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(Original Signature of Member)

113TH CONGRESS  
1ST SESSION

**H. R.**

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To protect American children and their families from the epidemic of gun violence by banning access to certain weapons, strengthening the Nation's mental health infrastructure, and improving the understanding of gun violence.

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## IN THE HOUSE OF REPRESENTATIVES

Mr. WAXMAN (for himself, Mr. PALLONE, Mrs. CAPPS, Ms. SCHAKOWSKY, Ms. MATSUI, Mrs. NAPOLITANO, and Mr. DANNY K. DAVIS of Illinois) introduced the following bill; which was referred to the Committee on

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## **A BILL**

To protect American children and their families from the epidemic of gun violence by banning access to certain weapons, strengthening the Nation's mental health infrastructure, and improving the understanding of gun violence.

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

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

4       (a) SHORT TITLE.—This Act may be cited as the  
5 “Gun Violence Prevention and Reduction Act of 2013”.

1 (b) TABLE OF CONTENTS.—The table of contents for  
2 this Act is as follows:

See. 1. Short title; table of contents.

**TITLE I—BANNING ACCESS TO DO-IT-YOURSELF ASSAULT WEAPONS**

Sec. 101. Do-it-yourself assault weapon ban.  
Sec. 102. Prohibition of advertising do-it-yourself assault weapons.  
Sec. 103. Definitions.  
Sec. 104. Construction.

**TITLE II—STRENGTHENING THE NATION’S MENTAL HEALTH INFRASTRUCTURE**

**Subtitle A—Advancing Research on Serious Mental Illness**

Sec. 201. National Institute of Mental Health research program on serious mental illness.

**Subtitle B—Improving the Mental Health Workforce**

Sec. 211. National Health Service Corps scholarship and loan repayment funding for behavioral and mental health professionals.  
Sec. 212. Reauthorization of HRSA’s Mental and Behavioral Health Education and Training Program.  
Sec. 213. Mental health awareness training for school and emergency services personnel.  
Sec. 214. SAMHSA grant program for development and implementation of curricula for continuing education on serious mental illness.  
Sec. 215. Clarification of HIPAA training requirements regarding disclosure of protected health information concerning individuals with mental health disorders.

**Subtitle C—Expanding Access to Mental Health Services**

Sec. 221. Advancing Wellness and Resilience in Education (AWARE) Initiative.  
Sec. 222. SAMHSA and HRSA integration of mental health services into primary care settings.  
Sec. 223. Children’s recovery from trauma.  
Sec. 224. Information on geriatric mental health disorders.  
Sec. 225. GAO study on availability of inpatient beds.  
Sec. 226. Reporting requirements for block grants regarding mental health and substance use disorders.  
Sec. 227. Mental health parity.

**Subtitle D—Promoting Public Awareness of Mental Health Disorders and Reducing Stigma of Such Disorders**

Sec. 231. Promoting public awareness of mental health disorders and reducing stigma of such disorders.

**TITLE III—UNDERSTANDING THE EPIDEMIC OF GUN VIOLENCE**

Sec. 301. Reaffirming CDC research authority.

See. 302. National violent death reporting system.

Sec. 303. Protecting confidential doctor-patient relationship.

1 **TITLE I—BANNING ACCESS TO**  
2 **DO-IT-YOURSELF ASSAULT**  
3 **WEAPONS**

4 **SEC. 101. DO-IT-YOURSELF ASSAULT WEAPON BAN.**

5 (a) **BANNED HAZARDOUS PRODUCTS.**—Notwithstanding section 3(a)(5)(E) of the Consumer Product Safety Act (15 U.S.C. 2052(A)(5)(E)), a firearm receiver casting or firearm receiver blank that—

9 (1) at the point of sale does not meet the definition of a firearm in section 921(a) of title 18, United States Code, and

12 (2) after purchase by a consumer, can be completed by the consumer to the point at which such casting or blank functions as a firearm frame or receiver for a semiautomatic assault weapon or machine gun,

17 shall be considered a banned hazardous product under section 8 of such Act (15 U.S.C. 2057).

19 (b) **PROHIBITED ACTS.**—It shall be unlawful for any 20 person to sell, offer for sale, manufacture for sale, or import into the United States for sale, to a consumer—

22 (1) an assault weapon parts kit; or

23 (2) a machinegun parts kit.

24 (c) **ENFORCEMENT.**—

4 (2) Notwithstanding section 3(a)(5)(E) of the  
5 Consumer Product Safety Act (15 U.S.C.  
6 2052(A)(5)(E)), a violation of subsection (b) shall be  
7 treated as a violation of section 19 of such Act and  
8 any person who violates such subsection shall be  
9 subject to the penalties set forth in section 20 of  
10 such Act.

