

AMENDMENT NO. \_\_\_\_\_ Calendar No. \_\_\_\_\_

Purpose: In the nature of a substitute.

**IN THE SENATE OF THE UNITED STATES—114th Cong., 2d Sess.**

**(no.)** \_\_\_\_\_

To amend the Public Health Service Act to provide comprehensive mental health reform, and for other purposes.

Referred to the Committee on \_\_\_\_\_ and  
ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT IN THE NATURE OF A SUBSTITUTE intended  
to be proposed by \_\_\_\_\_

Viz:

1 Strike all after the enacting clause and insert the fol-  
2 lowing:

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) **SHORT TITLE.**—This Act may be cited as the  
5 “Mental Health Reform Act of 2016”.

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

Sec. 1. Short title; table of contents.

**TITLE I—STRENGTHENING LEADERSHIP AND ACCOUNTABILITY**

Sec. 101. Improving oversight of mental and substance use disorder programs.

Sec. 102. Strengthening leadership of the Substance Abuse and Mental Health  
Services Administration.

Sec. 103. Chief medical officer.

Sec. 104. Strategic plan.

Sec. 105. Biennial report concerning activities and progress.

## 2

- Sec. 106. Authorities of centers for mental health services, substance abuse prevention, and substance abuse treatment.
- Sec. 107. Advisory councils.
- Sec. 108. Peer review.
- Sec. 109. Inter-departmental Serious Mental Illness Coordinating Committee.

TITLE II—ENSURING MENTAL AND SUBSTANCE USE DISORDER  
PREVENTION, TREATMENT, AND RECOVERY PROGRAMS KEEP  
PACE WITH SCIENCE

- Sec. 201. Encouraging innovation and evidence-based programs.
- Sec. 202. Promoting access to information on evidence-based programs and practices.
- Sec. 203. Priority mental health needs of regional and national significance.
- Sec. 204. Substance use disorder treatment needs of regional and national significance.
- Sec. 205. Priority substance use disorder prevention needs of regional and national significance.

TITLE III—SUPPORTING STATE RESPONSES TO MENTAL HEALTH  
AND SUBSTANCE USE DISORDER NEEDS

- Sec. 301. Community Mental Health Services Block Grant.
- Sec. 302. Block Grant for Prevention and Treatment of Substance Use Disorders.
- Sec. 303. Additional provisions related to the block grants.
- Sec. 304. Study of distribution of funds under the substance use disorder prevention and treatment block grant and the community mental health services block grant.
- Sec. 305. Helping States and local communities address emerging drug issues.

TITLE IV—PROMOTING ACCESS TO MENTAL HEALTH AND  
SUBSTANCE USE DISORDER CARE

- Sec. 401. Grants for treatment and recovery for homeless individuals.
- Sec. 402. Grants for jail diversion programs.
- Sec. 403. Promoting integration of primary and behavioral health care.
- Sec. 404. Projects for assistance in transition from homelessness.
- Sec. 405. National suicide prevention lifeline program.
- Sec. 406. Connecting individuals and families with care.
- Sec. 407. Reauthorizing mental and behavioral health education and training grants.
- Sec. 408. Information and awareness on eating disorders.
- Sec. 409. Education and training on eating disorders.
- Sec. 410. Strengthening community crisis response systems.
- Sec. 411. Strengthening the mental and substance use disorder workforce.
- Sec. 412. Reports.
- Sec. 413. Center and program repeals.

TITLE V—STRENGTHENING MENTAL AND SUBSTANCE USE  
DISORDER CARE FOR WOMEN, CHILDREN, AND ADOLESCENTS

- Sec. 501. Programs for children with serious emotional disturbances.
- Sec. 502. Telehealth child psychiatry access grants.
- Sec. 503. Substance use disorder treatment and early intervention services for children and adolescents.
- Sec. 504. Residential treatment programs for pregnant and parenting women.

- Sec. 505. Screening and treatment for maternal depression.  
 Sec. 506. Infant and early childhood prevention, intervention and treatment.

TITLE VI—IMPROVING PATIENT CARE AND ACCESS TO MENTAL  
AND SUBSTANCE USE DISORDER BENEFITS

- Sec. 601. HIPAA clarification.  
 Sec. 602. Identification of model training programs.  
 Sec. 603. Confidentiality of records.  
 Sec. 604. Clarification of existing parity rules.

TITLE VII—MENTAL HEALTH AWARENESS AND IMPROVEMENT

- Sec. 701. Short title.  
 Sec. 702. Garrett Lee Smith Memorial Act reauthorization.  
 Sec. 703. Mental health awareness training grants.  
 Sec. 704. Children’s recovery from trauma.  
 Sec. 705. Assessing barriers to behavioral health integration.  
 Sec. 706. Increasing education and awareness of treatments for opioid use disorders.  
 Sec. 707. Examining mental health care for children.  
 Sec. 708. Evidence based practices for older adults.  
 Sec. 709. National violent death reporting system.  
 Sec. 710. GAO study on Virginia Tech recommendations.  
 Sec. 711. Performance metrics.

TITLE VIII—PREVENTION AND TREATMENT OF OPIOID USE  
DISORDER

- Sec. 801. FDA opioid action plan.  
 Sec. 802. Disclosure of information to State controlled substance monitoring programs.  
 Sec. 803. GAO report on State prescription drug monitoring programs.  
 Sec. 804. NIH opioid research.  
 Sec. 805. Ensuring provider access to best practices for combating prescription drug overdose.

1 **TITLE I—STRENGTHENING**  
 2 **LEADERSHIP AND ACCOUNT-**  
 3 **ABILITY**

4 **SEC. 101. IMPROVING OVERSIGHT OF MENTAL AND SUB-**  
 5 **STANCE USE DISORDER PROGRAMS.**

6 (a) IN GENERAL.—The Secretary of Health and  
 7 Human Services, acting through the Assistant Secretary  
 8 for Planning and Evaluation (referred to in this section  
 9 as the “Assistant Secretary”), shall ensure efficient and

1 effective planning and evaluation of mental and substance  
2 use disorder programs and related activities.

3 (b) ACTIVITIES.—In carrying out subsection (a), the  
4 Assistant Secretary shall—

5 (1) evaluate programs related to mental and  
6 substance use disorders, including co-occurring dis-  
7 orders, across agencies and other organizations, as  
8 appropriate, including programs related to—

9 (A) prevention, intervention, treatment,  
10 and recovery support services, including such  
11 services for individuals with a serious mental ill-  
12 ness or serious emotional disturbance;

13 (B) the reduction of homelessness and in-  
14 carceration among individuals with a mental or  
15 substance use disorder; and

16 (C) public health and health services;

17 (2) consult, as appropriate, with the Adminis-  
18 trator of the Substance Abuse and Mental Health  
19 Services Administration, the Chief Medical Officer of  
20 the Substance Abuse and Mental Health Services  
21 Administration established under section 501(g) of  
22 the Public Health Service Act (42 U.S.C. 290aa(g))  
23 as amended by section 103, the Behavioral Health  
24 Coordinating Council of the Department of Health  
25 and Human Services, other agencies within the De-

1       partment of Health and Human Services, and other  
2       relevant Federal departments.

3       (c) RECOMMENDATIONS.—The Assistant Secretary  
4       shall develop an evaluation strategy that identifies priority  
5       programs to be evaluated by the Assistant Secretary and  
6       priority programs to be evaluated by other relevant agen-  
7       cies within the Department of Health and Human Serv-  
8       ices. The Assistant Secretary shall provide recommenda-  
9       tions on improving programs and activities based on the  
10      evaluation described in subsection (b)(1).

11 **SEC. 102. STRENGTHENING LEADERSHIP OF THE SUB-**  
12                   **STANCE ABUSE AND MENTAL HEALTH SERV-**  
13                   **ICES ADMINISTRATION.**

14      Section 501 of the Public Health Service Act (42  
15      U.S.C. 290aa) is amended—

16           (1) in subsection (b)—

17                   (A) by striking the heading and inserting  
18                   “CENTERS”; and

19                   (B) in the matter preceding paragraph (1),  
20                   by striking “entities” and inserting “Centers”;  
21                   and

22           (2) in subsection (d)—

23                   (A) in paragraph (1)—

1 (i) by striking “agencies” each place  
2 the term appears and inserting “Centers”;  
3 and

4 (ii) by striking “such agency” and in-  
5 serting “such Center”;

6 (B) in paragraph (2)—

7 (i) by striking “agencies” and insert-  
8 ing “Centers”;

9 (ii) by striking “with respect to sub-  
10 stance abuse” and inserting “with respect  
11 to substance use disorders”; and

12 (iii) by striking “and individuals who  
13 are substance abusers” and inserting “and  
14 individuals with substance use disorders”;

15 (C) in paragraph (5), by striking “sub-  
16 stance abuse” and inserting “substance use dis-  
17 order”;

18 (D) in paragraph (6)—

19 (i) by striking “the Centers for Dis-  
20 ease Control” and inserting “the Centers  
21 for Disease Control and Prevention,”;

22 (ii) by striking “HIV or tuberculosis  
23 among substance abusers and individuals  
24 with mental illness” and inserting “HIV,  
25 hepatitis C, tuberculosis, and other com-

1           municable diseases among individuals with  
2           mental illness or substance use disorders,”;  
3           and

4                   (iii) by inserting “or disorders” before  
5           the semicolon;

6           (E) in paragraph (7), by striking “abuse  
7           utilizing anti-addiction medications, including  
8           methadone” and inserting “use disorders, in-  
9           cluding services that utilize drugs or devices ap-  
10          proved by the Food and Drug Administration  
11          for substance use disorders”;

12          (F) in paragraph (8)—

13                   (i) by striking “Agency for Health  
14           Care Policy Research” and inserting  
15           “Agency for Healthcare Research and  
16           Quality”; and

17                   (ii) by striking “treatment and pre-  
18           vention” and inserting “prevention and  
19           treatment”;

20          (G) in paragraph (9)—

21                   (i) by inserting “and maintenance”  
22           after “development”;

23                   (ii) by striking “Agency for Health  
24           Care Policy Research” and inserting

1 “Agency for Healthcare Research and  
2 Quality”;

3 (iii) by striking “treatment and pre-  
4 vention” and inserting “prevention and  
5 treatment and appropriately incorporated  
6 into programs carried out by the Adminis-  
7 tration”;

8 (H) in paragraph (10), by striking “abuse”  
9 and inserting “use disorder”;

10 (I) by striking paragraph (11) and insert-  
11 ing the following:

12 “(11) work with relevant agencies of the De-  
13 partment of Health and Human Services on inte-  
14 grating mental health promotion and substance use  
15 disorder prevention with general health promotion  
16 and disease prevention and integrating mental and  
17 substance use disorder treatment services with phys-  
18 ical health treatment services;”;

19 (J) in paragraph (13)—

20 (i) in the matter preceding subpara-  
21 graph (A), by striking “this title, assure  
22 that” and inserting “this title, or part B of  
23 title XIX, or grant programs otherwise  
24 funded by the Administration”;

25 (ii) in subparagraph (A)—



1 (I) by inserting “require that”  
2 before “all grants”; and

3 (II) by striking “and” at the end;

4 (iii) by redesignating subparagraph  
5 (B) as subparagraph (C);

6 (iv) by inserting after subparagraph  
7 (A) the following:

8 “(B) ensure that the director of each Cen-  
9 ter of the Administration consistently docu-  
10 ments the application of criteria when awarding  
11 grants and the ongoing oversight of grantees  
12 after such grants are awarded;”;

13 (v) in subparagraph (C), as so redesi-  
14 gnated—

15 (I) by inserting “require that”  
16 before “all grants”; and

17 (II) by inserting “and” after the  
18 semicolon at the end; and

19 (vi) by adding at the end the fol-  
20 lowing:

21 “(D) inform a State when any funds are  
22 awarded through such a grant to any entity  
23 within such State;”;

24 (K) in paragraph (16)—

1 (i) by striking “abuse and mental  
2 health information” and inserting “use dis-  
3 order, including evidence-based and prom-  
4 ising best practices for prevention, treat-  
5 ment, and recovery support services for in-  
6 dividuals with mental and substance use  
7 disorders,”;

8 (L) in paragraph (17)—

9 (i) by striking “substance abuse” and  
10 inserting “mental and substance use dis-  
11 order”; and

12 (ii) by striking “and” at the end; and

13 (M) in paragraph (18), by striking the pe-  
14 riod and inserting a semicolon; and

15 (N) by adding at the end the following:

16 “(19) consult with State, local, and tribal gov-  
17 ernments, nongovernmental entities, and individuals  
18 with mental illness, particularly individuals with a  
19 serious mental illness and children and adolescents  
20 with a serious emotional disturbance, and their fam-  
21 ily members, with respect to improving community-  
22 based and other mental health services;

23 “(20) collaborate with the Secretary of Defense  
24 and the Secretary of Veterans Affairs to improve the  
25 provision of mental and substance use disorder serv-

1       ices provided by the Department of Defense and the  
2       Department of Veterans Affairs to members of the  
3       Armed Forces, veterans, and their families, includ-  
4       ing through the provision of services using the tele-  
5       health capabilities of the Department of Defense and  
6       the Department of Veterans Affairs;

7               “(21) collaborate with the heads of Federal de-  
8       partments and programs that are members of the  
9       United States Interagency Council on Homelessness,  
10      particularly the Secretary of Housing and Urban  
11      Development, the Secretary of Labor, and the Sec-  
12      retary of Veterans Affairs, and with the heads of  
13      other agencies within the Department of Health and  
14      Human Services, particularly the Administrator of  
15      the Health Resources and Services Administration,  
16      the Assistant Secretary for the Administration for  
17      Children and Families, and the Administrator of the  
18      Centers for Medicare & Medicaid Services, to design  
19      national strategies for providing services in sup-  
20      portive housing to assist in ending chronic homeless-  
21      ness and to implement programs that address chron-  
22      ic homelessness; and

23               “(22) work with States and other stakeholders  
24      to develop and support activities to recruit and re-

1       tain a workforce addressing mental and substance  
2       use disorders.”.

3       **SEC. 103. CHIEF MEDICAL OFFICER.**

4       Section 501 of the Public Health Service Act (42  
5       U.S.C. 290aa), as amended by section 102, is further  
6       amended—

7               (1) by redesignating subsections (g) through (j)  
8       and subsections (k) through (o) as subsections (h)  
9       through (k) and subsections (m) through (q), respec-  
10       tively;

11               (2) in subsection (e)(3)(C), by striking “sub-  
12       section (k)” and inserting “subsection (m)”;

13               (3) in subsection (f)(2)(C)(iii), by striking “sub-  
14       section (k)” and inserting “subsection (m)”; and

15               (4) by inserting after subsection (f) the fol-  
16       lowing:

17       “(g) **CHIEF MEDICAL OFFICER.**—

18               “(1) **IN GENERAL.**—The Administrator, with  
19       the approval of the Secretary, shall appoint a Chief  
20       Medical Officer within the Administration.

21               “(2) **ELIGIBLE CANDIDATES.**—The Adminis-  
22       trator shall select the Chief Medical Officer from  
23       among individuals who—

24                       “(A) have a doctoral degree in medicine or  
25       osteopathic medicine;

1           “(B) have experience in the provision of  
2           mental or substance use disorder services;

3           “(C) have experience working with mental  
4           or substance use disorder programs; and

5           “(D) have an understanding of biological,  
6           psychosocial, and pharmaceutical treatments of  
7           mental or substance use disorders.

8           “(3) DUTIES.—The Chief Medical Officer  
9           shall—

10           “(A) serve as a liaison between the Admin-  
11           istration and providers of mental and substance  
12           use disorder prevention, treatment, and recov-  
13           ery services;

14           “(B) assist the Administrator in the eval-  
15           uation, organization, integration, and coordina-  
16           tion of programs operated by the Administra-  
17           tion;

18           “(C) promote evidence-based and prom-  
19           ising best practices, including culturally and lin-  
20           guistically appropriate practices, as appropriate,  
21           for the prevention, treatment, and recovery of  
22           mental and substance use disorders, including  
23           serious mental illness and serious emotional dis-  
24           turbance; and

1                   “(D) participate in regular strategic plan-  
2                   ning for the Administration.”.

3 **SEC. 104. STRATEGIC PLAN.**

4           Section 501 of the Public Health Service Act (42  
5 U.S.C. 290aa), as amended by section 103, is further  
6 amended by inserting after subsection (k), as redesignated  
7 in section 103, the following:

8           “(1) STRATEGIC PLAN.—

9                   “(1) IN GENERAL.—Not later than December 1,  
10           2017, and every 4 years thereafter, the Adminis-  
11           trator shall develop and carry out a strategic plan in  
12           accordance with this subsection for the planning and  
13           operation of evidence-based programs and grants  
14           carried out by the Administration.

15                   “(2) COORDINATION.—In developing and car-  
16           rying out the strategic plan under this section, the  
17           Administrator shall take into consideration the find-  
18           ings and recommendations of the Assistant Sec-  
19           retary for Planning and Evaluation under section  
20           101 of the Mental Health Reform Act of 2016 and  
21           the report of the Inter-Departmental Serious Mental  
22           Illness Coordinating Committee under section 109 of  
23           such Act.

1           “(3) PUBLICATION OF PLAN.—Not later than  
2           December 1, 2017, and every 4 years thereafter, the  
3           Administrator shall—

4                   “(A) submit the strategic plan developed  
5                   under paragraph (1) to the appropriate commit-  
6                   tees of Congress; and

7                   “(B) post such plan on the Internet  
8                   website of the Administration.

9           “(4) CONTENTS.—The strategic plan developed  
10           under paragraph (1) shall—

11                   “(A) identify strategic priorities, goals, and  
12                   measurable objectives for mental and substance  
13                   use disorder activities and programs operated  
14                   and supported by the Administration, including  
15                   priorities to prevent or eliminate the burden of  
16                   mental illness and substance use disorders;

17                   “(B) identify ways to improve services for  
18                   individuals with a mental or substance use dis-  
19                   order, including services related to the preven-  
20                   tion of, diagnosis of, intervention in, treatment  
21                   of, and recovery from, mental or substance use  
22                   disorders, including serious mental illness or se-  
23                   rious emotional disturbance, and access to serv-  
24                   ices and supports for individuals with a serious  
25                   mental illness or serious emotional disturbance;

1           “(C) ensure that programs provide, as ap-  
2           propriate, access to effective and evidence-based  
3           prevention, diagnosis, intervention, treatment,  
4           and recovery services, including culturally and  
5           linguistically appropriate services, as appro-  
6           priate, for individuals with a mental or sub-  
7           stance use disorder;

8           “(D) identify opportunities to collaborate  
9           with the Health Resources and Services Admin-  
10          istration to develop or improve—

11           “(i) initiatives to encourage individ-  
12          uals to pursue careers (especially in rural  
13          and underserved areas and populations) as  
14          psychiatrists, psychologists, psychiatric  
15          nurse practitioners, physician assistants,  
16          clinical social workers, certified peer sup-  
17          port specialists, licensed professional coun-  
18          selors, or other licensed or certified mental  
19          health professionals, including such profes-  
20          sionals specializing in the diagnosis, eval-  
21          uation, or treatment of individuals with a  
22          serious mental illness or serious emotional  
23          disturbance; and

24           “(ii) a strategy to improve the recruit-  
25          ment, training, and retention of a work-



1 force for the treatment of individuals with  
2 mental or substance use disorders, or co-  
3 occurring disorders;

4 “(E) identify opportunities to improve col-  
5 laboration with States, local governments, com-  
6 munities, and Indian tribes and tribal organiza-  
7 tions (as such terms are defined in section 4 of  
8 the Indian Self-Determination and Education  
9 Assistance Act (25. U.S.C. 450b)); and

10 “(F) disseminate evidenced-based and  
11 promising best practices related to prevention,  
12 diagnosis, early intervention, treatment, and re-  
13 covery services related to mental illness, par-  
14 ticularly for individuals with a serious mental  
15 illness and children and adolescents with a seri-  
16 ous emotional disturbance, and substance use  
17 disorders.”.

18 **SEC. 105. BIENNIAL REPORT CONCERNING ACTIVITIES AND**  
19 **PROGRESS.**

20 (a) IN GENERAL.—Section 501 of the Public Health  
21 Service Act (42 U.S.C. 290aa), as amended by section  
22 104, is further amended by amending subsection (m), as  
23 redesignated by section 103, to read as follows:

24 “(m) BIENNIAL REPORT CONCERNING ACTIVITIES  
25 AND PROGRESS.—Not later than December 1, 2019, and

1 every 2 years thereafter, the Administrator shall prepare  
2 and submit to the Committee on Energy and Commerce  
3 and the Committee on Appropriations of the House of  
4 Representatives and the Committee on Health, Education,  
5 Labor, and Pensions and the Committee on Appropria-  
6 tions of the Senate, and post on the Internet website of  
7 the Administration, a report containing at a minimum—

8           “(1) a review of activities conducted or sup-  
9           ported by the Administration, including progress to-  
10          ward strategic priorities, goals, and objectives identi-  
11          fied in the strategic plan developed under subsection  
12          (1);

13           “(2) an assessment of programs and activities  
14          carried out by the Administrator, including the ex-  
15          tent to which programs and activities under this title  
16          and part B of title XIX meet identified goals and  
17          performance measures developed for the respective  
18          programs and activities;

19           “(3) a description of the progress made in ad-  
20          dressing gaps in mental and substance use disorder  
21          prevention, treatment, and recovery services and im-  
22          proving outcomes by the Administration, including  
23          with respect to serious mental illness, serious emo-  
24          tional disturbances, and co-occurring disorders;

1           “(4) a description of the manner in which the  
2 Administration coordinates and partners with other  
3 Federal agencies and departments related to mental  
4 and substance use disorders, including activities re-  
5 lated to—

6           “(A) the translation of research findings  
7 into improved programs, including with respect  
8 to how advances in serious mental illness and  
9 serious emotional disturbance research have  
10 been incorporated into programs;

11           “(B) the recruitment, training, and reten-  
12 tion of a mental and substance use disorder  
13 workforce;

14           “(C) the integration of mental or sub-  
15 stance use disorder services and physical health  
16 services;

17           “(D) homelessness; and

18           “(E) veterans;

19           “(5) a description of the manner in which the  
20 Administration promotes coordination by grantees  
21 under this title, and part B of title XIX, with State  
22 or local agencies; and

23           “(6) a description of the activities carried out  
24 by the Office of Policy, Planning, and Innovation

1 under section 501A with respect to mental and sub-  
2 stance use disorders, including—

3 “(A) the number and a description of  
4 grants awarded;

5 “(B) the total amount of funding for  
6 grants awarded;

7 “(C) a description of the activities sup-  
8 ported through such grants, including outcomes  
9 of programs supported; and

10 “(D) information on how the Office of Pol-  
11 icy, Planning, and Innovation is consulting with  
12 the Assistant Secretary for Planning and Eval-  
13 uation, and collaborating with the Center of  
14 Substance Abuse Treatment, the Center of Sub-  
15 stance Abuse Prevention, and the Center for  
16 Mental Health Services to carry out such activi-  
17 ties; and

18 “(7) recommendations made by the Assistant  
19 Secretary for Planning and Evaluation to improve  
20 programs within the Administration.”.

