

The Comprehensive Behavioral Health Reform and Recovery Act of 2016
SECTION-BY-SECTION

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TITLE I-STRENGTHENING AND INVESTING IN SAMHSA PROGRAMS

SECTION 101- ASSISTANT SECRETARY FOR MENTAL HEALTH AND SUBSTANCE USE DISORDERS

This section would establish an Assistant Secretary for Mental Health and Substance Abuse, to serve as the primary advocate for individuals with mental health and substance use disorders within the Department of Health and Human Services and with other federal government agencies. The Assistant Secretary would be responsible for both interagency and intra-agency coordination of programs and functions related to the treatment and prevention of mental illness and substance abuse. The Assistant Secretary would also work with the Interagency Serious Mental Illness Coordinating Committee described under Section 201 to review programs and activities relating to mental illness and substance abuse and make recommendations for improvement. The Administrator of SAMHSA would serve dually as both Administrator and the Assistant Secretary for Mental Health and Substance Abuse, similar to an existing model within the Department whereby the Administrator of the Administration for Community Living serves dually as the Assistant Secretary for Aging and the Commissioner of the Administration on Children, Youth, and Families serves dually as the Assistant Secretary for Children and Families.

SECTION 102- OFFICE OF CHIEF MEDICAL OFFICER

This section establishes an Office of Chief Medical Officer within SAMHSA. The Office would be headed by a Chief Medical Officer who must be a psychiatrist and be staffed by mental health and substance abuse providers.

SECTION 103-INDEPENDENT AUDIT OF SAMHSA

This section would require the Secretary to enter into a contract or cooperative agreement with an external, independent entity to conduct a full assessment and review of SAMHSA, the agency's mission, staffing, funding, the efficacy of its programs, and how SAMHSA serves individuals with mental illness, serious mental illness, substance use disorders, and individuals with co-occurring conditions.

SECTION 104-AUTHORIZATION OF THE CENTER FOR BEHAVIORAL HEALTH QUALITY AND STATISTICS

This section would authorize SAMHSA's existing Center for Behavioral Health Statistics and Quality, to coordinate SAMHSA's integrated data strategy, maintain operation of the national

Registry of Evidence-based Programs and Practices, lead evaluation of efforts for SAMHSA grant programs, recommend a core set of measurement standards for grant programs, and report to Congress on the quality of care or services furnished through grant programs administered by SAMHSA.

SECTION 105- INNOVATION GRANTS

This section requires the Secretary of Health and Human Services, acting through SAMHSA, to award grants to state and local governments, educational institutions, and nonprofit organizations for expanding models that have been scientifically demonstrated to show promise, but that would benefit from further applied research, for enhancing the screening, diagnosis, and treatment of mental illness and serious mental illness, or integrating physical and behavioral health services. It authorizes \$40,000,000 for each of fiscal years 2017 through 2021.

SECTION 106-DEMONSTRATION GRANTS

This section requires the Secretary of Health and Human Services, acting through SAMHSA, to award grants to state and local governments, educational institution, and nonprofit organizations to expand and replicate evidence-based programs to enhance effective screening, early diagnosis, and treatment of mental illness and serious mental illness. It authorizes \$80,000,000 for each of fiscal years 2017 through 2021.

SECTION 107-EARLY INTERVENTION AND TREATMENT IN CHILDHOOD

This section requires the Secretary of Health and Human Services, acting through SAMHSA, to award grants to eligible entities to undertake early childhood intervention and treatment programs to treat and educate children with signs of mental illness or who are at risk of developing serious mental illness. It authorizes \$5,000,000 for each of fiscal years 2017 through 2021.

SECTION 108-BLOCK GRANTS

This section would authorize the 5% set aside of the Community Block Grant for evidenced-based programs that have been included in annual appropriations legislation since FY 2014. It requires States to obligate at least 5% of the Community Mental Health Services Block Grant to support evidence-based programs that address the needs of early serious mental illness, including psychotic disorders, examples of such models include the Recovery After an Initial Schizophrenia Episode (RAISE) research project of the National Institute of Mental Health, and the north American Prodrome Longitudinal Study.

This section also requires states to have a plan to integrate physical and mental health services, including a description of active programs that aim to engage individuals with serious mental illness in proactively make their own health care decisions through psychiatric advance directives. It furthermore requires states to collect and report de-identified data on public health outcomes for persons with serious mental illness in the state.

This section also requires the Secretary to establish incentives for states who meet certain outcome measures. It authorizes \$25,000,000 for each of fiscal years 2017 to 2021 to be apportioned equally between the qualifying states.

This section also requires states to engage in assertive outreach and engagement programs that seek to engage individuals with serious mental illness in comprehensive services to avert relapse, repeated hospitalizations, arrest, incarceration, suicide, and to provide these services in the least restrictive setting, through a comprehensive program of evidence-based and culturally appropriate services. Types of assertive outreach and engagement services include voluntary, evidence-based assertive outreach and engagement services and may include peer support programs, the Wellness Recovery Action Plan, Assertive Community Treatment, Forensic Assertive Community Treatment, supportive housing programs incorporating a Housing First Model, and intensive, evidence-based approaches to early intervention in psychosis, such as RAISE and the Specialized Treatment Early in Psychosis program.

