

# **DEMOCRATIC SUBSTITUTE**

## **SECTION-BY-SECTION**

### **SEC. 1- TABLE OF CONTENTS**

### **TITLE I-STRENGTHENING AND INVESTING IN SAMHSA PROGRAMS**

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

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

#### **SECTION 102- OFFICE OF CHIEF MEDICAL OFFICER**

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

#### **SECTION 103-INDEPENDENT AUDIT OF SAMHSA**

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

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

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

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

#### SECTION 105- INNOVATION GRANTS

This section requires the Secretary of Health and Human Services, acting through SAMHSA, to award grants to state and local governments, educational institutions, and nonprofit organizations for expanding models that have been scientifically demonstrated to show promise, but that would benefit from further applied research, for enhancing the screening, diagnosis, and treatment of mental illness and serious mental illness, or integrating physical and behavioral health services. It authorizes \$40,000,000 for each of fiscal years 2016 through 2020.

#### SECTION 106-DEMONSTRATION GRANTS

This section requires the Secretary of Health and Human Services, acting through SAMHSA, to award grants to state and local governments, educational institution, and nonprofit organizations to expand and replicate evidence-based programs to enhance effective screening, early diagnosis, and treatment of mental illness and serious mental illness. It authorizes \$80,000,000 for each of fiscal years 2016 through 2020.

#### SECTION 107-EARLY INTERVENTION AND TREATMENT IN CHILDHOOD

This section requires the Secretary of Health and Human Services, acting through SAMHSA, to award grants to eligible entities to undertake early childhood intervention and treatment programs to treat and educate children with signs of mental illness or who are at risk of developing serious mental illness. It authorizes \$5,000,000 per year of the amounts made available to the Center for Mental Health Services for these purposes.

#### SECTION 108-BLOCK GRANTS

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

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

This section also requires the Secretary to establish incentives for states who meet certain outcome measures. It authorizes \$25,000,000 for each of fiscal years 2016 to 2020 to be apportioned equally between the qualifying states.

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

#### SECTION 109- CHILDREN’S RECOVERY FROM TRAUMA

This section reauthorizes the National Child Traumatic Stress Initiative, to develop and disseminate evidence-based practices for identifying and treating mental, behavioral, and biological disorders of children and youth resulting from witnessing or experiencing a traumatic event. It authorizes \$46,000,000 for each of fiscal years 2016 through 2020.

#### SECTION 110-GARRETT LEE SMITH MEMORIAL ACT REAUTHORIZATION

This section reauthorizes the Garrett Lee Smith Memorial Act. It authorizes \$6,000,000 for each of fiscal years 2016 through 2020 for a suicide prevention technical assistance center to provide research, training, and technical assistance on the prevention of suicide. It furthermore requires the Secretary to award grants or cooperative agreements to eligible entities develop and implement statewide or tribal youth suicide early intervention and prevention strategies in schools, educational institutions, juvenile justice systems, substance use disorder programs, mental health programs, foster care systems, and other child and youth support organizations, and authorizes \$35,427,000 for each of fiscal years 2016 through 2020 for these purposes. Finally, it requires the Secretary to award grants on a competitive basis to institutions of higher education to enhance services for students with mental health or substance use disorders and to develop best practices for the delivery of such services, and authorizes \$6,500,000 for each of fiscal years 2016 through 2020.

#### SECTION 111-NATIONAL SUICIDE PREVENTION LIFELINE PROGRAM

This section authorizes \$8,000,000 for fiscal years 2016 through 2020 for the existing National Suicide Prevention Lifeline Program which SAMHSA currently administers under the agency’s authority for Programs of Regional and National Significance (PRNS).

#### SECTION 112-ADULT SUICIDE PREVENTION

This section authorizes the Secretary to award grants to eligible entities to implement suicide prevention efforts in adults 25 years and older, such as programs to screen for suicide risk for adults, implement evidence-based practices to treat individuals at suicide risk, and raise awareness, reduce stigma, and foster open dialogue about suicide prevention. It authorizes \$15,000,000 for each of fiscal years 2016 through 2020 for these purposes.

### SECTION 113-PEER REVIEW AND ADVISORY COUNCILS

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

### SECTION 114-ADULT TRAUMA GRANT PROGRAM

This section establishes a new program to provide grants to eligible entities to implement trauma-informed care in primary care and public health settings. The grants awarded under this program shall be used to screen for trauma in adults, and provide intervention and referral to treatment and appropriate follow-up services. It authorizes \$3,000,000 for each of fiscal year 2016 to 2020.

