or associated with a Head Start program or Early Head Start center;

(B) are demonstrated to improve or support healthy social, emotional, or cognitive development for children in Head Start or Early Head Start programs, with an empirical or theoretical relationship to later mental health or substance abuse outcomes;

(C) involve changes to center-wide policies or practices, or other services and supports offered in conjunction with Head Start programs or Early Head Start centers, including services provided to adults or families (with or without a child present) for the benefit of the children;

(D) demonstrate effectiveness across racial, ethnic, and geographic populations or demonstrate the capacity to be adapted to be effective across populations;

(E) offer a tiered approach to addressing need, including—

(i) universal interventions for all children;

(ii) selected prevention for children demonstrating increased need; and

(iii) indicated prevention for children demonstrating substantial need;

(F) incorporate trauma-informed care approaches; or

(G) have a proven record of improving early childhood and social emotional development.

(b) **INTERVENTIONS THAT SUPPORT STAFF WELLNESS.**—In carrying out subsection (a), the Secretary shall identify and review interventions, best practices, curricula, and staff trainings that support staff wellness and self-care.

(c) **CREDENTIALS.**—In carrying out subsections (a) and (b), the Secretary, in consultation with relevant experts, shall determine the appropriate credentials for individuals who deliver the interventions, best practices, curricula, and staff trainings identified by the Secretary.

(d) **CONSULTATION; PUBLIC INPUT.**—In carrying out this section, the Secretary shall—

(1) consult with relevant agencies, experts, academics, think tanks, and nonprofit organizations with expertise in early childhood, mental health, and trauma-informed care, including the National Institute of Mental Health, the Administration for Children and Families, the Substance Abuse and Mental Health Services Administration, the Institute of Education Sciences, and the Centers for Disease Control and Prevention; and

(2) solicit public input on—

(A) the design of the reviews under subsections (a) and (b); and

(B) the findings and conclusions resulting from such reviews.

(e) **TIMING.**—The Secretary shall—

(1) complete the initial reviews required by subsections (a) and (b) not later than 2 years after the date of enactment of this Act; and

(2) update such reviews and the findings and conclusions therefrom at least every 5 years.

(f) **REPORTING.**—Not later than 1 year after the date of enactment of this Act, and every 5 years thereafter, the Secretary shall submit a report to the Congress on the results of implementing this section.

SEC. 103. IMPLEMENTING THE INTERVENTIONS IN HEAD START PROGRAMS.

(a) **IN GENERAL.**—The Assistant Secretary for the Administration for Children and Families shall award grants to participating Head Start agencies to implement the interventions, best practices, curricula, and staff trainings that are identified pursuant to section 102.

(b) **REQUIREMENTS.**—The Assistant Secretary shall ensure that grants awarded under this section are awarded to grantees representing a diversity of geographic areas across the United States, including urban, suburban, and rural areas.

SEC. 104. EVALUATING IMPLEMENTATION OF INTERVENTIONS IN HEAD START PROGRAMS.

(a) **IN GENERAL.**—The Secretary of Health and Human Services, acting through the Assistant Secretary for Planning and Evaluation and in coordination with the Assistant Secretary for the Administration for Children and Families, shall—

(1) determine whether the interventions, best practices, curricula, and staff trainings implemented pursuant to section 103—

(A) are effectively implemented pursuant to section 103 and other relevant provisions of law such that the anticipated effect sizes of the interventions, best practices, curricula, and staff trainings are achieved; and

(B) yield long-term savings;

(2) develop a method for making the determination required by paragraph (1);

(3) ensure that such method includes competency and testing approaches, performance or outcome measures, or any other methods deemed appropriate by the Assistant Secretary, taking into consideration existing monitoring components of the Head Start and Early Head Start programs; and

(4) solicit public input on the design, findings, and conclusions of this process and shall consider whether updates are necessary at least every 5 years.

(b) **PROCESS.**—In carrying out subsection (a), the Secretary of Health and Human Services shall—

(1) conduct any research and evaluation studies needed; and

(2) solicit public input on—

(A) the design of the method developed pursuant to subsection (a)(2); and

(B) the resulting findings and conclusions.

(c) **TIMING.**—The Secretary of Health and Human Services shall—

(1) develop the method required by subsection (a)(2) and make the initial determination required by subsection (a)(1) not later than 2 years after the date of enactment of this Act; and

(2) update such method and determination at least every 5 years.

SEC. 105. IMPLEMENTING THE EVALUATION FRAMEWORK FOR HEAD START PROGRAMS.

(a) **EVALUATION METHOD.**—The Assistant Secretary for the Administration for Children and Families shall implement the evaluation method developed pursuant to section 104(a) in the Head Start program as a voluntary mechanism for interested Head Start programs or Early Head Start centers to evaluate the extent to which such programs or centers have effectively implemented the interventions, best practices, curricula, and staff trainings identified pursuant to section 102, with minimal burden or disruption to programs and centers interested in participating.

(b) **TECHNICAL ASSISTANCE.**—The Assistant Secretary for the Administration for Children and Families shall provide guidance, tools, resources, and technical assistance to grantees for implementing and evaluating interventions, best practices, curricula, and staff trainings identified pursuant to section 102 and optimizing the performance of such grantees on the annual evaluations.

SEC. 106. BEST PRACTICE CENTERS.

The Assistant Secretary for the Administration for Children and Families may fund up to 5 Best Practice Centers in Early Childhood Training in universities and colleges to prepare future Head Start agencies and staff able to deliver the interventions, best practices, curricula,

and staff trainings identified pursuant to section 102.

SEC. 107. FUNDING.

(a) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated \$100,000,000 for the period of fiscal years 2023 through 2032 for carrying out sections 103(b), 104, and 106.

(b) **AVAILABILITY OF APPROPRIATIONS.**—Amounts authorized to be appropriated by subsection (a) are authorized to remain available until expended.

TITLE II—BUILDING PIPELINE OF SCHOOL-BASED MENTAL HEALTH SERVICE PROVIDERS ACT

SEC. 201. SHORT TITLE.

This title may be cited as the “Building Pipeline of School-Based Mental Health Service Providers Act”.

SEC. 202. DEFINITIONS.

In this title:

(1) **BEST PRACTICES.**—The term “best practices” means a technique or methodology that, through experience and research related to professional practice in a school-based mental health field, has proven to reliably lead to a desired result.

(2) **ELIGIBLE INSTITUTION.**—The term “eligible institution” means an institution of higher education that offers a program of study that leads to a master’s or other graduate degree—

(A) in school psychology that prepares students in such program for the State licensing or certification examination in school psychology;

(B) in school counseling that prepares students in such program for the State licensing or certification examination in school counseling;

(C) in school social work that prepares students in such program for the State licensing or certification examination in school social work;

(D) in another school-based mental health field that prepares students in such program for the State licensing or certification examination in such field, if applicable; or

(E) in any combination of study described in subparagraphs (A) through (D).

(3) **ELIGIBLE PARTNERSHIP.**—The term “eligible partnership” means—

(A) a partnership between 1 or more high-need local educational agencies and 1 or more eligible institutions; or

(B) in any region in which local educational agencies may not have a sufficient elementary school and secondary school student population to support the placement of all participating graduate students, a partnership between a State educational agency, on behalf of 1 or more high-need local educational agencies, and 1 or more eligible institutions.

(4) **HIGH-NEED LOCAL EDUCATIONAL AGENCY.**—The term “high-need local educational agency” means a local educational agency that—

(A) is described in section 200(10) of the Higher Education Act of 1965 (20 U.S.C. 1021(10)); and

(B) as of the date of application for a grant under this title, has ratios of school counselors, school social workers, and school psychologists to students served by the agency that are not more than 1 school counselor per 250 students, not more than 1 school psychologist per 500 students, and not more than 1 school social worker per 250 students.

(5) **HISTORICALLY BLACK COLLEGE OR UNIVERSITY.**—The term “historically Black college or university” has the meaning given the term “part B institution” in section 322 of the Higher Education Act of 1965 (20 U.S.C. 1061).

(6) **HOMELESS CHILDREN AND YOUTHS.**—The term “homeless children and youths” has the meaning given such term in section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a).

(7) **INDIAN TRIBE; TRIBAL ORGANIZATION.**—In this section the terms “Indian tribe” and “tribal organization” have the meanings given those terms in section 4 of the Indian Self-Determina-

tion and Education Assistance Act (25 U.S.C. 5304).

(8) **INSTITUTION OF HIGHER EDUCATION.**—The term “institution of higher education” has the meaning given such term in section 101(a) of the Higher Education Act of 1965 (20 U.S.C. 1001(a)).

(9) **LOCAL EDUCATIONAL AGENCY.**—The term “local educational agency” has the meaning given such term in section 8101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801).

(10) **MINORITY-SERVING INSTITUTION.**—The term “minority-serving institution” means, as defined in section 371(a) of the Higher Education Act of 1965 (20 U.S.C. 1067q(a)), a Hispanic-serving institution, an Alaska Native-serving institution or a Native Hawaiian-serving institution, a Predominantly Black Institution, an Asian American and Native American Pacific Islander-serving institution, or a Native American-serving nontribal institution.

(11) **OUTLYING AREA.**—The term “outlying area” has the meaning given the term in section 8101(36)(A) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801(36)(A)).

(12) **PARTICIPATING ELIGIBLE INSTITUTION.**—The term “participating eligible institution” means an eligible institution that is part of an eligible partnership awarded a grant under section 203.