SECTION 109- CHILDREN'S RECOVERY FROM TRAUMA

This section reauthorizes the National Child Traumatic Stress Initiative, to develop and disseminate evidence-based practices for identifying and treating mental, behavioral, and biological disorders of children and youth resulting from witnessing or experiencing a traumatic event. It authorizes \$47,000,000 for each of fiscal years 2017 through 2021.

SECTION 110-GARRETT LEE SMITH MEMORIAL ACT REAUTHORIZATION

This section reauthorizes the Garrett Lee Smith Memorial Act. It authorizes \$6,000,000 for each of fiscal years 2017 through 2021 for a technical assistance center to provide research, training, and technical assistance on the prevention of suicide. It furthermore requires the Secretary to award grants or cooperative agreements to eligible entities develop and implement statewide or tribal youth suicide early intervention and prevention strategies in schools, educational institutions, juvenile justice systems, substance use disorder programs, mental health programs, foster care systems, and other child and youth support organizations, and authorizes \$35,427,000 for each of fiscal years 2017 through 2021 for these purposes. Finally, it requires the Secretary to award grants on a competitive basis to institutions of higher education to enhance services for students with mental health or substance use disorders and to develop best practices for the delivery of such services, and authorizes \$6,500,000 for each of fiscal years 2017 through 2021.

SECTION 111-NATIONAL SUICIDE PREVENTION LIFELINE PROGRAM

This section authorizes \$8,000,000 for fiscal years 2017 through 2021 for the existing National Suicide Prevention Lifeline Program which SAMHSA currently administers under the agency's authority for Programs of Regional and National Significance (PRNS).

SECTION 112-ADULT SUICIDE PREVENTION

This section authorizes the Secretary to award grants to eligible entities to implement suicide prevention efforts in adults 25 years and older, such as programs to screen for suicide risk for adults, implement evidence-based practices to treat individuals at suicide risk, and raise awareness, reduce stigma, and foster open dialogue about suicide prevention. It authorizes \$15,000,000 for each of fiscal years 2017 through 2021 for these purposes.

SECTION 113-PEER REVIEW AND ADVISORY COUNCILS

This section amends current statute so that no fewer than half of the members for any SAMHSA peer-review group shall be experienced mental health providers in the review of any proposal or grant related to the treatment of mental illness. Similarly, it requires that no fewer than one third of the members of an advisory council for the Center for Mental Health Services to be mental healthcare providers. Lastly, it requires the Secretary to adopt a policy to ensure that members of advisory councils do not have conflicts of interest with any program or grant about which the members are to advise.

SECTION 114-ADULT TRAUMA GRANT PROGRAM

This section establishes a new program to provide grants to eligible entities to implement trauma-informed care in primary care and public health settings. The grants awarded under this program shall be used to screen for trauma in adults, and provide intervention and referral to treatment and appropriate follow-up services. It authorizes \$3,000,000 for each of fiscal year 2017 through 2021.

SECTION 115-REDUCING THE STIGMA OF MENTAL ILLNESS

This section requires the Secretary, in conjunction with the Secretary of Education, to organize a national awareness campaign to reduce the stigma associated with serious mental illness, understand how to recognize signs of serious mental illness, and understand the importance of seeking treatment. It authorizes \$1,000,000 for each of fiscal year 2017 through 2021.

SECTION 116- REPORT ON MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT IN THE STATES

This section requires the Secretary to submit a report to Congress every two years on mental health and substance use treatment in the states, detailing how federal funds are used, identifying best practices, and compiling outcome measures in each states.

SECTION 117-MENTAL HEALTH FIRST AID

This section authorizes the Secretary, acting through the SAMHSA administration, to award grants to train a wide range of individuals such as emergency services personnel, first

responders, law enforcement, teachers, students, and others on safely de-escalating crisis situations, recognizing the signs and symptoms of mental illness, and referring individuals to timely mental health services. It authorizes \$20,000,000 for each of fiscal years 2017 through 2021 for these purposes.

SECTION 118-ACUTE CARE BED REGISTRY GRANT FOR STATES

This section establishes a new SAMHSA grant program for state mental health agencies to develop and administer an internet-based, real-time bed registry to collect, aggregate, and display information about available beds in inpatient psychiatric facilities, residential crisis stabilization units, and residential community mental health and substance abuse treatment facilities to facilitate the identification and designation of facilities for the temporary treatment of individuals in psychiatric or substance abuse crisis. It authorizes \$15,000,000 for each of fiscal years 2017 through 2021.

SECTION 119- OLDER ADULT MENTAL HEALTH GRANTS

This section requires the Secretary award grants, contracts and cooperative agreements to public and nonprofit entities for projects that address the mental health needs of older Americans, such as the establishment and maintenance of interdisciplinary geriatric mental health specialist outreach teams in community settings where older adults reside or receive social services, and the implementation of older adult suicide prevention and early intervention strategies. It authorizes \$5,000,000 for fiscal years 2017 through 2021 for this purpose.

