

111TH CONGRESS
1ST SESSION

S. 1188

To amend the Public Health Service Act with respect to mental health services.

IN THE SENATE OF THE UNITED STATES

JUNE 4, 2009

Mr. REED (for himself, Ms. MURKOWSKI, and Mr. WHITEHOUSE) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act with respect to mental health services.

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 “Community Mental
5 Health Services Improvement Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds that—

8 (1) almost 60,000,000 Americans, or one in
9 four adults and one in five children, have a mental

1 illness that can be diagnosed and treated in a given
2 year;

3 (2) mental illness costs our economy more than
4 \$80,000,000,000 annually, accounting for 15 per-
5 cent of the total economic burden of disease;

6 (3) alcohol and drug abuse contributes to the
7 death of more than 100,000 people and costs society
8 upwards of half a trillion dollars a year;

9 (4) individuals with serious mental illness die
10 on average 25 years sooner than individuals in the
11 general population; and

12 (5) community mental and behavioral health or-
13 ganizations provide cost-efficient and evidence-based
14 treatment and care for millions of Americans with
15 mental illness and addiction disorders.

16 **SEC. 3. CO-LOCATING PRIMARY AND SPECIALTY CARE IN**
17 **COMMUNITY-BASED MENTAL HEALTH SET-**
18 **TINGS.**

19 Subpart 3 of part B of title V of the Public Health
20 Service Act (42 U.S.C. 290bb–31 et seq.) is amended by
21 adding at the end the following:

22 **“SEC. 520K. GRANTS FOR CO-LOCATING PRIMARY AND SPE-**
23 **CIALTY CARE IN COMMUNITY-BASED MENTAL**
24 **HEALTH SETTINGS.**

25 “(a) **DEFINITIONS.**—In this section:

1 “(1) ELIGIBLE ENTITY.—The term ‘eligible en-
2 tity’ means a qualified community mental health
3 program defined under section 1913(b)(1).

4 “(2) SPECIAL POPULATIONS.—The term ‘spe-
5 cial populations’ refers to the following 3 groups:

6 “(A) Children and adolescents with mental
7 and emotional disturbances who have co-occur-
8 ring primary care conditions and chronic dis-
9 eases.

10 “(B) Adults with mental illnesses who have
11 co-occurring primary care conditions and chron-
12 ic diseases.

13 “(C) Older adults with mental illnesses
14 who have co-occurring primary care conditions
15 and chronic diseases.

16 “(b) PROGRAM AUTHORIZED.—The Secretary, acting
17 through the Administrator of the Substance Abuse and
18 Mental Health Services Administration and in coordina-
19 tion with the Director of the Health Resources and Serv-
20 ices Administration, shall award grants to eligible entities
21 to establish demonstration projects for the provision of co-
22 ordinated and integrated services to special populations
23 through the co-location of primary and specialty care serv-
24 ices in community-based mental and behavioral health set-
25 tings.

1 “(c) APPLICATION.—To be eligible to receive a grant
2 under this section, an eligible entity shall submit an appli-
3 cation to the Administrator at such time, in such manner,
4 and accompanied by such information as the Adminis-
5 trator may require. Each such application shall include—

6 “(1) an assessment of the primary care needs
7 of the patients served by the eligible entity and a de-
8 scription of how the eligible entity will address such
9 needs; and

10 “(2) a description of partnerships, cooperative
11 agreements, or other arrangements with local pri-
12 mary care providers, including community health
13 centers, to provide services to special populations.

14 “(d) USE OF FUNDS.—

15 “(1) IN GENERAL.—For the benefit of special
16 populations, an eligible entity shall use funds award-
17 ed under this section for—

18 “(A) the provision, by qualified primary
19 care professionals on a reasonable cost basis,
20 of—

21 “(i) primary care services on site at
22 the eligible entity;

23 “(ii) diagnostic and laboratory serv-
24 ices; or

1 “(iii) adult and pediatric eye, ear, and
2 dental screenings;

3 “(B) reasonable costs associated with
4 medically necessary referrals to qualified spe-
5 cialty care professionals as well as to other co-
6 ordinators of care or, if permitted by the terms
7 of the grant, for the provision, by qualified spe-
8 cialty care professionals on a reasonable cost
9 basis on site at the eligible entity;

10 “(C) information technology required to
11 accommodate the clinical needs of primary and
12 specialty care professionals; or

13 “(D) facility improvements or modifica-
14 tions needed to bring primary and specialty
15 care professionals on site at the eligible entity.