11 (d) CONSULTATION.—In enforcing this section, the  
12 Consumer Product Safety Commission shall periodically  
13 consult with the Bureau of Alcohol, Tobacco, Firearms  
14 and Explosives regarding effective strategies for and  
15 methods of enforcement.

## 16 SEC. 102. PROHIBITION OF ADVERTISING DO-IT-YOURSELF

## 17 ASSAULT WEAPONS.

18 (a) IN GENERAL.—It shall be unlawful to market or  
19 advertise, on any medium of electronic communications,  
20 including over the Internet, for the sale of any of the fol-  
21 lowing:

22 (1) A firearm receiver casting or firearm re-  
23 ceiver blank that—

4 (B) after purchase by a consumer, can be  
5 completed by the consumer to the point at  
6 which it functions as a firearm frame or re-  
7 ceiver for a semiautomatic assault weapon or  
8 machinegun.

9 (2) An assault weapon parts kit.

10 (3) A machinegun parts kit.

11 (b) ENFORCEMENT BY THE FEDERAL TRADE COM-  
12 MISSION.—A violation of subsection (a) shall be treated  
13 as a violation of a rule defining an unfair or deceptive  
14 act or practice described under section 18(a)(1)(B) of the  
15 Federal Trade Commission Act (15 U.S.C. 57a(a)(1)(B)).

16 The Federal Trade Commission shall enforce this section  
17 in the same manner, by the same means, and with the  
18 same jurisdiction, powers, and duties as though all appli-  
19 cable terms and provisions of the Federal Trade Commis-  
20 sion Act were incorporated into and made a part of this  
21 Act.

22 (c) RULE OF CONSTRUCTION.—Nothing contained in  
23 this title shall be construed to limit the authority of the  
24 Federal Trade Commission under any other provision of  
25 law.

1 **SEC. 103. DEFINITIONS.**

2 (a) TERMS.—For purposes of this title—

3 (1) the term “assault weapon parts kit” means  
4 any part or combination of parts not designed and  
5 intended for repair or replacement but designed and  
6 intended to enable a consumer who possesses all  
7 such necessary parts to assemble a semiautomatic  
8 assault weapon;9 (2) the term “machinegun parts kit” means any  
10 part or combination of parts designed and intended  
11 to enable a consumer who possesses all such nec-  
12 essary parts to assemble a machinegun or convert a  
13 firearm into a machinegun;14 (3) the term “semiautomatic assault weapon”  
15 means—16 (A) a semiautomatic rifle or semiautomatic  
17 shotgun that has the capacity to accept a de-  
18 tachable ammunition magazine; or

19 (B) a semiautomatic pistol that has—

20 (i) the capacity to accept a detachable  
21 ammunition magazine; and22 (ii) any one of the features described  
23 in subsection (b);24 (4) the term “machinegun” has the meaning  
25 given such term in section 5845(b) of title 26,  
26 United States Code.

6 (6) the term "semiautomatic rifle" has the  
7 meaning given such term in section 921(a)(28) of  
8 title 18, United States Code; and

14 (b) SPECIAL FEATURES OF A SEMIAUTOMATIC PIS-  
15 TOL.—The special features described in paragraph  
16 (3)(B)(ii) are—

17 (1) an ammunition magazine that attaches to  
18 the pistol outside of the pistol grip;

19 (2) a threaded barrel capable of accepting a  
20 barrel extender, flash suppressor, forward handgrip,  
21 or silencer;

22 (3) a shroud that is attached to, or partially or  
23 completely encircles, the barrel and that permits the  
24 shooter to hold the firearm with the nontrigger hand  
25 without being burned;

## 5 SEC. 104. CONSTRUCTION.

6 Nothing in this title shall be construed as limiting  
7 the ability of a State to enact more restrictive gun-related  
8 laws, or bans on firearm receiver casts, firearm receiver  
9 blanks, assault weapon parts kits, or machinegun parts  
10 kits.

## 11 TITLE II—STRENGTHENING THE 12 NATION'S MENTAL HEALTH 13 INFRASTRUCTURE

## 14 Subtitle A—Advancing Research on 15 Serious Mental Illness

16 SEC. 201. NATIONAL INSTITUTE OF MENTAL HEALTH RE-  
17 SEARCH PROGRAM ON SERIOUS MENTAL ILL-  
18 NESS.

19 (a) PURPOSE OF INSTITUTE.—Section 464R(a) of  
20 the Public Health Service Act (42 U.S.C. 285p(a)) is  
21 amended by inserting “serious mental illness research,”  
22 after “biomedical and behavioral research.”