TITLE II- INTERAGENCY SERIOUS MENTAL ILLNESS COORDINATING COMMITTEE

SECTION 201-INTERAGENCY SERIOUS MENTAL ILLNESS COORDINATING COMMITTEE.

This section creates an interagency serious mental illness coordinating Committee, with the responsibility to develop an annual summary detailing advances in serious mental illness research, monitoring federal activities with respect to serious mental illness, making recommendations to the Assistant Secretary regarding any appropriate changes to such activities, developing and updating every 4 years a strategic plan for programs and services to assist individuals with serious mental illness. It authorizes \$1,000,000 to support staffing functions for each of 2017 through 2021.

TITLE III—HIPAA CLARIFICATION

SECTIONS 301-303 – HIPAA CLARIFICATION

This section would further clarify when providers may share protected health information under HIPAA by instructing the Department of Health and Human Services (HHS) to promulgate regulations consistent with the February 2014 guidance issued by the HHS Office of Civil

Rights. It would also direct the Secretary to develop a model program and materials for training health care providers, lawyers, patients and families regarding the circumstances under which, consistent with the HIPAA, the protected health information of a patient can be disclosed with and without a patient's consent. It would authorize \$5,000,000 for fiscal year 2017 and \$25,000,000 for the period of fiscal years 2018 through 2023. It also requires the Secretary to issue a final rule modernizing the privacy sections under 42 U.S.C. 290dd-2, which provide heightened privacy protections for substance abuse treatment records, within 2 years of enactment.

SECTION 304 – IMPROVING COMMUNICATION WITH INDIVIDUALS, FAMILIES, AND PROVIDERS

This section also includes a new provision to improve communications between individuals with mental illness, their families, and their providers. It requires the Secretary to award grants to eligible entities for the implementation of pilot programs designed to enhance care and promote recovery by supporting communication and dialogue between patients, families, providers, and other individuals involved. Grant funds are to be used to implement evidence-based or innovative programs, such as Adapted or Open Dialogue, that enhance such communication. It authorizes \$2,000,000 for each of fiscal years 2017 through 2021 for this purpose.

TITLE IV—IMPROVING MEDICAID AND MEDICARE MENTAL HEALTH SERVICES

SUBTITLE A—MEDICAID PROVISIONS

SECTION 401-ENHANCED MEDICAID COVERAGE RELATING TO CERTAIN MENTAL HEALTH SERVICES

This section would require State Medicaid programs to allow payment for mental health or primary care services provided at a community mental health center or a federally qualified health center when the mental health services was received on the same day as the primary care service, if those services are not already provided as part of a bundle or other payment arrangement that appropriately accounts for both services.

This section would also require states to provide the full range of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services to Medicaid children receiving inpatient psychiatric care at so-called “Institutions for Mental Disease” (IMD). The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for all children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services. 1972, Congress changed the Medicaid statute to allow for federal financial participation for inpatient psychiatric care provided in IMDs for individuals under age 21. However, the benefit is a limited; states are not required to provide the full-range of Medicaid benefits to children admitted to inpatient psychiatric treatment in such a facility. Further, because federal financial participation for the full range of EPSDT services is explicitly

not allowable under the Medicaid statute in the “psych under 21” benefit, despite efforts by the Secretary to mitigate the issue somewhat, a large gap in services remains. Furthermore, this restriction means that children receiving inpatient psychiatric care at an IMD, as opposed to inpatient psychiatric care at a general hospital, may not receive the same access to services. This provision removes this restriction, ensuring that children receiving inpatient psychiatric care at IMDs in Medicaid retain full access to the Medicaid benefits available to all children in Medicaid.

Finally, this section would codify the recently promulgated Medicaid and CHIP Managed Care Proposed Rule as it applies to the Institutes of Mental Disease (IMD) exclusion, and allow to Secretary to update the regulation as appropriate. The proposed rule would allow states to include short-term IMD residential stays in managed care capitation payments. Stays would be limited to fewer than 15 days in any one month in hospitals providing psychiatric or substance use disorder inpatient care or subacute facilities providing psychiatric or substance use crisis residential services. This ensures that short-stay IMD coverage is allowable under Medicaid managed care.

SECTION 402- EXTENSION AND EXPANSION OF DEMONSTRATION PROGRAMS TO IMPROVE COMMUNITY MENTAL HEALTH SERVICES

This section amends the Excellence in Mental Health Act Demonstration project in Medicaid, which was passed as part of the Protecting Access to Medicare Act of 2014. This section would extend the current Excellence in Mental Health demonstration program, currently a two-year project, by three years, to give the demonstration project the full standard five-year demonstration project period. While 24 states received planning grants, the Secretary may only award 8 such states the opportunity to carry out the full project. Thus, this provision would give the Secretary the authority to extend the full demonstration project beyond eight states, if she deems that such projects show early potential to measurably improve quality and access to care. This section requires a report and recommendation to Congress on whether the demonstration project should be permanently extended and expanded, upon the five-year period’s completion.