### SECTION 115-REDUCING THE STIGMA OF MENTAL ILLNESS

This section requires the Secretary, in conjunction with the Secretary of Education, to organize a national awareness campaign to reduce the stigma associated with serious mental illness, understand how to recognize signs of serious mental illness, and understand the importance of seeking treatment.

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

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

### SECTION 117-MENTAL HEALTH FIRST AID

This section incorporates H.R. 1877, the Mental Health First Aid Act of 2015 (introduced by Representative Lynn Jenkins (R-KS) and Representative Doris Matsui (D-CA)). It authorizes the Secretary, acting through the SAMHSA administration, to award grants to train a wide range

of individuals such as emergency services personnel, first responders, law enforcement, teachers, students, and others on safely de-escalating crisis situations, recognizing the signs and symptoms of mental illness, and referring individuals to timely mental health services. It authorizes \$20,000,000 for each of fiscal years 2016 through 2020 for these purposes.

### **SECTION 118-ACUTE CARE BED REGISTRY GRANT FOR STATES**

This section establishes a new SAMHSA grant program for state mental health agencies to develop and administer an internet-based, real-time bed registry to collect, aggregate, and display information about available beds in inpatient psychiatric facilities, residential crisis stabilization units, and residential community mental health and substance abuse treatment facilities to facilitate the identification and designation of facilities for the temporary treatment of individuals in psychiatric or substance abuse crisis. It authorizes \$15,000,000 for each of fiscal years 2016 through 2020.

### **SECTION 119- OLDER ADULT MENTAL HEALTH GRANTS**

This ~~section~~<sup>amendment</sup> requires the Secretary award grants, contracts and cooperative agreements to public and nonprofit entities for projects that address the mental health needs of older Americans, such as the establishment and maintenance of interdisciplinary geriatric mental health specialist outreach teams in community settings where older adults reside or receive social services, and the implementation of older adult suicide prevention and early intervention strategies. It authorizes \$5,000,000 for fiscal years 2016 through 2020 for this purpose.

## **TITLE II- INTERAGENCY SERIOUS MENTAL ILLNESS COORDINATING COMMITTEE**

### **SECTION 201-INTERAGENCY SERIOUS MENTAL ILLNESS COORDINATING COMMITTEE.**

This section creates an interagency serious mental illness coordinating Committee, with the responsibility to develop an annual summary in advances in serious mental illness research, monitor federal activities with respect to serious mental illness, make recommendations to the Assistant Secretary regarding any appropriate changes to such activities, develop and update every 4 years a strategic plan for programs and services to assist individuals with serious mental illness.

## **TITLE III—HIPAA CLARIFICATION**

This title incorporates the text of H.R. 2690, the Including Families in Mental Health Recovery Act of 2015, introduced by Representative Matsui. ~~It~~<sup>The legislation</sup> would clarify when providers may share protected health information, by instructing the Department of Health and Human Services (HHS) to promulgate regulations consistent with the February 2014 guidance issued by the HHS Office of Civil Rights. It would furthermore direct the Secretary to develop a model program and materials for training health care providers, lawyers, and patients and

families regarding the circumstances under which, consistent with the HIPAA, the protected health information of a patient can be disclosed with and without a patient's consent. It would authorize \$5,000,000 for fiscal year 2016 and \$25,000,000 for the period of fiscal years 2017 through 2022. It also requires the Secretary to issue a final rule modernizing the privacy sections under 42 U.S.C. 290dd-2, which deal with heightened privacy protections for substance abuse treatment records, within 2 years of enactment.

This section also includes a new provision to improve communications between individuals with mental illness, their families, and their providers. It requires the Secretary to award grants to eligible entities for the implementation of pilot programs designed to enhance care and promote recovery by supporting communication and dialogue between patients, families, providers, and other individuals involved. Grant funds are to be used to implement evidence-based or innovative programs, such as Adapted or Open Dialogue, that enhance such communication. It authorizes \$2,000,000 for each of fiscal years 2016 through 2020 for this purpose.

## **TITLE IV—IMPROVING MEDICAID AND MEDICARE MENTAL HEALTH SERVICES**

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

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

It would also expand access to care for children in IMDs, who currently do not have access to the full range of Medicaid benefits for children. In 1972, Congress changed the Medicaid statute to establish an exception to the IMD exclusion for individuals under age 21. However, children admitted to an IMD do not have access to the full-range of Medicaid benefits once admitted. The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services. However, children in IMDs are excluded from coverage of EPSDT to which Medicaid enrolled children are otherwise entitled. The provision would remove this restriction.

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

residential services. This ensures that short-stay IMD coverage is allowable under Medicaid managed care.