16 “(2) LIMITATION.—Not to exceed 15 percent of
17 grant funds may be used for activities described in
18 subparagraphs (C) and (D) of paragraph (1).

19 “(e) GEOGRAPHIC DISTRIBUTION.—The Secretary
20 shall ensure that grants awarded under this section are
21 equitably distributed among the geographical regions of
22 the United States and between urban and rural popu-
23 lations.

24 “(f) EVALUATION.—Not later than 3 months after a
25 grant or cooperative agreement awarded under this section

1 expires, an eligible entity shall submit to the Secretary the
2 results of an evaluation to be conducted by the entity con-
3 cerning the effectiveness of the activities carried out under
4 the grant or agreement.

5 “(g) REPORT.—Not later than 5 years after the date
6 of enactment of this section, the Secretary shall prepare
7 and submit to the appropriate committees of Congress a
8 report that shall evaluate the activities funded under this
9 section. The report shall include an evaluation of the im-
10 pact of co-locating primary and specialty care in commu-
11 nity mental and behavioral health settings on overall pa-
12 tient health status and recommendations on whether or
13 not the demonstration program under this section should
14 be made permanent.

15 “(h) AUTHORIZATION OF APPROPRIATIONS.—There
16 are authorized to be appropriated to carry out this section,
17 \$50,000,000 for fiscal year 2010 and such sums as may
18 be necessary for each of fiscal years 2011 through 2014.”.

19 **SEC. 4. INTEGRATING TREATMENT FOR MENTAL HEALTH**
20 **AND SUBSTANCE ABUSE CO-OCCURRING DIS-**
21 **ORDERS.**

22 Section 520I of the Public Health Service Act (42
23 U.S.C. 290bb–40) is amended—

24 (1) by striking subsection (i) and inserting the
25 following:

1 “(j) FUNDING.—The Secretary shall make available
2 to carry out this section, \$14,000,000 for fiscal year 2010,
3 \$20,000,000 for fiscal year 2011, and such sums as may
4 be necessary for each of fiscal years 2012 through 2014.
5 Such sums shall be made available in equal amount from
6 amounts appropriated under sections 509 and 520A.”;
7 and

8 (2) by inserting before subsection (j), the fol-
9 lowing:

10 “(i) COMMUNITY MENTAL HEALTH PROGRAM.—For
11 purposes of eligibility under this section, the term ‘private
12 nonprofit organization’ includes a qualified community
13 mental health program as defined under section
14 1913(b)(1).”.

15 **SEC. 5. IMPROVING THE MENTAL HEALTH WORKFORCE.**

16 (a) NATIONAL HEALTH SERVICE CORPS.—Para-
17 graph (1) of section 332(a) of the Public Health Service
18 Act (42 U.S.C. 254e(a)) is amended by inserting “and
19 community mental health centers meeting the criteria
20 specified in section 1913(c)” after “Social Security Act
21 (42 U.S.C. 1395x(aa)),”.

22 (b) RECRUITMENT AND RETENTION OF MENTAL
23 HEALTH PROFESSIONALS.—Subpart X of part D of title
24 III of the Public Health Service Act (42 U.S.C. 256f et
25 seq.) is amended by adding at the end the following:

1 **“SEC. 340H. GRANTS FOR RECRUITMENT AND RETENTION**
2 **OF MENTAL HEALTH PROFESSIONALS.**

3 “(a) ESTABLISHMENT.—The Secretary, acting
4 through the Administrator of the Health Resources and
5 Services Administration, shall award grants to States, ter-
6 ritories, and Indian tribes or tribal organizations for inno-
7 vative programs to address the behavioral and mental
8 health workforce needs of designated mental health profes-
9 sional shortage areas.