SECTION 403- EXTENSION AND EXPANSION OF MEDICAID EMERGENCY PSYCHIATRIC DEMONSTRATION PROJECT

This provision removes a requirement that the Secretary must receive Congressional approval before she may extend or expand the Medicaid Emergency Psychiatric Demonstration Project after September 2016. Such a requirement in place will hinder the seamless transition and scalability of a successful project.

In December 2015, an extension of the Medicaid Emergency Psychiatric Demonstration project, passed as part of the Affordable Care Act, was signed into law. This project, which has now been extended through September 2016, has allowed 11 states and the District of Columbia to obtain reimbursement to IMDs in fee-for-service Medicaid programs. Congress authorized this demonstration project to alleviate the shortage of psychiatric beds by allowing federal Medicaid matching payments to freestanding psychiatric hospitals for emergency psychiatric cases,

waiving the longstanding IMD exclusion for Medicaid beneficiaries between the ages of 21 and 64 years. As enacted, at the end of September 2016, the Secretary of Health and Human Services (HHS) would be required to submit a report to Congress with her recommendations based on the final evaluation. After the report is submitted to Congress, the Act would also allow the Secretary of HHS to extend the program for additional five years and/or expand it to include other states based upon Congressional Approval. At the completion of those five additional years, the project would come to a close unless Congress acts to extend it. All the while, the demonstration would be required to remain budget neutral.

SECTION 404- COMMUNITY-BASED MENTAL HEALTH SERVICES MEDICAID OPTION FOR CHILDREN IN OR AT RISK OF PSYCHIATRIC RESIDENTIAL SERVICES

Under current law, psychiatric hospitals, psychiatric units in general hospitals, and psychiatric residential treatment facilities are the three settings in which Medicaid enrollees aged 21 years and younger can receive inpatient psychiatric hospital services. Of these three settings, psychiatric residential treatment facilities are the only setting that is not a qualified inpatient facility for the purposes of home- and community-based services (HCBS). For individuals to be eligible for a Section 1915(c) HCBS waiver, they need to require the level of care provided in hospitals, nursing facilities, or intermediate care facilities for individuals with intellectual disabilities. Psychiatric residential treatment facilities are not recognized as hospitals, nursing facilities, or intermediate care facilities for individuals with intellectual disabilities under the Medicaid statute. Therefore, states have been unable to use the 1915(c) waiver authority to provide home- and community- based alternatives to institutional care for children receiving care in psychiatric residential treatment facilities.

This provision would add services in psychiatric residential treatment facilities to the list of qualified institutional benefits for 1915(c) waivers. Thus, it would extend coverage of HCBS under 1915(c) waivers to eligible individuals who meet the level of care need for services in psychiatric residential treatment facilities.

SECTION 405- EXPANSION OF CMMI AUTHORITY TO SUPPORT MAJOR MENTAL ILLNESS PROJECTS IN MEDICAID

Although CMMI and Center for Medicaid are working jointly on many Medicaid innovations, some testing mental health interventions, behavioral health innovations in Medicaid are not, in fact, a statutorily-required focus at CMMI. This provision would add behavioral health interventions in Medicaid as a statutory focus for CMMI.

SECTION 406- MEDICAID DATA AND REPORTING

This provision would improve access to Medicaid data on behavioral health services provided. This data is needed to inform future policy decisions.

All states are required to report data annually on EPSDT screenings and resulting provided services in Medicaid. Mental health screenings are one of the required EPSDT screenings for all youth in Medicaid under the age of 21. However, the required reporting across all conditions is

largely consolidated together for purposes of reporting, making it difficult to analyze behavioral health intervention effectiveness in Medicaid separately. This provision would require the Secretary to provide guidance and update reporting mechanisms to ensure such information on behavioral health screenings and interventions provided is given in its own category.

This provision would also require the Medicaid And CHIP Payment and Access Commission to survey and annually report on state behavioral health reimbursement rates.

SECTION 407 – AT-RISK YOUTH MEDICAID PROTECTION

A large proportion of individuals detained in juvenile detention centers are Medicaid enrollees with significant behavioral health needs. While detained, such youth do not receive Medicaid services. However, instead of suspending enrollment so that there is a seamless transition when a child transitions back to the community, many states terminate enrollment. The transition period is a critical time, and gaps in behavioral health services because of delays in coverage should be avoided. This section would, therefore, require that states merely suspend Medicaid enrollment while a child is detained, rather than fully terminating benefits.

SUBTITLE B-MEDICARE PROVISIONS

SECTION 411-ELIMINATION OF THE 190-DAY LIFETIME LIMIT ON COVERAGE OF INPATIENT PSYCHIATRIC HOSPITAL SERVICES UNDER MEDICARE

This section would eliminate the 190-day lifetime limit on inpatient psychiatric services under Medicare.

SECTION 412-MODIFICATIONS TO MEDICARE DISCHARGE PLANNING REQUIREMENTS

This section would require the Secretary of HHS to develop and issue, through regulations, guidelines and standards for new discharge planning requirements for psychiatric hospitals.