(13) **PARTICIPATING GRADUATE.**—The term “participating graduate” means an individual who—

(A) has received a master’s or other graduate degree in a school-based mental health field from a participating eligible institution and has obtained a State license or credential in the school-based mental health field; and

(B) as a graduate student pursuing a career in a school-based mental health field, was placed in a school served by a participating high-need local educational agency to complete required field work, credit hours, internships, or related training as applicable.

(14) **PARTICIPATING HIGH-NEED LOCAL EDUCATIONAL AGENCY.**—The term “participating high-need local educational agency” means a high-need local educational agency that is part of an eligible partnership awarded a grant under section 203.

(15) **SCHOOL-BASED MENTAL HEALTH FIELD.**—The term “school-based mental health field” means each of the following fields:

(A) School counseling.

(B) School social work.

(C) School psychology.

(D) Any other field of study that leads to employment as a school-based mental health services provider.

(16) **SCHOOL-BASED MENTAL HEALTH SERVICES PROVIDER.**—The term “school-based mental health services provider” has the meaning given the term in section 4102 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7112).

(17) **SECRETARY.**—The term “Secretary” means the Secretary of Education.

(18) **STATE EDUCATIONAL AGENCY.**—The term “State educational agency” has the meaning given the term in section 8101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801).

(19) **STUDENT SUPPORT PERSONNEL TARGET RATIOS.**—The term “student support personnel target ratios” means the ratios of school-based mental health services providers to students recommended to enable such personnel to effectively address the needs of students, including—

(A) at least 1 school counselor for every 250 students (as recommended by the American School Counselor Association and American Counseling Association);

(B) at least 1 school psychologist for every 500 students (as recommended by the National Association of School Psychologists); and

(C) at least 1 school social worker for every 250 students (as recommended by the School Social Work Association of America).

(20) **TRIBALLY CONTROLLED COLLEGE OR UNIVERSITY.**—The term “tribally controlled college or university” has the meaning given such term in section 2 of the Tribally Controlled Colleges and Universities Assistance Act of 1978 (25 U.S.C. 1801).

(21) **UNACCOMPANIED YOUTH.**—The term “unaccompanied youth” has the meaning given such term in section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a).

SEC. 203. GRANT PROGRAM TO INCREASE THE NUMBER OF SCHOOL-BASED MENTAL HEALTH SERVICES PROVIDERS SERVING IN HIGH-NEED LOCAL EDUCATIONAL AGENCIES.

(a) **AUTHORIZATION OF GRANTS.**—

(1) **GRANT PROGRAM AUTHORIZED.**—From amounts made available to carry out this section, the Secretary shall award grants, on a competitive basis, to eligible partnerships, to enable the eligible partnerships to carry out pipeline programs to increase the number of school-based mental health services providers employed by high-need local educational agencies by carrying out any of the activities described in subsection (e).

(2) **RESERVATIONS.**—From the total amount appropriated under subsection (j) for a fiscal year, the Secretary shall reserve—

(A) one-half of 1 percent for the Secretary of the Interior to carry out programs under this title in schools operated or funded by the Bureau of Indian Education, Indian tribes and tribal organizations, or a consortium of Indian tribes and tribal organizations;

(B) one-half of 1 percent for allotments to outlying areas based on the relative need of each such area with respect to mental health services in schools, as determined by the Secretary in accordance with the purpose of this title;

(C) not more than 3 percent to conduct the evaluations under subsection (h); and

(D) not more than 2 percent for the administration of the program under this title and to provide technical assistance relating to such program.

(b) **GRANT PERIOD.**—A grant awarded under this section shall be for a 5-year period and may be renewed for additional 5-year periods upon a showing of adequate progress, as determined by the Secretary.

(c) **APPLICATION.**—To be eligible to receive a grant under this section, an eligible partnership shall submit to the Secretary a grant application at such time, in such manner, and containing such information as the Secretary may require. At a minimum, such application shall include—

(1) an assessment of the existing (as of the date of application) ratios of school-based mental health services providers (in the aggregate and disaggregated by profession) to students enrolled in schools in each high-need local educational agency that is part of the eligible partnership; and

(2) a detailed description of—

(A) a plan to carry out a pipeline program to train, place, and retain school-based mental health services providers in high-need local educational agencies; and

(B) the proposed allocation and use of grant funds to carry out activities described in subsection (e).

(d) **AWARD BASIS.**—In awarding grants under this section, the Secretary shall—

(1) ensure that to the extent practicable, grants are distributed among eligible entities that will serve geographically diverse areas; and

(2) give priority to eligible partnerships that—

(A) propose to use the grant funds to carry out the activities described under paragraphs (1) through (3) of subsection (e) in schools that have higher numbers or percentages of low-income students (determined using any of the measures of poverty described in section 1113(a)(5) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6313(a)(5))), in comparison to other schools that are served by the high-need local educational agency that is part of the eligible partnership;

(B) include 1 or more high-need local educational agencies that have fewer school-based mental health services providers, in the aggregate or for a particular school-based mental health field, per student than other eligible partnerships that have submitted a grant application under subsection (c);

(C) include 1 or more eligible institutions of higher education which are a historically Black college or university, a minority-serving institution, or a tribally controlled college or university;

(D) propose to collaborate with other institutions of higher education with similar programs, including sharing facilities, faculty members, and administrative costs; and

(E) propose to use grant funds to increase the diversity of school-based mental health services providers.

(e) **USE OF GRANT FUNDS.**—Grant funds awarded under this section may be used—

(1) to pay the administrative costs (including supplies, office and classroom space, supervision, mentoring, and transportation stipends as necessary and appropriate) related to—

(A) having graduate students of programs in school-based mental health fields placed in schools served by participating high-need local educational agencies to complete required field work, credit hours, internships, or related training as applicable for the degree, license, or credential program of each such student; and

(B) offering required graduate coursework for students of a graduate program in a school-based mental health services field on the site of a participating high-need local educational agency;

(2) for not more than the first 3 years after a participating graduate receives a master's or other graduate degree from a program in a school-based mental health field, or obtains a State license or credential in a school-based mental health field, to hire and pay all or part of the salary of the participating graduates working as a school-based mental health services provider in a school served by a participating high-need local educational agency;

(3) to increase the number of school-based mental health services providers per student in schools served by participating high-need local educational agencies, in order to meet the student support personnel target ratios;

(4) to recruit, hire, and retain culturally or linguistically under-represented graduate students of programs in school-based mental health fields for placement in schools served by participating high-need local educational agencies;

(5) to develop coursework that will—

(A) encourage a commitment by graduate students in school-based mental health fields to work for high-need local educational agencies;

(B) give participating graduates the knowledge and skill sets necessary to meet the needs of—

(i) students and families served by high-need local educational agencies;

(ii) students at risk of not meeting State academic standards;

(iii) students who—

(I) are English learners (as defined in section 8101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801));

(II) are migratory children (as defined in section 1309 of such Act (20 U.S.C. 6399));

(III) have a parent or caregiver who is a member of the armed forces, including the National Guard, who has been deployed or returned from deployment;

(IV) are LGBTQ+, including students who are lesbian, gay, bisexual, transgender, queer or questioning, nonbinary, or Two-Spirit;

(V) are homeless children and youth, including unaccompanied youth;

(VI) have come into contact with the juvenile justice system or adult criminal justice system, including students currently or previously held in juvenile detention facilities or adult jails and students currently or previously held in juvenile correctional facilities or adult prisons;

(VII) are a child with a disability (as defined in section 8101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801));

(VIII) have been a victim to, or witnessed, domestic violence or violence in their community;

(IX) have been exposed to substance misuse at home or in the community;

(X) are in foster care, are aging out of foster care, or were formerly in foster care; or

(XI) have been a victim to or witnessed trafficking in persons; and

(iv) teachers, administrators, and other staff who work for high-need local educational agencies; and

(C) utilize best practices determined by the American School Counselor Association, National Association of Social Workers, School Social Work Association of America, and National Association of School Psychologists and other relevant organizations;

(6) to provide tuition credits to graduate students participating in the pipeline program supported under the grant;

(7) to fund high-quality “Grow Your Own” teacher preparation programs that provide pathways to State licensure or certification as a school psychologist, school counselor, school social worker, or other school-based mental services provider to recruit and prepare local community members, career changers, paraprofessionals, after-school program staff, and others currently working in schools to become school-based mental health services providers;

(8) to cover the costs of licensure and preparation for required licensure exams; and

(9) for similar activities to fulfill the purpose of this title, as the Secretary determines appropriate.

(f) **SUPPLEMENT NOT SUPPLANT.**—Funds made available under this section shall be used to supplement, not supplant, other Federal, State, or local funds available for the activities described in subsection (e).

(g) **REPORTING REQUIREMENTS.**—

(1) **IN GENERAL.**—Each eligible partnership that receives a grant under this section shall prepare and submit to the Secretary an annual report on the progress of the eligible partnership in carrying out the grant. Such report shall contain such information as the Secretary may require, including, at a minimum, a description of—

(A) actual service delivery provided through the grant funds, including—

(i) descriptive information on the participating eligible institution, the educational model used, and the actual academic program performance;

(ii) characteristics of graduate students participating in the pipeline program supported under the grant, including—

(I) performance on any examinations required by the State for credentialing or licensing;

(II) demographic characteristics; and

(III) graduate student retention rates;

(iii) characteristics of students of the participating high-need local educational agency, including performance on any tests required by the State educational agency, demographic characteristics, and graduation rates, as appropriate;

(iv) an estimate of the annual implementation costs of the pipeline program supported under the grant; and

(v) the number of public elementary and secondary school students, public elementary and secondary schools, graduate students, and institutions of higher education participating in the pipeline program supported under the grant;

(B) outcomes that are consistent with the purpose of the grant program under this title, including—

(i) internship and post-graduation placement of the participating graduate students;

(ii) graduation and professional career readiness indicators; and

(iii) characteristics of the participating high-need local educational agency, including with

respect to fully certified and effective teachers and school-based mental health services providers employed by such agency—

(I) changes in the rate of hiring and retention of such teachers and providers (in the aggregate and disaggregated by each such profession); and

(II) the demographics, including the race, ethnicity, and gender, of such teachers and providers.