21 (b) CONFORMING AMENDMENT.—Section 508(p) of  
22 the Public Health Service Act (42 U.S.C. 290bb–1) is  
23 amended by striking “section 501(k)” and inserting “sec-  
24 tion 501(m)”.

1 **SEC. 106. AUTHORITIES OF CENTERS FOR MENTAL HEALTH**  
2 **SERVICES, SUBSTANCE ABUSE PREVENTION,**  
3 **AND SUBSTANCE ABUSE TREATMENT.**

4 (a) CENTER FOR MENTAL HEALTH SERVICES.—Sec-  
5 tion 520(b) of the Public Health Service Act (42 U.S.C.  
6 290bb–31(b)) is amended—

7 (1) by redesignating paragraphs (3) through  
8 (15) as paragraphs (4) through (16), respectively;

9 (2) by inserting after paragraph (2) the fol-  
10 lowing:

11 “(3) collaborate with the Director of the Na-  
12 tional Institute of Mental Health and the Chief Med-  
13 ical Officer, appointed under section 501(g), to en-  
14 sure that, as appropriate, programs related to the  
15 prevention and treatment of mental illness and the  
16 promotion of mental health are carried out in a  
17 manner that reflects the best available science and  
18 evidence-based practices, including culturally and  
19 linguistically appropriate services, as appropriate;”;

20 (3) in paragraph (5), as so redesignated, by in-  
21 serting “through programs that reduce risk and pro-  
22 mote resiliency” before the semicolon;

23 (4) in paragraph (6), as so redesignated, by in-  
24 serting “in collaboration with the Director of the  
25 National Institute of Mental Health,” before “de-  
26 velop”;

1           (5) in paragraph (8), as so redesignated, by in-  
2           serting “, increase meaningful participation of indi-  
3           viduals with mental illness,” before “and protect the  
4           legal”;

5           (6) in paragraph (10), as so redesignated, by  
6           striking “professional and paraprofessional per-  
7           sonnel pursuant to section 303” and inserting  
8           “paraprofessional personnel and health profes-  
9           sionals”;

10          (7) in paragraph (11), as so redesignated, by  
11          inserting “and tele-mental health,” after “rural  
12          mental health,”;

13          (8) in paragraph (12), as so redesignated, by  
14          striking “establish a clearinghouse for mental health  
15          information to assure the widespread dissemination  
16          of such information” and inserting “disseminate  
17          mental health information, including evidenced-based  
18          practices,”;

19          (9) in paragraph (15), as so redesignated, by  
20          striking “and” at the end;

21          (10) in paragraph (16), as so redesignated, by  
22          striking the period and inserting “; and”; and

23          (11) by adding at the end the following:

24                 “(17) ensure the consistent documentation of  
25                 the application of criteria when awarding grants and

1 the ongoing oversight of grantees after such grants  
2 are awarded.”.

3 (b) DIRECTOR OF THE CENTER FOR SUBSTANCE  
4 ABUSE PREVENTION.—Section 515 of the Public Health  
5 Service Act (290bb–21) is amended—

6 (1) in the heading, by striking “**OFFICE**” and  
7 inserting “**CENTER**”;

8 (2) in subsection (a)—

9 (A) by striking “an Office” and inserting  
10 “a Center”; and

11 (B) by striking “The Office” and inserting  
12 “The Center”; and

13 (3) in subsection (b)—

14 (A) in paragraph (1), by inserting  
15 “through the reduction of risk and the pro-  
16 motion of resiliency” before the semicolon;

17 (B) by redesignating paragraphs (3)  
18 through (14) as paragraphs (4) through (15),  
19 respectively;

20 (C) by inserting after paragraph (2) the  
21 following:

22 “(3) collaborate with the Director of the Na-  
23 tional Institute on Drug Abuse, the Director of the  
24 National Institute on Alcohol Abuse and Alcoholism,  
25 and States to promote the study, dissemination, and

1 implementation of research findings that will im-  
2 prove the delivery and effectiveness of substance  
3 abuse prevention activities;”;

4 (D) in paragraph (4), as so redesignated,  
5 by striking “literature on the adverse effects of  
6 cocaine free base (known as crack)” and insert-  
7 ing “educational information on the effects of  
8 drugs abused by individuals, including drugs  
9 that are emerging as abused drugs”;

10 (E) in paragraph (6), as so redesignated—

11 (i) by striking “substance abuse coun-  
12 selors” and inserting “health professionals  
13 who provide substance use and abuse pre-  
14 vention and treatment”; and

15 (ii) by striking “drug abuse education,  
16 prevention,” and inserting “illicit drug use  
17 education and prevention”;

18 (F) by amending paragraph (7), as so re-  
19 designated, to read as follows:

20 “(7) in cooperation with the Director of the  
21 Centers for Disease Control and Prevention, develop  
22 and disseminate educational materials to increase  
23 awareness for individuals at greatest risk for sub-  
24 stance use disorders in order to prevent the trans-  
25 mission of communicable diseases, such as HIV,



1 hepatitis C, tuberculosis, and other communicable  
2 diseases;”;

3 (G) in paragraph (9), as so redesignated,  
4 by striking “to discourage alcohol and drug  
5 abuse” and inserting “that reduce the risk of  
6 substance use and promote resiliency”;

7 (H) in paragraph (11), as so redesignated,  
8 by striking “and” after the semicolon;

9 (I) in paragraph (12), as so redesignated,  
10 by striking the period and inserting a semi-  
11 colon; and

12 (J) by adding at the end the following:

13 “(13) ensure the consistent documentation of  
14 the application of criteria when awarding grants and  
15 the ongoing oversight of grantees after such grants  
16 are awarded; and

17 “(14) assist and support States in preventing il-  
18 licit drug use, including emerging illicit drug use  
19 issues.”.

20 (c) DIRECTOR OF THE CENTER FOR SUBSTANCE  
21 ABUSE TREATMENT.—Section 507 of the Public Health  
22 Service Act (42 U.S.C. 290bb) is amended—

23 (1) in subsection (a)—

1 (A) by striking “treatment of substance  
2 abuse” and inserting “treatment of substance  
3 use disorders”; and

4 (B) by striking “abuse treatment systems”  
5 and inserting “use disorder treatment systems”;  
6 and

7 (2) in subsection (b)—

8 (A) in paragraph (1), by striking “abuse”  
9 and inserting “use disorder”;

10 (B) in paragraph (3), by striking “abuse”  
11 and inserting “use disorder”;

12 (C) in paragraph (4)—

13 (i) by striking “postpartum” and in-  
14 serting “parenting”; and

15 (ii) by striking “individuals who abuse  
16 drugs” and inserting “individuals who use  
17 drugs”;

18 (D) in paragraph (9), by striking “carried  
19 out by the Director”;

20 (E) by striking paragraph (10);

21 (F) by redesignating paragraphs (11)  
22 through (14) as paragraphs (10) through (13),  
23 respectively;

1 (G) in paragraph (12), as so redesignated,  
2 by striking “; and” and inserting a semicolon;  
3 and

4 (H) by striking paragraph (13), as so re-  
5 designated, and inserting the following:

6 “(13) ensure the consistent documentation of  
7 the application of criteria when awarding grants and  
8 the ongoing oversight of grantees after such grants  
9 are awarded; and

10 “(14) work with States, providers, and individ-  
11 uals in recovery, and their families, to promote the  
12 expansion of recovery support services and systems  
13 of care oriented towards recovery.”.

14 **SEC. 107. ADVISORY COUNCILS.**

15 Section 502(b) of the Public Health Service Act (42  
16 U.S.C. 290aa-1(b)) is amended—

17 (1) in paragraph (2)—

18 (A) in subparagraph (E), by striking  
19 “and” after the semicolon;

20 (B) by redesignating subparagraph (F) as  
21 subparagraph (J); and

22 (C) by inserting after subparagraph (E),  
23 the following:

24 “(F) the Chief Medical Officer, appointed  
25 under section 501(g);

1           “(G) the Director of the National Institute  
2 of Mental Health for the advisory councils ap-  
3 pointed under subsections (a)(1)(A) and  
4 (a)(1)(D);

5           “(H) the Director of the National Institute  
6 on Drug Abuse for the advisory councils ap-  
7 pointed under subsections (a)(1)(A), (a)(1)(B),  
8 and (a)(1)(C);”;

9           “(I) the Director of the National Institute  
10 on Alcohol Abuse and Alcoholism for the advi-  
11 sory councils appointed under subsections  
12 (a)(1)(A), (a)(1)(B), and (a)(1)(C); and” and  
13 (2) in paragraph (3), by adding at the end the  
14 following:

15           “(C) Not less than half of the members of  
16 the advisory council appointed under subsection  
17 (a)(1)(D)—

18           “(i) shall have—

19                   “(I) a medical degree;

20                   “(II) a doctoral degree in psy-  
21 chology; or

22                   “(III) an advanced degree in  
23 nursing or social work from an ac-  
24 credited graduate school or be a cer-  
25 tified physician assistant and

1                   “(ii) shall specialize in the mental  
2                   health field.”.

3 **SEC. 108. PEER REVIEW.**

4       Section 504(b) of the Public Health Service Act (42  
5 U.S.C. 290aa-3(b)) is amended by adding at the end the  
6 following: “In the case of any such peer review group that  
7 is reviewing a grant, cooperative agreement, or contract  
8 related to mental illness, not less than half of the members  
9 of such peer review group shall be licensed and experi-  
10 enced professionals in the prevention, diagnosis, treat-  
11 ment, and recovery of mental or substance use disorders  
12 and have a medical degree, a doctoral degree in psy-  
13 chology, or an advanced degree in nursing or social work  
14 from an accredited program.”.

15 **SEC. 109. INTER-DEPARTMENTAL SERIOUS MENTAL ILL-**  
16 **NESS COORDINATING COMMITTEE.**

17       (a) ESTABLISHMENT.—

18           (1) IN GENERAL.—Not later than 3 months  
19 after the date of enactment of this Act, the Sec-  
20 retary of Health and Human Services, or the des-  
21 ignee of the Secretary, shall establish a committee to  
22 be known as the “Inter-Departmental Serious Men-  
23 tal Illness Coordinating Committee” (in this section  
24 referred to as the “Committee”).

1           (2) FEDERAL ADVISORY COMMITTEE ACT.—Ex-  
2           cept as provided in this section, the provisions of the  
3           Federal Advisory Committee Act (5 U.S.C. App.)  
4           shall apply to the Committee.

5           (b) MEETINGS.—The Committee shall meet not fewer  
6           than 2 times each year.

7           (c) RESPONSIBILITIES.—Not later than 1 year after  
8           the date of enactment of this Act, and 5 years after such  
9           date of enactment, the Committee shall submit to Con-  
10          gress a report including—

11           (1) a summary of advances in serious mental  
12          illness and serious emotional disturbance research  
13          related to the prevention of, diagnosis of, interven-  
14          tion in, and treatment and recovery of, serious men-  
15          tal illnesses, serious emotional disturbances, and ad-  
16          vances in access to services and support for individ-  
17          uals with a serious mental illness;

18           (2) an evaluation of the effect on public health  
19          of Federal programs related to serious mental ill-  
20          ness, including measurements of public health out-  
21          comes including—

22           (A) rates of suicide, suicide attempts, prev-  
23          alence of serious mental illness, serious emo-  
24          tional disturbances, and substance use dis-  
25          orders, overdose, overdose deaths, emergency

1 hospitalizations, emergency room boarding, pre-  
2 ventable emergency room visits, incarceration,  
3 crime, arrest, homelessness, and unemployment;

4 (B) increased rates of employment and en-  
5 rollment in educational and vocational pro-  
6 grams;

7 (C) quality of mental and substance use  
8 disorder treatment services; or

9 (D) any other criteria as may be deter-  
10 mined by the Secretary; and

11 (3) specific recommendations for actions that  
12 agencies can take to better coordinate the adminis-  
13 tration of mental health services for people with seri-  
14 ous mental illness or serious emotional disturbances.

15 (d) COMMITTEE EXTENSION.—Upon the submission  
16 of the second report under subsection (c), the Secretary  
17 shall submit a recommendation to Congress on whether  
18 to extend the operation of the Committee.

19 (e) MEMBERSHIP.—

20 (1) FEDERAL MEMBERS.—The Committee shall  
21 be composed of the following Federal representa-  
22 tives, or their designee—

23 (A) the Secretary of Health and Human  
24 Services, who shall serve as the Chair of the  
25 Committee;

1 (B) the Administrator of the Substance  
2 Abuse and Mental Health Services Administra-  
3 tion;

4 (C) the Attorney General of the United  
5 States;

6 (D) the Secretary of Veterans Affairs;

7 (E) the Secretary of Defense;

8 (F) the Secretary of Housing and Urban  
9 Development;

10 (G) the Secretary of Education;

11 (H) the Secretary of Labor;

12 (I) the Commissioner of Social Security;

13 (2) NON-FEDERAL MEMBERS.—The Committee  
14 shall also include not less than 14 non-Federal pub-  
15 lic members appointed by the Secretary of Health  
16 and Human Services, of which—

17 (A) at least 1 member shall be an indi-  
18 vidual who has received treatment for a diag-  
19 nosis of a serious mental illness;

20 (B) at least 1 member shall be a parent or  
21 legal guardian of an individual with a history of  
22 a serious mental illness or serious emotional  
23 disturbance;

24 (C) at least 1 member shall be a represent-  
25 ative of a leading research, advocacy, or service



1 organization for individuals with serious mental  
2 illnesses;

3 (D) at least 2 members shall be—

4 (i) a licensed psychiatrist with experi-  
5 ence treating serious mental illnesses;

6 (ii) a licensed psychologist with expe-  
7 rience treating serious mental illnesses or  
8 serious emotional disturbances;

9 (iii) a licensed clinical social worker;

10 or

11 (iv) a licensed psychiatric nurse, nurse  
12 practitioner, or physician assistant with ex-  
13 perience treating serious mental illnesses  
14 and serious emotional disturbances;

15 (E) at least 1 member shall be a licensed  
16 mental health professional with a specialty in  
17 treating children and adolescents with serious  
18 emotional disturbances;

19 (F) at least 1 member shall be a mental  
20 health professional who has research or clinical  
21 mental health experience working with minori-  
22 ties;

23 (G) at least 1 member shall be a mental  
24 health professional who has research or clinical

1           mental health experience working with medi-  
2           cally underserved populations;

3           (H) at least 1 member shall be a State cer-  
4           tified mental health peer specialist;

5           (I) at least 1 member shall be a judge with  
6           experience adjudicating cases related to crimi-  
7           nal justice or serious mental illness; and

8           (J) at least 1 member shall be a law en-  
9           forcement officer or corrections officer with ex-  
10          tensive experience in interfacing with individ-  
11          uals with a serious mental illness or serious  
12          emotional disturbance, or in a mental health  
13          crisis.

14          (3) TERMS.—A member of the Committee ap-  
15          pointed under subsection (e)(2) shall serve for a  
16          term of 3 years, and may be reappointed for one or  
17          more additional 3-year terms. Any member ap-  
18          pointed to fill a vacancy for an unexpired term shall  
19          be appointed for the remainder of such term. A  
20          member may serve after the expiration of the mem-  
21          ber's term until a successor has been appointed.

22          (f) WORKING GROUPS.—In carrying out its func-  
23          tions, the Committee may establish working groups. Such  
24          working groups shall be composed of Committee members,

1 or their designees, and may hold such meetings as are nec-  
2 essary.

3 (g) SUNSET.—The Committee shall terminate on the  
4 date that is 6 years after the date on which the Committee  
5 is established under subsection (a)(1).

6 **TITLE II—ENSURING MENTAL**  
7 **AND SUBSTANCE USE DIS-**  
8 **ORDER PREVENTION, TREAT-**  
9 **MENT, AND RECOVERY PRO-**  
10 **GRAMS KEEP PACE WITH**  
11 **SCIENCE**

12 **SEC. 201. ENCOURAGING INNOVATION AND EVIDENCE-**  
13 **BASED PROGRAMS.**

14 Title V of the Public Health Service Act (42 U.S.C.  
15 290aa et seq.), as amended by title I, is further amended  
16 by inserting after section 501 (42 U.S.C. 290aa) the fol-  
17 lowing:

18 **“SEC. 501A. OFFICE OF POLICY, PLANNING, AND INNOVA-**  
19 **TION.**

20 “(a) IN GENERAL.—There shall be established within  
21 the Administration an Office of Policy, Planning, and In-  
22 novation (referred to in this section as the ‘Office’).

23 “(b) RESPONSIBILITIES.—The Office shall—

24 “(1) continue to carry out the authorities that  
25 were in effect for the Office of Policy, Planning, and

1 Innovation as such Office existed prior to the date  
2 of enactment of the Mental Health Reform Act of  
3 2016;

4 “(2) identify, coordinate, and facilitate the im-  
5 plementation of policy changes likely to have a sig-  
6 nificant effect on mental and substance use disorder  
7 services;

8 “(3) collect, as appropriate, information from  
9 grantees under programs operated by the Adminis-  
10 tration in order to evaluate and disseminate infor-  
11 mation on evidence-based practices, including cul-  
12 turally and linguistically appropriate services, as ap-  
13 propriate, and service delivery models;

14 “(4) provide leadership in identifying and co-  
15 ordinating policies and programs, including evidence-  
16 based programs, related to mental and substance use  
17 disorders;

18 “(5) in consultation with the Assistant Sec-  
19 retary for Planning and Evaluation, as appropriate,  
20 periodically review programs and activities relating  
21 to the diagnosis or prevention of, or treatment or re-  
22 habilitation for, mental illness and substance use  
23 disorders, including by—

24 “(A) identifying any such programs or ac-  
25 tivities that are duplicative;

1           “(B) identifying any such programs or ac-  
2           tivities that are not evidence-based, effective, or  
3           efficient;

4           “(C) identifying any such programs or ac-  
5           tivities that have proven to be effective or effi-  
6           cient in improving outcomes or increasing ac-  
7           cess to evidence-based programs; and

8           “(D) formulating recommendations for co-  
9           ordinating, eliminating, or improving programs  
10          or activities identified under subparagraph (A),  
11          (B), or (C), and merging such programs or ac-  
12          tivities into other successful programs or activi-  
13          ties; and

14          “(6) carry out other activities as deemed nec-  
15          essary to continue to encourage innovation and dis-  
16          seminate evidence-based programs and practices, in-  
17          cluding programs and practices with scientific merit.

18          “(c) PROMOTING INNOVATION.—

19                 “(1) IN GENERAL.—The Administrator, in co-  
20          ordination with the Office, may award grants to  
21          States, local governments, Indian tribes or tribal or-  
22          ganizations (as such terms are defined in section 4  
23          of the Indian Self-Determination and Education As-  
24          sistance Act (25. U.S.C. 450b)), educational institu-  
25          tions, and nonprofit organizations to develop evi-

1 dence-based interventions, including culturally and  
2 linguistically appropriate services, as appropriate,  
3 for—

4 “(A) evaluating a model that has been sci-  
5 entifically demonstrated to show promise, but  
6 would benefit from further applied development,  
7 for—

8 “(i) enhancing the prevention, diag-  
9 nosis, intervention, treatment, and recovery  
10 of mental illness, serious emotional dis-  
11 turbance, substance use disorders, and co-  
12 occurring disorders; or

13 “(ii) integrating or coordinating phys-  
14 ical health services and mental and sub-  
15 stance use disorder services; and

16 “(B) expanding, replicating, or scaling evi-  
17 dence-based programs across a wider area to  
18 enhance effective screening, early diagnosis,  
19 intervention, and treatment with respect to  
20 mental illness, serious mental illness, and seri-  
21 ous emotional disturbance, primarily by—

22 “(i) applying delivery of care, includ-  
23 ing training staff in effective evidence-  
24 based treatment; or

1                   “(ii) integrating models of care across  
2                   specialties and jurisdictions.

3                   “(2) CONSULTATION.—In awarding grants  
4                   under this paragraph, the Administrator shall, as  
5                   appropriate, consult with the Chief Medical Officer,  
6                   the advisory councils described in section 502, the  
7                   National Institute of Mental Health, the National  
8                   Institute on Drug Abuse, and the National Institute  
9                   on Alcohol Abuse and Alcoholism.

10                  “(d) AUTHORIZATION OF APPROPRIATIONS.—To  
11                  carry out the activities under subsection (c), there are au-  
12                  thorized to be appropriated such sums as may be nec-  
13                  essary for each of fiscal years 2017 through 2021.”.

14   **SEC. 202. PROMOTING ACCESS TO INFORMATION ON EVI-**  
15                                   **DENCE-BASED PROGRAMS AND PRACTICES.**

16                  (a) IN GENERAL.—The Administrator of the Sub-  
17                  stance Abuse and Mental Health Services Administration  
18                  (referred to in this section as the “Administrator”) may  
19                  improve access to reliable and valid information on evi-  
20                  dence-based programs and practices, including informa-  
21                  tion on the strength of evidence associated with such pro-  
22                  grams and practices, related to mental and substance use  
23                  disorders for States, local communities, nonprofit entities,  
24                  and other stakeholders by posting on the website of the  
25                  Administration information on evidence-based programs

1 and practices that have been reviewed by the Adminis-  
2 trator pursuant to the requirements of this section.

3 (b) NOTICE.—In carrying out subsection (a), the Ad-  
4 ministrator may establish a period for the submission of  
5 applications for evidence-based programs and practices to  
6 be posted publicly in accordance with subsection (a). In  
7 establishing such application period, the Administrator  
8 shall provide for the public notice of such application pe-  
9 riod in the Federal Register. Such notice may solicit appli-  
10 cations for evidence-based practices and programs to ad-  
11 dress gaps identified by the Assistant Secretary for Plan-  
12 ning and Evaluation of the Department of Health and  
13 Human Services in the evaluation and recommendations  
14 under section 101 or priorities identified in the strategic  
15 plan established under section 501(l) of the Public Health  
16 Service Act (42 U.S.C. 290aa).

