

111TH CONGRESS
2^D SESSION

H. R. 5392

To establish a Council on Integration of Health Care Education, to provide for implementation of the recommendations of the Council, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 25, 2010

Mr. KENNEDY (for himself and Mr. SULLIVAN) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and Labor, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To establish a Council on Integration of Health Care Education, to provide for implementation of the recommendations of the Council, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Council on Integration
5 of Health Care Education Act of 2010”.

6 **SEC. 2. DEFINITIONS.**

7 In this Act:

1 (1) BEHAVIORAL HEALTH PROVIDER.—The
2 term “behavioral health provider”—

3 (A) means an individual who provides clin-
4 ical care (in accordance with applicable State
5 law) specializing in the diagnosis or treatment
6 of behavioral health, including such an indi-
7 vidual specializing in substance use, addiction,
8 and dependence disorders; and

9 (B) includes a psychiatrist, nurse practi-
10 tioner (as defined in section 1861(aa)(5)(A) of
11 the Social Security Act), physician assistant (as
12 defined in section 1861(aa)(5)(A) of such Act),
13 clinical psychologist (as used in section 1861(ii)
14 of such Act), clinical social worker (as defined
15 in section 1861(hh) of such Act), psychiatric
16 nurse, licensed professional counselor, marriage
17 and family therapist, pastoral counselor, psy-
18 chosocial rehabilitation specialist, and any other
19 individual determined to be appropriate by the
20 Secretary.

21 (2) COUNCIL.—The term “Council” means the
22 Council on Integration of Health Care Education.

23 (3) HEALTH CARE PROFESSIONAL.—The term
24 “health care professional”—

1 (A) means an individual who provides clin-
2 ical health care (in accordance with applicable
3 State law) other than a behavioral health pro-
4 vider; and

5 (B) includes (other than a behavioral
6 health provider) a physician (as defined in sec-
7 tion 1861(r) of the Social Security Act), nurse
8 practitioner (as defined in section
9 1861(aa)(5)(A) of the Social Security Act),
10 physician assistant (as defined in section
11 1861(aa)(5)(A) of the Social Security Act),
12 clinical nurse specialist (as defined in section
13 1861(aa)(5)(B) of the Social Security Act), cer-
14 tified nurse-midwife (as defined in section
15 1861(gg) of the Social Security Act), and any
16 other individual determined to be appropriate
17 by the Secretary.

18 (4) INSTITUTION OF HIGHER EDUCATION.—The
19 term “institution of higher education” has the same
20 meaning given such term in section 101 of the High-
21 er Education Act of 1965 (20 U.S.C. 1001).

22 (5) SECRETARY.—The term “Secretary” means
23 the Secretary of Health and Human Services.

1 **SEC. 3. COUNCIL ON INTEGRATION OF HEALTH CARE EDU-**
2 **CATION.**

3 (a) ESTABLISHMENT.—There is established in the
4 Office of the Secretary the Council on Integration of
5 Health Care Education.

6 (b) RECOMMENDATIONS.—The Council shall develop
7 and publish not later than 1 year after the date of the
8 enactment of this section, and may periodically revise as
9 appropriate thereafter, recommendations for the purpose
10 of strengthening the capacity of health care professionals
11 and behavioral health providers to deliver integrated, com-
12 prehensive health care. The recommendations shall iden-
13 tify—

14 (1) the core competencies to be required of each
15 type of health care professional and behavioral
16 health provider with respect to mental health and
17 substance use prevention and treatment services in
18 order to carry out their respective scope of practice;

19 (2) the appropriate methods for incorporating
20 such competencies into the curricula of institutions
21 of higher education, and of continuing education, for
22 health care professionals and behavioral health pro-
23 viders;

24 (3) the appropriate methods for incorporating
25 such competencies into the licensure and certifi-

1 cation requirements for health care professionals and
2 behavioral health providers; and

3 (4) the appropriate methods for incorporating
4 such competencies into the accreditation process for
5 institutions of higher education providing terminal
6 education for health care professionals and behav-
7 ioral health providers.

8 (c) REPORTING.—

9 (1) BY THE COUNCIL.—Not later than 1 year
10 after the date of the enactment of this Act, and an-
11 nually thereafter, the Council shall submit to the
12 Secretary and the appropriate committees of the
13 Congress, and to the Council on Graduate Medical
14 Education when appropriate, and make publicly
15 available, a report on the recommendations under
16 subsection (b) and the implementation of such rec-
17 ommendations. Each such report shall include—

18 (A) a description of current and future
19 needs related to the successful integration core
20 competencies for mental health and substance
21 use disorders into health care professional and
22 behavioral health provider education and edu-
23 cation curricula beyond medical education;

1 (B) an identification of goals, outcome
2 measures, and timeframes for addressing the
3 needs described in subparagraph (A);

4 (C) a detailed plan for implementing the
5 recommendations under subsection (b); and

6 (D) an evaluation of the extent to which
7 such plan has been implemented.