(C) the instruction, materials, and activities being funded under the grant; and

(D) the effectiveness of any training and ongoing professional development provided—

(i) to students and faculty in the appropriate departments or schools of the participating eligible institution; and

(ii) to the teachers, paraprofessionals, school leaders, school-based mental health services providers, and other specialized instructional support personnel of the participating high-need local educational agency.

(2) **PUBLICATION.**—The Secretary shall publish the annual reports submitted under paragraph (1) on the website of the Department of Education.

(h) **EVALUATION.**—

(1) **INTERIM EVALUATIONS.**—The Secretary may conduct interim evaluations to determine whether each eligible partnership receiving a grant under this section is making adequate progress as the Secretary considers appropriate. The contents of the annual report submitted to the Secretary under subsection (g) may be used by the Secretary to determine whether an eligible partnership receiving a grant is demonstrating adequate progress.

(2) **FINAL EVALUATION.**—The Secretary shall conduct a final evaluation to—

(A) determine the effectiveness of the grant program in carrying out the purpose of this title; and

(B) compare the relative effectiveness of each of the various activities described in subsection (e) for which grant funds may be used.

(i) **REPORT.**—Not earlier than 5 years, nor later than 6 years, after the date of enactment of this Act, the Secretary shall submit to the Congress a report containing—

(1) the findings of the final evaluation conducted under subsection (h)(2); and

(2) such recommendations as the Secretary considers appropriate.

(j) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated to carry out this section \$200,000,000 for fiscal year 2023 and each succeeding fiscal year.

TITLE III—ELEMENTARY AND SECONDARY SCHOOL COUNSELING ACT

SEC. 301. SHORT TITLE.

This title may be cited as the “Elementary and Secondary School Counseling Act”.

SEC. 302. DEFINITIONS.

In this title:

(1) **ESEA DEFINITIONS.**—The terms “elementary school”, “local educational agency”, and “secondary school” have the meanings given the terms in section 8101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801).

(2) **HIGH-NEED SCHOOL.**—The term “high-need school” has the meaning given the term in section 2211(b) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6631(b)).

(3) **INDIAN TRIBE; TRIBAL ORGANIZATION.**—The terms “Indian tribe” and “tribal organization” have the meanings given those terms in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304).

(4) **OUTLYING AREA.**—The term “outlying area” means an outlying area specified in section 8101(36)(A) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801(36)(A)).

(5) **SCHOOL-BASED MENTAL HEALTH SERVICES PROVIDER.**—The term “school-based mental health services provider” has the meaning given the term in section 4102 of the Elementary and

Secondary Education Act of 1965 (20 U.S.C. 7112).

(6) SECRETARY.—The term “Secretary” means the Secretary of Education.

(7) STATE.—The term “State” means each of the 50 States, the District of Columbia, and Puerto Rico.

SEC. 303. ALLOTMENTS TO STATES AND SUBGRANTS TO LOCAL EDUCATIONAL AGENCIES.

(a) PROGRAM AUTHORIZED.—The Secretary shall carry out a program under which the Secretary makes allotments to States, in accordance with subsection (c), to enable the States to award subgrants to local educational agencies in order to increase access to school-based mental health services providers at high-need schools served by the local educational agencies.

(b) RESERVATIONS.—From the total amount made available under section 304 for a fiscal year, the Secretary shall reserve—

(1) one-half of 1 percent for the Secretary of the Interior for programs under this title in schools operated or funded by the Bureau of Indian Education, Indian tribes and tribal organizations, or consortia of Indian tribes and tribal organizations;

(2) one-half of 1 percent for allotments for the outlying areas to be distributed among those outlying areas on the basis of their relative need, as determined by the Secretary, in accordance with the purpose of this title; and

(3) not more than 2 percent for the administration of the program under this title and to provide technical assistance relating to such program.

(c) ALLOTMENTS TO STATES.—

(1) IN GENERAL.—

(A) FORMULA.—From the total amount made available under section 304 for a fiscal year and not reserved under subsection (b), the Secretary shall allot to each State that submits a true and complete application under paragraph (3) (as determined by the Secretary) an amount that bears the same relationship to such total amount as the amount received under part A of title I of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6311 et seq.) by such State for such fiscal year bears to the amount received under such part for such fiscal year by all States that submit such applications.

(B) SMALL STATE MINIMUM.—No State receiving an allotment under this paragraph shall receive less than one-half of 1 percent of the total amount allotted under this paragraph.

(2) MATCHING REQUIREMENTS.—In order to receive an allotment under paragraph (1), a State shall agree to provide matching funds, in an amount equal to 20 percent of the amount of the allotment, toward the costs of the activities carried out with the allotment.

(3) APPLICATION.—A State desiring an allotment under paragraph (1) shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require. Each application shall include, at a minimum—

(A) an assurance that the State will use the allotment only for the purposes specified in subsection (d)(1);

(B) a description of how the State will award subgrants to local educational agencies under such subsection;

(C) a description of how the State will disseminate, in a timely manner, information regarding the subgrants and the application process for such subgrants to local educational agencies; and

(D) the ratios, as of the date of application, of students to school-based mental health services providers in each public elementary school and secondary school in the State, in the aggregate and disaggregated to include—

(i) the ratios of students to school counselors, school psychologists, and school social workers; and

(ii) as applicable, the ratios of students to other school-based mental health services pro-

viders not described in clause (i), in the aggregate and disaggregated by type of provider.

(4) DURATION.—An allotment to a State under paragraph (1) shall be for a 5-year period and may be renewed for additional 5-year periods upon a showing of adequate progress on meeting the goals of the program under this title, as determined by the Secretary.

(d) SUBGRANTS TO LOCAL EDUCATIONAL AGENCIES.—

(1) IN GENERAL.—A State receiving an allotment under subsection (c) shall use the allotment to award subgrants, on a competitive basis, to local educational agencies in the State, to enable the local educational agencies to—

(A) recruit and retain school-based mental health services providers to work at high-need schools served by the local educational agency; and

(B) work toward effectively staffing the high-need schools of the local educational agency with school-based mental health services providers, including by meeting the recommended maximum ratios of—

- (i) 250 students per school counselor;
- (ii) 500 students per school psychologist; and
- (iii) 250 students per school social worker.

(2) PRIORITY.—In awarding subgrants under this subsection, the State shall give priority to local educational agencies that serve a significant number of high-need schools.

(3) APPLICATION.—A local educational agency desiring a subgrant under this subsection shall submit an application to the State at such time, in such manner, and containing such information as the State may require, including information on how the local educational agency will prioritize assisting high-need schools with the largest numbers or percentages of students from low-income families (as counted under section 1124(c) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6333(c))).

(e) ALLOTMENT AND SUBGRANT REQUIREMENTS.—

(1) SUPPLEMENT, NOT SUPPLANT.—Amounts received from an allotment under subsection (c) or a subgrant under subsection (d) shall supplement, and not supplant, any other funds available to a State or local educational agency for school-based mental health services.

(2) COMBINING FUNDS ALLOWED.—A local educational agency receiving a subgrant under subsection (d) may combine such subgrant with State or local funds to carry out the activities described in subsection (d)(1).

(f) REPORTS.—

(1) LOCAL EDUCATIONAL AGENCIES.—A local educational agency that receives a subgrant under subsection (d) shall submit an annual report to the State on the activities carried out with the subgrant funds. Each such report shall—

(A) describe the activities carried out using subgrant funds;

(B) enumerate the number of school-based mental health services providers (in the aggregate and disaggregated by profession) who—

(i) were employed by or otherwise served in high-need public elementary and secondary schools under the jurisdiction of the local educational agency over the year covered by the report; and

(ii) were supported with funds from the subgrant or matching funds during such year; and

(C) include the most recent student to provider ratios, in the aggregate and disaggregated as provided in subsection (c)(3)(D), for high-need schools under the jurisdiction of the local educational agency that were supported with the subgrant or matching funds.

(2) STATE.—A State receiving an allotment under subsection (c) shall annually prepare and submit a report to the Secretary that—

(A) evaluates the progress made in achieving the purposes of the program under this title;

(B) includes the most recent student to provider ratios, in the aggregate and disaggregated

as provided in subsection (c)(3)(D), for high-need schools in the State that were assisted with subgrants under subsection (d); and

(C) describes any other resources needed to meet the required recommended maximum student to school-based mental health services provider ratios.

(3) PUBLIC AVAILABILITY.—The Secretary shall make all reports submitted under this subsection available to the public, including through the website of the Department.

SEC. 304. AUTHORIZATION OF APPROPRIATIONS.

There are authorized to be appropriated to carry out this title—

(1) \$5,000,000,000 for fiscal year 2023; and

(2) such sums as may be necessary for each succeeding fiscal year.

TITLE IV—SUPPORTING TRAUMA-INFORMED EDUCATION PRACTICES ACT

SECTION 401. SHORT TITLE.

This title may be cited as the “Supporting Trauma-Informed Education Practices Act”.

SEC. 402. AMENDMENT TO THE SUPPORT FOR PATIENTS AND COMMUNITIES ACT.