17 (c) REQUIREMENTS.—The Administrator may estab-  
18 lish minimum requirements for applications referred to  
19 under this section, including applications related to the  
20 submission of research and evaluation.

21 (d) REVIEW AND RATING.—The Administrator shall  
22 review applications prior to public posting, and may  
23 prioritize the review of applications for evidence-based  
24 practices and programs that are related to topics included  
25 in the notice established under subsection (b). The Admin-



1    istrator may utilize a rating and review system, which may  
2    include information on the strength of evidence associated  
3    with such programs and practices and a rating of the  
4    methodological rigor of the research supporting the appli-  
5    cation. The Administrator shall make the metrics used to  
6    evaluate applications and the resulting ratings publicly  
7    available.

8    **SEC. 203. PRIORITY MENTAL HEALTH NEEDS OF REGIONAL**  
9                                   **AND NATIONAL SIGNIFICANCE.**

10           Section 520A of the Public Health Service Act (42  
11 U.S.C. 290bb–32) is amended—

12                   (1) in subsection (a)—

13                           (A) in paragraph (4), by inserting before  
14                   the period “, that may include technical assist-  
15                   ance centers”; and

16                           (B) in the flush sentence following para-  
17                   graph (4)—

18                                   (i) by inserting “, contracts,” before  
19                                   “or cooperative agreements”; and

20                                   (ii) by striking “Indian tribes and  
21                                   tribal organizations” and inserting “terri-  
22                                   tories, Indian tribes or tribal organizations  
23                                   (as such terms are defined in section 4 of  
24                                   the Indian Self-Determination and Edu-  
25                                   cation Assistance Act), health facilities, or

1 programs operated by or pursuant to a  
2 contract or grant with the Indian Health  
3 Service, or”]; and

4 (2) in subsection (f)—

5 (A) in paragraph (1) by striking the para-  
6 graph heading;

7 (B) by striking “\$300,000,000” and all  
8 that follows through “2003” and inserting  
9 “such sums as may be necessary for each of fis-  
10 cal years 2017 through 2021”; and

11 (C) by striking paragraph (2).

12 **SEC. 204. SUBSTANCE USE DISORDER TREATMENT NEEDS**  
13 **OF REGIONAL AND NATIONAL SIGNIFICANCE.**

14 Section 509 of the Public Health Service Act (42  
15 U.S.C. 290bb-2) is amended—

16 (1) in subsection (a)—

17 (A) in the matter preceding paragraph (1),  
18 by striking “abuse” and inserting “use dis-  
19 order”];

20 (B) in paragraph (3), by inserting before  
21 the period “that permit States, local govern-  
22 ments, communities, and Indian tribes and trib-  
23 al organizations (as such terms are defined in  
24 section 4 of the Indian Self-Determination and  
25 Education Assistance Act) to focus on emerging

1 trends in substance use and co-occurrence of  
2 substance use disorders with mental illness or  
3 other disorders”; and

4 (C) in the flush sentence following para-  
5 graph (3)—

6 (i) by inserting “, contracts,” before  
7 “or cooperative agreements”; and

8 (ii) by striking “Indian tribes and  
9 tribal organizations,” and inserting “terri-  
10 tories, Indian tribes or tribal organizations  
11 (as such terms are defined in section 4 of  
12 the Indian Self-Determination and Edu-  
13 cation Assistance Act), health facilities, or  
14 programs operated by or pursuant to a  
15 contract or grant with the Indian Health  
16 Service, or”;

17 (2) in subsection (b)—

18 (A) in paragraph (1), by striking “abuse”  
19 and inserting “use disorder”; and

20 (B) in paragraph (2), by striking “abuse”  
21 and inserting “use disorder”; and

22 (3) in subsection (e), by striking “abuse” and  
23 inserting “use disorder”.

1 **SEC. 205. PRIORITY SUBSTANCE USE DISORDER PREVEN-**  
2 **TION NEEDS OF REGIONAL AND NATIONAL**  
3 **SIGNIFICANCE.**

4 Section 516 of the Public Health Service Act (42  
5 U.S.C. 290bb–22) is amended—

6 (1) in the section heading, by striking  
7 “**ABUSE**” and inserting “**USE DISORDER**”;

8 (2) in subsection (a)—

9 (A) in the matter preceding paragraph (1),  
10 by striking “abuse” and inserting “use dis-  
11 order”;

12 (B) in paragraph (3), by inserting before  
13 the period “, including a focus on emerging  
14 drug abuse issues”; and

15 (C) in the matter following paragraph  
16 (3)—

17 (i) by inserting “, contracts,” before  
18 “or cooperative agreements”; and

19 (ii) by striking “Indian tribes and  
20 tribal organizations,” and inserting “terri-  
21 tories, Indian tribes or tribal organizations  
22 (as such terms are defined in section 4 of  
23 the Indian Self-Determination and Edu-  
24 cation Assistance Act), health facilities, or  
25 programs operated by or pursuant to a

1 contract or grant with the Indian Health  
2 Service,”;

3 (3) in subsection (b)—

4 (A) in paragraph (1), by striking “abuse”  
5 and inserting “use disorder”; and

6 (B) in paragraph (2)—

7 (i) in subparagraph (A), by striking  
8 “and” at the end;

9 (ii) in subparagraph (B)—

10 (I) by striking “abuse” and in-  
11 serting “use disorder”; and

12 (II) by striking the period and  
13 inserting “; and”; and

14 (iii) by adding at the end the fol-  
15 lowing:

16 “(C) substance use disorder prevention  
17 among high-risk groups.”; and

18 (4) in subsection (e), by striking “abuse” and  
19 inserting “use disorder”.

1 **TITLE III—SUPPORTING STATE**  
2 **RESPONSES TO MENTAL**  
3 **HEALTH AND SUBSTANCE**  
4 **USE DISORDER NEEDS**

5 **SEC. 301. COMMUNITY MENTAL HEALTH SERVICES BLOCK**  
6 **GRANT.**

7 (a) **FORMULA GRANTS.**—Section 1911(b) of the Pub-  
8 lic Health Service Act (42 U.S.C. 300x(b)) is amended—

9 (1) by redesignating paragraphs (1) through  
10 (3) as paragraphs (2) through (4), respectively; and

11 (2) by inserting before paragraph (2) (as so re-  
12 designated), the following:

13 “(1) providing community mental health serv-  
14 ices for adults with serious mental illness and chil-  
15 dren with serious emotional disturbances as defined  
16 in accordance with section 1912(c);”.

17 (b) **STATE PLAN.**—Section 1912(b) of the Public  
18 Health Service Act (42 U.S.C. 300x-1(b)) is amended—

19 (1) in paragraph (3), by redesignating subpara-  
20 graphs (A) through (C) as clauses (i) through (iii),  
21 respectively, and realigning the margins accordingly;

22 (2) by redesignating paragraphs (1) through  
23 (5) as subparagraphs (A) through (E), respectively,  
24 and realigning the margins accordingly;

1           (3) by striking the matter preceding subpara-  
2           graph (A) (as so redesignated), and inserting the  
3           following:

4           “(b) CRITERIA FOR PLAN.—In accordance with sub-  
5           section (a), a State shall submit to the Secretary a plan  
6           that, at a minimum, includes the following:

7           “(1) SYSTEM OF CARE.—A description of the  
8           State’s system of care that contains the following:”;

9           (4) by striking subparagraph (A) (as so redesign-  
10          nated), and inserting the following:

11           “(A) COMPREHENSIVE COMMUNITY-BASED  
12          HEALTH SYSTEMS.—The plan shall—

13           “(i) identify the single State agency to  
14           be responsible for the administration of the  
15           program under the grant, including any  
16           third party who administers mental health  
17           services and is responsible for complying  
18           with the requirements of this part with re-  
19           spect to the grant;

20           “(ii) provide for an organized commu-  
21           nity-based system of care for individuals  
22           with mental illness, and describe available  
23           services and resources in a comprehensive  
24           system of care, including services for indi-  
25           viduals with co-occurring disorders;

1           “(iii) include a description of the  
2           manner in which the State and local enti-  
3           ties will coordinate services to maximize  
4           the efficiency, effectiveness, quality, and  
5           cost effectiveness of services and programs  
6           to produce the best possible outcomes (in-  
7           cluding health services, rehabilitation serv-  
8           ices, employment services, housing services,  
9           educational services, substance use dis-  
10          order services, legal services, law enforce-  
11          ment services, social services, child welfare  
12          services, medical and dental care services,  
13          and other support services to be provided  
14          with Federal, State, and local public and  
15          private resources) with other agencies to  
16          enable individuals receiving services to  
17          function outside of inpatient or residential  
18          institutions, to the maximum extent of  
19          their capabilities, including services to be  
20          provided by local school systems under the  
21          Individuals with Disabilities Education  
22          Act;

23           “(iv) include a description of how the  
24          State promotes evidence-based practices,  
25          including those evidence-based programs



1 that address the needs of individuals with  
2 early serious mental illness regardless of  
3 the age of the individual at onset or pro-  
4 viding comprehensive individualized treat-  
5 ment, or integrating mental and physical  
6 health services;

7 “(v) include a description of case  
8 management services;

9 “(vi) include a description of activities  
10 that seek to engage individuals with seri-  
11 ous mental illness and their caregivers  
12 where appropriate in making health care  
13 decisions. including activities that enhance  
14 communication between individuals, fami-  
15 lies, caregivers, and treatment providers;  
16 and

17 “(vii) as appropriate to and reflective  
18 of the uses the State proposes for the block  
19 grant monies—

20 “(I) a description of the activities  
21 intended to reduce hospitalizations  
22 and hospital stays using the block  
23 grant monies;

24 “(II) a description of the activi-  
25 ties intended to reduce incidents of

1 suicide using the block grant monies;  
2 and

3 “(III) a description of how the  
4 State integrates mental health and  
5 primary care using the block grant  
6 monies, which may include providing,  
7 in the case of individuals with co-oc-  
8 ccurring mental and substance use dis-  
9 orders, both mental and substance use  
10 services in primary care settings or  
11 arrangements to provide primary and  
12 specialty care services in community-  
13 based mental and substance use dis-  
14 order settings.”;

15 (5) in subparagraph (B) (as so redesignated),  
16 by striking “to be achieved in the implementation of  
17 the system described in paragraph (1)” and insert-  
18 ing “and outcome measures for programs and serv-  
19 ices provided under this subpart”;

20 (6) in subparagraph (C) (as so redesignated)—

21 (A) by striking “disturbance” in the mat-  
22 ter preceding clause (i) (as so redesignated) and  
23 all that follows through “substance abuse serv-  
24 ices” in clause (i) (as so redesignated) and in-  
25 serting the following: “disturbance (as defined

1           pursuant to subsection (c)), the plan shall pro-  
2           vide for a system of integrated social services,  
3           educational services, child welfare services, juve-  
4           nile justice services, law enforcement services,  
5           and substance use disorder services”;

6           (B) by striking “Education Act;” and in-  
7           serting “Education Act.”; and

8           (C) by striking clauses (ii) and (iii) (as so  
9           redesignated);

10          (7) in subparagraph (D) (as so redesignated),  
11          by striking “plan described” and inserting “plan  
12          shall describe”; and

13          (8) in subparagraph (E) (as so redesignated)—

14               (A) in the subparagraph heading by strik-  
15               ing “SYSTEMS” and inserting “SERVICES”;

16               (B) by striking “plan describes” and all  
17               that follows through “and provides for” and in-  
18               serting “plan shall describe the financial re-  
19               sources available, the existing mental health  
20               workforce, and workforce trained in treating in-  
21               dividuals with co-occurring mental and sub-  
22               stance use disorders, and provides for”;

23               (C) by inserting before the period the fol-  
24               lowing: “, and the manner in which the State

1 intends to comply with each of the funding  
2 agreements in this subpart and subpart III”;  
3 (9) by striking the flush matter at the end; and  
4 (10) by adding at the end the following:

5 “(2) GOALS AND OBJECTIVES.—The establish-  
6 ment of goals and objectives for the period of the  
7 plan, including targets and milestones that are in-  
8 tended to be met, and the activities that will be un-  
9 dertaken to achieve those targets.”.

10 (c) BEST PRACTICES IN CLINICAL CARE MODELS.—  
11 Section 1920 of the Public Health Service Act (42 U.S.C.  
12 300x-9) is amended by adding at the end the following:

13 “(c) BEST PRACTICES IN CLINICAL CARE MOD-  
14 ELS.—

15 “(1) IN GENERAL.—Except as provided in para-  
16 graph (2), a State shall expend not less than 5 per-  
17 cent of the amount the State receives for carrying  
18 out this section in each fiscal year to support evi-  
19 dence-based programs that address the needs of in-  
20 dividuals with early serious mental illness, including  
21 psychotic disorders, regardless of the age of the indi-  
22 vidual at onset.

23 “(2) STATE FLEXIBILITY.—In lieu of expending  
24 5 percent of the amount the State receives under  
25 this section in a fiscal year as required under para-

1 graph (1), a State may elect to expend not less than  
2 10 percent of such amount in the succeeding fiscal  
3 year.”.

4 (d) ADDITIONAL PROVISIONS.—Section 1915(b) of  
5 the Public Health Service Act (42 U.S.C. 300x-4(b)) is  
6 amended—

7 (1) in paragraph (3)—

8 (A) by striking “The Secretary” and in-  
9 serting the following:

10 “(A) IN GENERAL.—The Secretary”;

11 (B) by striking “paragraph (1) if the Sec-  
12 retary” and inserting the following: “paragraph  
13 (1) in whole or in part, if—

14 “(i) the Secretary”;

15 (C) by striking “State justify the waiver.”  
16 and inserting “State in the fiscal year involved  
17 or in the previous fiscal year justify the waiver;  
18 or”; and

19 (D) by adding at the end the following:

20 “(ii) the State, or any part of the  
21 State, has experienced an emergency nat-  
22 ural disaster that has received a Presi-  
23 dential Disaster Declaration under section  
24 102 of the Robert T. Stafford Disaster Re-  
25 lief Emergency Assistance Act.

1           “(B) DATE CERTAIN FOR ACTION UPON  
2           REQUEST.—The Secretary shall approve or  
3           deny a request for a waiver under this para-  
4           graph not later than 120 days after the date on  
5           which the request is made.

6           “(C) APPLICABILITY OF WAIVER.—A waiv-  
7           er provided by the Secretary under this para-  
8           graph shall be applicable only to the fiscal year  
9           involved.”; and  
10          (2) in paragraph (4)—

11           (A) in subparagraph (A), by inserting after  
12           the subparagraph designation the following: “IN  
13           GENERAL”; and

14           (B) in subparagraph (B), by inserting  
15           after the subparagraph designation the fol-  
16           lowing: “SUBMISSION OF INFORMATION TO THE  
17           SECRETARY”.

18          (e) APPLICATION FOR GRANT.—Section 1917(a) of  
19          the Public Health Service Act (42 U.S.C. 300x-6(a)) is  
20          amended—

21           (1) in paragraph (1), by striking “1941” and  
22           inserting “1942(a)”; and

23           (2) in paragraph (5), by striking  
24           “1915(b)(3)(B)” and inserting “1915(b)”.

1 (f) FUNDING.—Section 1920(a) of the Public Health  
2 Service Act (42 U.S.C. 300x-9(a)) is amended by striking  
3 “\$450,000,000” and all that follows and inserting “such  
4 sums as may be necessary for each of fiscal years 2017  
5 through 2021.”.

6 **SEC. 302. BLOCK GRANT FOR PREVENTION AND TREAT-**  
7 **MENT OF SUBSTANCE USE DISORDERS.**

8 (a) SUBPART HEADING.—Subpart II of part B of  
9 title XIX of the Public Health Service Act (42 U.S.C.  
10 300x-21 et seq.) is amended in the subpart heading by  
11 striking “**Abuse**” and inserting “**Use Disorders**”.

12 (b) FORMULA GRANTS.—Section 1921 of the Public  
13 Health Service Act (42 U.S.C. 300x-21) is amended—

14 (1) in subsection (a)—

15 (A) in the first sentence, by striking  
16 “1933” and inserting “1932”; and

17 (B) in the second sentence, by striking  
18 “1932” and inserting “1931”; and

19 (2) in subsection (b)—

20 (A) by striking “1931” and inserting  
21 “1930”;

22 (B) by inserting “carrying out the plan de-  
23 veloped in accordance with section 1931(b) and  
24 for” after “for the purpose of”; and

1 (C) by striking “abuse” and inserting “use  
2 disorders”.

3 (c) OUTREACH TO PERSONS WHO INJECT DRUGS.—  
4 Section 1923(b) of the Public Health Service Act (42  
5 U.S.C. 300x-23(b)) is amended—

6 (1) in the heading, by striking “REGARDING IN-  
7 TRAVENOUS SUBSTANCE ABUSE” and inserting “TO  
8 PERSONS WHO INJECT DRUGS”;

9 (2) by striking “for intravenous drug abuse”  
10 and inserting “for persons who inject drugs”; and

11 (3) by inserting “who inject drugs” after “such  
12 treatment”.

13 (d) REQUIREMENTS REGARDING TUBERCULOSIS AND  
14 HUMAN IMMUNODEFICIENCY VIRUS.—Section 1924 of the  
15 Public Health Service Act (42 U.S.C. 300x-24) is amend-  
16 ed—

17 (1) in subsection (a)(1), in the matter pre-  
18 ceding subparagraph (A), by striking “substance  
19 abuse” and inserting “substance use disorder”; and

20 (2) in subsection (b)—

21 (A) in paragraph (1)(A), by striking “sub-  
22 stance abuse” and inserting “substance use dis-  
23 orders”;

24 (B) in paragraph (2), by inserting “and  
25 Prevention” after “Disease Control”;



1 (C) in paragraph (3)—

2 (i) in the paragraph heading, by strik-  
3 ing “ABUSE” and inserting “USE DIS-  
4 ORDERS”; and

5 (ii) by striking “substance abuse” and  
6 inserting “substance use disorders”; and

7 (D) in paragraph (6)(B), by striking “sub-  
8 stance abuse” and inserting “substance use dis-  
9 orders”;

10 (3) by striking subsection (d); and

11 (4) by redesignating subsection (e) as sub-  
12 section (d).

13 (e) GROUP HOMES.—Section 1925 of the Public  
14 Health Service Act (42 U.S.C. 300x-25) is amended—

15 (1) in the section heading, by striking “**RE-**  
16 **COVERING SUBSTANCE ABUSERS**” and inserting  
17 “**PERSONS IN RECOVERY FROM SUBSTANCE**  
18 **USE DISORDERS**”; and

19 (2) in subsection (a), by striking “recovering  
20 substance abusers” and inserting “persons in recov-  
21 ery from substance use disorders”.

22 (f) ADDITIONAL AGREEMENTS.—Section 1928 of the  
23 Public Health Service Act (42 U.S.C. 300x-28) is amend-  
24 ed—

1           (1) in subsection (a), by striking “(relative to  
2           fiscal year 1992)”;

3           (2) by striking subsection (b) and inserting the  
4           following:

5           “(b) PROFESSIONAL DEVELOPMENT.—A funding  
6           agreement for a grant under section 1921 is that the State  
7           involved will ensure that prevention, treatment, and recov-  
8           ery personnel operating in the State’s substance use dis-  
9           order prevention, treatment, and recovery systems have an  
10          opportunity to receive training, on an ongoing basis, con-  
11          cerning—

12           “(1) recent trends in drug abuse in the State;

13           “(2) improved methods and evidence-based  
14          practices for providing substance use disorder pre-  
15          vention and treatment services;

16           “(3) performance-based accountability;

17           “(4) data collection and reporting requirements;

18           “(5) any other matters that would serve to fur-  
19          ther improve the delivery of substance use disorder  
20          prevention and treatment services within the State;  
21          and

22           “(6) innovative practices developed under sec-  
23          tion 581.”; and

24           (3) in subsection (d)(1), by striking “substance  
25          abuse” and inserting “substance use disorders”.

1 (g) REPEAL.—Section 1929 of the Public Health  
2 Service Act (42 U.S.C. 300x-29) is repealed.

3 (h) REDESIGNATIONS AND WAIVER.—

4 (1) REDESIGNATIONS.—Subpart II of part B of  
5 title XIX of the Public Health Service (42 U.S.C.  
6 300x-21 et seq.) is amended by redesignating sec-  
7 tions 1930 through 1935 as sections 1929 through  
8 1934, respectively.

9 (2) WAIVER.—Section 1929(c)(1) of the Public  
10 Health Service Act (as so redesignated; (42 U.S.C.  
11 300x-30(c)(1))) is amended by striking “in the State  
12 justify the waiver” and inserting “exist in the State,  
13 or any part of the State, to justify the waiver, or if  
14 the State, or any part of the State, has experienced  
15 an emergency or a natural disaster that has received  
16 a Presidential Disaster Declaration under section  
17 102 of the Robert T. Stafford Disaster Relief and  
18 Emergency Assistance Act”.

19 (i) RESTRICTIONS ON EXPENDITURES.—Section  
20 1930(b)(1) of the Public Health Service Act (as so red-  
21 igned; (42 U.S.C. 300x-31(b)(1))), is amended by strik-  
22 ing “substance abuse” and inserting “substance use dis-  
23 orders”.