10 “(b) USE OF FUNDS.—An eligible entity shall use
11 grant funds awarded under this section for—

12 “(1) loan forgiveness and repayment programs
13 (to be carried out in a manner similar to the loan
14 repayment programs carried out under subpart III
15 of part D) for behavioral and mental health profes-
16 sionals who—

17 “(A) agree to practice in designated men-
18 tal health professional shortage areas;

19 “(B) are graduates of programs in behav-
20 ioral or mental health;

21 “(C) agree to serve in community-based
22 nonprofit entities, or as public mental health
23 professionals for the Federal, State or local gov-
24 ernment; and

25 “(D) agree to—

1 “(i) provide services to patients re-
2 gardless of such patients’ ability to pay;
3 and

4 “(ii) use a sliding payment scale for
5 patients who are unable to pay the total
6 cost of services;

7 “(2) behavioral and mental health professional
8 recruitment and retention efforts, with a particular
9 emphasis on candidates from racial and ethnic mi-
10 nority and medically underserved communities;

11 “(3) grants or low-interest or no-interest loans
12 for behavioral and mental health professionals who
13 participate in the Medicaid program under title XIX
14 of the Social Security Act to establish or expand
15 practices in designated mental health professional
16 shortage areas, or to serve in qualified community
17 mental health programs as defined in section
18 1913(b)(1);

19 “(4) placement and support for behavioral and
20 mental health students, residents, trainees, and fel-
21 lows or interns; or

22 “(5) continuing behavioral and mental health
23 education, including distance-based education.

24 “(c) APPLICATION.—

1 “(1) IN GENERAL.—Each eligible entity desir-
2 ing a grant under this section shall submit an appli-
3 cation to the Secretary at such time, in such man-
4 ner, and containing such information as the Sec-
5 retary may reasonably require.

6 “(2) ASSURANCES.—The application shall in-
7 clude assurances that the applicant will meet the re-
8 quirements of this subsection and that the applicant
9 possesses sufficient infrastructure to manage the ac-
10 tivities to be funded through the grant and to evalu-
11 ate and report on the outcomes resulting from such
12 activities.

13 “(d) MATCHING REQUIREMENT.—The Secretary may
14 not make a grant to an eligible entity under this section
15 unless that entity agrees that, with respect to the costs
16 to be incurred by the entity in carrying out the activities
17 for which the grant was awarded, the entity will provide
18 non-Federal contributions in an amount equal to not less
19 than 35 percent of Federal funds provided under the
20 grant. The entity may provide the contributions in cash
21 or in kind, fairly evaluated, including plant, equipment,
22 and services, and may provide the contributions from
23 State, local, or private sources.

24 “(e) SUPPLEMENT NOT SUPPLANT.—A grant award-
25 ed under this section shall be expended to supplement, and

1 not supplant, the expenditures of the eligible entity and
2 the value of in-kind contributions for carrying out the ac-
3 tivities for which the grant was awarded.

4 “(f) GEOGRAPHIC DISTRIBUTION.—The Secretary
5 shall ensure that grants awarded under this section are
6 equitably distributed among the geographical regions of
7 the United States and between urban and rural popu-
8 lations.

9 “(g) EVALUATION.—Not later than 3 months after
10 a grant awarded under this section expires, an eligible en-
11 tity shall submit to the Secretary the results of an evalua-
12 tion to be conducted by the entity concerning the effective-
13 ness of the activities carried out under the grant.

14 “(h) REPORT.—Not later than 5 years after the date
15 of enactment of this section, the Secretary shall prepare
16 and submit to the appropriate committees of Congress a
17 report containing data relating to whether grants provided
18 under this section have increased access to behavioral and
19 mental health services in designated mental health profes-
20 sional shortage areas.

21 “(i) AUTHORIZATION OF APPROPRIATIONS.—There
22 are authorized to be appropriated to carry out this section,
23 \$10,000,000 for fiscal year 2010, and such sums as may
24 be necessary for each of fiscal years 2011 through 2014.”.