SUBTITLE C-PROVISIONS RELATED TO MEDICAID AND MEDICARE

SECTION 421- REPORTS ON MEDICARE AND MEDICAID FORMULARY AND APPEALS PRACTICES WITH RESPECT TO COVERAGE OF MENTAL HEALTH DRUGS

This section authorizes three studies. The first study would direct the HHS inspector general to review the transparency, compliance and equitable access of the Medicare part D appeals process for beneficiaries, access to new treatments for difficult to treat behavioral health conditions, such as resistant depression, and make recommendations for improvements. The second study directs the government accountability office (GAO) to study formulary practices and preferred drug lists, beneficiary access to treatments, and beneficiary appeals processes in state Medicaid programs, and make recommendations for access improvements. The third study directs GAO to

study factors influencing the availability of treatments for resistant depression in the Medicare and Medicaid programs.

TITLE V—STRENGTHENING THE BEHAVIORAL HEALTH WORKFORCE AND IMPROVING ACCESS TO CARE

SECTION 501-NATIONWIDE WORKFORCE STRATEGY

This section directs SAMHSA to submit to Congress a report containing a nationwide strategy to increase the mental health and substance use disorder workforce, such as psychiatrists, psychologists, psychiatric nurse practitioners and physician assistants, clinical social workers, and peer-support specialists.

SECTION 502- REPORT ON BEST PRACTICES FOR PEER-SUPPORT SPECIALIST PROGRAMS, TRAINING, AND CERTIFICATION

This section requires the Secretary to submit to Congress a report on best practices for peer-support specialists, who are defined as individuals who use their lived experience of recovery from mental illness or substance use disorder to facilitate engagement of individuals with serious mental illness or substance use disorders.

SECTION 503-ADVISORY COUNCIL ON GRADUATE MEDICAL EDUCATION

This section adds the Assistant Secretary for Mental Health and Substance Use Disorders to the Advisory Council on Graduate Medical Education.

SECTION 504-TELEPSYCHIATRY AND PRIMARY CARE PHYSICIAN TRAINING GRANT PROGRAM

This section establishes a grant program to train primary care providers in implementing the use of behavioral health screening tools, interventions and treatment protocols for individuals in mental health crisis, and the evidence-based collaborative care model of integrated medical-behavioral health care in their practices. It authorizes \$3,000,000 for each of fiscal years 2017 through 2021.

SECTION 505-LIABILITY PROTECTIONS FOR HEALTH CARE PROFESSIONAL VOLUNTEERS AT COMMUNITY HEALTH CENTERS AND FEDERALLY QUALIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS

This section would extend federal malpractice liability coverage to health care professional volunteers who are providing specific services at community health centers and Federally-Qualified Community Behavioral Health Clinics.

SECTION 506-MINORITY FELLOWSHIP PROGRAM

This section authorizes the existing Minority Fellowship program, which SAMHSA currently administers under the agency's authority for Programs of Regional and National Significance (PRNS). The program awards fellowships for the purposes of improving the quality of mental and substance use disorder prevention and treatment delivered to ethnic minorities. It authorizes the program at \$11,000,000 for FY 2017, \$14,000,000 for FY 2018, \$16,000,000 for FY 2019, \$18,000,000 for FY 2019, and \$20,000,000 for FY 2021.

SECTION 507-NATIONAL HEALTH SERVICE CORPS

This section would amend certain definitions under the National Health Service Corps, to allow child and adolescent psychiatrists to participate in the NHSC Program.

SECTION 508-SAMHSA GRANT PROGRAM FOR DEVELOPMENT AND IMPLEMENTATION OF CURRICULA FOR CONTINUING EDUCATION ON SERIOUS MENTAL ILLNESS

This section creates a grant program for the development and implementation of curricula for providing continuing education and training to health care professionals on identifying, referring, and treating individuals with serious mental illness. It authorizes \$1,000,000 for each of fiscal years 2017 through 2021.

SECTION 509-PEER PROFESSIONAL WORKFORCE DEVELOPMENT PROGRAM

This section establishes a SAMHSA grant program to develop and sustain behavioral health paraprofessional training and education programs, including through tuition support. The purpose of the program is to increase the number of behavioral health paraprofessionals, such as trained peers, recovery coaches, mental health and addiction specialists, prevention specialists, and addiction counselors, and help communities develop the infrastructure to train and certify peers as behavioral health professionals. It authorizes \$5,000,000 for each of fiscal years 2017 through 2021 for this purpose.

SECTION 510-DEMONSTRATION GRANT PROGRAM TO RECRUIT, TRAIN, AND PROFESSIONALLY SUPPORT PSYCHIATRIC PHYSICIANS IN INDIAN HEALTH PROGRAMS

This section requires the Secretary to award one five-year grant to an eligible entity to carry out a demonstration program to recruit, train, and deploy Native American and non-Native American psychiatrists to service in Indian health programs. It authorizes \$1,000,000 for each of fiscal years 2017 to 2021 for this purpose.

SECTION 511-EDUCATION AND TRAINING ON EATING DISORDERS FOR HEALTH PROFESSIONALS

This section requires the Secretary to award grants to integrate training into existing curricula for primary care physicians, other licensed or certified health and mental health professionals, and public health professionals on identifying and treating eating disorders. It authorizes \$1,000,000 for each of fiscal years 2017 to 2021 for this purpose.