1 (j) APPLICATION.—Section 1931 of the Public Health  
2 Service Act (as so redesignated; (42 U.S.C. 300x-32)) is  
3 amended—

4 (1) in subsection (a)—

5 (A) in the matter preceding paragraph (1),  
6 strike “subsections (c) and (d)(2)” and insert  
7 “subsection (c)”; and

8 (B) in paragraph (5), by striking “the in-  
9 formation required in section 1930(c)(2), and  
10 the report required in section 1942(a)” and in-  
11 sert “and the report required in section 1942”;  
12 (2) in subsection (b)—

13 (A) by striking paragraph (1) and insert-  
14 ing the following:

15 “(1) IN GENERAL.—In order for a State to be  
16 in compliance with subsection (a)(6), the State shall  
17 submit to the Secretary a plan that, at a minimum,  
18 shall include the following:

19 “(A) A description of the State’s system of  
20 care that—

21 “(i) identifies the single State agency  
22 responsible for the administration of the  
23 program, including any third party who  
24 administers substance use disorder services

1 and is responsible for complying with the  
2 requirements of the grant;

3 “(ii) provides information on the need  
4 for substance use disorder prevention and  
5 treatment services in the State, including  
6 estimates on the number of individuals  
7 who need treatment, who are pregnant  
8 women, women with dependent children,  
9 individuals with a co-occurring mental  
10 health and substance use disorders, per-  
11 sons who inject drugs, and persons who  
12 are experiencing homelessness;

13 “(iii) provides aggregate information  
14 on the number of individuals in treatment  
15 within the State, including the number of  
16 such individuals who are pregnant women,  
17 women with dependent children, individ-  
18 uals with a co-occurring mental health and  
19 substance use disorder, persons who inject  
20 drugs, and persons who are experiencing  
21 homelessness;

22 “(iv) provides a description of the sys-  
23 tem that is available to provide services by  
24 modality, including the provision of recov-  
25 ery support services;

1                   “(v) provides a description of the  
2                   State’s comprehensive statewide prevention  
3                   efforts, including the number of individuals  
4                   being served in the system, target popu-  
5                   lations, and priority needs, and provides a  
6                   description of the amount of funds from  
7                   the prevention set-aside expended on pri-  
8                   mary prevention;

9                   “(vi) provides a description of the fi-  
10                  nancial resources available;

11                  “(vii) provides a description of the  
12                  manner in which the State and local enti-  
13                  ties coordinate prevention, treatment, and  
14                  recovery services with other agencies, in-  
15                  cluding health, mental health, juvenile jus-  
16                  tice, law enforcement, education, social  
17                  services, and child welfare agencies;

18                  “(viii) describes the existing substance  
19                  use disorders workforce and workforce  
20                  trained in treating co-occurring substance  
21                  use and mental health disorders;

22                  “(ix) includes a description of how the  
23                  State promotes evidenced-based practices;  
24                  and

1                   “(x) describes how the State inte-  
2                   grates substance use disorder services and  
3                   primary health care, which in the case of  
4                   those individuals with co-occurring mental  
5                   health and substance use disorders may in-  
6                   clude providing both mental health and  
7                   substance use disorder services in primary  
8                   care settings or providing primary and spe-  
9                   cialty care services in community-based  
10                  mental health and substance use disorder  
11                  service settings.

12                  “(B) The establishment of goals and objec-  
13                  tives for the period of the plan, including tar-  
14                  gets and milestones that are intended to be  
15                  met, and the activities that will be undertaken  
16                  to achieve those targets.

17                  “(C) A description of how the State will  
18                  comply with each funding agreement for a  
19                  grant under section 1921 that is applicable to  
20                  the State, including a description of the manner  
21                  in which the State intends to expend grant  
22                  funds.”; and

23                  (B) by striking paragraph (2) and insert-  
24                  ing the following:

1           “(2) STATE REQUEST FOR MODIFICATION.—If  
2           the State determines that modifications to the plan  
3           are necessary, the State may request the Secretary  
4           to approve such modifications through its annual re-  
5           port required under section 1942.”;

6           (3) in subsection (c), by striking “1931” and  
7           inserting “1930”; and

8           (4) in subsection (d)—

9           (A) in the subsection heading, by striking  
10           “REGULATIONS; PRECONDITION TO MAKING  
11           GRANTS” and all that follows through “Preven-  
12           tion,” in paragraph (1), and inserting the fol-  
13           lowing “REGULATIONS.—The Secretary”; and

14           (B) by striking paragraph (2).

15           (k) DEFINITIONS.—Section 1933 of the Public  
16           Health Service Act (as so redesignated; (42 U.S.C. 300x-  
17           34)) is amended—

18           (1) in paragraph (3), by striking “substance  
19           abuse” and inserting “substance use disorders”; and

20           (2) in paragraph (7), by striking “substance  
21           abuse” and inserting “substance use disorder”.



1 **SEC. 303. ADDITIONAL PROVISIONS RELATED TO THE**  
2 **BLOCK GRANTS.**

3 Subpart III of part B of title XIX of the Public  
4 Health Service Act (42 U.S.C. 300x-51 et seq.) is amend-  
5 ed—

6 (1) in section 1941 (42 U.S.C. 300x-51), by  
7 striking “1932” and inserting “1931”;

8 (2) in section 1944(b)(4) (42 U.S.C. 300x-  
9 54(b)(4)), by striking “1930” and inserting “1929”;

10 (3) in section 1953(b) (42 U.S.C. 300x-63(b)),  
11 by striking “substance abuse” and inserting “sub-  
12 stance use disorder”; and

13 (4) by adding at the end the following:

14 **“SEC. 1957. PUBLIC HEALTH EMERGENCIES.**

15 “In the case of a public health emergency (as deter-  
16 mined under section 319), the Administrator, on a State  
17 by State basis, may grant an extension or waive applica-  
18 tion deadlines and compliance with any other requirements  
19 of grants authorized under sections 521, 1911, and 1921,  
20 and allotments authorized under Public Law 99-319 (42  
21 U.S.C. 10801 et seq.) as the circumstances of such emer-  
22 gency reasonably require and for the period of such public  
23 health emergency.

24 **“SEC. 1958. JOINT APPLICATIONS.**

25 “The Secretary, acting through the Administrator,  
26 shall permit a joint application to be submitted for grants

1 under subpart I and subpart II upon the request of a  
2 State. Such application may be jointly reviewed and ap-  
3 proved by the Secretary with respect to such subparts,  
4 consistent with the purposes and authorized activities of  
5 each such grant program. A State submitting such a joint  
6 application shall otherwise meet the requirements with re-  
7 spect to each such subpart.”.

8 **SEC. 304. STUDY OF DISTRIBUTION OF FUNDS UNDER THE**  
9 **SUBSTANCE USE DISORDER PREVENTION**  
10 **AND TREATMENT BLOCK GRANT AND THE**  
11 **COMMUNITY MENTAL HEALTH SERVICES**  
12 **BLOCK GRANT.**

13 (a) IN GENERAL.—The Secretary of Health and  
14 Human Services, acting through the Administrator of the  
15 Substance Abuse and Mental Health Services Administra-  
16 tion, shall through a grant or contract, or through an  
17 agreement with a third party, conduct a study on the for-  
18 mulas for distribution of funds under the substance use  
19 disorder prevention and treatment block grant and the  
20 community mental health services block grant under title  
21 XIX of the Public Health Service Act (42 U.S.C. 300x  
22 et seq.) and recommend changes if necessary. Such study  
23 shall include—

24 (1) an analysis of whether the distributions  
25 under such block grants accurately reflect the need

1 for the services under the grants in such States and  
2 territories;

3 (2) an examination of whether the indices used  
4 under the formulas for distribution of funds under  
5 such block grants are appropriate, and if not, alter-  
6 natives recommended by the Secretary;

7 (3) where recommendations are included under  
8 paragraph (2) for the use of different indices, a de-  
9 scription of the variables and data sources that  
10 should be used to determine the indices;

11 (4) an evaluation of the variables and data  
12 sources that are being used for each of the indices  
13 involved, and whether such variables and data  
14 sources accurately represent the need for services,  
15 the cost of providing services, and the ability of the  
16 States to pay for such services;

17 (5) the effect that the minimum allotment pro-  
18 visions under each such block grant have on each  
19 State's final allotment and its effect, if any, on each  
20 State's formula-based allotment;

21 (6) recommendations for modifications to the  
22 minimum allotment provisions to ensure an appro-  
23 priate distribution of funds; and

24 (7) any other information that the Secretary  
25 determines appropriate.

1 (b) REPORT.—Not later than 24 months after the  
2 date of enactment of this Act, the Secretary of Health and  
3 Human Services shall submit to the Committee on Health,  
4 Education, Labor, and Pensions of the Senate and the  
5 Committee on Energy and Commerce of the House of  
6 Representatives, a report containing the findings and rec-  
7 ommendations of the study conducted under subsection  
8 (a).

9 **SEC. 305. HELPING STATES AND LOCAL COMMUNITIES AD-**  
10 **DRESS EMERGING DRUG ISSUES.**

11 Section 506B of the Public Health Service Act (42  
12 U.S.C. 290aa-5b) is amended to read as follows:

13 **“SEC. 506B. SERVICES TO ASSIST STATES AND LOCAL COM-**  
14 **MUNITIES ADDRESS EMERGING DRUG ABUSE**  
15 **ISSUES.**

16 “(a) GRANTS.—The Secretary, acting through the  
17 Administrator of the Substance Abuse and Mental Health  
18 Services Administration, shall award grants to eligible en-  
19 tities to assist local communities in addressing emerging  
20 drug abuse issues, which may include opioid abuse.

21 “(b) ELIGIBLE ENTITIES.—

22 “(1) IN GENERAL.—To be eligible to receive a  
23 grant under this section, an entity shall—

24 “(A) be the State substance abuse agency  
25 that manages the Substance Abuse Prevention

1 and Treatment Block Grant with respect to the  
2 State;

3 “(B) be a public or nonprofit private enti-  
4 ty, including an Indian tribe or tribal organiza-  
5 tion (as such terms are defined in section 4 of  
6 the Indian Self-Determination and Education  
7 Assistance Act) or a health facility or program  
8 operated by or pursuant to a contract or grant  
9 with the Indian Health Service; and

10 “(C) submit to the Secretary, an applica-  
11 tion at such time, in such manner, and con-  
12 taining such information as the Secretary may  
13 require, including—

14 “(i) supporting data that dem-  
15 onstrates that an emerging drug abuse  
16 issue exists in the area to be served under  
17 the grant and the lack of available re-  
18 sources to address such issue;

19 “(ii) a description of the target popu-  
20 lation to be served;

21 “(iii) a list of goals and objectives  
22 with respect to activities under the grant;  
23 and

24 “(iv) an assurance that evidenced-  
25 based treatment practices will be utilized,

1           when available, and that treatment activi-  
2           ties will be coordinated with prevention  
3           and recovery efforts.

4           “(2) REQUIRED DEMONSTRATION FOR CERTAIN  
5           ENTITIES.—Eligible entities applying for a grant  
6           that are not the State substance abuse agency shall  
7           demonstrate how the proposed activities under the  
8           grant align with the State’s plan for substance use  
9           disorder service delivery.

10          “(c) USE OF FUNDS.—An entity shall use amounts  
11 received under a grant under this section to—

12           “(1) improve access to, and participation in,  
13           drug treatment services, including screening, assess-  
14           ment, and care management services;

15           “(2) support the involvement of friends and  
16           families in drug treatment; and

17           “(3) provide recovery support services that help  
18           promote sustained recovery, such as assistance with  
19           gaining employment, housing, and establishing com-  
20           munity connections.

21          “(d) COORDINATION WITH OTHER PROGRAMS.—An  
22 entity that receives a grant under this section shall ensure  
23 that services provided under the grant are coordinated  
24 with programs conducted by mental health departments,  
25 social services departments, health departments, juvenile

1 and adult justice systems, child welfare agencies, and oth-  
2 ers, as appropriate.

3 “(e) PRIORITY.—In awarding grants under this sec-  
4 tion, the Secretary shall give priority to entities that will  
5 use a portion of grant funds to serve rural areas.

6 “(f) EVALUATION.—A grant recipient under this sec-  
7 tion shall conduct an evaluation of the activities carried  
8 out under the grant and provide the results of such evalua-  
9 tion to the Secretary, including aggregate outcomes infor-  
10 mation and other information necessary to demonstrate  
11 the success of the recipient in achieving the goals and ob-  
12 jectives described in the application submitted under sub-  
13 section (b)(1)(C).

14 “(g) DEFINITION.—In this section, the term ‘emerg-  
15 ing drug abuse issue’ means a substance use disorder issue  
16 within an area involving—

17 “(1) a sudden increase in demand for particular  
18 drug treatment services relative to previous demand;  
19 and

20 “(2) a lack of resources in the area to address  
21 the emerging problem.

22 “(h) AUTHORIZATION OF APPROPRIATIONS.—There  
23 is authorized to be appropriated to carry out this section,  
24 \$10,000,000 for each of fiscal years 2017 through 2021.”.

1 **TITLE IV—PROMOTING ACCESS**  
2 **TO MENTAL HEALTH AND**  
3 **SUBSTANCE USE DISORDER**  
4 **CARE**

5 **SEC. 401. GRANTS FOR TREATMENT AND RECOVERY FOR**  
6 **HOMELESS INDIVIDUALS.**

7 Section 506 of the Public Health Service Act (42  
8 U.S.C. 290aa-5) is amended—

9 (1) in subsections (a), by striking “substance  
10 abuse” and inserting “substance use disorder”;

11 (2) in subsection (b)—

12 (A) in paragraphs (1) and (3), by striking  
13 “substance abuse” each place the term appears  
14 and inserting “substance use disorder”; and

15 (B) in paragraph (4), by striking “sub-  
16 stance abuse” and inserting “a substance use  
17 disorder”;

18 (3) in subsection (c)—

19 (A) in paragraph (1), by striking “sub-  
20 stance abuse disorder” and inserting “sub-  
21 stance use disorder”; and

22 (B) in paragraph (2)—

23 (i) in subparagraph (A), by striking  
24 “substance abuse” and inserting “a sub-  
25 stance use disorder”; and



1 (ii) in subparagraph (B), by striking  
2 “substance abuse” and inserting “sub-  
3 stance use disorder”; and

4 (4) in subsection (e), by striking “,  
5 \$50,000,000 for fiscal year 2001, and such sums as  
6 may be necessary for each of the fiscal years 2002  
7 and 2003” and inserting “such sums as may be nec-  
8 essary for each of fiscal years 2017 through 2021”.

9 **SEC. 402. GRANTS FOR JAIL DIVERSION PROGRAMS.**

10 Section 520G of the Public Health Service Act (42  
11 U.S.C. 290bb–38) is amended—

12 (1) by striking “substance abuse” each place  
13 such term appears and inserting “substance use dis-  
14 order”;

15 (2) in subsection (a)—

16 (A) by striking “Indian tribes, and tribal  
17 organizations” and inserting “and Indian tribes  
18 and tribal organizations (as such terms are de-  
19 fined in section 4 of the Indian Self-Determina-  
20 tion and Education Assistance Act (25 U.S.C.  
21 450b)”); and

22 (B) by inserting “or a health facility or  
23 program operated by or pursuant to a contract  
24 or grant with the Indian Health Service,” after  
25 “entities,”;

1 (3) in subsection (c)(2)(A)(i), by striking “the  
2 best known” and inserting “evidence-based”;

3 (4) in subsection (d)—

4 (A) in paragraph (3), by striking “; and”  
5 and inserting a semicolon;

6 (B) in paragraph (4), by striking the pe-  
7 riod and inserting “; and”; and

8 (C) by adding at the end the following:

9 “(5) develop programs to divert individuals  
10 prior to booking or arrest.”; and

11 (5) in subsection (i), by striking “\$10,000,000  
12 for fiscal year 2001, and such sums as may be nec-  
13 essary for fiscal years 2002 through 2003” and in-  
14 serting “such sums as may be necessary for each of  
15 fiscal years 2017 through 2021”.

16 **SEC. 403. PROMOTING INTEGRATION OF PRIMARY AND BE-**  
17 **HAVIORAL HEALTH CARE.**

18 Section 520K of the Public Health Service Act (42  
19 U.S.C. 290bb–42) is amended to read as follows:

20 **“SEC. 520K. INTEGRATION INCENTIVE GRANTS.**

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

22 **“(1) ELIGIBLE ENTITY.—**The term ‘eligible en-  
23 tity’ means a State, or other appropriate State agen-  
24 cy, in collaboration with one or more qualified com-  
25 munity programs as described in section 1913(b)(1).

1           “(2) INTEGRATED CARE.—The term ‘integrated  
2           care’ means collaborative models or practices offer-  
3           ing mental and physical health services, which may  
4           include practices that share the same space in the  
5           same facility.

6           “(3) SPECIAL POPULATION.—The term ‘special  
7           population’ means—

8                   “(A) adults with mental illnesses who have  
9                   co-occurring physical health conditions or  
10                  chronic diseases;

11                  “(B) adults with serious mental illnesses  
12                  who have co-occurring physical health condi-  
13                  tions or chronic diseases;

14                  “(C) children and adolescents with serious  
15                  emotional disturbance with co-occurring phys-  
16                  ical health conditions or chronic diseases; or

17                  “(D) individuals with substance use dis-  
18                  orders.

19           “(b) GRANTS.—

20                  “(1) IN GENERAL.—The Secretary may award  
21                  grants and cooperative agreements to eligible entities  
22                  to support the improvement of integrated care for  
23                  primary care and behavioral health care in accord-  
24                  ance with paragraph (2).

1           “(2) PURPOSES.—Grants and cooperative  
2 agreements awarded under this section shall be de-  
3 signed to—

4           “(A) promote full integration and collabo-  
5 ration in clinical practices between primary and  
6 behavioral health care;

7           “(B) support the improvement of inte-  
8 grated care models for primary care and behav-  
9 ioral health care to improve the overall wellness  
10 and physical health status of individuals with  
11 serious mental illness or serious emotional dis-  
12 turbance; and

13           “(C) promote integrated care services re-  
14 lated to screening, diagnosis, prevention, and  
15 treatment of mental and substance use dis-  
16 orders, and co-occurring physical health condi-  
17 tions and chronic diseases.

18           “(c) APPLICATIONS.—

19           “(1) IN GENERAL.—An eligible entity desiring a  
20 grant or cooperative agreement under this section  
21 shall submit an application to the Secretary at such  
22 time, in such manner, and accompanied by such in-  
23 formation as the Secretary may require, including  
24 the contents described in paragraph (2).

1           “(2) CONTENTS.—The contents described in  
2 this paragraph are—

3           “(A) a description of a plan to achieve  
4 fully collaborative agreements to provide serv-  
5 ices to special populations;

6           “(B) a document that summarizes the poli-  
7 cies, if any, that serve as barriers to the provi-  
8 sion of integrated care, and the specific steps,  
9 if applicable, that will be taken to address such  
10 barriers;

11           “(C) a description of partnerships or other  
12 arrangements with local health care providers  
13 to provide services to special populations;

14           “(D) an agreement and plan to report per-  
15 formance measures necessary to evaluate pa-  
16 tient outcomes and to facilitate evaluations  
17 across participating projects to the Secretary;  
18 and

19           “(E) a plan for sustainability beyond the  
20 grant or cooperative agreement period under  
21 subsection (e).

22           “(d) GRANT AMOUNTS.—The maximum amount that  
23 an eligible entity may receive for a year through a grant  
24 or cooperative agreement under this section shall be  
25 \$2,000,000. An eligible entity receiving funding under this

1 section may not allocate more than 10 percent of funds  
2 awarded under this section to administrative functions,  
3 and the remaining amounts shall be allocated to health  
4 facilities that provide integrated care.

5 “(e) DURATION.—A grant or cooperative agreement  
6 under this section shall be for a period not to exceed 5  
7 years.

8 “(f) REPORT ON PROGRAM OUTCOMES.—An eligible  
9 entity receiving a grant or cooperative agreement under  
10 this section shall submit an annual report to the Secretary  
11 that includes—

12 “(1) the progress to reduce barriers to inte-  
13 grated care as described in the entity’s application  
14 under subsection (c); and

15 “(2) a description of functional outcomes of  
16 special populations, including—

17 “(A) with respect to individuals with seri-  
18 ous mental illness, participation in supportive  
19 housing or independent living programs, attend-  
20 ance in social and rehabilitative programs, par-  
21 ticipation in job training opportunities, satisfac-  
22 tory performance in work settings, attendance  
23 at scheduled medical and mental health ap-  
24 pointments, and compliance with prescribed  
25 medication regimes;

1           “(B) with respect to individuals with co-oc-  
2           curring mental illness and primary care condi-  
3           tions and chronic diseases, attendance at sched-  
4           uled medical and mental health appointments,  
5           compliance with prescribed medication regimes,  
6           and participation in learning opportunities re-  
7           lated to improved health and lifestyle practices;  
8           and

9           “(C) with respect to children and adoles-  
10          cents with serious emotional disorders who have  
11          co-occurring physical health conditions and  
12          chronic diseases, attendance at scheduled med-  
13          ical and mental health appointments, compli-  
14          ance with prescribed medication regimes, and  
15          participation in learning opportunities at school  
16          and extracurricular activities.

17          “(g) TECHNICAL ASSISTANCE FOR PRIMARY-BEHAV-  
18          IORAL HEALTH CARE INTEGRATION.—

19                 “(1) IN GENERAL.—The Secretary may provide  
20                 appropriate information, training, and technical as-  
21                 sistance to eligible entities that receive a grant or  
22                 cooperative agreement under this section, in order to  
23                 help such entities meet the requirements of this sec-  
24                 tion, including assistance with—

1           “(A) development and selection of inte-  
2           grated care models;

3           “(B) dissemination of evidence-based inter-  
4           ventions in integrated care;

5           “(C) establishment of organizational prac-  
6           tices to support operational and administrative  
7           success; and

8           “(D) other activities, as the Secretary de-  
9           termines appropriate.

10          “(2) ADDITIONAL DISSEMINATION OF TECH-  
11          NICAL INFORMATION.—The information and re-  
12          sources provided by the Secretary under paragraph  
13          (1) shall, as appropriate, be made available to  
14          States, political subdivisions of States, Indian tribes  
15          or tribal organizations (as defined in section 4 of the  
16          Indian Self-Determination and Education Assistance  
17          Act), outpatient mental health and addiction treat-  
18          ment centers, community mental health centers that  
19          meet the criteria under section 1913(e), certified  
20          community behavioral health clinics described in sec-  
21          tion 223 of the Protecting Access to Medicare Act  
22          of 2014 (42 U.S.C. 1396a note), primary care orga-  
23          nizations such as Federally qualified health centers  
24          or rural health clinics as defined in section 1861(aa)  
25          of the Social Security Act (42 U.S.C. 1395x(aa)),



1 other community-based organizations, or other enti-  
2 ties engaging in integrated care activities, as the  
3 Secretary determines appropriate.

4 “(h) AUTHORIZATION OF APPROPRIATIONS.—To  
5 carry out this section, there are authorized to be appro-  
6 priated such sums as may be necessary for each of fiscal  
7 years 2017 through 2021.”.

8 **SEC. 404. PROJECTS FOR ASSISTANCE IN TRANSITION**  
9 **FROM HOMELESSNESS.**

10 (a) FORMULA GRANTS TO STATES.—Section 521 of  
11 the Public Health Service Act (42 U.S.C. 290cc–21) is  
12 amended by striking “each of the fiscal years 1991  
13 through 1994” and inserting “fiscal year 2017 and each  
14 subsequent fiscal year”.