1 (c) BEHAVIORAL AND MENTAL HEALTH EDUCATION
2 AND TRAINING PROGRAMS.—Part A of title V of the Pub-
3 lic Health Service Act (42 U.S.C. 290aa et seq.) is amend-
4 ed by adding at the end the following:

5 **“SEC. 506C. GRANTS FOR BEHAVIORAL AND MENTAL**
6 **HEALTH EDUCATION AND TRAINING PRO-**
7 **GRAMS.**

8 “(a) DEFINITION.—For the purposes of this section,
9 the term ‘related mental health personnel’ means an indi-
10 vidual who—

11 “(1) facilitates access to a medical, social, edu-
12 cational, or other service; and

13 “(2) is not a mental health professional, but
14 who is the first point of contact with persons who
15 are seeking mental health services.

16 “(b) ESTABLISHMENT.—The Secretary, acting
17 through the Administrator of the Substance Abuse and
18 Mental Health Services Administration, shall establish a
19 program to increase the number of trained behavioral and
20 mental health professionals and related mental health per-
21 sonnel by awarding grants on a competitive basis to men-
22 tal and behavioral health nonprofit organizations or ac-
23 credited institutions of higher education to enable such en-
24 tities to establish or expand accredited mental and behav-
25 ioral health education programs.

1 “(c) APPLICATION.—

2 “(1) IN GENERAL.—Each eligible entity desir-
3 ing a grant under this section shall submit an appli-
4 cation to the Secretary at such time, in such man-
5 ner, and containing such information as the Sec-
6 retary may reasonably require.

7 “(2) ASSURANCES.—The application shall in-
8 clude assurances that the applicant will meet the re-
9 quirements of this subsection and that the applicant
10 possesses sufficient infrastructure to manage the ac-
11 tivities to be funded through the grant and to evalu-
12 ate and report on the outcomes resulting from such
13 activities.

14 “(d) PRIORITY.—In awarding grants under this sec-
15 tion, the Secretary shall give priority to applicants that—

16 “(1) demonstrate a familiarity with the use of
17 evidence-based methods in behavioral and mental
18 health services;

19 “(2) provide interdisciplinary training experi-
20 ences; and

21 “(3) demonstrate a commitment to training
22 methods and practices that emphasize the integrated
23 treatment of mental health and substance abuse dis-
24 orders.

1 “(e) USE OF FUNDS.—Funds awarded under this
2 section shall be used to—

3 “(1) establish or expand accredited behavioral
4 and mental health education programs, including im-
5 proving the coursework, related field placements, or
6 faculty of such programs; or

7 “(2) establish or expand accredited mental and
8 behavioral health training programs for related men-
9 tal health personnel.

10 “(f) REQUIREMENTS.—The Secretary may award a
11 grant to an eligible entity only if such entity agrees that—

12 “(1) any behavioral or mental health program
13 assisted under the grant will prioritize cultural com-
14 petency and the recruitment of trainees from racial
15 and ethnic minority and medically underserved com-
16 munities; and

17 “(2) with respect to any violation of the agree-
18 ment between the Secretary and the entity, the enti-
19 ty will pay such liquidated damages as prescribed by
20 the Secretary.

21 “(g) GEOGRAPHIC DISTRIBUTION.—The Secretary
22 shall ensure that grants awarded under this section are
23 equitably distributed among the geographical regions of
24 the United States and between urban and rural popu-
25 lations.

1 “(h) EVALUATION.—Not later than 3 months after
2 a grant awarded under this section expires, an eligible en-
3 tity shall submit to the Secretary the results of an evalua-
4 tion to be conducted by the entity concerning the effective-
5 ness of the activities carried out under the grant.

6 “(i) REPORT.—Not later than 5 years after the date
7 of enactment of this section, the Secretary shall prepare
8 and submit to the appropriate committees of Congress a
9 report containing data relating to whether grants provided
10 under this section have increased access to behavioral and
11 mental health services in designated mental health profes-
12 sional shortage areas.

13 “(j) AUTHORIZATION OF APPROPRIATIONS.—There
14 are authorized to be appropriated to carry out this section
15 \$4,000,0000 for fiscal year 2010, and such sums as may
16 be necessary for each of fiscal years 2011 through 2014.”.