Section 7134 of the SUPPORT for Patients and Communities Act (42 U.S.C. 280h-7) is amended to read as follows:

“SEC. 7134. GRANTS TO IMPROVE TRAUMA SUPPORT SERVICES AND MENTAL HEALTH CARE FOR CHILDREN AND YOUTH IN EDUCATIONAL SETTINGS.

“(a) AUTHORIZATION OF GRANTS.—

“(1) GRANTS, CONTRACTS, AND COOPERATIVE AGREEMENTS AUTHORIZED.—The Secretary, in coordination with the Secretary of Health and Human Services, is authorized to award grants to, or enter into contracts or cooperative agreements with, an eligible entity for the purpose of increasing student, teacher, school leader, and other school personnel access to evidence-based trauma support services and mental health services by developing innovative initiatives, activities, or programs to connect schools and local educational agencies, or tribal educational agencies, as applicable, with community trauma-informed support and mental health systems, including such systems under the Indian Health Service.

“(2) RESERVATIONS.—From the total amount appropriated under subsection (1) for a fiscal year, the Secretary shall reserve—

“(A) not more than 3 percent to conduct the evaluation under subsection (f); and

“(B) not more than 2 percent for technical assistance and administration.

“(b) DURATION.—With respect to a grant, contract, or cooperative agreement awarded or entered into under this section, the period during which payments under such grant, contract or agreement are made to the recipient may not exceed 5 years.

“(c) USE OF FUNDS.—An eligible entity that receives or enters into a grant, contract, or cooperative agreement under this section shall use amounts made available through such grant, contract, or cooperative agreement for evidence-based initiatives, activities, or programs, which shall include at least 1 of the following:

“(1) Enhancing, improving, or developing collaborative efforts between schools, local educational agencies or tribal educational agencies, as applicable, and community mental health and trauma-informed service delivery systems to provide, develop, or improve prevention, referral, treatment, and support services to students.

“(2) Implementing trauma-informed models of support, including trauma-informed, positive behavioral interventions and supports in schools served by the eligible entity.

“(3) Providing professional development to teachers, paraprofessionals, school leaders, school-based mental health services providers, and other specialized instructional support personnel employed by local educational agencies or tribal educational agencies, as applicable or schools served by the eligible entity that—

“(A) fosters safe and stable learning environments that prevent and mitigate the effects of

trauma, including through social and emotional learning;

“(B) improves school capacity to identify, refer, and provide services to students in need of trauma-informed support or mental health services, including by helping educators to identify the unique personal and contextual variables that influence the manifestation of trauma; and

“(C) reflects the best practices for trauma-informed identification, referral, and support developed by the Interagency Task Force on Trauma-Informed Care (as established by section 7132).

“(4) Providing trauma-informed support services and mental health services to students at full-service community schools served by the eligible entity.

“(5) Engaging families and communities to increase awareness of child trauma, which may include sharing best practices with law enforcement regarding trauma-informed services and working with mental health professionals to provide interventions and longer term coordinated care within the community for children and youth who have experienced trauma and the families of such children and youth.

“(6) Evaluating the effectiveness of the initiatives, activities, or programs carried out under this section in increasing student access to evidence-based trauma support services and mental health services.

“(7) Establishing partnerships with or providing subgrants to early childhood education programs or other eligible entities, to include such entities in the evidence-based trauma-informed or mental health initiatives, activities, and support services established under this section in order to provide, develop, or improve prevention, referral, treatment, and support services to children and their families.

“(8) Establishing new, or enhancing existing, evidence-based educational, awareness, and prevention programs to improve mental health and resiliency among teachers, paraprofessionals, school leaders, school-based mental health services providers, and other specialized instructional support personnel employed by local educational agencies or tribal educational agencies, as applicable, or schools served by the eligible entity.

“(d) APPLICATIONS.—To be eligible to receive a grant, contract, or cooperative agreement under this section, an eligible entity shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may reasonably require, which shall include the following:

“(1) A description of the innovative initiatives, activities, or programs to be funded under the grant, contract, or cooperative agreement, including how such initiatives, activities, or programs will increase access to evidence-based trauma-informed support services and mental health services for students, and, as applicable, the families of such students.

“(2) A description of how the initiatives, activities, or programs will provide linguistically appropriate and culturally competent services.

“(3) A description of how the initiatives, activities, or programs will support schools served by the eligible entity in improving school climate in order to support an environment conducive to learning.

“(4) An assurance that—

“(A) persons providing services under the initiative, activity, or program funded by the grant, contract, or cooperative agreement are fully licensed or certified to provide such services;

“(B) teachers, school leaders, administrators, school-based mental health services providers and other specialized instructional support personnel, representatives of local Indian Tribes or tribal organizations as appropriate, other school personnel, individuals who have experience receiving mental health services as children, and parents of students participating in services under this section will be engaged and involved

in the design and implementation of the services; and

“(C) the eligible entity will comply with the evaluation required under subsection (f).

“(5) A description of how the eligible entity will support and integrate existing school-based services at schools served by the eligible entity with the initiatives, activities, or programs funded under this section in order to provide trauma-informed support services or mental health services for students, as appropriate.

“(6) A description of how the eligible entity will incorporate peer support services into the initiatives, activities, or programs to be funded under this section.

“(7) A description of how the eligible entity will ensure that initiatives, activities, or programs funded under this section are accessible to and include students with disabilities.

“(8) An assurance that the eligible entity will establish a local interagency agreement under subsection (e) and comply with such agreement.

“(e) INTERAGENCY AGREEMENTS.—

“(1) LOCAL INTERAGENCY AGREEMENTS.—In carrying out an evidence-based initiative, activity, or program described in subsection (c), an eligible entity that receives a grant, contract, or cooperative agreement under this section, or a designee of such entity, shall establish an interagency agreement between local educational agencies, agencies responsible for early childhood education programs, Head Start agencies (including Early Head Start agencies), juvenile justice authorities, mental health agencies, child welfare agencies, and other relevant agencies, authorities, or entities in the community that will be involved in the provision of services under such initiative, activity, or program.

“(2) CONTENTS.—The local interagency agreement required under paragraph (1) shall specify, with respect to each agency, authority, or entity that is a party to such agreement—

“(A) the financial responsibility for any services provided by such entity;

“(B) the conditions and terms of responsibility for such any services, including quality, accountability, and coordination of the services; and

“(C) the conditions and terms of reimbursement of such agencies, authorities, or entities, including procedures for dispute resolution.

“(f) EVALUATION.—The Secretary shall conduct a rigorous and independent evaluation of the initiatives, activities, and programs carried out by an eligible entity under this section and disseminate evidence-based practices regarding trauma-informed support services and mental health services.

“(g) DISTRIBUTION OF AWARDS.—The Secretary shall ensure that grants, contracts, and cooperative agreements awarded or entered into under this section are equitably distributed among the geographical regions of the United States and among tribal, urban, suburban, and rural populations.

“(h) RULE OF CONSTRUCTION.—Nothing in this section shall be construed—

“(1) to prohibit an entity involved with an initiative, activity, or program carried out under this section from reporting a crime that is committed by a student to appropriate authorities; or

“(2) to prevent Federal, State, local, and tribal law enforcement and judicial authorities from exercising their responsibilities with regard to the application of Federal, State, local, and tribal law to crimes committed by a student.

“(i) SUPPLEMENT, NOT SUPPLANT.—Federal funds provided under this section shall be used to supplement, and not supplant, other Federal, State, or local funds available to carry out the initiatives, activities, and programs described in this section.

“(j) CONSULTATION REQUIRED.—In awarding or entering into grants, contracts, and cooperative agreements under this section, the Secretary shall, in a timely manner, meaningfully consult with Indian Tribes, Regional Corporations, Na-

tive Hawaiian Educational Organizations, and their representatives to ensure notice of eligibility.

“(k) DEFINITIONS.—In this section:

“(1) EARLY CHILDHOOD EDUCATION PROGRAM.—The term ‘early childhood education program’ has the meaning given such term in section 103 of the Higher Education Act of 1965 (20 U.S.C. 1003).

“(2) ELIGIBLE ENTITY.—The term ‘eligible entity’ means—

“(A) a State educational agency;

“(B) a local educational agency;

“(C) an Indian Tribe (as defined in section 4 of the Indian Self-Determination and Education Assistance Act) or their tribal educational agency;

“(D) the Bureau of Indian Education;

“(E) a Regional Corporation;

“(F) a Native Hawaiian educational organization; and

“(G) State, Territory, and Tribal Lead Agencies administering the Child Care and Development Fund as described in section 658D(a) of the Child Care and Development Block Grant Act (42 U.S.C. 9858b(a)).

“(3) ESEA TERMS.—

“(A) The terms ‘elementary school’, ‘evidence-based’, ‘local educational agency’, ‘paraprofessional’, ‘parent’, ‘professional development’, ‘school leader’, ‘secondary school’, ‘Secretary’, ‘specialized instructional support personnel’, and ‘State educational agency’ have the meanings given such terms in section 8101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801).

“(B) The term ‘full-service community school’ has the meaning given such term in section 4622 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 4722).

“(C) The term ‘Native Hawaiian educational organization’ has the meaning given such term in section 6207 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7517).

“(D) The term ‘school-based mental health services provider’ has the meaning given the term in section 4102 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7112).

“(4) REGIONAL CORPORATION.—The term ‘Regional Corporation’ has the meaning given the term in section 3 of the Alaska Native Claims Settlement Act (43 U.S.C. 1602).

“(5) SCHOOL.—The term ‘school’ means a public elementary school or public secondary school.