8 (2) BY THE SECRETARY.—Not later than 1
9 year after the date of the enactment of this Act, and
10 annually thereafter, the Secretary shall submit a re-
11 port to the Congress on the activities of the Council.

12 (d) MEMBERS.—

13 (1) COMPOSITION; VOTING; CHAIR.—The Coun-
14 cil shall be composed of the ex officio members spec-
15 ified in paragraph (2) and the members appointed
16 under paragraph (3). All of the members of the
17 Council shall be voting members. The Council shall
18 elect a chair from among its members.

19 (2) EX OFFICIO MEMBERS.—The Council shall
20 include the following ex officio members (or their
21 designees)—

22 (A) the Secretary;

23 (B) the Administrator of the Health Re-
24 sources and Services Administration;

1 (C) the Administrator of the Centers for
2 Medicare & Medicaid Services;

3 (D) the Administrator of the Substance
4 Abuse and Mental Health Services Administra-
5 tion; and

6 (E) the Director of the Office of National
7 Drug Control Policy.

8 (3) APPOINTED MEMBERS.—

9 (A) IN GENERAL.—The Council shall in-
10 clude members to be appointed by the Secretary
11 (in consultation with the other ex officio mem-
12 bers of the Council and without regard to the
13 civil service laws) who are not employees of the
14 Federal Government. The Secretary shall ap-
15 point a sufficient number of members under
16 this subparagraph to ensure that the Council is
17 composed of not less than 20 members, includ-
18 ing both ex officio members under paragraph
19 (2) and members appointed under this para-
20 graph.

21 (B) OTHER SELECTION CRITERIA.—In ap-
22 pointing members of the Council under this
23 paragraph, the Secretary shall ensure—

24 (i) inclusion of both urban and rural
25 members;

1 (ii) adequate representation of men
2 and women;

3 (iii) a range of members from a vari-
4 ety of practice settings and having exper-
5 tise in prevention and treatment across the
6 lifespan;

7 (iv) adequate representation of racial,
8 ethnic, religious, and economic diversity;

9 (v) an equal distribution of the mem-
10 bers appointed under subparagraph (A) be-
11 tween those specializing in mental health
12 services and those specializing in substance
13 use disorders;

14 (vi) diverse representation from addi-
15 tion and psychiatry specialty sectors;

16 (vii) diverse representation of
17 allopathic and osteopathic physicians;

18 (viii) adequate representation of
19 health care professionals and behavioral
20 health providers who provide direct patient
21 care to individuals with co-occurring men-
22 tal health or substance use disorders and
23 physical health conditions;

24 (ix) adequate representation of health
25 care and behavioral health (including sub-

1 stance use) faculty who have demonstrated
2 expertise in curriculum development; and

3 (x) inclusion of a health or behavioral
4 health (including substance use) consumer.

5 (C) TERMS.—

6 (i) IN GENERAL.—Subject to subpara-
7 graph (D)(ii), each member of the Council
8 under this paragraph shall be appointed
9 for a term of 4 years.

10 (ii) VACANCIES.—Any member of the
11 Council appointed to fill a vacancy occur-
12 ring before the expiration of the term for
13 which the member’s predecessor was ap-
14 pointed shall be appointed only for the re-
15 mainder of that term. A member may
16 serve after the expiration of that member’s
17 term until a successor has taken office.

18 (D) INITIAL MEMBERS.—

19 (i) APPOINTMENT.—The Secretary
20 shall appoint the initial members of the
21 Council under this paragraph not less than
22 90 days after the date of the enactment of
23 this Act.

24 (ii) TERMS.—As designated by the
25 Secretary at the time of appointment, of

1 the initial members of the Council under
2 this paragraph, $\frac{1}{4}$ shall be appointed for
3 terms of 1 year, $\frac{1}{4}$ shall be appointed for
4 terms of 2 years, $\frac{1}{4}$ shall be appointed for
5 terms of 3 years, and $\frac{1}{4}$ shall be appointed
6 for terms of 4 years.

7 (e) STAFF.—The Secretary shall provide the Council
8 with such professional and clerical staff, such information,
9 and the services of such consultants as may be necessary
10 to assist the Council in carrying out effectively its func-
11 tions under this section.

12 (f) ADMINISTRATION.—

13 (1) TRAVEL EXPENSES.—Members shall receive
14 travel expenses, including per diem in lieu of subsist-
15 ence, in accordance with sections 5702 and 5703 of
16 title 5, United States Code, while away from their
17 homes or regular places of business in performance
18 of services for the Council.