17 **SEC. 6. IMPROVING ACCESS TO MENTAL HEALTH SERVICES**
18 **IN MEDICALLY UNDERSERVED AREAS.**

19 Subpart 3 of part B of title V of the Public Health
20 Service Act (42 U.S.C. 290bb–31 et seq.), as amended by
21 section 3, is amended by inserting after section 520A the
22 following:

1 **“SEC. 520B. GRANTS FOR TELE-MENTAL HEALTH IN MEDI-**
2 **CALLY UNDERSERVED AREAS.**

3 “(a) PROGRAM AUTHORIZED.—The Secretary, acting
4 through the Administrator of the Substance Abuse and
5 Mental Health Services Administration, shall award
6 grants to eligible entities to provide tele-mental health in
7 medically underserved areas.

8 “(b) ELIGIBLE ENTITY.—To be eligible for assist-
9 ance under the program under subsection (a), an entity
10 shall be a qualified community mental health program (as
11 defined in section 1913(b)(1)).

12 “(c) APPLICATION.—

13 “(1) IN GENERAL.—Each eligible entity desir-
14 ing a grant under this section shall submit an appli-
15 cation to the Secretary at such time, in such man-
16 ner, and containing such information as the Sec-
17 retary may reasonably require.

18 “(2) ASSURANCES.—The application shall in-
19 clude assurances that the applicant will meet the re-
20 quirements of this subsection and that the applicant
21 possesses sufficient infrastructure to manage the ac-
22 tivities to be funded through the grant and to evalu-
23 ate and report on the outcomes resulting from such
24 activities.

25 “(d) USE OF FUNDS.—An eligible entity shall use
26 funds received under a grant under this section for—

1 “(1) the provision of tele-mental health services;

2 or

3 “(2) infrastructure improvements for the provi-
4 sion of tele-mental health services.

5 “(e) GEOGRAPHIC DISTRIBUTION.—The Secretary
6 shall ensure that grants awarded under this section are
7 equitably distributed among the geographical regions of
8 the United States and between urban and rural popu-
9 lations.

10 “(f) EVALUATION.—Not later than 3 months after a
11 grant awarded under this section expires, an eligible entity
12 shall submit to the Secretary the results of an evaluation
13 to be conducted by the entity concerning the effectiveness
14 of the activities carried out under the grant.

15 “(g) REPORT.—Not later than 5 years after the date
16 of enactment of this section, the Secretary shall prepare
17 and submit to the appropriate committees of Congress a
18 report that shall evaluate the activities funded under this
19 section.

20 “(h) AUTHORIZATION OF APPROPRIATIONS.—There
21 are authorized to be appropriated to carry out this section
22 \$20,000,000 for fiscal year 2010, and such sums as may
23 be necessary for each of fiscal years 2011 through 2014.”.

1 **SEC. 7. IMPROVING HEALTH INFORMATION TECHNOLOGY**
2 **FOR MENTAL HEALTH PROVIDERS.**

3 Part A of title V of the Public Health Service Act
4 (42 U.S.C. 290aa et seq.), as amended by section 5(c),
5 is further amended by adding at the end the following:

6 **“SEC. 506D. IMPROVING HEALTH INFORMATION TECH-**
7 **NOLOGY FOR MENTAL HEALTH PROVIDERS.**

8 “(a) IN GENERAL.—The Secretary, in consultation
9 with the Secretary of Veterans Affairs, shall collaborate
10 with the Administrator of the Substance Abuse and Men-
11 tal Health Services Administration and the National Coor-
12 dinator for Health Information Technology to—

13 “(1) develop and implement a plan for ensuring
14 that various components of the National Health In-
15 formation Infrastructure, including data and privacy
16 standards, electronic health records, and community
17 and regional health networks, address the needs of
18 mental health and substance abuse treatment pro-
19 viders; and

20 “(2) finance related infrastructure improve-
21 ments, technical support, personnel training, and on-
22 going quality improvements.

23 “(b) AUTHORIZATION OF APPROPRIATIONS.—There
24 are authorized to be appropriated to carry out this section

1 \$10,000,000 for fiscal year 2010, and such sums as may
2 be necessary for each of fiscal years 2011 through 2014.”.

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