15 (b) PURPOSE OF GRANTS.—Section 522 of the Public  
16 Health Service Act (42 U.S.C. 290cc–22) is amended—

17 (1) in subsection (a)(1)(B), by striking “sub-  
18 stance abuse” and inserting “a substance use dis-  
19 order”;

20 (2) in subsection (b)(6), by striking “substance  
21 abuse” and inserting “substance use disorder”;

22 (3) in subsection (c), by striking “substance  
23 abuse” and inserting “a substance use disorder”;

24 (4) in subsection (e)—

1 (A) in paragraph (1), by striking “sub-  
2 stance abuse” and inserting “a substance use  
3 disorder”; and

4 (B) in paragraph (2), by striking “sub-  
5 stance abuse” and inserting “substance use dis-  
6 order”; and

7 (5) in subsection (h), by striking “substance  
8 abuse” each place such term appears and inserting  
9 “substance use disorder”.

10 (c) DESCRIPTION OF INTENDED EXPENDITURES OF  
11 GRANT.—Section 527 of the Public Health Service Act  
12 (42 U.S.C. 290cc–27) is amended by striking “substance  
13 abuse” each place such term appears and inserting “sub-  
14 stance use disorder”.

15 (d) TECHNICAL ASSISTANCE.—Section 530 of the  
16 Public Health Service Act (42 U.S.C. 290cc–30) is amend-  
17 ed by striking “through the National Institute of Mental  
18 Health, the National Institute of Alcohol Abuse and Alco-  
19 holism, and the National Institute on Drug Abuse” and  
20 inserting “acting through the Administrator”.

21 (e) DEFINITIONS.—Section 534(4) of the Public  
22 Health Service Act (42 U.S.C. 290cc–34(4)) is amended  
23 to read as follows:

24 “(4) SUBSTANCE USE DISORDER SERVICES.—  
25 The term ‘substance use disorder services’ has the

1 meaning given the term ‘substance abuse services’ in  
2 section 330(h)(5)(C).’.

3 (f) FUNDING.—Section 535(a) of the Public Health  
4 Service Act (42 U.S.C. 290cc–35(a)) is amended by strik-  
5 ing “\$75,000,000 for each of the fiscal years 2001  
6 through 2003” and inserting “such sums as may be nec-  
7 essary for each of fiscal years 2017 through 2021”.

8 (g) STUDY CONCERNING FORMULA.—

9 (1) IN GENERAL.—Not later than 1 year after  
10 the date of enactment of this Act, the Administrator  
11 of the Substance Abuse and Mental Health Services  
12 Administration (referred to in this section as the  
13 “Administrator”) shall conduct a study concerning  
14 the formula used under section 524(a) of the Public  
15 Health Service Act (42 U.S.C. 290cc–24(a)) for  
16 making allotments to States under section 521 of  
17 such Act (42 U.S.C. 290cc–21). Such study shall in-  
18 clude an evaluation of quality indicators of need for  
19 purposes of revising the formula for determining the  
20 amount of each allotment for the fiscal years fol-  
21 lowing the submission of the study.

22 (2) REPORT.—The Administrator shall submit  
23 to the appropriate committees of Congress a report  
24 concerning the results of the study conducted under  
25 paragraph (1)

1 **SEC. 405. NATIONAL SUICIDE PREVENTION LIFELINE PRO-**  
2 **GRAM.**

3 Subpart 3 of part B of title V of the Public Health  
4 Service Act (42 U.S.C. 290bb–31 et seq.) is amended by  
5 inserting after section 520E–2 (42 U.S.C. 290bb–36) the  
6 following:

7 **“SEC. 520E–3. NATIONAL SUICIDE PREVENTION LIFELINE**  
8 **PROGRAM.**

9 “(a) IN GENERAL.—The Secretary, acting through  
10 the Administrator, shall maintain the National Suicide  
11 Prevention Lifeline program (referred to in this section  
12 as the ‘program’), authorized under section 520A and in  
13 effect prior to the date of enactment of the Mental Health  
14 Reform Act of 2016.

15 “(b) ACTIVITIES.—In maintaining the program, the  
16 activities of the Secretary shall include—

17 “(1) coordinating a network of crisis centers  
18 across the United States for providing suicide pre-  
19 vention and crisis intervention services to individuals  
20 seeking help at any time, day or night;

21 “(2) maintaining a suicide prevention hotline to  
22 link callers to local emergency, mental health, and  
23 social services resources; and

24 “(3) consulting with the Secretary of Veterans  
25 Affairs to ensure that veterans calling the suicide

1 prevention hotline have access to a specialized vet-  
2 erans' suicide prevention hotline.

3 “(c) AUTHORIZATION OF APPROPRIATIONS.—To  
4 carry out this section, there are authorized to be appro-  
5 priated such sums as may be necessary for each of fiscal  
6 years 2017 through 2021.”.

7 **SEC. 406. CONNECTING INDIVIDUALS AND FAMILIES WITH**  
8 **CARE.**

9 Subpart 3 of part B of title V of the Public Health  
10 Service Act (42 U.S.C. 290bb–31 et seq.), as amended by  
11 section 405, is further amended by inserting after section  
12 520E–3, the following:

13 **“SEC. 520E–4. TREATMENT REFERRAL ROUTING SERVICE.**

14 “(a) IN GENERAL.—The Secretary, acting through  
15 the Administrator, shall maintain the National Treatment  
16 Referral Routing Service (referred to in this section as the  
17 ‘Routing Service’) to assist individuals and families in lo-  
18 cating mental and substance use disorder treatment pro-  
19 viders.

20 “(b) ACTIVITIES OF THE SECRETARY.—To maintain  
21 the Routing Service, the activities of the Secretary shall  
22 include administering—

23 “(1) a nationwide, telephone number providing  
24 year-round access to information that is updated on  
25 a regular basis regarding local behavioral health pro-

1       viders and community-based organizations in a man-  
2       ner that is confidential, without requiring individuals  
3       to identify themselves, is in languages that include  
4       at least English and Spanish, and is at no cost to  
5       the individual using the Routing Service; and

6               “(2) an Internet website to provide a search-  
7       able, online treatment services locator that includes  
8       information on the name, location, contact informa-  
9       tion, and basic services provided for behavioral  
10      health treatment providers and community-based or-  
11      ganizations.

12      “(c) **RULE OF CONSTRUCTION.**—Nothing in this sec-  
13      tion shall be construed to prevent the Administrator from  
14      using any unobligated amounts otherwise made available  
15      to the Substance Abuse and Mental Health Services Ad-  
16      ministration to maintain the Routing Service.”.

17      **SEC. 407. REAUTHORIZING MENTAL AND BEHAVIORAL**  
18                               **HEALTH EDUCATION AND TRAINING GRANTS.**

19      Section 756 of the Public Health Service Act (42  
20      U.S.C. 294e-1) is amended—

21               (1) in subsection (a)—

22                       (A) in the matter preceding paragraph (1),  
23                       by striking “of higher education”; and

24                       (B) by striking paragraphs (1) through (4)  
25                       and inserting the following:

1           “(1) accredited institutions of higher education  
2           or accredited professional training programs that are  
3           establishing or expanding internships or other field  
4           placement programs in mental health in psychiatry,  
5           psychology, school psychology, behavioral pediatrics,  
6           psychiatric nursing, social work, school social work,  
7           substance use disorder prevention and treatment,  
8           marriage and family therapy, occupational therapy,  
9           school counseling, or professional counseling, includ-  
10          ing such programs with a focus on child and adoles-  
11          cent mental health and transitional-age youth;

12           “(2) accredited doctoral, internship, and post-  
13          doctoral residency programs of health service psy-  
14          chology (including clinical psychology, counseling,  
15          and school psychology) for the development and im-  
16          plementation of interdisciplinary training of psy-  
17          chology graduate students for providing behavioral  
18          and mental health services, including substance use  
19          disorder prevention and treatment services, as well  
20          as the development of faculty in health service psy-  
21          chology;

22           “(3) accredited master’s and doctoral degree  
23          programs of social work for the development and im-  
24          plementation of interdisciplinary training of social  
25          work graduate students for providing behavioral and

1 mental health services, including substance use dis-  
2 order prevention and treatment services, and the de-  
3 velopment of faculty in social work; and

4 “(4) State-licensed mental health nonprofit and  
5 for-profit organizations to enable such organizations  
6 to pay for programs for preservice or in-service  
7 training in a behavioral health-related paraprofes-  
8 sional field with preference for preservice or in-serv-  
9 ice training of paraprofessional child and adolescent  
10 mental health workers.”;

11 (2) in subsection (b)—

12 (A) by striking paragraph (5);

13 (B) by redesignating paragraphs (1)  
14 through (4) as paragraphs (2) through (5), re-  
15 spectively;

16 (C) by inserting before paragraph (2), as  
17 so redesignated, the following:

18 “(1) an ability to recruit and place the students  
19 described in subsection (a) in areas with a high need  
20 and high demand population;”;

21 (D) in paragraph (3), as so redesignated,  
22 by striking “subsection (a)” and inserting  
23 “paragraph (2), especially individuals with men-  
24 tal health symptoms or diagnoses, particularly



1 children and adolescents, and transitional-age  
2 youth”;

3 (E) in paragraph (4), as so redesignated,  
4 by striking “;” and inserting “; and”; and

5 (F) in paragraph (5), as so redesignated,  
6 by striking “; and” and inserting a period;

7 (3) in subsection (c), by striking “authorized  
8 under subsection (a)(1)” and inserting “awarded  
9 under paragraphs (2) and (3) of subsection (a)”;

10 (4) by amending subsection (d) to read as fol-  
11 lows:

12 “(d) PRIORITY.—In selecting grant recipients under  
13 this section, the Secretary shall give priority to—

14 “(1) programs that have demonstrated the abil-  
15 ity to train psychology, psychiatry, and social work  
16 professionals to work in integrated care settings for  
17 purposes of recipients under paragraphs (1), (2),  
18 and (3) of subsection (a); and

19 “(2) programs for paraprofessionals that em-  
20 phasize the role of the family and the lived experi-  
21 ence of the consumer and family-paraprofessional  
22 partnerships for purposes of recipients under sub-  
23 section (a)(4).”; and

24 (5) by striking subsection (e) and inserting the  
25 following:

1           “(e) REPORT TO CONGRESS.—Not later than 2 years  
2 after the date of enactment of the Mental Health Reform  
3 Act of 2016, the Secretary shall include in the biennial  
4 report submitted to Congress under section 501(m) an as-  
5 sessment on the effectiveness of the grants under this sec-  
6 tion in—

7           “(1) providing graduate students support for  
8 experiential training (internship or field placement);

9           “(2) recruiting students interested in behavioral  
10 health practice;

11           “(3) recruiting students in accordance with sub-  
12 section (b)(1);

13           “(4) developing and implementing interprofes-  
14 sional training and integration within primary care;

15           “(5) developing and implementing accredited  
16 field placements and internships; and

17           “(6) collecting data on the number of students  
18 trained in mental health and the number of available  
19 accredited internships and field placements.

20           “(f) AUTHORIZATION OF APPROPRIATIONS.—For  
21 each of fiscal years 2017 through 2021, there are author-  
22 ized to be appropriated to carry out this section such sums  
23 as may be necessary.”.

1 **SEC. 408. INFORMATION AND AWARENESS ON EATING DIS-**  
2 **ORDERS.**

3 (a) INFORMATION.—The Secretary of Health and  
4 Human Services (in this section referred to as the “Sec-  
5 retary”), acting through the Director of the Office on  
6 Women’s Health, may—

7 (1) update information, related fact sheets, and  
8 resource lists related to eating disorders that are  
9 available on the public Internet website of the Na-  
10 tional Women’s Health Information Center spon-  
11 sored by the Office on Women’s Health, to include—

12 (A) updated findings and current research  
13 related to eating disorders, as appropriate; and

14 (B) information about eating disorders, in-  
15 cluding information related to males and fe-  
16 males;

17 (2) incorporate, as appropriate, and in coordi-  
18 nation with the Secretary of Education, information  
19 from publicly available resources into appropriate  
20 obesity prevention programs developed by the Office  
21 on Women’s Health; and

22 (3) make publicly available (through a public  
23 Internet website or other method) information, re-  
24 lated fact sheets and resource lists, as updated  
25 under paragraph (1), and the information incor-

1       porated into appropriate obesity prevention pro-  
2       grams, as updated under paragraph (2).

3       (b) AWARENESS.—The Secretary may advance public  
4 awareness on—

5           (1) the types of eating disorders;

6           (2) the seriousness of eating disorders, includ-  
7 ing prevalence, comorbidities, and physical and men-  
8 tal health consequences;

9           (3) methods to identify, intervene, refer for  
10 treatment, and prevent behaviors that may lead to  
11 the development of eating disorders;

12           (4) discrimination and bullying based on body  
13 size;

14           (5) the effects of media on self-esteem and body  
15 image; and

16           (6) the signs and symptoms of eating disorders.

17 **SEC. 409. EDUCATION AND TRAINING ON EATING DIS-**  
18 **ORDERS.**

19       The Secretary of Health and Human Services may  
20 facilitate the identification of programs to educate and  
21 train health professionals in effective strategies to—

22           (1) identify individuals with eating disorders;

23           (2) provide early intervention services for indi-  
24 viduals with eating disorders;

- 1           (3) refer patients with eating disorders for ap-  
2           propriate treatment;
- 3           (4) prevent the development of eating disorders;  
4           and
- 5           (5) provide appropriate treatment services for  
6           individuals with eating disorders.

7 **SEC. 410. STRENGTHENING COMMUNITY CRISIS RESPONSE**  
8           **SYSTEMS.**

9           Section 520F of the Public Health Service Act (42  
10 U.S.C. 290bb-37) is amended to read as follows:

11 **“SEC. 520F. STRENGTHENING COMMUNITY CRISIS RE-**  
12           **SPONSE SYSTEMS.**

13           “(a) IN GENERAL.—The Secretary shall award com-  
14 petitive grants—

15           “(1) to State and local governments and Indian  
16 tribes and tribal organizations, to enhance commu-  
17 nity-based crisis response systems for individuals  
18 with serious mental illness, serious emotional dis-  
19 turbance, or substance use disorders; or

20           “(2) to States to develop, maintain, or enhance  
21 a database of beds at inpatient psychiatric facilities,  
22 crisis stabilization units, and residential community  
23 mental health and residential substance use disorder  
24 treatment facilities, for individuals with serious men-

1       tal illness, serious emotional disturbance, or sub-  
2       stance use disorders.

3       “(b) APPLICATION.—

4             “(1) IN GENERAL.—To receive a grant or coop-  
5       erative agreement under subsection (a) an entity  
6       shall submit to the Secretary an application, at such  
7       time, in such manner, and containing such informa-  
8       tion as the Secretary may require—

9             “(2) COMMUNITY-BASED CRISIS RESPONSE  
10       PLAN.—An application for a grant under subsection  
11       (a)(1) shall include a plan for—

12             “(A) promoting integration and coordina-  
13       tion between local public and private entities  
14       engaged in crisis response, including first re-  
15       sponders, emergency health care providers, pri-  
16       mary care providers, law enforcement, court  
17       systems, health care payers, social service pro-  
18       viders, and behavioral health providers;

19             “(B) developing memoranda of under-  
20       standing with public and private entities to im-  
21       plement crisis response services;

22             “(C) addressing gaps in community re-  
23       sources for crisis response; and

1           “(D) developing models for minimizing  
2           hospital readmissions, including through appro-  
3           priate discharge planning.

4           “(3) BEDS DATABASE PLAN.—An application  
5           for a grant under subsection (a)(2) shall include a  
6           plan for developing, maintaining, or enhancing a  
7           real-time Internet-based bed database to collect, ag-  
8           gregate, and display information about beds in inpa-  
9           tient psychiatric facilities and crisis stabilization  
10          units, and residential community mental health and  
11          residential substance use disorder treatment facili-  
12          ties to facilitate the identification and designation of  
13          facilities for the temporary treatment of individuals  
14          in mental or substance use disorder crisis.

15          “(c) DATABASE REQUIREMENTS.—A bed database  
16          described in this section is a database that—

17               “(1) includes information on inpatient psy-  
18               chiatric facilities, crisis stabilization units, and resi-  
19               dential community mental health and residential  
20               substance use disorder facilities in the State in-  
21               volved, including contact information for the facility  
22               or unit;

23               “(2) provides real-time information about the  
24               number of beds available at each facility or unit and,  
25               for each available bed, the type of patient that may

1 be admitted, the level of security provided, and any  
2 other information that may be necessary to allow for  
3 the proper identification of appropriate facilities for  
4 treatment of individuals in mental or substance use  
5 disorder crisis; and

6 “(3) enables searches of the database to iden-  
7 tify available beds that are appropriate for the treat-  
8 ment of individuals in mental or substance use dis-  
9 order crisis.

10 “(d) EVALUATION.—An entity receiving a grant  
11 under this subsection (a)(1) shall submit to the Secretary,  
12 at such time, in such manner, and containing such infor-  
13 mation as the Secretary may reasonably require, a report,  
14 including an evaluation of the effect of such grant on local  
15 crisis response service and measures of individuals receiv-  
16 ing crisis planning and early intervention supports, indi-  
17 viduals reporting improved functional outcomes, and indi-  
18 viduals receiving regular follow-up care following a crisis.

19 “(e) AUTHORIZATION OF APPROPRIATIONS.—There  
20 is authorized to be appropriated to carry out this section,  
21 such sums as may be necessary for each of fiscal years  
22 2017 through 2021.”.



1 **SEC. 411. STRENGTHENING THE MENTAL AND SUBSTANCE**  
2 **USE DISORDER WORKFORCE.**

3 Part D of title VII of the Public Health Service Act  
4 (42 U.S.C. 294 et seq.) is amended by adding at the end  
5 the following:

6 **“SEC. 760. TRAINING DEMONSTRATION PROGRAM.**

7 “(a) IN GENERAL.—The Secretary shall establish a  
8 training demonstration program to award grants to eligi-  
9 ble entities to support—

10 “(1) training for medical residents and fellows  
11 to practice psychiatry and addiction medicine in un-  
12 derserved, community-based settings that integrate  
13 primary care with mental and substance use disorder  
14 services;

15 “(2) training for nurse practitioners, physician  
16 assistants, and social workers to provide mental and  
17 substance use disorder services in underserved com-  
18 munity-based settings that integrate primary care  
19 and mental and substance use disorder services; and

20 “(3) establishing, maintaining, or improving  
21 academic units or programs that—

22 “(A) provide training for students or fac-  
23 ulty, including through clinical experiences and  
24 research, to improve the ability to be able to  
25 recognize, diagnose, and treat mental and sub-

1           stance use disorders, with a special focus on ad-  
2           diction; or

3                   “(B) develop evidence-based practices or  
4           recommendations for the design of the units or  
5           programs described in subparagraph (A), in-  
6           cluding curriculum content standards.

7           “(b) ACTIVITIES.—

8                   “(1) TRAINING FOR RESIDENTS AND FEL-  
9           LWS.—A recipient of a grant under subsection  
10          (a)(1)—

11                   “(A) shall use the grant funds to—

12                           “(i)(I) plan, develop, and operate a  
13           training program for medical psychiatry  
14           residents and fellows in addiction medicine  
15           practicing in eligible entities described  
16           under subsection (c)(1); or

17                           “(II) train new psychiatric residents  
18           and fellows in addiction medicine to pro-  
19           vide and expand access to integrated men-  
20           tal and substance use disorder services;  
21           and

22                           “(ii) provide at least 1 of the following  
23           training tracks:

24                                   “(I) A virtual training track that  
25           includes an in-person rotation at a

1 teaching health center or community-  
2 based setting, followed by a virtual ro-  
3 tation in which the resident or fellow  
4 continues to support the care of pa-  
5 tients at the teaching health center or  
6 community-based setting through the  
7 use of health information technology.

8 “(II) An in-person training track  
9 that includes a rotation, during which  
10 the resident or fellow practices at a  
11 teaching health center or community-  
12 based setting.

13 “(III) An in-person training  
14 track that includes a rotation during  
15 which the resident practices in a com-  
16 munity-based setting that specializes  
17 in the treatment of infants, children,  
18 adolescents, or pregnant or post-  
19 partum women.

20 “(B) may use the grant funds to provide  
21 additional support for the administration of the  
22 program or to meet the costs of projects to es-  
23 tablish, maintain, or improve faculty develop-  
24 ment, or departments, divisions, or other units.

1           “(2) TRAINING FOR OTHER PROVIDERS.—A re-  
2 recipient of a grant under subsection (a)(2)—

3           “(A) shall use the grant funds to plan, de-  
4 velop, or operate a training program to provide  
5 mental and substance use disorder services in  
6 underserved, community-based settings that in-  
7 tegrate primary care and mental and substance  
8 use disorder services; and

9           “(B) may use the grant funds to provide  
10 additional support for the administration of the  
11 program or to meet the costs of projects to es-  
12 tablish, maintain, or improve faculty develop-  
13 ment, or departments, divisions, or other units  
14 of such programs.

15           “(3) ACADEMIC UNITS OR PROGRAMS.—A re-  
16 cipient of a grant under subsection (a)(3) shall enter  
17 into a partnership with an education accrediting or-  
18 ganization (such as the Liaison Committee on Med-  
19 ical Education, the Accreditation Council for Grad-  
20 uate Medical Education, the Commission on Osteo-  
21 pathic College Accreditation, the Accreditation Com-  
22 mission For Education in Nursing, the Commission  
23 on Collegiate Nursing Education, the Accreditation  
24 Council for Pharmacy Education, the Council on So-  
25 cial Work Education, or the accreditation review

1 commission on education for the physician assist-  
2 ant).

3 “(c) ELIGIBLE ENTITIES.—

4 “(1) TRAINING FOR RESIDENTS AND FEL-  
5 LOWS.—To be eligible to receive a grant under sub-  
6 section (a)(1), an entity shall—

7 “(A) be a consortium consisting of—

8 “(i) at least one teaching health cen-  
9 ter; and

10 “(ii) the sponsoring institution (or  
11 parent institution of the sponsoring insti-  
12 tution) of—

13 “(I) a psychiatry residency pro-  
14 gram that is accredited by the Accred-  
15 itation Council of Graduate Medical  
16 Education (or the parent institution  
17 of such a program); or

18 “(II) a fellowship in addiction  
19 medicine, as determined appropriate  
20 by the Secretary; or

21 “(B) be an entity described in subpara-  
22 graph (A)(ii) that provides opportunities for  
23 residents or fellows to train in community-based  
24 settings that integrate primary care with men-  
25 tal and substance use disorder services.