#### SECTION 402-GAO REPORTS ON MEDICARE AND MEDICAID FORMULARY AND APPEALS PRACTICES WITH RESPECT TO COVERAGE OF MENTAL HEALTH DRUGS

This section authorizes two studies. The first study would direct the HHS inspector general to review the transparency, compliance and equitable access of the Medicare part D appeals process for beneficiaries, and make recommendations for improvements. The second study directs the government accountability office (GAO) to study formulary practices and beneficiary appeals processes in state Medicaid programs, and make recommendations for access improvements.

#### SECTION 403-ELIMINATION OF THE 190-DAY LIFETIME LIMIT ON COVERAGE OF INPATIENT PSYCHIATRIC HOSPITAL SERVICES UNDER MEDICARE

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

#### SECTION 404-MODIFICATIONS TO MEDICARE DISCHARGE PLANNING REQUIREMENTS

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

#### SECTION 405- EXTENSION AND EXPANSION OF DEMONSTRATION PROGRAMS TO IMPROVE COMMUNITY MENTAL HEALTH SERVICES

This section amends the Excellence in Mental Health Act Demonstration project in Medicaid, which was passed as part of the Protecting Access to Medicare Act of 2014. This section would extend the Excellence in Mental Health demonstration program, currently a two year project, by three years, and would give the Secretary the authority to extend the program and expand to additional states within the five year demonstration project period, if she deems that the demonstration project shows early potential to measurably improve quality and access to care. This section requires a report and recommendation to Congress on whether the demonstration project should be permanently extended and expanded, upon the five-year period's completion

#### SECTION 406- EXTENSION AND EXPANSION OF MEDICAID EMERGENCY PSYCHIATRIC DEMONSTRATION PROJECT

This section extends the Medicaid Emergency Psychiatric Demonstration project passed as part of the Affordable Care Act, which allows states to obtain reimbursement to IMDs in fee-for-service Medicaid programs. Congress authorized this demonstration project to alleviate the shortage of psychiatric beds by allowing federal Medicaid matching payments to freestanding psychiatric hospitals for emergency psychiatric cases, waiving the longstanding IMD exclusion for Medicaid beneficiaries between the ages of 21 and 64 years. The demonstration is set to end

on December 31, 2015. The legislation would extend the program through September 30, 2016, when the Secretary of Health and Human Services (HHS) would be required to submit a report to Congress with her recommendations based on the final evaluation. After the report is submitted to Congress, the Act would also allow the Secretary of HHS to extend the program for additional five years and/or expand it to include other states. At the completion of those five additional years, the project would come to a close unless Congress acts to extend it. All the while, the demonstration would be required to remain budget neutral.

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

### **SECTION 501-NATIONWIDE WORKFORCE STRATEGY**

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

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

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

### **SECTION 503-ADVISORY COUNCIL ON GRADUATE MEDICAL EDUCATION**

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

### **SECTION 504-TELEPSYCHIATRY AND PRIMARY CARE PHYSICIAN TRAINING GRANT PROGRAM**

This section establishes a grant program to train primary care providers in implementing the use of behavioral health screening tools, interventions and treatment protocols for individuals in mental health crisis, and the evidence-based collaborative care model of integrated medical-behavioral health care in their practices.

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



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

#### SECTION 506-MINORITY FELLOWSHIP PROGRAM

This section authorizes the existing Minority Fellowship program, which SAMHSA currently administers under the agency's authority for Programs of Regional and National Significance (PRNS). The program awards fellowships for the purposes of improving the quality of mental and substance use disorder prevention and treatment delivered to ethnic minorities. It authorizes the program at \$11,000,000 for each of FY 2016-2020, which is the level it was funded at in FY2015.

#### SECTION 507-NATIONAL HEALTH SERVICE CORPS

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

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

This section creates a grant program for the development and implementation of curricula for providing continuing education and training to health care professionals on identifying, referring, and treating individuals with serious mental illness. It authorizes \$1,000,000 for each of fiscal years 2016 through 2020.

#### SECTION 509-PEER PROFESSIONAL WORKFORCE DEVELOPMENT PROGRAM

This section establishes a SAMHSA grant program to develop and sustain behavioral health paraprofessional training and education programs, including through tuition support. The purpose of the program is to increase the number of behavioral health paraprofessionals, such as trained peers, recovery coaches, mental health and addiction specialists, prevention specialists, and addiction counselors, and help communities develop the infrastructure to train and certify peers as behavioral health professionals. It authorizes \$5,000,000 for each of fiscal years 2016 through 2020 for this purpose.