19 (2) OTHER RESOURCES.—The Council shall
20 have reasonable access to materials, resources, sta-
21 tistical data, and other information such Council de-
22 termines to be necessary to carry out its duties from
23 agencies of the executive and legislative branches of
24 the Federal Government. The chair of the Council

1 shall make requests for such access in writing when
2 necessary.

3 (3) PROHIBITION AGAINST COMPENSATION OF
4 FEDERAL EMPLOYEES.—Members of the Council
5 who are officers or employees of the Federal Govern-
6 ment shall not receive additional pay, allowances, or
7 benefits by reason of their service on the Council.

8 (g) MEETINGS.—The Council shall conduct at least
9 3 meetings each year.

10 (h) AUTHORIZATION OF APPROPRIATIONS.—To carry
11 out this section, there are authorized to be appropriated
12 such sums as may be necessary for each of fiscal years
13 2011 through 2016.

14 **SEC. 4. IMPLEMENTATION OF RECOMMENDATIONS OF THE**
15 **COUNCIL.**

16 (a) HEALTH CARE AND BEHAVIORAL HEALTH
17 WORKFORCE CONTINUING EDUCATION.—

18 (1) IN GENERAL.—Beginning 1 year after sub-
19 mission of the first report of the Council under sec-
20 tion 3(c)(1), the Secretary may make grants, con-
21 tracts, or cooperative agreements to public or private
22 nonprofit entities for the purpose of implementing
23 the recommendations of the Council on continuing
24 education for health care professionals and behav-
25 ioral health providers.

1 (2) ELIGIBILITY.—To receive a grant, contract,
2 or cooperative agreement under this subsection, a
3 public or private nonprofit entity shall demonstrate
4 expertise in providing continuing education for
5 health care professionals and behavioral health pro-
6 viders.

7 (3) PRIORITY.—In awarding grants, contracts,
8 and cooperative agreements under this subsection,
9 the Secretary shall give priority to entities that pro-
10 pose to implement continuing education—

11 (A) in interdisciplinary settings; or

12 (B) in collaboration with a diverse rep-
13 resentation of health care professionals and be-
14 havioral health providers who have no direct af-
15 filiation with the receiving entity as determined
16 by the Secretary.

17 (4) GEOGRAPHIC DISTRIBUTION.—The Sec-
18 retary shall ensure that grants, contracts, and coop-
19 erative agreements under this subsection are award-
20 ed to entities throughout the United States to en-
21 sure the availability of continuing education in men-
22 tal health and substance abuse prevention and treat-
23 ment services.

1 (5) DURATION OF AWARDS.—The period of a
2 grant, contract, or cooperative agreement under this
3 subsection shall not exceed 3 years.

4 (6) AUTHORIZATION OF APPROPRIATIONS.—
5 There are authorized to be appropriated \$5,000,000
6 for fiscal year 2012 and such sums as may be nec-
7 essary for each of fiscal years 2013 through 2016.

8 (b) HEALTH CARE AND BEHAVIORAL HEALTH
9 WORKFORCE EDUCATION CURRICULA.—

10 (1) IN GENERAL.—The Secretary shall make
11 grants, contracts, or cooperative agreements to pub-
12 lic or nonprofit private institutions of higher edu-
13 cation for the purpose of implementing the rec-
14 ommendations of the Council on education curricula
15 for health care professionals and behavioral health
16 providers.

17 (2) PRIORITY.—In awarding grants, contracts,
18 and cooperative agreements under this subsection,
19 the Secretary shall give priority to applicants that
20 demonstrate willingness—

21 (A) to integrate the recommendations of
22 the Council on curricula across academic dis-
23 ciplines;

1 (B) to coordinate the use of Federal and
2 non-Federal resources for purposes of such in-
3 tegration; or

4 (C) to incorporate other evidence-based
5 recommendations that further the integration of
6 behavioral health in health care.

7 (3) GEOGRAPHIC DISTRIBUTION.—The Sec-
8 retary shall ensure that grants, contracts, and coop-
9 erative agreements under this subsection are award-
10 ed to institutions of higher education throughout the
11 United States to ensure the availability and improve-
12 ment of education curricula for health care profes-
13 sionals and behavioral health providers.

14 (4) DURATION OF AWARDS.—The period of a
15 grant, contract, or cooperative agreement under this
16 subsection shall not exceed 3 years.

17 (5) AUTHORIZATION OF APPROPRIATIONS.—
18 There are authorized to be appropriated \$5,000,000
19 for fiscal year 2012 and such sums as may be nec-
20 essary for each of fiscal years 2013 through 2016.

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