“(l) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, \$50,000,000 for each of fiscal years 2023 through 2027.”

TITLE V—RESPOND, INNOVATE, SUCCEED, AND EMPOWER ACT

SEC. 501. SHORT TITLE.

This title may be cited as the “Respond, Innovate, Succeed, and Empower Act” or the “RISE Act”.

SEC. 502. PERFECTING AMENDMENT TO THE DEFINITION OF DISABILITY.

Section 103(6) of the Higher Education Act of 1965 (20 U.S.C. 1003(6)) is amended by striking “section 3(2)” and inserting “section 3”.

SEC. 503. SUPPORTING STUDENTS WITH DISABILITIES TO SUCCEED ONCE ENROLLED IN COLLEGE.

Section 487(a) of the Higher Education Act of 1965 (20 U.S.C. 1094(a)) is amended by adding at the end the following:

“(30)(A) The institution will carry out the following:

“(i) Adopt policies that make any of the following documentation submitted by an individual sufficient to establish that such individual is an individual with a disability:

“(I) Documentation that the individual has had an individualized education program (IEP) in accordance with section 614(d) of the Individuals with Disabilities Education Act (20 U.S.C. 1414(d)), including an IEP that may not be current on the date of the determination that the

individual has a disability. The institution may ask for additional documentation from an individual who had an IEP but who was subsequently evaluated and determined to be ineligible for services under the Individuals with Disabilities Education Act, including an individual determined to be ineligible during elementary school.

“(II) Documentation describing services or accommodations provided to the individual pursuant to section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) (commonly referred to as a ‘Section 504 plan’).

“(III) A plan or record of service for the individual from a private school, a local educational agency, a State educational agency, or an institution of higher education provided in accordance with the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.).

“(IV) A record or evaluation from a relevant licensed professional finding that the individual has a disability.

“(V) A plan or record of disability from another institution of higher education.

“(VI) Documentation of a disability due to service in the uniformed services, as defined in section 484C(a).

“(ii) Adopt policies that are transparent and explicit regarding information about the process by which the institution determines eligibility for accommodations.

“(iii) Disseminate such information to students, parents, and faculty in an accessible format, including during any student orientation and making such information readily available on a public website of the institution.

“(B) Nothing in this paragraph shall be construed to preclude an institution from establishing less burdensome criteria than that described in subparagraph (A) to establish an individual as an individual with a disability and therefore eligible for accommodations.”

SEC. 504. AUTHORIZATION OF FUNDS FOR THE NATIONAL CENTER FOR INFORMATION AND TECHNICAL SUPPORT FOR POSTSECONDARY STUDENTS WITH DISABILITIES.

Section 777(a) of the Higher Education Act of 1965 (20 U.S.C. 1140q(a)) is amended—

(1) in paragraph (1), by striking “From amounts appropriated under section 778,” and inserting “From amounts appropriated under paragraph (5),”; and

(2) by adding at the end the following:

“(5) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this subsection \$2,000,000 for each of fiscal years 2023 through 2027.”

SEC. 505. INCLUSION OF INFORMATION ON STUDENTS WITH DISABILITIES.

Section 487(a) of the Higher Education Act of 1965 (20 U.S.C. 1094(a)), as amended by section 503, is further amended by adding at the end the following:

“(31) The institution will submit, for inclusion in the Integrated Postsecondary Education Data System (IPEDS) or any other Federal postsecondary institution data collection effort, key data related to undergraduate students enrolled at the institution who are formally registered as students with disabilities with the institution’s office of disability services (or the equivalent office), including the total number of students with disabilities enrolled, the number of students accessing or receiving accommodations, the percentage of students with disabilities of all undergraduate students, and the total number of undergraduate certificates or degrees awarded to students with disabilities. An institution shall not be required to submit the information described in the preceding sentence if the number of such students would reveal personally identifiable information about an individual student.”

SEC. 506. RULE OF CONSTRUCTION.

None of the amendments made by this title shall be construed to affect the meaning of the terms “reasonable accommodation” or “record

of impairment” under the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) or the rights or remedies provided under such Act.

TITLE VI—STRENGTHENING BEHAVIORAL HEALTH BENEFITS ACT

SECTION 601. SHORT TITLE.

This title may be cited as the “Strengthening Behavioral Health Benefits Act”.

SEC. 602. ENFORCEMENT OF MENTAL HEALTH AND SUBSTANCE USE DISORDER REQUIREMENTS.

(a) CIVIL MONETARY PENALTIES RELATING TO PARITY IN MENTAL HEALTH AND SUBSTANCE USE DISORDERS.—Section 502(c)(10) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1132(c)(10)(A)) is amended—

(1) in the heading, by striking “USE OF GENETIC INFORMATION” and inserting “USE OF GENETIC INFORMATION AND PARITY IN MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS”; and

(2) in subparagraph (A)—
(A) by striking “any plan sponsor of a group health plan” and inserting “any plan sponsor or plan administrator of a group health plan”; and

(B) by striking “for any failure” and all that follows through “in connection with the plan.” and inserting “for any failure by such sponsor, administrator, or issuer, in connection with the plan—

“(i) to meet the requirements of subsection (a)(1)(F), (b)(3), (c), or (d) of section 702 or section 701 or 702(b)(1) with respect to genetic information; or

“(ii) to meet the requirements of subsection (a) of section 712 with respect to parity in mental health and substance use disorder benefits.”

(b) CLARIFICATION OF GENERAL ENFORCEMENT AUTHORITIES.—

(1) ACTIONS BROUGHT BY A PARTICIPANT, BENEFICIARY, OR FIDUCIARY.—Section 502(a)(3) of such Act (29 U.S.C. 1132(a)(3)) is amended—

(A) by striking “or (B)” and inserting “(B)”; and

(B) by inserting before the semicolon at the end the following: “, or (C) to require re-adjudication and payment of benefits to remedy violations of this title notwithstanding the availability of relief under other provisions of this title”.

(2) ACTIONS BROUGHT BY THE SECRETARY.—Section 502(a)(5) of such Act (29 U.S.C. 1132(a)(5)) is amended—

(A) by striking “or (B)” and inserting “(B)”; and

(B) by inserting before the semicolon at the end the following: “, or (C) to require re-adjudication and payment of benefits to remedy violations of this title notwithstanding the availability of relief under other provisions of this title”.

(c) EXCEPTION TO THE GENERAL PROHIBITION ON ENFORCEMENT.—Section 502(b)(3) of such Act (29 U.S.C. 1132(b)(3)) is amended—

(1) by inserting “, and except with respect to enforcement by the Secretary of section 712 or any other provision of part 7 in any case relating to mental health benefits and substance use disorder benefits (as such terms are defined in section 712(e))” after “under subsection (c)(9)”; and

(2) by striking “706(a)(1)” and inserting “733(a)(1)”.

(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to the Department of Labor for audits and investigations, enforcement actions, litigation expenses, issuance of regulations or guidance, and any other Departmental activities relating to section 712 of the Employee Retirement Income Security Act of 1974 and any other provision of title I of such Act relating to mental health and substance use disorder benefits, \$275,000,000, for the period of fiscal years 2023 through 2032, of which—

(1) \$240,000,000 is authorized to be appropriated to the Employee Benefits Security Administration; and

(2) \$35,000,000 is authorized to be appropriated to the Office of the Solicitor.

(e) EFFECTIVE DATE.—The amendments made by subsection (a) shall apply with respect to group health plans, or any health insurance issuer offering health insurance coverage in connection with such plan, for plan years beginning after the date that is 1 year after the date of enactment of this Act.

TITLE VII—EMPLOYEE AND RETIREE ACCESS TO JUSTICE ACT

SECTION 701. SHORT TITLE.

This title may be cited as the “Employee and Retiree Access to Justice Act”.

SEC. 702. UNENFORCEABLE ARBITRATION CLAUSES, CLASS ACTION WAIVERS, REPRESENTATION WAIVERS, AND DISCRETIONARY CLAUSES.

(a) IN GENERAL.—Section 502 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1132) is amended by adding at the end the following:

“(m)(1) In any civil action brought by, or on behalf of, a participant or beneficiary pursuant to this section or with respect to a common law claim involving a plan or plan benefit, notwithstanding any other provision of law—

“(A) no predispute arbitration provision shall be valid or enforceable if it requires arbitration of a matter related to a claim brought under this section;

“(B) no postdispute arbitration provision shall be valid or enforceable unless—

“(i) the provision was not required by any person, obtained by coercion or threat of adverse action, or made a condition of participating in a plan, receiving benefits under a plan, or receiving any other employment, work, or any employment-related or work-related privilege or benefit;

“(ii) each participant or beneficiary agreeing to the provision was informed, through a paper notice, in a manner reasonably calculated to be understood by the average plan participant, of the right of the participant or beneficiary under subparagraph (C) to refuse to agree to the provision without retaliation or threat of retaliation;

“(iii) each participant or beneficiary agreeing to the provision so agreed after a waiting period of not fewer than 45 days, beginning on the date on which the participant or beneficiary was provided both the final text of the provision and the disclosures required under clause (ii); and

“(iv) each participant or beneficiary agreeing to the provision affirmatively consented to the provision in writing;

“(C) no covered provision shall be valid or enforceable, if prior to a dispute to which the covered provision applies, a participant or beneficiary undertakes or promises not to pursue, bring, join, litigate, or support any kind of individual, joint, class, representative, or collective claim available under this section in any forum that, but for such covered provision, is of competent jurisdiction;

“(D) no covered provision shall be valid or enforceable, if after a dispute to which the covered provision applies arises, a participant or beneficiary undertakes or promises not to pursue, bring, join, litigate, or support any kind of individual, joint, class, representative, or collective claim under this section in any forum that, but for such covered provision, is of competent jurisdiction, unless the covered provision meets the requirements of subparagraph (B); and

“(E) no covered provision related to a plan other than a multiemployer plan shall be valid or enforceable that purports to confer discretionary authority to any person with respect to benefit determinations or interpretation of plan language, or to provide a standard of review of such determinations or interpretation by a reviewing court in an action brought under this section that would require anything other than de novo review of such determinations or interpretation.