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

This section requires the Secretary to award one five-year grant to an eligible entity to carry out a demonstration program to recruit, train, and deploy Native American and non-Native American psychiatrists to service in Indian health programs. It authorizes \$1,000,000 for each of fiscal years 2016 to 2020 for this purpose.

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

This section requires the Secretary to award grants to integrate training into existing curricula for primary care physicians, other licensed or certified health and mental health professionals, and public health professionals on identifying and treating eating disorders. It authorizes \$1,000,000 for each of fiscal years 2016 to 2020 for this purpose.

## SECTION 512-PRIMARY AND BEHAVIORAL HEALTH CARE INTEGRATION GRANT PROGRAMS

This section establishes a new grant program to integrate primary health and behavioral healthcare. It authorizes the Secretary to award grants and cooperative agreements to eligible entities to provide integrated services related to screening, diagnosis, and treatment of mental illness, substance use disorders, and co-occurring primary care conditions and chronic diseases. It further requires the Secretary to establish a program to provide training and technical assistance to eligible entities for the development and dissemination of evidence-based interventions in integrated care. It authorizes \$50,000,000 for each of fiscal years 2016 through 2020 for these purposes.

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

This section establishes a new grant program for the purpose of developing and disseminating to health professional educational programs curricula or core competencies addressing behavioral health disparities among racial, ethnic, sexual, and gender minority groups. It authorizes \$1,000,000 for each of fiscal years 2016 through 2020.

## SECTION 514- BEHAVIORAL HEALTH CRISIS SYSTEMS

This section creates a new grant program to States, localities, or nonprofits to establish and implement systems for preventing and de-escalating behavioral health crises by expanding early intervention and treatment services, expanding services to address crisis prevention, intervention, and stabilization, such as mobile support or crisis support centers, and reduce unnecessary hospitalizations by appropriately utilizing community-based services and improving access to timely behavioral health crisis assistance. It authorizes \$10,000,000 for each of fiscal years 2016 through 2020 for this purpose.

## SECTION 515-MENTAL HEALTH IN SCHOOLS

This section directs the Secretary through grants, contracts, or cooperative agreements awarded to public entities and local education agencies, to assist local communities and schools in applying a public health approach to mental health services both in schools and in the

community. Such approach should provide comprehensive age-appropriate services and supports, be linguistically and culturally appropriate, be trauma-informed, and incorporate age appropriate strategies of positive behavioral interventions and supports. It authorizes \$20,000,000 for each of fiscal year 2016 through 2020.

#### SECTION 516-EXAMINING MENTAL HEALTH CARE FOR CHILDREN

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

#### SECTION 517-REPORTING COMPLIANCE STUDY

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

#### SECTION 518-STRENGTHENING CONNECTIONS TO COMMUNITY CARE DEMONSTRATION GRANT PROGRAM SECTION

This section establishes a SAMHSA grant program to provide individuals with serious mental illness and substance abuse disorders, who will soon be released or who have recently been released from incarceration, with support and assistance in accessing healthcare coverage and services. It authorizes \$5,000,000 for each of fiscal years 2016 through 2020 for this purpose.

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

This section establishes a SAMHSA program to award grants to states, localities, mental health systems, and health care facilities to establish assertive community treatment programs for individuals with serious mental illnesses. ACT is a voluntary, comprehensive, community-based program for delivering treatment, support, and rehabilitation for individuals with serious mental illness. ACT is an evidence-based practice that improves outcomes for people with severe mental illness who are most at-risk of homelessness, psychiatric hospitalization, and institutional recidivism. ACT is one of the oldest and most widely researched evidence-based practices in behavioral healthcare for people with severe mental illness. ACT is a multidisciplinary team approach with assertive outreach in the community. People receiving ACT services tend to utilize fewer intensive, high-cost services such as emergency department visits, psychiatric crisis services, and psychiatric hospitalization. They also experience more independent living and higher rates of treatment retention. It authorizes \$20,000,000 for each of fiscal years 2016 through 2020 to carry out this section.

## **TITLE VI—IMPROVING MENTAL HEALTH RESEARCH AND COORDINATION**

### **SECTION 601—INCREASE IN FUNDING FOR CERTAIN RESEARCH.**

This section would authorize \$40 million a year from FY 2016 through 2020 for the National Institute of Mental Health for research on the determinants of self and other directed-violence in mental illness, and the Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiative.