SECTION 512-PRIMARY AND BEHAVIORAL HEALTH CARE INTEGRATION GRANT PROGRAMS

This section establishes a new grant program to integrate primary health and behavioral healthcare. It authorizes the Secretary to award grants and cooperative agreements to eligible entities to provide integrated services related to screening, diagnosis, and treatment of mental illness, substance use disorders, and co-occurring primary care conditions and chronic diseases. It further requires the Secretary to establish a program to provide training and technical assistance to eligible entities for the development and dissemination of evidence-based interventions in integrated care. It authorizes \$50,000,000 for each of fiscal years 2017 through 2021 for these purposes.

SECTION 513-HEALTH PROFESSIONS COMPETENCIES TO ADDRESS RACIAL, ETHNIC, SEXUAL, AND GENDER MINORITY BEHAVIORAL HEALTH DISPARITIES

This section establishes a new grant program for the purpose of developing and disseminating educational programs curricula or core competencies addressing behavioral health disparities among racial, ethnic, sexual, and gender minority groups to health professionals. It authorizes \$1,000,000 for each of fiscal years 2017 through 2021.

SECTION 514- BEHAVIORAL HEALTH CRISIS SYSTEMS

This section creates a new grant program to States, localities, or nonprofits to establish and implement systems for preventing and de-escalating behavioral health crises by expanding early intervention and treatment services, expanding services to address crisis prevention, intervention, and stabilization, such as mobile support or crisis support centers, and reduce unnecessary hospitalizations by appropriately utilizing community-based services and improving access to timely behavioral health crisis assistance. It authorizes \$10,000,000 for each of fiscal years 2017 through 2021 for this purpose.

SECTION 515-MENTAL HEALTH IN SCHOOLS

This section directs the Secretary through grants, contracts, or cooperative agreements awarded to public entities and local education agencies, to assist local communities and schools in applying a public health approach to mental health services both in schools and in the community. Such approach should provide comprehensive age-appropriate services and

supports, be linguistically and culturally appropriate, be trauma-informed, and incorporate age appropriate strategies of positive behavioral interventions and supports. It authorizes \$20,000,000 for each of fiscal year 2017 through 2021.

SECTION 516-EXAMINING MENTAL HEALTH CARE FOR CHILDREN

This section requires a GAO study on the utilization of mental health services in children, including the extent to which children prescribed psychotropic medications face barriers to comprehensive mental health treatments or other mental health services and interventions. It would also examine barriers to care, the extent to which children are prescribed psychotropic medications, and the tools, assessments and medications that are available and used to diagnose and treat children with mental health disorders.

SECTION 517-REPORTING COMPLIANCE STUDY

This section requires the Secretary to enter into an arrangement with the Institute of Medicine of the National Academies to evaluate the combined paperwork burden of community mental health centers and federally qualified community mental health clinics.

SECTION 518-STRENGTHENING CONNECTIONS TO COMMUNITY CARE DEMONSTRATION GRANT PROGRAM

This section establishes a SAMHSA grant program to provide individuals with serious mental illness and substance abuse disorders, who will soon be released or who have recently been released from incarceration, with support and assistance in accessing healthcare coverage and services. It authorizes \$5,000,000 for each of fiscal years 2017 through 2021 for this purpose.

519-ASSERTIVE COMMUNITY TREATMENT GRANT PROGRAM FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS

This section establishes a SAMHSA program to award grants to states, localities, mental health systems, and health care facilities to establish assertive community treatment programs for individuals with serious mental illnesses. ACT is a voluntary, comprehensive, community-based program for delivering treatment, support, and rehabilitation for individuals with serious mental illness. ACT is an evidence-based practice that improves outcomes for people with severe mental illness who are most at-risk of homelessness, psychiatric hospitalization, and institutional recidivism. ACT is one of the oldest and most widely researched, practices in behavioral healthcare for people with severe mental illness. ACT is a multidisciplinary team approach with assertive outreach in the community. People receiving ACT services tend to utilize fewer intensive, high-cost services such as emergency department visits, psychiatric crisis services, and psychiatric hospitalization. They also experience more independent living and higher rates of treatment retention. It authorizes \$20,000,000 for each of fiscal years 2017 through 2021 to carry out this section.

SECTION 520 – IMPROVING MENTAL HEALTH AND BEHAVIORAL HEALTH ON COLLEGE CAMPUSES

This section establishes a grant program to increase access to mental and behavioral health services on college campuses. The grant funding may be used by an institution of higher education to support efforts such as providing mental and behavioral health services to students; conducting research through a counseling or health center regarding improving the mental and behavioral health of college and university students; providing outreach services to notify students of the existence of mental and behavioral health services; and employing appropriately trained staff. It authorizes \$15,000,000 for each of fiscal years 2017 through 2021 to carry out this section.

SECTION 521 – INCLUSION OF OCCUPATIONAL THERAPISTS IN NATIONAL HEALTH SERVICE CORPS PROGRAM

This section would include occupational therapists as behavioral and mental health professionals for purposes of the National Health Service Corps (NHSC). This will allow occupational therapists to be eligible for the NHSC scholarship program and NHSC loan repayment program.