“(2) In this subsection—

“(A) the term ‘covered provision’ means any document, instrument, or agreement related to a plan or plan benefit, regardless of whether such provision appears in a plan document or in a separate agreement;

“(B) the term ‘predispute arbitration provision’ means a covered provision, other than a covered provision that the Secretary finds to be the product of bona fide collective bargaining, that requires a participant or beneficiary to arbitrate a dispute related to the plan or an amendment to the plan that had not yet arisen at the time such provision took effect;

“(C) the term ‘postdispute arbitration provision’ means a covered provision, other than a covered provision that the Secretary finds to be the product of bona fide collective bargaining, that requires a participant or beneficiary to arbitrate a dispute related to the plan or an amendment to the plan that arose before the time such provision took effect; and

“(D) the term ‘retaliation’ means any action in violation of section 510.

“(3)(A) Any dispute as to whether a covered provision that requires a participant or beneficiary to arbitrate a dispute related to a plan is valid and enforceable shall be determined by a court, rather than an arbitrator, regardless of whether any contractual provision purports to delegate such determinations to the arbitrator and irrespective of whether the party resisting arbitration challenges the arbitration agreement specifically or in conjunction with other terms of the contract containing such agreement.

“(B) For purposes of this subsection, a dispute shall be considered to arise only when a plaintiff has actual knowledge (within the meaning of such term in section 413) of a breach or violation giving rise to a claim under this section.”.

(b) REGULATIONS.—The Secretary of Labor may promulgate such regulations as may be necessary to carry out the amendment made by subsection (a), including providing for the form and content of notices required pursuant to such amendment.

SEC. 703. PROHIBITION ON MANDATORY ARBITRATION CLAUSES, CLASS ACTION WAIVERS, REPRESENTATION WAIVERS, AND DISCRETIONARY CLAUSES.

Section 402 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1102) is amended by adding at the end the following:

“(d)(1) No covered person may—

“(A) require participants or beneficiaries to agree to a predispute arbitration provision as a condition for participation in, or receipt of benefits under, a plan;

“(B) agree to a postdispute arbitration provision with a participant or beneficiary with respect to a plan or plan benefit unless the conditions of clauses (i) through (iv) of section 502(n)(1)(B) are satisfied with respect to such provision; or

“(C) agree to any other covered provision with respect to a plan or plan benefit under any circumstances under which such provision would not be valid and enforceable under subparagraphs (C) through (E) section 502(n)(1).

“(2) In this subsection—

“(A) the term ‘covered person’ means—

“(i) a plan;

“(ii) a plan sponsor;

“(iii) an employer; or

“(iv) a person engaged by a plan for purposes of administering or operating the plan; and

“(B) the terms ‘covered provision’, ‘predispute arbitration provision’ and ‘postdispute arbitration provision’ have the meanings given such terms in section 502(n)(2).”.

SEC. 704. EFFECTIVE DATE.

(a) IN GENERAL.—The amendments made by sections 702 and 703 shall take effect on the date of enactment of this Act and shall apply with respect to any dispute or claim that arises or accrues on or after such date, including any dispute or claim to which a provision predating such date applies, regardless of whether plan documents have been updated in accordance with such amendments.

(b) ENFORCEMENT WITH RESPECT TO PLAN DOCUMENT UPDATES.—Notwithstanding subsection (a), no person shall be deemed to be in violation of such amendments on account of plan documents that have not been updated in accordance with such amendments until after the beginning of the first plan year that begins on or after the date that is 1 year after the date of enactment of this Act, provided that such person acts in accordance with such amendments during the period in which the plan documents have not been updated.

The Acting CHAIR. No further amendment to the bill, as amended, shall be in order except those printed in House Report 117–507. Each such further amendment may be offered only in the order printed in the report, by a Member designated in the report, shall be considered read, shall be debatable for the time specified in the report, equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question.

AMENDMENT NO. 1 OFFERED BY MR. TRONE

The Acting CHAIR. It is now in order to consider amendment No. 1 printed in House Report 117–507.

Mr. TRONE. Mr. Chair, I rise as the designee of the gentlewoman from California (Ms. PORTER), and I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Add at the end the following:

TITLE VIII—STUDENT MENTAL HEALTH RIGHTS

SEC. 801. SHORT TITLE.

This title may be cited as the “Student Mental Health Rights Act”.

SEC. 802. FINDINGS.

Congress finds the following:

(1) Nearly all institutions of higher education are subject to—

(A) the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.);

(B) section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794); or

(C) the Fair Housing Act (42 U.S.C. 3601 et seq.).

(2) The laws described in paragraph (1) prohibit discrimination on the basis of disability, defined as “with respect to an individual, a physical or mental impairment that substantially limits one or more major life activities of such individual, a record of such an impairment, or being regarded as having such an impairment” under section 3(1) of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102(1)).

(3) Under section 2(a)(3) of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101(a)(3)), Congress found that “discrimination against individuals with disabilities persists in such critical areas as employment, housing, public accommodations, education, transportation, communication, recreation, institutionalization, health services, voting, and access to public services”.

(4) The laws described in paragraph (1) prohibit institutions of higher education from discriminating against students with disabilities, including by failing to provide reasonable accommodations or reasonable modifications to such students so that such students are able to fully participate in postsecondary life.

(5) The laws described in paragraph (1) prohibit institutions of higher education from

discriminating against students with mental health disabilities, including by failing to provide reasonable accommodations or reasonable modifications to such a student.

(6) The vast majority of institutions of higher education lack a comprehensive plan for addressing and preventing discrimination against students with mental health disabilities or who are experiencing crises, in many cases—

(A) requiring such students to leave the institution of higher education;

(B) evicting such students from on-campus housing; and

(C) establishing excessive and unnecessary impediments to the re-enrollment of such students to the institution of higher education.

SEC. 803. STUDY.

(a) VOLUNTARY REPORTING.—Not later than 120 days after the date of the enactment of this Act, the Secretary shall solicit from students at institutions of higher education information, on a voluntary basis, with respect to mental health disabilities and substance use disorders at such institutions of higher education.

(b) REQUIREMENT.—Not later than 1 year after the date of the enactment of this Act, the Secretary shall complete a study on mental health disabilities and substance use disorders at institutions of higher education, including—

(1) using the information voluntarily reported by students under subsection (a), the prevalence of such disabilities and disorders, disaggregated by type of disability or disorder (including hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, independent living difficulty, mental health difficulty, and any other category deemed appropriate by the Secretary), among students at institutions of higher education and policies to support students with respect to such conditions;

(2) the policies of institutions of higher education with respect to students who, due to such a condition, are considering a voluntary leave of absence or are required to take a mandatory or involuntary leave of absence, or return from such an absence, and compliance by institutions of higher education with such policies; and

(3) best practices for supporting students at institutions of higher education in managing such conditions, including the effect such practices have on graduation rates and degree completion.

(c) REPORT.—The Secretary shall submit to the Committee on Education and Labor of the House of Representatives and the Committee on Health, Education, Labor and Pensions of the Senate a report on the findings of the study required by subsection (a).

SEC. 804. GUIDANCE.

Not later than 180 days after the date on which the report is submitted under section 803(b), the Secretary shall, in consultation with the Assistant Attorney General of the Civil Rights Division of the Department of Justice, issue guidance on—

(1) the compliance of institutions of higher education with the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) and section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) with respect to students with mental health disabilities;

(2) the legal obligations of institutions of higher education with respect to accommodating students with mental health disabilities and students with substance use disorders; and

(3) policies of institutions of higher education which may have a discriminatory impact on students with mental health disabilities and students with substance use disorders.

SEC. 805. DEFINITIONS.

In this title:

(1) INSTITUTION OF HIGHER EDUCATION.—The term “institution of higher education” has the meaning given that term in section 101(a) of the Higher Education Act of 1965 (20 U.S.C. 1001(a)).

(2) SECRETARY.—The term “Secretary” means the Secretary of Education.

The Acting CHAIR. Pursuant to House Resolution 1396, the gentleman from Maryland (Mr. TRONE) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Maryland.

Mr. TRONE. Mr. Chair, I yield myself such time as I may consume.

Mr. Chair, today I rise in support of the mental health of our students at institutions of higher education.

Studies show that 73 percent of college students suffer a mental health crisis during their time in college.

I came to Congress to improve the future outlook of our country. Well, Mr. Chair, our children are that future.

How will our children succeed if they do not have the proper support to flourish?

The underlying bill will benefit the mental health of our youth and college-aged students, and my amendment seeks to provide additional guidance to colleges that are trying to help.

My amendment would require the Department of Education to provide recommendations on how to improve the mental health and substance use disorder resources on college campuses and guidance on how to adhere to the current Federal laws around access to mental health disability services.

We owe our children the best possible opportunity to succeed, and that means paying attention to their mental health in the same way we pay attention to their grades, by keeping their mentality fit.

I thank Representative PORTER for her continued advocacy for students' mental health, and Representative BONAMICI for cosponsoring the amendment.