1           “(2) TRAINING FOR OTHER PROVIDERS.—To be  
2 eligible to receive a grant under subsection (a)(2),  
3 an entity shall be a—

4           “(A) teaching health center (as defined in  
5 section 749A(f)),

6           “(B) Federally qualified health center (as  
7 defined in section 1905(l)(2)(B) of the Social  
8 Security Act);

9           “(C) community mental health center (as  
10 defined in section 1861(ff)(3)(B) of the Social  
11 Security Act);

12           “(D) rural health clinic (as defined in sec-  
13 tion 1861(aa) of the Social Security Act); or

14           “(E) health center operated by the Indian  
15 Health Service, an Indian tribe, tribal organiza-  
16 tion, or an urban Indian organization (as de-  
17 fined in section 4 of the Indian Health Care  
18 Improvement Act); or

19           “(F) an entity with a demonstrated record  
20 of success in providing training for nurse prac-  
21 titioners, physician assistants, and social work-  
22 ers.

23           “(3) ACADEMIC UNITS OR PROGRAMS.—To be  
24 eligible to receive a grant under subsection (a)(3),  
25 an entity shall be a school of medicine or osteopathic

1 medicine, a nursing school, a physician assistant  
2 training program, a school of pharmacy, a school of  
3 social work, an accredited public or nonprofit private  
4 hospital, an accredited medical residency program,  
5 or a public or private nonprofit entity.

6 “(d) PRIORITY.—

7 “(1) IN GENERAL.—In awarding grants under  
8 subsection (a)(1) or (a)(2), the Secretary shall give  
9 priority to eligible entities that—

10 “(A) demonstrate sufficient size, scope,  
11 and capacity to undertake the requisite training  
12 of an appropriate number of psychiatric resi-  
13 dents, fellows, nurse practitioners, physician as-  
14 sistants, or social workers in addiction medicine  
15 per year to meet the needs of the area served;

16 “(B) demonstrate experience in training  
17 providers to practice team-based care that inte-  
18 grates mental and substance use disorder serv-  
19 ices with primary care in community-based set-  
20 tings.

21 “(C) demonstrate experience in using  
22 health information technology to support—

23 “(i) the delivery of mental and sub-  
24 stance use disorder services at the eligible

1 entities described in subsections (c)(1) and  
2 (c)(2); and

3 “(ii) community health centers in in-  
4 tegrating primary care, mental and sub-  
5 stance use disorder treatment; or

6 “(D) have the capacity to expand access to  
7 mental and substance use disorder services in  
8 areas with demonstrated need, as determined by  
9 the Secretary, such as tribal, rural, or other un-  
10 derserved communities.

11 “(2) ACADEMIC UNITS OR PROGRAMS.—In  
12 awarding grants under subsection (a)(3), the Sec-  
13 retary shall give priority to eligible entities that—

14 “(A) have a record of training the greatest  
15 percentage of mental and substance use dis-  
16 order providers who enter and remain in these  
17 fields or who enter and remain in settings with  
18 integrated primary and mental and substance  
19 use disorder health care services;

20 “(B) have a record of training individuals  
21 who are from underrepresented minority  
22 groups, including native populations, or from a  
23 rural or disadvantaged background;

24 “(C) provide training in the care of vulner-  
25 able populations such as infants, children, ado-



1           lescents, pregnant and post-partum women,  
2           older adults, homeless individuals, victims of  
3           abuse or trauma, individuals with disabilities  
4           and other groups as defined by the Secretary;

5           “(D) teach trainees the skills to provide  
6           interprofessional, integrated care through col-  
7           laboration among health professionals; or

8           “(E) provide training in cultural com-  
9           petency and health literacy.

10          “(e) DURATION.—Grants awarded under this section  
11 shall be for a minimum of 5 years.

12          “(f) STUDY AND REPORT.—

13           “(1) STUDY.—

14           “(A) IN GENERAL.—The Secretary, acting  
15 through the Administrator of the Health Re-  
16 sources and Services Administration, shall con-  
17 duct a study on the results of the demonstra-  
18 tion project under this section.

19           “(B) DATA SUBMISSION.—Not later than  
20 90 days after the completion of the first year  
21 of the training program and each subsequent  
22 year that the program is in effect, each recipi-  
23 ent of a grant under subsection (a) shall submit  
24 to the Secretary such data as the Secretary

1           may require for analysis for the report de-  
2           scribed in paragraph (2).

3           “(2) REPORT TO CONGRESS.—Not later than 1  
4           year after receipt of the data described in paragraph  
5           (1)(B), the Secretary shall submit to Congress a re-  
6           port that includes—

7                   “(A) analysis of the effect of the dem-  
8                   onstration project on the quality, quantity, and  
9                   distribution of mental and substance use dis-  
10                  order services;

11                   “(B) analysis of the effect of the dem-  
12                   onstration project on the prevalence of un-  
13                   treated mental and substance use disorders in  
14                   the surrounding communities of health centers  
15                   participating in the demonstration; and

16                   “(C) recommendations on whether the  
17                   demonstration project should be expanded.”.

18 **SEC. 412. REPORTS.**

19           (a) WORKFORCE DEVELOPMENT REPORT.—

20                   (1) IN GENERAL.—Not later than 2 years after  
21                   the date of enactment of this Act, the Administrator  
22                   of the Substance Abuse and Mental Health Services  
23                   Administration, in consultation with the Adminis-  
24                   trator of the Health Resources and Services Admin-  
25                   istration, shall conduct a study and publicly post on

1 the appropriate Internet website of the Department  
2 of Health and Human Services a report on the men-  
3 tal health and substance use disorder workforce in  
4 order to inform Federal, State, and local efforts re-  
5 lated to workforce enhancement.

6 (2) CONTENTS.—The report under this sub-  
7 section shall contain—

8 (A) national and State-level projections of  
9 the supply and demand of mental health and  
10 substance use disorder health workers;

11 (B) an assessment of the mental health  
12 and substance use disorder workforce capacity,  
13 strengths, and weaknesses as of the date of the  
14 report;

15 (C) information on trends within the men-  
16 tal health and substance use disorder provider  
17 workforce; and

18 (D) any additional information determined  
19 by the Administrator of the Substance Abuse  
20 and Mental Health Services Administration, in  
21 consultation with the Administrator of the  
22 Health Resources and Services Administration,  
23 to be relevant to the mental health and sub-  
24 stance use disorder provider workforce.

25 (b) PEER-SUPPORT SPECIALIST PROGRAMS.—

1           (1) IN GENERAL.—Not later than 2 years after  
2 the date of enactment of this Act, the Comptroller  
3 General of the United States shall conduct a study  
4 on peer-support specialist programs in selected  
5 States that receive funding from the Substance  
6 Abuse and Mental Health Services Administration  
7 and report to the Committee on Health, Education,  
8 Labor, and Pensions of the Senate and the Com-  
9 mittee on Energy and Commerce of the House of  
10 Representatives.

11           (2) CONTENTS OF STUDY.—In conducting the  
12 study under paragraph (1), the Comptroller General  
13 of the United States shall examine and identify best  
14 practices in the selected States related to training  
15 and credential requirements for peer-specialist pro-  
16 grams, such as—

17                   (A) hours of formal work or volunteer ex-  
18 perience related to mental and substance use  
19 disorders conducted through such programs;

20                   (B) types of peer support specialist exams  
21 required for such programs in the States;

22                   (C) codes of ethics used by such programs  
23 in the States;

24                   (D) required or recommended skill sets of  
25 such programs in the State; and

1 (E) requirements for continuing education.

2 **SEC. 413. CENTER AND PROGRAM REPEALS.**

3 Part B of title V of the Public Health Service Act  
4 (42 U.S.C. 290bb et seq.) is amended by striking the sec-  
5 ond section 514 (42 U.S.C. 290bb–9), relating to meth-  
6 amphetamine and amphetamine treatment initiatives, and  
7 section 514A, 517, 519A, 519C, 519E, 520D, and 520H  
8 (42 U.S.C. 290bb–8, 290bb–23, 290bb–25a, 290bb–25e,  
9 290bb–25e, 290bb–35, and 290bb–39).

10 **TITLE V—STRENGTHENING MEN-**  
11 **TAL AND SUBSTANCE USE**  
12 **DISORDER CARE FOR**  
13 **WOMEN, CHILDREN, AND**  
14 **ADOLESCENTS**

15 **SEC. 501. PROGRAMS FOR CHILDREN WITH SERIOUS EMO-**  
16 **TIONAL DISTURBANCES.**

17 (a) COMPREHENSIVE COMMUNITY MENTAL HEALTH  
18 SERVICES FOR CHILDREN WITH SERIOUS EMOTIONAL  
19 DISTURBANCES.—Section 561(a)(1) of the Public Health  
20 Service Act (42 U.S.C. 290ff(a)(1)) is amended by insert-  
21 ing “, which may include efforts to identify and serve chil-  
22 dren at risk” before the period.

23 (b) REQUIREMENTS WITH RESPECT TO CARRYING  
24 OUT PURPOSE OF GRANTS.—Section 562(b) of the Public  
25 Health Service Act (42 U.S.C. 290ff–1(b)) is amended by

1 striking “will not provide an individual with access to the  
2 system if the individual is more than 21 years of age”  
3 and inserting “will provide an individual with access to  
4 the system through the age of 21 years”.

5 (c) ADDITIONAL PROVISIONS.—Section 564(f) of the  
6 Public Health Service Act (42 U.S.C. 290ff–3(f)) is  
7 amended by inserting “(and provide a copy to the State  
8 involved)” after “to the Secretary”.

9 (d) GENERAL PROVISIONS.—Section 565 of the Pub-  
10 lic Health Service Act (42 U.S.C. 290ff–4) is amended—

11 (1) in subsection (b)(1)—

12 (A) in the matter preceding subparagraph  
13 (A), by striking “receiving a grant under sec-  
14 tion 561(a)” and inserting “, regardless of  
15 whether such public entity is receiving a grant  
16 under section 561(a)”; and

17 (B) in subparagraph (B), by striking “pur-  
18 suant to” and inserting “described in”;

19 (2) in subsection (d)(1), by striking “not more  
20 than 21 years of age” and inserting “through the  
21 age of 21 years”; and

22 (3) in subsection (f)(1), by striking  
23 “\$100,000,000 for fiscal year 2001, and such sums  
24 as may be necessary for each of the fiscal years  
25 2002 and 2003” and inserting “such sums as may

1 be necessary for each of fiscal years 2017 through  
2 2021”.

3 **SEC. 502. TELEHEALTH CHILD PSYCHIATRY ACCESS**  
4 **GRANTS.**

5 (a) IN GENERAL.—The Secretary of Health and  
6 Human Services (referred to in this section as the “Sec-  
7 retary”), acting through the Administrator of the Health  
8 Resources and Services Administration and in coordina-  
9 tion with other relevant Federal agencies, may award  
10 grants through existing telehealth programs to States, po-  
11 litical subdivisions of States, and Indian tribes and tribal  
12 organizations (for purposes of this section, as defined in  
13 section 4 of the Indian Self-Determination and Education  
14 Assistance Act (25 U.S.C. 450b)) to promote behavioral  
15 health integration in pediatric primary care by—

16 (1) supporting the development of statewide or  
17 regional child psychiatry access programs; and

18 (2) supporting the improvement of existing  
19 statewide or regional child psychiatry access pro-  
20 grams.

21 (b) PROGRAM REQUIREMENTS.—

22 (1) IN GENERAL.—To be eligible for funding  
23 under subsection (a), a child psychiatry access pro-  
24 gram shall—

1 (A) be a statewide or regional network of  
2 pediatric mental health teams that provide sup-  
3 port to pediatric primary care sites as an inte-  
4 grated team;

5 (B) support and further develop organized  
6 State or regional networks of child and adoles-  
7 cent psychiatrists to provide consultative sup-  
8 port to pediatric primary care sites;

9 (C) conduct an assessment of critical be-  
10 havioral consultation needs among pediatric  
11 providers and such providers' preferred mecha-  
12 nisms for receiving consultation and training  
13 and technical assistance;

14 (D) develop an online database and com-  
15 munication mechanisms, including telehealth, to  
16 facilitate consultation support to pediatric prac-  
17 tices;

18 (E) provide rapid statewide or regional  
19 clinical telephone consultations when requested  
20 between the pediatric mental health teams and  
21 pediatric primary care providers;

22 (F) conduct training and provide technical  
23 assistance to pediatric primary care providers to  
24 support the early identification, diagnosis,  
25 treatment, and referral of children with behav-



1           ioral health conditions and co-occurring intellec-  
2           tual and other developmental disabilities;

3           (G) inform and assist pediatric providers  
4           in accessing child psychiatry consultations and  
5           in scheduling and conducting technical assist-  
6           ance;

7           (H) assist with referrals to specialty care  
8           and community and behavioral health resources;  
9           and

10          (I) establish mechanisms for measuring  
11          and monitoring increased access to child and  
12          adolescent psychiatric services by pediatric pri-  
13          mary care providers and expanded capacity of  
14          pediatric primary care providers to identify,  
15          treat, and refer children with mental health  
16          problems.

17          (2) **PEDIATRIC MENTAL HEALTH TEAMS.**—In  
18          this subsection, the term “pediatric mental health  
19          team” means a team of case coordinators, child and  
20          adolescent psychiatrists, and a licensed clinical men-  
21          tal health professional, such as a psychologist, social  
22          worker, or mental health counselor. Such a team  
23          may be regionally based.

24          (c) **APPLICATION.**—A State, political subdivision of  
25          a State, Indian tribe, or tribal organization that desires

1 a grant under this section shall submit an application to  
2 the Secretary at such time, in such manner, and con-  
3 taining such information as the Secretary may require, in-  
4 cluding a plan for the rigorous evaluation of activities that  
5 are carried out with funds received under such grant.

6 (d) EVALUATION.—A State, political subdivision of a  
7 State, Indian tribe, or tribal organization that receives a  
8 grant under this section shall prepare and submit an eval-  
9 uation to the Secretary at such time, in such manner, and  
10 containing such information as the Secretary may reason-  
11 ably require, including an evaluation of activities carried  
12 out with funds received under such grant and a process  
13 and outcome evaluation.

14 (e) MATCHING REQUIREMENT.—The Secretary may  
15 not award a grant under this section unless the State, po-  
16 litical subdivision of a State, Indian tribe, or tribal organi-  
17 zation involved agrees, with respect to the costs to be in-  
18 curred by the State, political subdivision of a State, Indian  
19 tribe, or tribal organization in carrying out the purpose  
20 described in this section, to make available non-Federal  
21 contributions (in cash or in kind) toward such costs in  
22 an amount that is not less than 20 percent of Federal  
23 funds provided in the grant.

1 **SEC. 503. SUBSTANCE USE DISORDER TREATMENT AND**  
2 **EARLY INTERVENTION SERVICES FOR CHIL-**  
3 **DREN AND ADOLESCENTS.**

4 The first section 514 of the Public Health Service  
5 Act (42 U.S.C. 290bb-7), relating to substance abuse  
6 treatment services for children and adolescents, is amend-  
7 ed—

8 (1) in the heading, by striking “**ABUSE**  
9 **TREATMENT**” and inserting “**USE DISORDER**  
10 **TREATMENT AND EARLY INTERVENTION**”;

11 (2) by striking subsection (a) and inserting the  
12 following:

13 “(a) **IN GENERAL.**—The Secretary shall award  
14 grants, contracts, or cooperative agreements to public and  
15 private nonprofit entities, including Indian tribes or tribal  
16 organizations (as such terms are defined in section 4 of  
17 the Indian Self-Determination and Education Assistance  
18 Act (25 U.S.C. 450b)), or health facilities or programs  
19 operated by or pursuant to a contract or grant with the  
20 Indian Health Service, for the purpose of—

21 “(1) providing early identification and services  
22 to meet the needs of children and adolescents who  
23 are at risk of substance use disorders;

24 “(2) providing substance use disorder treatment  
25 services for children, including children and adoles-

1       cents with co-occurring mental illness and substance  
2       use disorders; and

3               “(3) providing assistance to pregnant and par-  
4       enting mothers with substance use disorders in ob-  
5       taining treatment services, linking mothers to com-  
6       munity resources to support independent family  
7       lives, and staying in recovery so that children are in  
8       safe, stable home environments and receive appro-  
9       priate health care services.”;

10               (3) in subsection (b)—

11                       (A) by striking paragraph (1) and insert-  
12               ing the following:

13                       “(1) apply evidence-based and cost effective  
14               methods”;

15                       (B) in paragraph (2)—

16                               (i) by striking “treatment”; and

17                               (ii) by inserting “substance abuse,”  
18               after “child welfare,”;

19                       (C) in paragraph (3), by striking “sub-  
20               stance abuse disorders” and inserting “sub-  
21               stance use disorders, including children and  
22               adolescents with co-occurring mental illness and  
23               substance use disorders,”;

24                       (D) in paragraph (5), by striking “treat-  
25               ment;” and inserting “services; and”;

1 (E) in paragraph (6), by striking “sub-  
2 stance abuse treatment; and” and inserting  
3 “treatment.”; and

4 (F) by striking paragraph (7); and  
5 (4) in subsection (f), by striking “\$40,000,000”  
6 and all that follows through the period and inserting  
7 “such sums as may be necessary for each of fiscal  
8 years 2017 through 2021.”.

9 **SEC. 504. RESIDENTIAL TREATMENT PROGRAMS FOR**  
10 **PREGNANT AND PARENTING WOMEN.**

11 Section 508 of the Public Health Service Act (42  
12 U.S.C. 290bb-1) is amended—

13 (1) in the section heading, by striking  
14 “**POSTPARTUM**” and inserting “**PARENTING**”;

15 (2) in subsection (a)—

16 (A) in the matter preceding paragraph  
17 (1)—

18 (i) by inserting “(referred to in this  
19 section as the ‘Director’)” after “Treat-  
20 ment”;

21 (ii) by striking “grants,” and insert-  
22 ing “grants, including the grants under  
23 subsection (r),”;

24 (iii) by striking “postpartum” and in-  
25 serting “parenting”; and

1 (iv) by striking “for substance abuse”  
2 and inserting “for substance use dis-  
3 orders”; and

4 (B) in paragraph (1), by inserting “or re-  
5 ceive outpatient treatment services from” after  
6 “reside in”; and

7 (3) in subsection (b)(2), by striking “the serv-  
8 ices will be made available to each woman” and in-  
9 serting “services will be made available to each  
10 woman and child”;

11 (4) in subsection (c)—

12 (A) in paragraph (1), by striking “to the  
13 woman of the services” and inserting “of serv-  
14 ices for the woman and her child”; and

15 (B) in paragraph (2)—

16 (i) in subparagraph (A), by striking  
17 “substance abuse” and inserting “sub-  
18 stance use disorders”; and

19 (ii) in subparagraph (B), by striking  
20 “such abuse” and inserting “such a dis-  
21 order”;

22 (5) in subsection (d)—

23 (A) in paragraph (3)(A), by striking “ma-  
24 ternal substance abuse” and inserting “a ma-  
25 ternal substance use disorder”;

1 (B) by amending paragraph (4) to read as  
2 follows:

3 “(4) Providing therapeutic, comprehensive child  
4 care for children during the periods in which the  
5 woman is engaged in therapy or in other necessary  
6 health and rehabilitative activities.”;

7 (C) in paragraphs (9), (10), and (11), by  
8 striking “women” each place such term appears  
9 and inserting “woman”;

10 (D) in paragraph (9), by striking “units”  
11 and inserting “unit”; and

12 (E) in paragraph (11)—

13 (i) in subparagraph (A), by striking  
14 “their children” and inserting “any child  
15 of such woman”;

16 (ii) in subparagraph (B), by striking  
17 “; and” and inserting a semicolon;

18 (iii) in subparagraph (C), by striking  
19 the period and inserting “; and”; and

20 (iv) by adding at the end the fol-  
21 lowing:

22 “(D) family reunification with children in  
23 kinship or foster care arrangements, where safe  
24 and appropriate.”;

25 (6) in subsection (e)—

- 1 (A) in paragraph (1)—
- 2 (i) in the matter preceding subpara-
- 3 graph (A), by striking “substance abuse”
- 4 and inserting “substance use disorders”;
- 5 and
- 6 (ii) in subparagraph (B), by striking
- 7 “substance abuse” and inserting “sub-
- 8 stance abuse disorders”; and
- 9 (B) in paragraph (2)—
- 10 (i) by striking “(A) Subject” and in-
- 11 sserting the following:
- 12 “(A) IN GENERAL.—Subject”;
- 13 (ii) in subparagraph (B)—
- 14 (I) by striking “(B)(i) In the
- 15 case” and inserting the following:
- 16 “(B) WAIVER OF PARTICIPATION AGREE-
- 17 MENTS.—
- 18 “(i) IN GENERAL.—In the case”; and
- 19 (II) by striking “(ii) A deter-
- 20 mination” and inserting the following:
- 21 “(ii) DONATIONS.—A determination”;
- 22 and
- 23 (iii) by striking “(C) With respect”
- 24 and inserting the following:



1                   “(C) NONAPPLICATION OF CERTAIN RE-  
2                   QUIREMENTS.—With respect”;

3                   (7) in subsection (g)—

4                   (A) by striking “who are engaging in sub-  
5                   stance abuse” and inserting “who have a sub-  
6                   stance use disorder”; and

7                   (B) by striking “such abuse” and inserting  
8                   “such disorder”;

9                   (8) in subsection (h)(1), by striking  
10                  “postpartum” and inserting “parenting”;

11                  (9) in subsection (j)—

12                  (A) in the matter preceding paragraph (1),  
13                  by striking “to on” and inserting “to or on”;  
14                  and

15                  (B) in paragraph (3), by striking “Office  
16                  for” and inserting “Office of”;

17                  (10) by amending subsection (m) to read as fol-  
18                  lows:

19                  “(m) ALLOCATION OF AWARDS.—In making awards  
20                  under subsection (a), the Director shall give priority to  
21                  an applicant that agrees to use the award for a program  
22                  serving an area that is a rural area, an area designated  
23                  under section 332 by the Secretary as a health profes-  
24                  sional shortage area, or an area determined by the Direc-

1 tor to have a shortage of family-based substance use dis-  
2 order treatment options.”;

3 (11) in subsection (q)—

4 (A) in paragraph (3), by striking “funding  
5 agreement under subsection (a)” and inserting  
6 “funding agreement”; and

7 (B) in paragraph (4), by striking “sub-  
8 stance abuse” and inserting “a substance use  
9 disorder”;

10 (12) by redesignating subsection (r) as sub-  
11 section (s);

12 (13) by inserting after subsection (q) the fol-  
13 lowing:

14 “(r) PILOT PROGRAM FOR STATE SUBSTANCE  
15 ABUSE AGENCIES.—

16 “(1) IN GENERAL.—From amounts made avail-  
17 able under subsection (s), the Director may carry  
18 out a pilot program under which the Director makes  
19 competitive grants to State substance abuse agencies  
20 to—

21 “(A) enhance flexibility in the use of funds  
22 designed to support family-based services for  
23 pregnant and parenting women with a primary  
24 diagnosis of a substance use disorder, including  
25 an opioid use disorder;

1           “(B) help State substance abuse agencies  
2 address identified gaps in services provided to  
3 such women along the continuum of care, in-  
4 cluding services provided to women in non-resi-  
5 dential based settings; and

6           “(C) promote a coordinated, effective, and  
7 efficient State system managed by State sub-  
8 stance abuse agencies by encouraging new ap-  
9 proaches and models of service delivery that are  
10 evidence-based.