## **TITLE VII—BEHAVIORAL HEALTH INFORMATION TECHNOLOGY**

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

## **TITLE VIII—MAKING PARITY WORK**

### **SECTION 801—STRENGTHENING PARITY IN MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS.**

This section would strengthen parity in mental health and substance use disorder benefits by requiring greater disclosure by insurers and increasing audits and enforcement by the federal agencies responsible for implementing parity. It requires the Secretary to conduct randomized audits of group health plans and plans offered in the group or individual market to determine compliance with parity. Information from such audits are required to be made available on a Consumer Parity Portal website, which will also serve as a one-stop internet portal for submitting parity-related complaints and alleged violations. Finally, it authorizes \$2,000,000 for each of fiscal years 2016 through 2020 for these purposes.

### **SECTION 802—REPORT ON INVESTIGATIONS REGARDING PARITY IN MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS.**

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

### **SECTION 803—GAO STUDY ON PREVENTING DISCRIMINATORY COVERAGE LIMITATIONS FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS AND SUBSTANCE USE DISORDERS.**

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

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

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

### **TITLE IX—SUBSTANCE ABUSE**

#### **SUBTITLE A—PRESCRIBER EDUCATION PROPOSAL**

This subtitle requires practitioners who prescribe opioids to complete 12 hours of continuing medical education in connection with renewal of the practitioner's Drug Enforcement Agency (DEA) license every three years on the treatment and management of opioid-dependent patients, pain management treatment guidelines, and early detection of opioid addiction.

#### **SUBTITLE B—RECOVERY ENHANCEMENT FOR ADDICTION TREATMENT**

This subtitle is based on H.R. 2536, The Recovery Enhancement for Addiction Treatment Act (TREAT Act ) introduced by Representatives Higgins (D-NY), Hanna (R-NY), Tonko (D-NY), and Katko (R-NY) on May 21, 2015. It amends the Controlled Substances Act (CSA) to increase the patient limits and allow physicians, nurse practitioners, and physician assistants to treat up to 100 patients in the first year and subsequently treat an unlimited number of patients. The legislation would also require the Government Accountability Office (GAO) to evaluate the effectiveness of the amendments to the CSA made by H.R. 2356 at two years after the first provider notifies the Secretary of their intent to treat an unlimited number of patients with buprenorphine.

#### **SUBTITLE C—CO-PRESCRIBING TO REDUCE OVERDOSES**

This subtitle incorporates the text of, H.R. 3680, the Co-Prescribing to Reduce Overdoses Act of 2015, introduced by Representative Sarbanes. It creates a demonstration grant program for eligible entities to establish programs for co-prescribing of naloxone to patients at an elevated risk of overdose. It would provide funding to eligible entities to train health care providers and pharmacists on co-prescribing, to establish mechanisms for tracking patients and their health outcomes for program evaluation, to purchase naloxone, to offset patient cost-sharing associated with naloxone, to conduct community outreach to raise awareness of co-prescribing practices, and to establish protocols to connect patients who have experienced a drug overdose with appropriate treatment. It would also create a second grant program for State departments of

health working in conjunction with State medical boards, city, county, and local health departments, and community stakeholder groups to develop naloxone co-prescribing guidelines. It authorizes \$4,000,000 for each of fiscal years 2016 through 2020 for both programs combined.

#### SUBTITLE D—IMPROVING TREATMENT FOR PREGNANT AND POSTPARTUM WOMEN

This subtitle incorporates the text of H.R. 3691, the Improving Treatment for Pregnant and Postpartum Women Act of 2015, introduced by Representative Lujan (D-NM). It reauthorizes the Pregnant and Postpartum Women (PPW) program, and creates a pilot program to allow for up to 25 percent of grants to be made for outpatient treatment services. This will allow for greater flexibility for state substance abuse agencies to provide access to treatment, and address gaps in services furnished to pregnant women along the continuum of care. It would provide \$40,000,000 for each of fiscal years 2016 through 2020.

#### SUBTITLE E—EVIDENCE-BASED OPIOID AND HEROIN TREATMENT AND INTERVENTIONS DEMONSTRATION

This subtitle gives the Center for Substance Abuse Treatment authority to award grants to State substance abuse agencies, units of local government, nonprofit organizations, and Indian tribes to expand access to treatment for opioid use disorders, including medication assisted treatment. It authorizes \$35,000,000 for each of fiscal years 2016 through 2020.

#### SUBTITLE F—GRANTS TO ENHANCE AND EXPAND RECOVERY SUPPORT SERVICES

This subtitle instructs the Secretary to award grants to State substance abuse agencies and non-profit organizations to develop, expand, and enhance recovery support services for individuals with substance use disorders, such as peer recovery support services and recovery-focused community education and outreach programs, including training on naloxone. It authorizes \$7,000,000 for FY 2016 through 2020.