TITLE VI—IMPROVING MENTAL HEALTH RESEARCH AND COORDINATION

SECTION 601-INCREASE IN FUNDING FOR CERTAIN RESEARCH

This section would authorize \$40,000,000 a year from FY 2017 through 2021 for the National Institute of Mental Health for research on the determinants of self and other directed-violence in mental illness, and the Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiative.

TITLE VII—BEHAVIORAL HEALTH INFORMATION TECHNOLOGY

This title allows behavioral and mental health providers to receive incentive payments for the meaningful use of health information technology.

TITLE VIII—MAKING PARITY WORK

SECTION 801-STRENGTHENING PARITY IN MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS

This section would strengthen parity in mental health and substance use disorder benefits by requiring greater disclosure by insurers and increasing audits and enforcement by the federal agencies responsible for implementing parity. It requires the Secretary to conduct randomized audits of group health plans and plans offered in the group or individual market to determine compliance with parity. Information from such audits are required to be made available on a

Consumer Parity Portal website, which will also serve as a one-stop internet portal for submitting parity-related complaints and alleged violations. Finally, it authorizes \$2,000,000 for each of fiscal years 2017 through 2021 for these purposes.

SECTION 802-REPORT ON INVESTIGATIONS REGARDING PARITY IN MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS

This section would require CMS, in collaboration with the Assistant Secretary of Labor of the Employee Benefits Security Administration and the Secretary of the Treasury, to submit to the Congress a report identifying federal investigations conducted or completed during the previous year regarding compliance with parity in mental health and substance use disorders.

SECTION 803-GAO STUDY ON PREVENTING DISCRIMINATORY COVERAGE LIMITATIONS FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS AND SUBSTANCE USE DISORDERS

This section would require GAO to submit to Congress a report describing what evidence there is regarding the extent to which private health insurance plans have nonquantitative treatment limits and medical necessity criteria to behavioral health services compared to medical or surgical services.

SECTION 804-REPORT TO CONGRESS ON FEDERAL ASSISTANCE TO STATE INSURANCE REGULATORS REGARDING MENTAL HEALTH PARITY ENFORCEMENT

This section requires the Secretary of Health and Human Services to submit to Congress a report detailing the ways in which State governments and State insurance regulators are either empowered or required to enforce parity, and their capability to carry out these enforcement powers or requirements.

TITLE IX—SUBSTANCE ABUSE

SUBTITLE A: PREVENTION

SECTION 901 – PRACTITIONER EDUCATION

This subtitle requires practitioners who prescribe opioids for pain to complete 12 hours of continuing medical education in connection with renewal of the practitioner's Drug Enforcement Agency (DEA) license every three years on the treatment and management of opioid-dependent patients, pain management treatment guidelines, and early detection of opioid addiction. It authorizes \$1,000,000 for each of fiscal years 2017 through 2021 for implementation.

SECTION 902 – CO-PRESCRIBING OPIOID OVERDOSE REVERSAL DRUGS GRANT PROGRAM

This section would create a grant program for eligible entities to promote the prescribing of opioid reversal drugs (naloxone) in conjunction with opioids for patients at an elevated risk of overdose. It would provide funding to eligible entities to train health care providers and pharmacists on co-prescribing, to establish mechanisms for tracking patients and their health outcomes for program evaluation, to purchase naloxone, to offset patient cost-sharing associated with naloxone, to conduct community outreach, and to establish protocols to connect patients who have experienced a drug overdose with appropriate treatment. It authorizes \$4,000,000 annually for each of fiscal years 2017 through 2021 for carrying this section and section 903.

SECTION 903 – OPIOID OVERDOSE REVERSAL CO-PRESCRIBING GUIDELINES

This section would create a grant program for eligible state entities such as health departments, medical boards, and community groups, to develop opioid overdose reversal co-prescribing guidelines.

SECTION 904 – SURVEILLANCE CAPACITY BUILDING

This section would create a grant program through the Centers for Disease Control and Prevention for state, local, and tribal governments to improve fatal and nonfatal drug overdose surveillance and reporting capabilities. It authorizes \$5,000,000 for each of fiscal years 2017 through 2021 for this purpose.

SUBTITLE B: ADDRESSING THE PRESCRIPTION OPIOID AND HEROIN CRISIS

SECTION 921 – SYRINGE EXCHANGE GRANT PROGRAM

This section would create a grant program through the Secretary of HHS to support syringe exchange programs in recognition of the impact of the current heroin epidemic on the incidence of HIV/AIDS and Hepatitis C. It would provide grant funding to eligible entities, such as state, local, and tribal governments and community-based nonprofit organizations, to conduct outreach, counseling, health education, case management, and other services in conjunction with syringe exchange programs. It authorizes \$15,000,000 in grant funding for each of fiscal years 2017 through 2021 for these purposes.