23 (b) RESEARCH PROGRAM.—Section 464R(b) of the  
24 Public Health Service Act (42 U.S.C. 285p(b)) is amend-  
25 ed—

1 (1) by striking “The research program” and in-  
2 serting the following:

4 (2) by striking “to further the treatment and  
5 prevention of mental illness” and inserting “to fur-  
6 ther the treatment and prevention of mental illness  
7 (including serious mental illness); and

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

9                   “(2) RESEARCH WITH RESPECT TO SERIOUS  
10               MENTAL ILLNESS.—As part of the research program  
11               established under this subpart, the Director of the  
12               Institute shall conduct or support research on seri-  
13               ous mental illness, including with respect to—

20 (c) BIENNIAL REPORT.—Section 403(a)(5) of the  
21 Public Health Service Act (42 U.S.C. 283(a)(5)) is  
22 amended—

23 (1) by redesignating subparagraph (L) as sub-  
24 paragraph (M); and

## 4 Subtitle B—Improving the Mental 5 Health Workforce

6 SEC. 211. NATIONAL HEALTH SERVICE CORPS SCHOLAR-  
7 SHIP AND LOAN REPAYMENT FUNDING FOR  
8 BEHAVIORAL AND MENTAL HEALTH PROFES-  
9 SIONALS.

10 Section 338H of the Public Health Service Act (42  
11 U.S.C. 254q) is amended—

12 (1) by redesignating subsections (b) and (c) as  
13 subsections (c) and (d), respectively; and  
14 (2) by inserting after subsection (a) the fol-  
15 lowing:

16        “(b) ADDITIONAL FUNDING FOR BEHAVIORAL AND  
17 MENTAL HEALTH PROFESSIONALS.—In addition to the  
18 amounts authorized to be appropriated under subsection  
19 (a), and in addition to the amounts appropriated under  
20 section 10503 of Public Law 111–148, there are author-  
21 ized to be appropriated such sums as may be necessary  
22 for fiscal years 2014 through 2018 for scholarships and  
23 loan repayments under this subpart for ensuring, as de-  
24 scribed in sections 338A(a) and 338B(a), an adequate  
25 supply of behavioral and mental health professionals.”.

1   **SEC. 212. REAUTHORIZATION OF HRSA'S MENTAL AND BE-**  
2                   **HAVIORAL HEALTH EDUCATION AND TRAIN-**  
3                   **ING PROGRAM.**

4       Subsection (e) of section 756 of the Public Health  
5   Service Act (42 U.S.C. 294e-1) is amended to read as  
6   follows:

7       “(e) **AUTHORIZATION OF APPROPRIATIONS.**—To  
8   carry out this section, there are authorized to be appro-  
9   priated such sums as may be necessary for fiscal years  
10   2014 through 2018.”.

11   **SEC. 213. MENTAL HEALTH AWARENESS TRAINING FOR**  
12                   **SCHOOL AND EMERGENCY SERVICES PER-**  
13                   **SONNEL.**

14       Section 520J of the Public Health Service Act (42  
15   U.S.C. 290bb-41) is amended—

16               (1) in the section heading, by inserting “**MEN-**  
17               **TAL HEALTH AWARENESS**” before “**TRAINING**”;  
18               and

19               (2) in subsection (b)—  
20               (A) in the subsection heading, by striking  
21               “ILLNESS” and inserting “HEALTH”;

22               (B) in paragraph (1)—  
23               (i) by inserting “and other categories  
24               of individuals, as determined by the Sec-  
25               retary,” after “emergency services per-  
26               sonnel”; and

(ii) by striking “mental illness” each place it appears and inserting “mental health disorder”;

4 (C) in paragraph (5)—

5 (i) in the matter preceding subparagraph  
6 (A), by striking “to” and inserting  
7 “for evidence-based programs for the pur-  
8 pose of”; and

9 (ii) by striking subparagraphs (A)  
0 through (C) and inserting the following:

13                   “(B)(i) providing education to personnel  
14                   regarding resources available in the community  
15                   for individuals with a mental health disorder  
16                   and other relevant resources; or

17                             “(ii) the safe de-escalation of crisis situa-  
18                             tions involving individuals with a mental health  
19                             disorder.”; and

20 (D) by amending paragraph (7) to read as  
21 follows:

22                   “(7) AUTHORIZATION OF APPROPRIATIONS.—

23 There are authorized to be appropriated to carry out  
24 this subsection such sums as may be necessary for  
25 fiscal years 2014 through 2018.”.

1   **SEC. 214. SAMHSA GRANT PROGRAM FOR DEVELOPMENT**  
2                   **AND IMPLEMENTATION OF CURRICULA FOR**  
3                   **CONTINUING EDUCATION ON SERIOUS MEN-**  
4                   **TAL ILLNESS.**

5       Title V of the Public Health Service Act is amended  
6   by inserting after section 520I (42 U.S.C. 290bb-40) the  
7   following:

8   **“SEC. 520I-1. CURRICULA FOR CONTINUING EDUCATION ON**  
9                   **SERIOUS MENTAL ILLNESS.**

10      “(a) GRANTS.—The Secretary may award grants to  
11   eligible entities for the development and implementation  
12   of curricula for providing continuing education and train-  
13   ing to health care professionals on identifying, referring,  
14   and treating individuals with serious mental illness.