Mr. Chair, I urge my colleagues to support the amendment, and I reserve the balance of my time.

Ms. FOXX. Mr. Chair, I claim the time in opposition.

The Acting CHAIR. The gentlewoman is recognized for 5 minutes.

Ms. FOXX. Mr. Chair, I yield myself such time as I may consume.

Mr. Chair, I rise today to oppose the amendment offered by Representative PORTER and Representative TRONE.

Much of this amendment is well-intentioned. The amendment authorizes the Department of Education to conduct a study to better understand the prevalence of mental health disabilities and substance use disorders on campus.

The amendment also authorizes the Department of Education, in conjunction with the Department of Justice, to issue guidance to institutions on how they can continue to comply with the

Americans with Disabilities Act, section 504 of the Rehabilitation Act, and other legal obligations, when serving students with mental health disabilities and substance use disorders.

However, this amendment has some issues. This amendment includes broader language that could allow the Department of Education to deviate from issuing guidance on complying with these existing laws and open the door for the Department of Education to speculate on a variety of other institution policies.

For example, language in this amendment could permit the Department of Education to prohibit colleges and universities from enforcing their codes of conduct when students engage in drug use that violate campus policies, which would make campuses less safe and less able to support students with mental health disabilities or substance use disorders.

Unfortunately, this amendment did not go through the normal committee process, where it would be my hope that much of this language could have been discussed and revised.

I believe we all want to ensure students struggling with mental health disabilities are provided the appropriate legal accommodations by their institutions. However, this amendment fails to do that.

Mr. Chair, I will oppose this amendment; I encourage my colleagues to do the same, and I reserve the balance of my time.

Mr. TRONE. Mr. Chair, I yield myself such time as I may consume.

Mr. Chair, I sit on three college boards, and all the commentary of the colleges' presidents is the same. We have a major issue dealing with mental health in our colleges, and they would love to have guidance from experts at the Department of Education.

Will this be perfect? No.

Is anything perfect? No.

We all know perfection is the enemy of the good.

I suggest we move forward and pass this amendment and I urge my colleagues to support the amendment.

Mr. Chair, I yield back the balance of my time.

Ms. FOXX. Mr. Chair, I yield myself the balance of my time.

Mr. Chair, we are hearing a lot lately about how bills are imperfect, but we should go ahead and pass them.

Mr. Chair, we have an opportunity to improve legislation before we pass it, but there seems to be no appetite on the part of our colleagues on the other side of the aisle to act in a bipartisan fashion to improve legislation.

Why in the world do we want to vote for things that are imperfect but could be improved when there is a will to do that on our side of the aisle?

It makes no sense.

This amendment needs work done to it before we could possibly support it, and I suggest that we set it aside—set the bill aside—and work on those things that need to be improved, de-

mand that the Department of Education do its job. Clean this up. Then we could pass good legislation, maybe not perfect, but certainly better than what we are facing here today.

Mr. Chair, I agree, don't let perfect be the enemy of the good. For heaven's sake, let's pass good legislation, not legislation that isn't as good as it could be.

Mr. Chair, I urge my colleagues to vote “no” on this amendment, “no” on the underlying bill, and I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from Maryland (Mr. TRONE).

The amendment was agreed to.

AMENDMENT NO. 2 OFFERED BY MR. DESAULNIER

The Acting CHAIR. It is now in order to consider amendment No. 2 printed in House Report 117-507.

Mr. DESAULNIER. Mr. Chair, I rise as the designee of the gentleman from Indiana (Mr. MRVAN), and I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Add at the end the following:

TITLE VIII—OCCUPATIONAL RESEARCH PROGRAM ON MENTAL HEALTH

SECTION 801. OCCUPATIONAL RESEARCH PROGRAM ON MENTAL HEALTH.

(a) IN GENERAL.—The Director of the National Institute for Occupational Safety and Health (in this section referred to as the “Institute”) shall establish a research program to identify and apply comprehensive approaches to support frontline, essential, and other affected workers across all industries and occupations exposed to and affected by workplace stressors that contribute to adverse mental health outcomes, including traumatic stress, anxiety, depression, suicide, and related mental health conditions. In designing such research program, the Director shall, in consultation with the heads of other Federal departments and agencies, as appropriate, address workplace stressors such as—

(1) traumatic grief resulting from COVID-19-related death or injury in the workplace;

(2) conditions of employment or places of employment, including consecutive shifts, increases in shift duration, changes in workplace protocols, or increases in workloads and demands due to insufficient resources, which can result in fatal, near-fatal, or other serious occupational injuries or illnesses; or

(3) workplace violence or other physical and psychological hazards that contribute to worker injury or illness on the job, including poor mental health outcomes among workers.

(b) BEST PRACTICES AND RECOMMENDATIONS.—As part of the research program established under this section, the Director shall develop best practices or recommendations for organizational-level workplace interventions and support services that would both prevent worker injury or illness and reduce the risk of such adverse mental health outcomes among frontline, essential, and other affected workers across all industries and occupations, including wraparound services, mental health awareness initiatives, workplace stress prevention programs, and training programs to promote work-related stress prevention and reduction and organizational resilience, to include specific strategies for preventing burnout among workers.

(c) **ADDITIONAL SUPPORT.**—As part of such research program, the Director shall also coordinate and support efforts through other research programs carried out by the Institute, including the Institute's Total Worker Health program, to develop comprehensive, evidence-informed approaches to support mental and behavioral health as a part of worker wellbeing and related occupational safety and health programs.

(d) **REPORT.**—Not later than 1 year after the date of enactment of this Act, the Director shall—

(1) report to the Committee on Education and Labor of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate on the extent to which best practices or recommendations developed pursuant to subsection (b) have been adopted by relevant stakeholders; and

(2) engage in education and outreach activities with employers, health care providers, nonprofit organizations, workers, labor organizations, and related stakeholders to support such adoption.

(e) **AUTHORIZATION OF APPROPRIATIONS.**—To carry out this section, there is authorized to be appropriated \$10,000,000 for each of fiscal years 2023 through 2025.

The Acting CHAIR. Pursuant to House Resolution 1396, the gentleman from California (Mr. DESAULNIER) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from California.

Mr. DESAULNIER. Mr. Chair, I yield myself such time as I may consume.

Mr. Chair, for nearly 3 years, frontline and essential workers have experienced traumatic stress while navigating different and difficult barriers and new challenges in the workplace.

Studies have shown that nearly two-thirds of adults, 63 percent, believe their lives have been irreversibly changed by the COVID-19 pandemic. Many reported worsening mental health, traumatic stress, anxiety, depression, sleep disorders, and other negative health outcomes.

For those who experience loss or workplace violence and harassment, traumatic stress can make a demanding workload, longer shifts, repeated staff shortages, and administrative challenges difficult to manage.

That is why Representative MRVAN introduced H.R. 8887, the Prioritizing Workplace Mental Health and Resilience Act.

Throughout my career in public office, I have worked to ensure that resources are available for those impacted by PTSD, anxiety, depression, and other mental health conditions.

□ 1215

The pandemic was particularly challenging for many members of organized labor in the manufacturing and construction industries, who continued to show up to work every day during that challenging time, and this provision would aim to give them the support they deserve.

As Mr. MRVAN's designee, I am offering the text of his Prioritizing Workplace Mental Health and Resilience Act as an amendment to H.R. 7780 today.

This amendment will ensure affected workers, who made it possible for our Nation to recover from various challenges posed by COVID-19 in the public health emergency, are afforded the adequate support services during their times of need.

The amendment will establish a research program to identify and apply comprehensive approaches to support frontline and essential workers exposed to and affected by workplace stressors that contribute to adverse mental health outcomes.

If adopted, this amendment will require NIOSH, the National Institute of Occupational Safety and Health, to coordinate with other research programs within the Institute to develop comprehensive, evidence-based approaches to support mental health and behavioral health; inform NIOSH on best practices and recommendations for organizational-level workplace interventions; support the Institute's mission to prevent worker injury or illness and reduce the risk of such mental health outcomes among frontline, essential, and other affected workers.

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

Ms. FOXX. Mr. Chair, I rise in opposition to the amendment.

The Acting CHAIR. The gentlewoman from North Carolina is recognized for 5 minutes.

Ms. FOXX. Mr. Chair, I yield myself such time as I may consume.

Republicans are committed to addressing the Nation's mental health crisis, including in the workplace. Unfortunately, this amendment, while spending \$30 million, puts the cart before the horse and does nothing to address the serious flaws in H.R. 7780.

If Democrats were serious about improving mental health resources and implementing best practices in the workplace, they would strike the provisions in the underlying bill that will make it more difficult for employers to offer mental health benefits.

Still, the amendment, as written, is not ready for prime time. First, I have concerns about the program's bloated \$30 million price tag over 3 years. It is all too common for Congress to throw money at a problem without any oversight or accountability to ensure that taxpayer dollars are spent in the most effective way possible.

The amendment also establishes inappropriate criteria for the National Institute for Occupational Safety and Health, NIOSH, to examine. This includes how changes in workplace protocols or traumatic grief from COVID-19 in the workplace contributes to adverse worker mental health.

These criteria are overly prescriptive. Congress should let NIOSH do its job in determining what kinds of workplace factors contribute to poor mental health.

Further, the amendment directs NIOSH to report to Congress within a year on whether the best practices

have been developed and adopted by relevant stakeholders. However, the Department of Labor's vague and unclear guidance on mental health parity makes it challenging for employers to offer mental health benefits; and H.R. 7780 would only increase the risk for employers offering mental health benefits.