SECTION 922 – GRANT PROGRAM TO REDUCE OVERDOSE DEATHS

This section would create a grant program through SAMHSA to support partnerships between eligible entities, such as state, local or tribal governments, correctional institutions, law enforcement agencies, community agencies, or non-profit organizations to reduce overdose deaths by purchasing and distributing naloxone, educating prescribers, pharmacists, first responders, and the public on overdose prevention and naloxone, and implementing programs to provide overdose prevention, treatment, and response. These partnerships between eligible organizations would allow the partnering organizations to make bulk purchases, thus taking advantage of the economy of scale to make naloxone more affordable. It authorizes \$20,000,000 for each of fiscal years 2017 through 2021 for these purposes.

SUBTITLE C: EXPANDING ACCESS TO EVIDENCE-BASED TREATMENT FOR SUBSTANCE USE DISORDERS

SECTION 931 – EXPANSION OF PATIENT LIMITS UNDER WAIVER

This section would amend the Controlled Substances Act to expand number of patients physicians can treat and to expand the type of providers who can treat opioid dependence using buprenorphine, an evidence-based, FDA-approved treatment for opioid use disorders. It amends the Controlled Substances Act (CSA) to increase the current patient limits and allow qualifying physicians, nurse practitioners, and physician assistants to treat up to 100 patients in the first year. Subsequently, it allows certain qualifying providers to obtain a waiver to treat an unlimited number of patients with buprenorphine if certain additional requirements are met.

SECTION 932 – DEFINITIONS

This section would provide the definitions for the specific health care providers and other terms used in Section 931.

SECTION 933 EVALUATION BY ASSISTANT SECRETARY FOR PLANNING AND EVALUATION

This section would mandate the Assistant Secretary for Planning and Evaluation to study the effect of the expanded buprenorphine prescribing authority on the quality and availability of medication-assisted treatment, medication diversion, and several other aspects related to the changes in buprenorphine policy.

SECTION 934 – REAUTHORIZATION OF RESIDENTIAL TREATMENT PROGRAMS FOR PREGNANT AND POSTPARTUM WOMEN

This section would reauthorize SAMHSA grants for the funding of residential treatment programs for pregnant and post-partum women with substance use disorders by providing \$40,000,000 for each of fiscal years 2017 through 2021.

SECTION 935 – PILOT PROGRAM GRANTS FOR STATE SUBSTANCE ABUSE AGENCIES

This section would create a pilot program within the Pregnant and Postpartum Women Program to allow for up to 25 percent of grants to be made for outpatient treatment services. This will allow for greater flexibility for State substance abuse agencies to provide access to treatment, and address gaps in services furnished to pregnant women along the continuum of care. At the conclusion of the pilot program, an evaluation and report on the effectiveness of the grant program shall be submitted to Congress.

SECTION 936– EVIDENCE-BASED OPIOID AND HEROIN TREATMENT AND INTERVENTIONS DEMONSTRATION

This section would allow the Director of the Center for Substance Abuse Treatment within SAMHSA to award grants to State substance abuse agencies and other governmental or nonprofit organizations in regions experiencing rapid increases in heroin or other opioid use. The grants would expand access to programs addressing opioid addiction, including medication-assisted treatment, counseling, and behavioral therapies. Overall, \$300,000,000 annually is appropriated for this program for each of fiscal years 2017 through 2021.

SECTION 937 – DEMONSTRATION GRANTS TO IMPROVE ACCESS TO TREATMENT AND RECOVERY FOR ADOLESCENTS

This section would allow the Director of the Center for Substance Abuse Treatment within SAMHSA to award grants to eligible entities, such as health care providers or facilities, to increase the capacity for substance use disorder treatment and recovery services for adolescents. It authorizes \$25,000,000 for each of fiscal years 2017 through 2021 for these purposes.

SECTION 938 – STUDY ON TREATMENT INFRASTRUCTURE

This section requires GAO to provide an evaluation of the inpatient and outpatient substance use treatment capacity, availability, and needs of the United States, including the availability of evidence-based treatment.

SECTION 939 – SUBSTANCE USE DISORDER PROFESSIONAL LOAN REPAYMENT PROGRAM

This section would create a loan repayment program for health professionals who treat individuals with substance use disorders. It authorizes \$20,000,000 for each of fiscal years 2017 through 2021 for this purpose.

TITLE D: RECOVERY

SECTION 951 – NATIONAL YOUTH RECOVERY INITIATIVE

This section would authorize SAMHSA to provide grants to eligible entities, such as accredited recovery high schools, institutions of higher education, recovery programs at nonprofit collegiate institutions, or nonprofit organizations, to provide substance use recovery support services to students in high school and college. It authorizes \$30,000,000 for each of fiscal years 2017 through 2021 for these purposes.

SECTION 952 – GRANTS TO ENHANCE AND EXPAND RECOVERY SUPPORT SERVICES

This section would authorize \$100,000,000 annually between fiscal years 2017 through 2021 for grants to expand recovery support services. The Secretary, acting through the Administrator of SAMHSA, would award grants to State agencies and nonprofit organizations that support recovery from substance use disorders through mentorship, peer support, community education and outreach (including naloxone training), programs that reduce stigma or discrimination against individuals with substance use disorders, and developing partnerships between recovery support groups and community organizations.