11           “(2) REQUIREMENTS.—Notwithstanding any  
12 other provisions of this section, in carrying out the  
13 pilot program under this subsection, the Director—

14           “(A) shall require a State substance abuse  
15 agency to submit to the Director an application,  
16 in such form and manner and containing such  
17 information as specified by the Director, to be  
18 eligible to receive a grant under the program;

19           “(B) shall identify, based on applications  
20 submitted under subparagraph (A), State sub-  
21 stance abuse agencies that are eligible for such  
22 grants;

23           “(C) shall require services proposed to be  
24 furnished through such a grant to support fam-  
25 ily-based treatment and other services for preg-

1           nant and parenting women with a primary diag-  
2           nosis of a substance use disorder, including an  
3           opioid use disorder;

4           “(D) shall not require that services fur-  
5           nished through such a grant be provided solely  
6           to women that reside in facilities;

7           “(E) shall not require that grant recipients  
8           under the program make available all services  
9           described in subsection (d); and

10          “(F) may waive the requirements of sub-  
11          section (f), depending on the circumstances of  
12          the grantee.

13          “(3) REQUIRED SERVICES.—

14          “(A) IN GENERAL.—The Director shall  
15          specify minimum services required to be made  
16          available to eligible women through a grant  
17          awarded under the pilot program under this  
18          subsection. Notwithstanding any other provision  
19          of this section, such minimum services—

20                 “(i) shall include the requirements de-  
21                 scribed in subsection (c);

22                 “(ii) may include any of the services  
23                 described in subsection (d);

24                 “(iii) may include other services, as  
25                 appropriate; and

1                   “(iv) shall be based on the rec-  
2                   ommendations submitted under subpara-  
3                   graph (B).

4                   “(B) STAKEHOLDER INPUT.—The Director  
5                   shall consider recommendations from stake-  
6                   holders, including State substance abuse agen-  
7                   cies, health care providers, persons in recovery  
8                   from substance a substance use disorder, and  
9                   other appropriate individuals, for the minimum  
10                  services described in subparagraph (A).

11                  “(4) DURATION.—The pilot program under this  
12                  subsection shall not exceed 5 years.

13                  “(5) EVALUATION AND REPORT TO CON-  
14                  GRESS.—

15                  “(A) EVALUATIONS.—Out of amounts  
16                  made available to the Center for Behavioral  
17                  Health Statistics and Quality, the Director of  
18                  the Center for Behavioral Health Statistics and  
19                  Quality, in cooperation with the Director of the  
20                  Center for Substance Abuse Treatment and the  
21                  recipients of grants under this subsection, shall  
22                  conduct an evaluation of the pilot program, be-  
23                  ginning one year after the date on which a  
24                  grant is first awarded under this subsection.

25                  “(B) REPORTS.—

1                   “(i) IN GENERAL.—Not later than  
2                   120 days after the completion of the eval-  
3                   uation under subparagraph (A), the Direc-  
4                   tor of the Center for Behavioral Health  
5                   Statistics and Quality, in coordination with  
6                   the Director of the Center for Substance  
7                   Abuse Treatment, shall submit to the rel-  
8                   evant Committees of the Senate and the  
9                   House of Representatives a report on such  
10                  evaluation.

11                  “(ii) CONTENTS.—The report to Con-  
12                  gress under clause (i) shall include, at a  
13                  minimum, outcomes information from the  
14                  pilot program under this section, including  
15                  any resulting reductions in the use of alco-  
16                  hol and other drugs, engagement in treat-  
17                  ment services, retention in the appropriate  
18                  level and duration of services, increased ac-  
19                  cess to the use of drugs approved by the  
20                  Food and Drug Administration for the  
21                  treatment of substance use disorders in  
22                  combination with counseling, and other ap-  
23                  propriate measures.

24                  “(6) STATE SUBSTANCE ABUSE AGENCIES DE-  
25                  FINED.—For purposes of this subsection, the term

1 ‘State substance abuse agency’ means, with respect  
2 to a State, the agency in such State that manages  
3 the block grant for prevention and treatment of sub-  
4 stance use disorders under subpart II of part B of  
5 title XIX with respect to the State.”; and

6 (14) in subsection (s), as so redesignated, by  
7 striking “such sums as may be necessary to fiscal  
8 years 2001 through 2003.” and inserting “such  
9 sums as may be necessary for each of fiscal years  
10 2017 through 2021. Of the amounts made available  
11 for a fiscal year pursuant to the previous sentence,  
12 not more than 25 percent of such amounts shall be  
13 made available for such fiscal year to carry out sub-  
14 section (r).”.

15 **SEC. 505. SCREENING AND TREATMENT FOR MATERNAL**  
16 **DEPRESSION.**

17 Part B of title III of the Public Health Service Act  
18 (42 U.S.C. 243 et seq.) is amended by inserting after sec-  
19 tion 317L (42 U.S.C. 247b–13) the following:

20 **“SEC. 317L-1. SCREENING AND TREATMENT FOR MATERNAL**  
21 **DEPRESSION.**

22 “(a) GRANTS.—The Secretary shall make grants to  
23 States to establish, improve, or maintain programs for  
24 screening, assessment, and treatment services, including  
25 culturally and linguistically appropriate services, as appro-

1 priate, for women who are pregnant, or who have given  
2 birth within the preceding 12 months, for maternal de-  
3 pression.

4 “(b) APPLICATION.—To seek a grant under this sec-  
5 tion, a State shall submit an application to the Secretary  
6 at such time, in such manner, and containing such infor-  
7 mation as the Secretary may require. At a minimum, any  
8 such application shall include explanations of—

9 “(1) how a program, or programs, will increase  
10 the percentage of women screened and treated for  
11 maternal depression in one or more communities;  
12 and

13 “(2) how a program, or programs, if expanded,  
14 would increase access to screening and treatment  
15 services for maternal depression.

16 “(c) PRIORITY.—In awarding grants under this sec-  
17 tion, the Secretary may give priority to States proposing  
18 to improve or enhance access to screening services for ma-  
19 ternal depression in primary care settings.

20 “(d) USE OF FUNDS.—The activities eligible for  
21 funding through a grant under subsection (a)—

22 “(1) shall include—

23 “(A) providing appropriate training to  
24 health care providers; and



1           “(B) providing information to health care  
2 providers, including information on maternal  
3 depression screening, treatment, and follow-up  
4 support services, and linkages to community-  
5 based resources; and

6           “(2) may include—

7           “(A) enabling health care providers (in-  
8 cluding obstetrician-gynecologists, pediatricians,  
9 psychiatrists, mental health care providers, and  
10 adult primary care clinicians) to provide or re-  
11 ceive real-time psychiatric consultation (in-per-  
12 son or remotely) to aid in the treatment of  
13 pregnant and parenting women; and

14           “(B) establishing linkages with and among  
15 community-based resources, including mental  
16 health resources, primary care resources, and  
17 support groups.

18           “(e) AUTHORIZATION OF APPROPRIATIONS.—To  
19 carry out this section, there are authorized to be appro-  
20 priated such sums as may be necessary for each of fiscal  
21 years 2017 through 2021.”.

1 **SEC. 506. INFANT AND EARLY CHILDHOOD PREVENTION,**  
2 **INTERVENTION AND TREATMENT.**

3 Part Q of title III of the Public Health Service Act  
4 (42 U.S.C. 290h et seq.) is amended by adding at the end  
5 the following:

6 **“SEC. 399Z-2. INFANT AND EARLY CHILDHOOD PREVEN-**  
7 **TION, INTERVENTION AND TREATMENT.**

8 “(a) GRANTS.—The Secretary shall—

9 “(1) award grants to eligible entities to develop,  
10 maintain, or enhance infant and early childhood  
11 mental health prevention, intervention, and treat-  
12 ment programs, including programs for infants and  
13 children at significant risk of developing or showing  
14 early signs of mental disorders, including serious  
15 emotional disturbance, or social or emotional dis-  
16 ability; and

17 “(2) ensure that programs funded through  
18 grants under this section are evidence-informed or  
19 evidence-based models, practices and methods that  
20 are, as appropriate, culturally and linguistically ap-  
21 propriate, and can be replicated in other appropriate  
22 settings.

23 “(b) ELIGIBLE CHILDREN AND ENTITIES.—In this  
24 section:

1           “(1) ELIGIBLE CHILDREN.—The term ‘eligible  
2 children’ means a child from birth to not more than  
3 12 years of age who—

4           “(A) is at risk, or shows early signs, of de-  
5 veloping a mental disorder, including serious  
6 emotional disturbance; and

7           “(B) may benefit from promising or evi-  
8 dence-based infant and early childhood inter-  
9 vention or treatment programs specialized pre-  
10 school or elementary school programs.

11           “(2) ELIGIBLE ENTITY.—The term ‘eligible en-  
12 tity’ means a nonprofit institution that—

13           “(A) is accredited by a State mental health  
14 or education agency, as applicable, to provide  
15 promising and evidence-based prevention, inter-  
16 vention, or treatment services, for children in  
17 the age range from birth to 12 years of age;  
18 and

19           “(B) provides services that include prom-  
20 ising and evidence-based early intervention and  
21 treatment or specialized programs for infants  
22 and children at risk of developing or showing  
23 early signs of mental disorder, serious emo-  
24 tional disturbance, or social or emotional dis-  
25 ability.

1       “(c) APPLICATION.—An eligible entity seeking a  
2 grant under subsection (a) shall submit to the Secretary  
3 an application at such time, in such manner, and con-  
4 taining such information as the Secretary may require.

5       “(d) USE OF FUNDS FOR EARLY INTERVENTION AND  
6 TREATMENT PROGRAMS.—An eligible entity may use  
7 amounts awarded under a grant under subsection (a)(1)  
8 to carry out the following:

9           “(1) Provide age-appropriate preventive and  
10 early intervention services or mental disorder treat-  
11 ment services, which may include specialized pro-  
12 grams, for eligible children at significant risk of de-  
13 veloping or showing early signs of mental disorder,  
14 including serious emotional disturbance, or social or  
15 emotional disorder. Such treatment services may in-  
16 clude social-emotional and behavioral services.

17           “(2) Provide training for health care profes-  
18 sionals with expertise in infant and early childhood  
19 mental health care with respect to appropriate and  
20 relevant integration with other disciplines such as  
21 primary care clinicians, early intervention specialists,  
22 child welfare staff, home visitors, early care and edu-  
23 cation providers, and others who work with young  
24 children and families.

1           “(3) Provide mental health consultation to per-  
2           sonnel of early care and education programs (includ-  
3           ing licensed or regulated center-based and home-  
4           based child care, home visiting, preschool special  
5           education and early intervention programs funded  
6           through part C of the Individuals with Disabilities  
7           Education Act) who work with children and families.

8           “(4) Provide training for mental health clini-  
9           cians in infant and early childhood promising and  
10          evidence-based practices and models for mental  
11          health treatment and early-intervention, including  
12          with regard to practices for identifying and treating  
13          mental and behavioral disorders of infants and chil-  
14          dren resulting from exposure or repeated exposure to  
15          adverse childhood experiences or childhood trauma.

16          “(5) Provide assessment and intervention serv-  
17          ices for eligible children, including early prevention,  
18          intervention, and treatment services.

19          “(e) MATCHING FUNDS.—The Secretary may not  
20          award a grant under this section to an eligible entity un-  
21          less the eligible entity agrees, with respect to the costs to  
22          be incurred by the eligible entity in carrying out the activi-  
23          ties described in subsection (d), to make available non-  
24          Federal contributions (in cash or in kind) toward such

1 costs in an amount that is not less than 10 percent of  
2 total amount of Federal funds provided in the grant.

3 “(f) AUTHORIZATION OF APPROPRIATIONS.—To  
4 carry this section, there are authorized to be appropriated  
5 such sums as may be necessary for each of fiscal years  
6 2017 through 2021.”.

7 **TITLE VI—IMPROVING PATIENT**  
8 **CARE AND ACCESS TO MEN-**  
9 **TAL AND SUBSTANCE USE**  
10 **DISORDER BENEFITS**

11 **SEC. 601. HIPAA CLARIFICATION.**

12 (a) IN GENERAL.—The Secretary of Health and  
13 Human Services, acting through the Director of the Office  
14 for Civil Rights, shall ensure that providers, professionals,  
15 patients and their families, and others involved in mental  
16 or substance use disorder treatment or care have ade-  
17 quate, accessible, and easily comprehensible resources re-  
18 lating to appropriate uses and disclosures of protected  
19 health information under the regulations promulgated  
20 under section 264(e) of the Health Insurance Portability  
21 and Accountability Act of 1996 (42 U.S.C. 1320d–2 note),  
22 including resources to clarify permitted uses and disclo-  
23 sures of such information that—

24 (1) require the patient’s consent;

1           (2) require providing the patient with an oppor-  
2           tunity to object;

3           (3) are based on the exercise of professional  
4           judgment regarding whether the patient would ob-  
5           ject when the opportunity to object cannot prac-  
6           tically be provided because of the patient's inca-  
7           pacity or an emergency treatment circumstance; and

8           (4) are determined, based on the exercise of  
9           professional judgment, to be in the best interest of  
10          the patient when the patient is not present or other-  
11          wise incapacitated.

12          (b) CONSIDERATIONS.—In carrying out subsection  
13 (a), the Secretary of Health and Human Services shall  
14 consider actual and perceived barriers to the ability of  
15 family members to assist in the treatment of patients with  
16 a serious mental illness.

17 **SEC. 602. IDENTIFICATION OF MODEL TRAINING PRO-**  
18 **GRAMS.**

19          (a) PROGRAMS AND MATERIALS.—Not later than 1  
20 year after the date of enactment of this Act, the Secretary  
21 of Health and Human Services (in this section referred  
22 to as the “Secretary”), in consultation with appropriate  
23 experts, shall identify or, in the case that none exist, rec-  
24 ognize private or public entities to develop—

1           (1) model programs and materials for training  
2 health care providers (including physicians, emer-  
3 gency medical personnel, psychiatrists, psychologists,  
4 counselors, therapists, nurse practitioners, physi-  
5 cians assistants, behavioral health facilities and clin-  
6 ics, care managers, and hospitals, including individ-  
7 uals such as general counsels or regulatory compli-  
8 ance staff who are responsible for establishing pro-  
9 vider privacy policies) regarding the permitted uses  
10 and disclosures, consistent with the standards gov-  
11 erning the privacy and security of individually identi-  
12 fiable health information pursuant to regulations  
13 promulgated by the Secretary under section 264(c)  
14 of the Health Insurance Portability and Account-  
15 ability Act of 1996 (42 U.S.C. 1320d–2 note) and  
16 part C of title XI of the Social Security Act (42  
17 U.S.C. 1320d et seq.), of the protected health infor-  
18 mation of patients seeking or undergoing mental  
19 health or substance use disorder treatment or care;  
20 and

21           (2) model programs and materials for training  
22 patients and their families regarding their rights to  
23 protect and obtain information under the standards  
24 described in paragraph (1).

25           (b) PERIODIC UPDATES.—The Secretary shall—



1           (1) periodically review, evaluate, and update the  
2           model programs and materials identified under sub-  
3           section (a); and

4           (2) disseminate the updated model programs  
5           and materials.

6           (c) **COORDINATION.**—The Secretary shall carry out  
7           this section in coordination with the Director of the Office  
8           for Civil Rights, the Assistant Secretary for Planning and  
9           Evaluation, the Administrator of the Substance Abuse and  
10          Mental Health Services Administration, the Administrator  
11          of the Health Resources and Services Administration, and  
12          the heads of other relevant agencies within the Depart-  
13          ment of Health and Human Services.

14          (d) **INPUT OF CERTAIN ENTITIES.**—In identifying  
15          the model programs and materials under subsections (a)  
16          and (b), the Secretary shall solicit input from key stake-  
17          holders, including relevant national, State, and local asso-  
18          ciations, medical societies licensing boards, providers of  
19          mental and substance use disorder treatment and care,  
20          and organizations representing patients and consumers,  
21          and the families of patients and consumers.

22          **SEC. 603. CONFIDENTIALITY OF RECORDS.**

23          Not later than 1 year after the date on which the  
24          Secretary of Health and Human Services first finalizes the  
25          regulations updating part 2 of title 42, Code of Federal

1 Regulations (relating to confidentiality of alcohol and drug  
2 abuse patient records) after the date of enactment of this  
3 Act, the Secretary shall convene relevant stakeholders to  
4 determine the effect of such regulations on patient care,  
5 health outcomes, and patient privacy.

6 **SEC. 604. CLARIFICATION OF EXISTING PARITY RULES.**

7 If a group health plan or a health insurance issuer  
8 offering group or individual health insurance coverage pro-  
9 vides coverage for eating disorder benefits including, but  
10 not limited to, residential treatment, such group health  
11 plan or health insurance issuer shall provide such benefits  
12 consistent with the requirements of section 2726 of the  
13 Public Health Service Act (42 U.S.C. 300gg-26), section  
14 712 of the Employee Retirement Income Security Act of  
15 1974 (29 U.S.C. 1185a), and section 9812 of the Internal  
16 Revenue Code of 1986.

17 **TITLE VII—MENTAL HEALTH**  
18 **AWARENESS AND IMPROVE-**  
19 **MENT**

20 **SEC. 701. SHORT TITLE.**

21 This title may be cited as the “Mental Health Aware-  
22 ness and Improvement Act of 2016”.

1 **SEC. 702. GARRETT LEE SMITH MEMORIAL ACT REAUTHOR-**  
2 **IZATION.**

3 (a) SUICIDE PREVENTION TECHNICAL ASSISTANCE  
4 CENTER.—Section 520C of the Public Health Service Act  
5 (42 U.S.C. 290bb–34) is amended—

6 (1) by striking the section heading and insert-  
7 ing “**SUICIDE PREVENTION TECHNICAL ASSIST-**  
8 **ANCE CENTER.**”;

9 (2) in subsection (a), by striking “and in con-  
10 sultation with” and all that follows through the pe-  
11 riod at the end of paragraph (2) and inserting “shall  
12 establish a research, training, and technical assist-  
13 ance resource center to provide appropriate informa-  
14 tion, training, and technical assistance to States, po-  
15 litical subdivisions of States, federally recognized In-  
16 dian tribes, tribal organizations, institutions of high-  
17 er education, public organizations, or private non-  
18 profit organizations regarding the prevention of sui-  
19 cide among all ages, particularly among groups that  
20 are at high risk for suicide.”;

21 (3) by striking subsections (b) and (c);

22 (4) by redesignating subsection (d) as sub-  
23 section (b);

24 (5) in subsection (b), as so redesignated—

1 (A) by striking the subsection heading and  
2 inserting “RESPONSIBILITIES OF THE CEN-  
3 TER.”;

4 (B) in the matter preceding paragraph (1),  
5 by striking “The additional research” and all  
6 that follows through “nonprofit organizations  
7 for” and inserting “The center established  
8 under subsection (a) shall conduct activities for  
9 the purpose of”;

10 (C) by striking “youth suicide” each place  
11 such term appears and inserting “suicide”;

12 (D) in paragraph (1)—

13 (i) by striking “the development or  
14 continuation of” and inserting “developing  
15 and continuing”; and

16 (ii) by inserting “for all ages, particu-  
17 larly among groups that are at high risk  
18 for suicide” before the semicolon at the  
19 end;

20 (E) in paragraph (2), by inserting “for all  
21 ages, particularly among groups that are at  
22 high risk for suicide” before the semicolon at  
23 the end;

24 (F) in paragraph (3), by inserting “and  
25 tribal” after “statewide”;

1 (G) in paragraph (5), by inserting “and  
2 prevention” after “intervention”;

3 (H) in paragraph (8), by striking “in  
4 youth”;

5 (I) in paragraph (9), by striking “and be-  
6 havioral health” and inserting “health and sub-  
7 stance use disorder”; and

8 (J) in paragraph (10), by inserting “con-  
9 ducting” before “other”; and

10 (6) by striking subsection (e) and inserting the  
11 following:

12 “(c) AUTHORIZATION OF APPROPRIATIONS.—For the  
13 purpose of carrying out this section, there are authorized  
14 to be appropriated \$6,000,000 for each of fiscal years  
15 2016 through 2020.

16 “(d) ANNUAL REPORT.—Not later than 2 years after  
17 the date of enactment of this subsection, the Secretary  
18 shall submit to Congress a report on the activities carried  
19 out by the center established under subsection (a) during  
20 the year involved, including the potential effects of such  
21 activities, and the States, organizations, and institutions  
22 that have worked with the center.”.

23 (b) YOUTH SUICIDE EARLY INTERVENTION AND  
24 PREVENTION STRATEGIES.—Section 520E of the Public  
25 Health Service Act (42 U.S.C. 290bb–36) is amended—

1           (1) in paragraph (1) of subsection (a) and in  
2           subsection (c), by striking “substance abuse” each  
3           place such term appears and inserting “substance  
4           use disorder”;

5           (2) in subsection (b)(2)—

6           (A) by striking “each State is awarded  
7           only 1 grant or cooperative agreement under  
8           this section” and inserting “a State does not  
9           receive more than 1 grant or cooperative agree-  
10          ment under this section at any 1 time”; and

11          (B) by striking “been awarded” and insert-  
12          ing “received”; and

13          (3) in subsection (g)(2), by striking “2 years  
14          after the date of enactment of this section,” and in-  
15          sert “2 years after the date of enactment of Mental  
16          Health Reform Act of 2016,”;

17          (4) by striking subsection (m) and inserting the  
18          following:

19          “(m) AUTHORIZATION OF APPROPRIATIONS.—For  
20          the purpose of carrying out this section, there are author-  
21          ized to be appropriated \$30,000,000 for each of fiscal  
22          years 2017 through 2021.”.