I am disappointed by the lack of effort to develop a workable bipartisan solution to study the mental health of our Nation's workers before this flawed legislation was rushed to the floor by Democrats. This is a partisan amendment to a partisan bill, and a missed opportunity to improve healthcare for workers.

I urge a "no" vote on the amendment and the underlying bill, and I reserve the balance of my time.

Mr. DESAULNIER. Mr. Chair, I yield myself such time as I may consume.

In closing, I will just say it is vital that we address the adverse mental health outcomes that stem from work environments and provide resources to workers living with PTSD, anxiety, depression, and other mental health conditions. I urge my colleagues to support this amendment, and I yield back the balance of my time.

Ms. FOXX. Mr. Chair, I yield myself the balance of my time.

As I stated on the last amendment, this bill needs a lot of work. Republicans are more than willing to work with our colleagues across the aisle to make the bill better, to make this amendment better.

Again, Democrats' favorite ploy to solve a problem is to throw money at it, but not have clear standards, not hold agencies accountable, and not have a clear plan.

Republicans have plans for how to get things done better in this country, and we would be so much better off if we could work in a bipartisan manner to bring bills to the floor; have them go through regular order; and spend time debating them together.

We want legislation that helps our situations in the country; not throw money at it; not just say, well, let's try this imperfect approach and see what will happen. Throw something against the wall and see if it will stick. That is a rotten way to run this country, Mr. Chairman. We can do better.

I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from California (Mr. DESAULNIER).

The amendment was agreed to.

The Acting CHAIR. There being no further amendments, the Committee rises.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. CICILLINE) having assumed the chair, Mr. CROW, Acting Chair of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 7780) to support the behavioral needs of students and youth,

invest in the school-based behavioral health workforce, and ensure access to mental health and substance use disorder benefits, and, pursuant to House Resolution 1396, he reported the bill back to the House with sundry amendments adopted in the Committee of the Whole.

The SPEAKER pro tempore. Under the rule, the previous question is ordered.

Pursuant to House Resolution 1396, the question on adoption of the further amendments will be put en gros. The question is on the amendments.

The amendments were agreed to.

The SPEAKER pro tempore. The question is on the engrossment and third reading of the bill.

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

MOTION TO RECOMMIT

Mrs. McCLAIN. Mr. Speaker, I have a motion to recommit at the desk.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk read as follows:

Mrs. McClain of Michigan moves to recommit the bill (H.R. 7780) to the Committee on Education and Labor.

The SPEAKER pro tempore. Pursuant to clause 2(b) of rule XIX, the previous question is ordered on the motion to recommit.

The question is on the motion to recommit.

The question was taken; and the Speaker pro tempore announced that the yeas appeared to have it.

Mrs. McCLAIN. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to section 8 of rule XX, further proceedings on this question are postponed.

MERGER FILING FEE MODERNIZATION ACT OF 2022

Mr. NADLER. Mr. Speaker, pursuant to House Resolution 1396, I call up the bill (H.R. 3843) to promote antitrust enforcement and protect competition through adjusting premerger filing fees, and increasing antitrust enforcement resources, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Mr. CROW). Pursuant to House Resolution 1396, in lieu of the amendment in the nature of a substitute recommended by the Committee on the Judiciary printed in the bill, an amendment in the nature of a substitute consisting of the text of Rules Committee Print 117-66 is adopted and the bill, as amended, is considered read.

The text of the bill, as amended, is as follows:

H.R. 3843

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “Merger Filing Fee Modernization Act of 2022”.

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—MODERNIZING MERGER FILING FEE COLLECTIONS; ACCOUNTABILITY REQUIREMENTS; LIMITATION ON FUNDING

Sec. 101. Modification of premerger notification filing fees.

Sec. 102. Reporting requirements for merger fee collections.

TITLE II—DISCLOSURE OF SUBSIDIES BY FOREIGN ADVERSARIES

Sec. 201. Findings and purpose.

Sec. 202. Mergers involving foreign government subsidies.

TITLE III—VENUE FOR STATE ANTITRUST ENFORCEMENT

Sec. 301. Venue for State Antitrust Enforcement.

TITLE I—MODERNIZING MERGER FILING FEE COLLECTIONS; ACCOUNTABILITY REQUIREMENTS; LIMITATION ON FUNDING

SEC. 101. MODIFICATION OF PREMERGER NOTIFICATION FILING FEES.

Section 605 of Public Law 101-162 (15 U.S.C. 18a note) is amended—

(1) in subsection (b)—

(A) in paragraph (1)—

(i) by striking “\$45,000” and inserting “\$30,000”;

(ii) by striking “\$100,000,000” and inserting “\$161,500,000”;

(iii) by striking “2004” and inserting “2023”;

and

(iv) by striking “2003” and inserting “2022”;

(B) in paragraph (2)—

(i) by striking “\$125,000” and inserting “\$100,000”;

(ii) by striking “\$100,000,000” and inserting “\$161,500,000”;

(iii) by striking “but less” and inserting “but is less”;

and

(iv) by striking “and” at the end;

(C) in paragraph (3)—

(i) by striking “\$280,000” and inserting “\$250,000”;

and

(ii) by striking the period at the end and inserting “but is less than \$1,000,000,000 (as so adjusted and published);”;

and

(D) by adding at the end the following:

“(4) \$400,000 if the aggregate total amount determined under section 7A(a)(2) of the Clayton Act (15 U.S.C. 18a(a)(2)) is not less than \$1,000,000,000 (as so adjusted and published) but is less than \$2,000,000,000 (as so adjusted and published);”

“(5) \$800,000 if the aggregate total amount determined under section 7A(a)(2) of the Clayton Act (15 U.S.C. 18a(a)(2)) is not less than \$2,000,000,000 (as so adjusted and published) but is less than \$5,000,000,000 (as so adjusted and published); and

“(6) \$2,250,000 if the aggregate total amount determined under section 7A(a)(2) of the Clayton Act (15 U.S.C. 18a(a)(2)) is not less than \$5,000,000,000 (as so adjusted and published).”;

and

(2) by adding at the end the following:

“(c)(1) For each fiscal year commencing after September 30, 2023, the filing fees in this section shall be increased by an amount equal to the percentage increase, if any, in the Consumer Price Index, as determined by the Department of Labor or its successor, for the year then ended over the level so established for the year ending September 30, 2022.

“(2) As soon as practicable, but not later than January 31 of each year, the Federal Trade Commission shall publish the adjusted amounts required by paragraph (1).

“(3) The Federal Trade Commission shall not adjust amounts required by paragraph (1) if the percentage increase described in paragraph (1) is less than 1 percent.

“(4) An amount adjusted under this section shall be rounded to the nearest multiple of \$5,000.”.

SEC. 102. REPORTING REQUIREMENTS FOR MERGER FEE COLLECTIONS.

(a) FTC AND DOJ JOINT REPORT.—For each of fiscal years 2023 through 2027, the Federal Trade Commission and Department of Justice shall jointly and annually report to the Congress on the operation of section 7A of the Clayton Act (15 U.S.C. 18a) and shall include in such report the following:

(1) The amount of funds made available to the Federal Trade Commission and the Department of Justice, respectively, from the premerger notification filing fees under this section, as adjusted by the Merger Filing Fee Modernization Act of 2022, as compared to the funds made available to the Federal Trade Commission and the Department of Justice, respectively, from premerger notification filing fees as the fees were determined in fiscal year 2022.

(2) The total revenue derived from premerger notification filing fees, by tier, by the Federal Trade Commission and the Department of Justice, respectively.

(3) The gross cost of operations of the Federal Trade Commission, by Budget Activity, and the Antitrust Division of the Department of Justice, respectively.

(b) FTC REPORT.—The Federal Trade Commission shall include in the report required under subsection (a), in addition to the requirements under subsection (a), for the previous fiscal year—

(1) for actions with respect to which the record of the vote of each member of the Federal Trade Commission is on the public record of the Federal Trade Commission, a list of each action with respect to which the Federal Trade Commission took or declined to take action on a 3 to 2 vote; and

(2) for all actions for which the Federal Trade Commission took a vote, the percentage of such actions that were decided on a 3 to 2 vote.

(c) SUMMARY.—The Federal Trade Commission and the Department of Justice shall make the report required under subsection (a) available to the Committees on the Judiciary of the House of Representatives and of the Senate, and shall, for fiscal years 2023 through 2027, no later than July 1, present a summary of the joint annual report for the preceding fiscal year, including the information required in subsections (a) and (b) of this section, to the Committees on the Judiciary of the House of Representatives and of the Senate.

TITLE II—DISCLOSURE OF SUBSIDIES BY FOREIGN ADVERSARIES

SEC. 201. FINDINGS AND PURPOSE.

(a) FINDINGS.—Congress finds the following:

(1) Foreign subsidies, which can take the form of direct subsidies, grants, loans (including below-market loans), loan guarantees, tax concessions, preferential government procurement policies, or government ownership or control, can distort the competitive process by enabling the subsidized firm to submit a bid higher than other firms in the market, or otherwise change the incentives of the firm in ways that undermine competition following an acquisition.

(2) Foreign subsidies are particularly problematic when granted by countries or entities that constitute a strategic or economic threat to United States interests.

(3) The Made in China 2025 plan, states that the Chinese Communist Party will “support enterprises to carry out mergers and acquisitions (M&A), equity investment, and venture capital overseas”.

(4) The 2020 report to Congress from the bipartisan U.S.-China Economic and Security Review Commission concluded that the Chinese Government subsidizes companies with a goal of their expanding into the United States and other countries, finding that “[t]his process assists Chinese national champions in surpassing and