23          (c) MENTAL HEALTH AND SUBSTANCE USE DIS-  
24          ORDER SERVICES.—Section 520E–2 of the Public Health  
25          Service Act (42 U.S.C. 290bb–36b) is amended—

1 (1) in the section heading, by striking “**AND**  
2 **BEHAVIORAL HEALTH**” and inserting “**HEALTH**  
3 **AND SUBSTANCE USE DISORDER**”;

4 (2) in subsection (a)—

5 (A) by striking “Services,” and inserting  
6 “Services and”;

7 (B) by striking “and behavioral health  
8 problems” and inserting “health or substance  
9 use disorders”; and

10 (C) by striking “substance abuse” and in-  
11 serting “substance use disorders”;

12 (3) in subsection (b)—

13 (A) in the matter preceding paragraph (1),  
14 by striking “for—” and inserting “for one or  
15 more of the following:”; and

16 (B) by striking paragraphs (1) through (6)  
17 and inserting the following:

18 “(1) Educating students, families, faculty, and  
19 staff to increase awareness of mental health and  
20 substance use disorders.

21 “(2) The operation of hotlines.

22 “(3) Preparing informational material.

23 “(4) Providing outreach services to notify stu-  
24 dents about available mental health and substance  
25 use disorder services.

1           “(5) Administering voluntary mental health and  
2 substance use disorder screenings and assessments.

3           “(6) Supporting the training of students, fac-  
4 ulty, and staff to respond effectively to students with  
5 mental health and substance use disorders.

6           “(7) Creating a network infrastructure to link  
7 colleges and universities with health care providers  
8 who treat mental health and substance use dis-  
9 orders.”;

10           (4) in subsection (c)(5), by striking “substance  
11 abuse” and inserting “substance use disorder”;

12           (5) in subsection (d)—

13               (A) in the matter preceding paragraph (1),  
14 by striking “An institution of higher education  
15 desiring a grant under this section” and insert-  
16 ing “To be eligible to receive a grant under this  
17 section, an institution of higher education”;

18               (B) in paragraph (1)—

19                   (i) by striking “and behavioral  
20 health” and inserting “health and sub-  
21 stance use disorder”; and

22                   (ii) by inserting “, including veterans  
23 whenever possible and appropriate,” after  
24 “students”; and



1 (C) in paragraph (2), by inserting “, which  
2 may include, as appropriate and in accordance  
3 with subsection (b)(7), a plan to seek input  
4 from relevant stakeholders in the community,  
5 including appropriate public and private enti-  
6 ties, in order to carry out the program under  
7 the grant” before the period at the end;

8 (6) in subsection (e)(1), by striking “and behav-  
9 ioral health problems” and inserting “health and  
10 substance use disorders”;

11 (7) in subsection (f)(2)—

12 (A) by striking “and behavioral health”  
13 and inserting “health and substance use dis-  
14 order”; and

15 (B) by striking “suicide and substance  
16 abuse” and inserting “suicide and substance  
17 use disorders”; and

18 (8) in subsection (h), by striking “\$5,000,000  
19 for fiscal year 2005” and all that follows through  
20 the period at the end and inserting “\$6,500,000 for  
21 each of fiscal years 2017 through 2021.”.

22 **SEC. 703. MENTAL HEALTH AWARENESS TRAINING GRANTS.**

23 Section 520J of the Public Health Service Act (42  
24 U.S.C. 290bb-41) is amended—

1 (1) in the section heading, by inserting “**MEN-**  
2 **TAL HEALTH AWARENESS**” before “**TRAINING**”;  
3 and

4 (2) in subsection (b)—

5 (A) in the subsection heading, by striking  
6 “ILLNESS” and inserting “HEALTH”;

7 (B) in paragraph (1), by inserting “and  
8 other categories of individuals, as determined  
9 by the Secretary,” after “emergency services  
10 personnel”;

11 (C) in paragraph (5)—

12 (i) in the matter preceding subpara-  
13 graph (A), by striking “to” and inserting  
14 “for evidence-based programs for the pur-  
15 pose of”; and

16 (ii) by striking subparagraphs (A)  
17 through (C) and inserting the following:

18 “(A) recognizing the signs and symptoms  
19 of mental illness; and

20 “(B)(i) providing education to personnel  
21 regarding resources available in the community  
22 for individuals with a mental illness and other  
23 relevant resources; or

1           “(ii) the safe de-escalation of crisis situa-  
2           tions involving individuals with a mental ill-  
3           ness.”; and

4           (D) in paragraph (7), by striking “,  
5           \$25,000,000” and all that follows through the  
6           period at the end and inserting “\$15,000,000  
7           for each of fiscal years 2017 through 2021.”.

8   **SEC. 704. CHILDREN’S RECOVERY FROM TRAUMA.**

9           Section 582 of the Public Health Service Act (42  
10          U.S.C. 290hh–1) is amended—

11           (1) in subsection (a), by striking “developing  
12           programs” and all that follows through the period at  
13           the end and inserting “developing and maintaining  
14           programs that provide for—

15           “(1) the continued operation of the National  
16           Child Traumatic Stress Initiative (referred to in this  
17           section as the ‘NCTSI’), which includes a coopera-  
18           tive agreement with a coordinating center, that fo-  
19           cuses on the mental, behavioral, and biological as-  
20           pects of psychological trauma response, prevention  
21           of the long-term consequences of child trauma, and  
22           early intervention services and treatment to address  
23           the long-term consequences of child trauma; and

24           “(2) the development of knowledge with regard  
25           to evidence-based practices for identifying and treat-

1       ing mental, behavioral, and biological disorders of  
2       children and youth resulting from witnessing or ex-  
3       periencing a traumatic event.”;

4               (2) in subsection (b)—

5                   (A) by striking “subsection (a) related”  
6                   and inserting “subsection (a)(2) (related”;

7                   (B) by striking “treating disorders associ-  
8                   ated with psychological trauma” and inserting  
9                   “treating mental, behavioral, and biological dis-  
10                  orders associated with psychological trauma”;  
11                  and

12                  (C) by striking “mental health agencies  
13                  and programs that have established clinical and  
14                  basic research” and inserting “universities, hos-  
15                  pitals, mental health agencies, and other pro-  
16                  grams that have established clinical expertise  
17                  and research”;

18               (3) by redesignating subsections (c) through (g)  
19       as subsections (g) through (k), respectively;

20               (4) by inserting after subsection (b), the fol-  
21       lowing:

22       “(c) CHILD OUTCOME DATA.—The NCTSI coordi-  
23       nating center shall collect, analyze, and report NCTSI-  
24       wide child treatment process and outcome data regarding  
25       the early identification and delivery of evidence-based

1 treatment and services for children and families served by  
2 the NCTSI grantees.

3 “(d) TRAINING.—The NCTSI coordinating center  
4 shall facilitate the coordination of training initiatives in  
5 evidence-based and trauma-informed treatments, interven-  
6 tions, and practices offered to NCTSI grantees, providers,  
7 and partners.

8 “(e) DISSEMINATION AND COLLABORATION.—The  
9 NCTSI coordinating center shall, as appropriate, collabo-  
10 rate with—

11 “(1) the Secretary, in the dissemination of evi-  
12 dence-based and trauma-informed interventions,  
13 treatments, products, and other resources to appro-  
14 priate stakeholders; and

15 “(2) appropriate agencies that conduct or fund  
16 research within the Department of Health and  
17 Human Services, for purposes of sharing NCTSI ex-  
18 pertise, evaluation data, and other activities, as ap-  
19 propriate.

20 “(f) REVIEW.—The Secretary shall, consistent with  
21 the peer review process, ensure that NCTSI applications  
22 are reviewed by appropriate experts in the field as part  
23 of a consensus review process. The Secretary shall include  
24 review criteria related to expertise and experience in child  
25 trauma and evidence-based practices.”;

1           (5) in subsection (g) (as so redesignated), by  
2 striking “with respect to centers of excellence are  
3 distributed equitably among the regions of the coun-  
4 try” and inserting “are distributed equitably among  
5 the regions of the United States”;

6           (6) in subsection (i) (as so redesignated), by  
7 striking “recipient may not exceed 5 years” and in-  
8 serting “recipient shall not be less than 4 years, but  
9 shall not exceed 5 years”; and

10           (7) in subsection (j) (as so redesignated), by  
11 striking “\$50,000,000” and all that follows through  
12 “2006” and inserting “\$46,000,000 for each of fis-  
13 cal years 2017 through 2021”.

14 **SEC. 705. ASSESSING BARRIERS TO BEHAVIORAL HEALTH**  
15 **INTEGRATION.**

16           (a) IN GENERAL.—Not later than 2 years after the  
17 date of enactment of this Act, the Comptroller General  
18 of the United States shall submit a report to the Com-  
19 mittee on Health, Education, Labor, and Pensions of the  
20 Senate and the Committee on Energy and Commerce of  
21 the House of Representatives concerning Federal require-  
22 ments that affect access to treatment of mental health and  
23 substance use disorders related to integration with pri-  
24 mary care, administrative and regulatory issues, quality  
25 measurement and accountability, and data sharing.

1 (b) CONTENTS.—The report submitted under sub-  
2 section (a) shall include the following:

3 (1) An evaluation of the administrative or regu-  
4 latory burden on behavioral health care providers.

5 (2) The identification of outcome and quality  
6 measures relevant to integrated health care, evalua-  
7 tion of the data collection burden on behavioral  
8 health care providers, and any alternative methods  
9 for evaluation.

10 (3) An analysis of the degree to which elec-  
11 tronic data standards, including interoperability and  
12 meaningful use includes behavioral health measures,  
13 and an analysis of strategies to address barriers to  
14 health information exchange posed by part 2 of title  
15 42, Code of Federal Regulations.

16 (4) An analysis of the degree to which Federal  
17 rules and regulations for behavioral and physical  
18 health care are aligned, including recommendations  
19 to address any identified barriers.

20 (5) An analysis of the challenges to behavioral  
21 health and primary care integration faced by pro-  
22 viders in rural areas.

1 **SEC. 706. INCREASING EDUCATION AND AWARENESS OF**  
2 **TREATMENTS FOR OPIOID USE DISORDERS.**

3 (a) IN GENERAL.—In order to improve the quality  
4 of care delivery and treatment outcomes among patients  
5 with opioid use disorders, the Secretary of Health and  
6 Human Services (referred to in this section as the “Sec-  
7 retary”), acting through the Administrator for the Sub-  
8 stance Abuse and Mental Health Services Administration,  
9 may advance, through existing programs as appropriate,  
10 the education and awareness of providers, patients, and  
11 other appropriate stakeholders regarding all products ap-  
12 proved by the Food and Drug Administration to treat  
13 opioid use disorders.

14 (b) ACTIVITIES.—The activities described in sub-  
15 section (a) may include—

16 (1) disseminating evidence-based practices for  
17 the treatment of opioid use disorders;

18 (2) facilitating continuing education programs  
19 for health professionals involved in treating opioid  
20 use disorders;

21 (3) increasing awareness among relevant stake-  
22 holders of the treatment of opioid use disorders;

23 (4) assessing current barriers to the treatment  
24 of opioid use disorders for patients and providers  
25 and development and implementation of strategies to  
26 mitigate such barriers; and





1 of the United States shall conduct an independent evalua-  
2 tion, and submit to the Committee on Health, Education,  
3 Labor, and Pensions of the Senate and the Committee on  
4 Energy and Commerce of the House of Representatives,  
5 a report concerning the utilization of mental health serv-  
6 ices for children, including the usage of psychotropic medi-  
7 cations.

8 (b) CONTENT.—The report submitted under sub-  
9 section (a) shall review and assess—

10 (1) the ways in which children access mental  
11 health care, including information on whether chil-  
12 dren are treated by primary care or specialty pro-  
13 viders, what types of referrals for additional care are  
14 recommended, and any barriers to accessing this  
15 care;

16 (2) the extent to which children are prescribed  
17 psychotropic medications in the United States in-  
18 cluding the frequency of concurrent medication  
19 usage; and

20 (3) the tools, assessments, and medications that  
21 are available and used to diagnose and treat children  
22 with mental health disorders.

1 **SEC. 708. EVIDENCE BASED PRACTICES FOR OLDER**  
2 **ADULTS.**

3 Section 520A(e) of the Public Health Service Act (42  
4 U.S.C. 290bb–32(e)) is amended by adding at the end the  
5 following:

6 “(3) GERIATRIC MENTAL HEALTH DIS-  
7 ORDERS.—The Secretary shall, as appropriate, pro-  
8 vide technical assistance to grantees regarding evi-  
9 dence-based practices for the prevention and treat-  
10 ment of geriatric mental health disorders and co-oc-  
11 ccurring mental health and substance use disorders  
12 among geriatric populations, as well as disseminate  
13 information about such evidence-based practices to  
14 States and nongrantees throughout the United  
15 States.”.

16 **SEC. 709. NATIONAL VIOLENT DEATH REPORTING SYSTEM.**

17 The Secretary of Health and Human Services, acting  
18 through the Director of the Centers for Disease Control  
19 and Prevention, is encouraged to improve, particularly  
20 through the inclusion of additional States, the National  
21 Violent Death Reporting System as authorized by title III  
22 of the Public Health Service Act (42 U.S.C. 241 et seq.).  
23 Participation in the system by the States shall be vol-  
24 untary.

1 **SEC. 710. GAO STUDY ON VIRGINIA TECH RECOMMENDA-**  
2 **TIONS.**

3 (a) IN GENERAL.—Not later than 1 year after the  
4 date of enactment of this Act, the Comptroller General  
5 of the United States shall conduct an independent evalua-  
6 tion, and submit to the appropriate committees of Con-  
7 gress a report concerning the status of implementation of  
8 recommendations made in the report to the President, On  
9 Issues Raised by the Virginia Tech Tragedy, by the Secre-  
10 taries of Health and Human Services and Education and  
11 the Attorney General of the United States, submitted to  
12 the President on June 13, 2007.

13 (b) CONTENT.—The report submitted to the commit-  
14 tees of Congress under subsection (a) shall review and as-  
15 sess—

16 (1) the extent to which the recommendations in  
17 the report that include participation by the Depart-  
18 ment of Health and Human Services were imple-  
19 mented;

20 (2) whether there are any barriers to implemen-  
21 tation of such recommendations; and

22 (3) identification of any additional actions the  
23 Federal government can take to support States and  
24 local communities and ensure that the Federal gov-  
25 ernment and Federal law are not obstacles to ad-  
26 dressing at the community level—

1 (A) school violence; and

2 (B) mental illness.

3 **SEC. 711. PERFORMANCE METRICS.**

4 (a) EVALUATION OF CURRENT PROGRAMS.—

5 (1) IN GENERAL.—Not later than 180 days  
6 after the date of enactment of this Act, the Assist-  
7 ant Secretary for Planning and Evaluation of the  
8 Department of Health and Human Services shall  
9 conduct an evaluation of the effect of activities re-  
10 lated to the prevention and treatment of mental ill-  
11 ness and substance use disorders conducted by the  
12 Substance Abuse and Mental Health Services Ad-  
13 ministration.

14 (2) ASSESSMENT OF PERFORMANCE  
15 METRICS.—The evaluation conducted under para-  
16 graph (1) shall include an assessment of the use of  
17 performance metrics to evaluate activities carried  
18 out by entities receiving grants, contracts, or cooper-  
19 ative agreements related to mental illness or sub-  
20 stance use disorders under title V or title XIX of the  
21 Public Health Service Act (42 U.S.C. 290aa et seq.;  
22 42 U.S.C. 300w et seq.).

23 (3) RECOMMENDATIONS.—The evaluation con-  
24 ducted under paragraph (1) shall include rec-  
25 ommendations for the use of performance metrics to

1 improve the quality of programs related to the pre-  
2 vention and treatment of mental illness and sub-  
3 stance use disorders.

4 (b) USE OF PERFORMANCE METRICS.—Not later  
5 than 1 year after the date of enactment of this Act, the  
6 Secretary of Health and Human Services, acting through  
7 the Administrator of the Substance Abuse and Mental  
8 Health Services Administration, shall advance, through  
9 existing programs, the use of performance metrics, taking  
10 into consideration the recommendations under subsection  
11 (a)(3), to improve programs related to the prevention and  
12 treatment of mental illness and substance use disorders.

13 **TITLE VIII—PREVENTION AND**  
14 **TREATMENT OF OPIOID USE**  
15 **DISORDER**

16 **SEC. 801. FDA OPIOID ACTION PLAN.**

17 (a) ADVISORY COMMITTEE.—

18 (1) NEW DRUG APPLICATION.—Except as pro-  
19 vided in paragraph (4), prior to the approval of a  
20 new drug that is an opioid under section 505 of the  
21 Federal Food, Drug, and Cosmetic Act (21 U.S.C.  
22 355), the Commissioner of Food and Drugs shall  
23 refer such drug to an advisory committee of the  
24 Food and Drug Administration to seek recommenda-  
25 tions from such Committee.

1           (2) PEDIATRIC OPIOID LABELING.—The Com-  
2           missioner of Food and Drugs shall convene the Pedi-  
3           atric Advisory Committee of the Food and Drug Ad-  
4           ministration to seek recommendations from such  
5           Committee regarding a framework for the inclusion  
6           of information in the labeling of drugs that are  
7           opioids relating to the use of such drugs in pediatric  
8           populations before such Commissioner approves any  
9           labeling changes for drugs that are opioids intended  
10          for use in pediatric populations.

11          (3) PUBLIC HEALTH EXEMPTION.—If the Com-  
12          missioner of Food and Drugs finds that referring a  
13          new opioid drug or drugs to an advisory committee  
14          of the Food and Drug Administration as required  
15          under paragraph (1) is not in the interest of pro-  
16          tecting and promoting public health, and has sub-  
17          mitted a notice containing the rationale for such a  
18          finding to the Committee on Health, Education,  
19          Labor, and Pensions of the Senate and the Com-  
20          mittee on Energy and Commerce of the House of  
21          Representatives, or if the matter that would be con-  
22          sidered by such advisory committee with respect to  
23          any such drug or drugs concerns bioequivalence,  
24          sameness of active ingredient, or other criteria appli-  
25          cable to applications submitted under section 505(j),

1 the Commissioner shall not be required to refer such  
2 drug or drugs to an advisory committee as required  
3 under paragraph (1).

4 (4) SUNSET.—Unless Congress reauthorizes  
5 paragraphs (1) and (2), the requirements of such  
6 paragraphs shall cease to be effective on October 1,  
7 2022.

8 (b) EDUCATION FOR PRESCRIBERS OF OPIOIDS.—  
9 Not later than 1 year after the date of enactment of this  
10 Act, the Secretary of Health and Human Services, acting  
11 through the Commissioner of Food and Drugs, as part  
12 of the Food and Drug Administration’s evaluation of the  
13 Extended-Release/Long-Acting Opioid Analgesics Risk  
14 Evaluation and Mitigation Strategy, and in consultation  
15 with the Director of the Centers for Disease Control and  
16 Prevention, the Director of the National Institutes of  
17 Health, the Administrator of the Agency for Healthcare  
18 Research and Quality, the Administrator of the Drug En-  
19 forcement Administration, and relevant stakeholders, shall  
20 develop recommendations regarding education programs  
21 for prescribers of opioids required to be disseminated  
22 under section 505-1 of the Federal Food, Drug, and Cos-  
23 metic Act (21 U.S.C. 355-1), including recommendations  
24 for which prescribers should participate in such programs  
25 and how often participation in such programs is necessary.



1 (c) GUIDANCE.—Not later than 1 year after the date  
2 of enactment of this Act, the Commissioner of Food and  
3 Drugs shall issue guidance on if and how the approved  
4 labeling of a drug that is an opioid and is the subject of  
5 an application under section 505(j) of the Federal Food,  
6 Drug, and Cosmetic Act (21 U.S.C. 355(j)) may include  
7 statements that such drug deters abuse.

8 **SEC. 802. DISCLOSURE OF INFORMATION TO STATE CON-**  
9 **TROLLED SUBSTANCE MONITORING PRO-**  
10 **GRAMS.**

11 Section 5701(l) of title 38, United States Code, is  
12 amended by striking “may” and inserting “shall”.

13 **SEC. 803. GAO REPORT ON STATE PRESCRIPTION DRUG**  
14 **MONITORING PROGRAMS.**

15 Not later than 18 months after the date of enactment  
16 of this Act, the Comptroller General of the United States  
17 shall prepare and submit to Congress a report examining  
18 the variations that exist across State prescription drug  
19 monitoring programs that have been supported by Federal  
20 funds. The Comptroller General shall review, and include  
21 in the report recommendations on, best practices to maxi-  
22 mize the effectiveness of such programs and State strate-  
23 gies to increase queries to such programs by health care  
24 providers.

1 **SEC. 804. NIH OPIOID RESEARCH.**

2 (a) IN GENERAL.—The Director of the National In-  
3 stitutes of Health (referred to in this section as the  
4 “NIH”) may intensify and coordinate fundamental,  
5 translational, and clinical research of the NIH with re-  
6 spect to—

7 (1) the understanding of pain;

8 (2) the discovery and development of therapies  
9 for chronic pain; and

10 (3) the development of alternatives to opioids  
11 for effective pain treatments.

12 (b) PRIORITY AND DIRECTION.—The prioritization  
13 and direction of the Federally funded portfolio of pain re-  
14 search studies shall consider recommendations made by  
15 the Interagency Pain Research Coordinating Committee in  
16 concert with the Pain Management Best Practices Inter-  
17 Agency Task Force, and in accordance with the National  
18 Pain Strategy, the Federal Pain Research Strategy, and  
19 the NIH-Wide Strategic Plan for Fiscal Years 2016-2020,  
20 the latter which calls for the relative burdens of individual  
21 diseases and medical disorders to be regarded as crucial  
22 considerations in balancing the priorities of the Federal  
23 research portfolio.

1 **SEC. 805. ENSURING PROVIDER ACCESS TO BEST PRACTICES FOR COMBATING PRESCRIPTION DRUG**  
2 **OVERDOSE.**  
3

4 (a) **BEST PRACTICES FOR PRESCRIBING OPIOIDS.**—  
5 Not later than 2 years after the date of enactment of this  
6 Act, the Secretary of Health and Human Services, acting  
7 through the Director of the Centers for Disease Control  
8 and Prevention, shall issue best practices for prescribing  
9 opioids for the treatment of acute pain.

10 (b) **DISSEMINATION OF BEST PRACTICES AND**  
11 **GUIDELINES.**—The Director of the Centers for Disease  
12 Control and Prevention shall, as appropriate, make infor-  
13 mation on best practices related to safe opioid prescribing  
14 practices for chronic pain (outside of active cancer treat-  
15 ment, palliative care, and end-of-life care), including  
16 guidelines, available to prescribers to reduce opioid use  
17 disorders and overdose. Such guidelines are not intended  
18 to replace good clinical judgment for clinicians in address-  
19 ing special circumstances or individual patient care needs.  
20 In carrying out this subsection, the Director shall, where  
21 appropriate, disseminate such best practices in succinct,  
22 usable formats accessible to health care providers.