15      “(b) ELIGIBLE ENTITIES.—To be eligible to seek a  
16   grant under this section, an entity shall be a public or  
17   nonprofit entity that—

18          “(1) provides continuing education or training  
19   to health care professionals; or

20          “(2) applies for the grant in partnership with  
21   another entity that provides such education and  
22   training.

23      “(c) PREFERENCE.—In awarding grants under this  
24   section, the Secretary shall give preference to eligible enti-  
25   ties proposing to develop and implement curricula for pro-  
26   viding continuing education and training to—

1           “(1) health care professionals in primary care  
2           specialties; or

3           “(2) health care professionals who are required,  
4           as a condition of State licensure, to participate in  
5           continuing education or training specific to mental  
6           health.

7           “(d) AUTHORIZATION OF APPROPRIATIONS.—To  
8           carry out this section, there are authorized to be appro-  
9           priated such sums as may be necessary for fiscal years  
10          2014 through 2018.”.

11 **SEC. 215. CLARIFICATION OF HIPAA TRAINING REQUIRE-  
12           MENTS REGARDING DISCLOSURE OF PRO-  
13           TECTED HEALTH INFORMATION CON-  
14           CERNING INDIVIDUALS WITH MENTAL  
15           HEALTH DISORDERS.**

16          Not later than 6 months after the date of enactment  
17          of this Act, the Secretary of Health and Human Services  
18          shall issue guidance regarding the requirements of section  
19          164.530(b) of title 45, Code of Federal Regulations, so  
20          as to ensure that training under such section includes a  
21          clear explanation of the circumstances under which health  
22          care professionals and other covered entities (as such term  
23          is defined for purposes of regulations promulgated under  
24          section 264(c) of the Health Insurance Portability and Ac-  
25          countability Act of 1996) are permitted or required to dis-

- 1 close protected health information concerning individuals
- 2 with a mental health disorder.

3 **Subtitle C—Expanding Access to**  
4 **Mental Health Services**

5 **SEC. 221. ADVANCING WELLNESS AND RESILIENCE IN EDU-**  
6 **CATION (AWARE) INITIATIVE.**

7 (a) CHILDREN AND ADOLESCENTS, VIOLENCE, AND  
8 SCHOOL- AND COMMUNITY-BASED MENTAL HEALTH.—

9 (1) IN GENERAL.—The first section 581 (in the  
10 first part G relating to projects for children and vio-  
11 lence) of the Public Health Service Act (42 U.S.C.  
12 290hh) is amended to read as follows:

13 **“SEC. 581. CHILDREN AND ADOLESCENTS, VIOLENCE, AND**  
14 **SCHOOL- AND COMMUNITY-BASED MENTAL**  
15 **HEALTH.**

16 (a) IN GENERAL.—The Secretary shall, directly or  
17 through grants, contracts, or cooperative agreements  
18 awarded to local educational agencies and other public en-  
19 tities, assist schools and local communities in imple-  
20 menting a comprehensive mental health program that—

21 (1) assists children and adolescents in dealing  
22 with trauma and violence;

23 (2) provides comprehensive, age-appropriate  
24 mental health services and supports;

1               “(3) is linguistically and culturally appropriate;

2               and

3               “(4) incorporates age-appropriate strategies of

4               positive behavioral interventions and supports.

5               “(b) COLLABORATION; CONSULTATION.—The Sec-

6               retary shall carry out this section—

7               “(1) in collaboration with the Secretary of Edu-

8               cation; and

9               “(2) in consultation with the Attorney General

10               of the United States.

11               “(c) ACTIVITIES.—In carrying out subsection (a), the

12               Secretary may—

13               “(1) provide financial and technical support to

14               enable schools and local communities to implement

15               a comprehensive mental health program described in

16               such subsection;

17               “(2) facilitate community partnerships among

18               families, students, law enforcement agencies, edu-

19               cation systems, mental health and substance use dis-

20               order service systems, family-based mental health

21               service systems, welfare agencies, health care sys-

22               tems (including physicians), faith-based programs,

23               trauma networks, and other community-based sys-

24               tems; and

1           “(3) establish mechanisms for children and ado-  
2           lescents to report incidents of violence or plans by  
3           other children, adolescents, or adults to commit vio-  
4           lence.

5           “(d) REQUIREMENTS.—

6           “(1) IN GENERAL.—To be eligible for an award  
7           under this section, an entity shall—

8           “(A) be a partnership between a local edu-  
9           cational agency and at least one community  
10           program or agency that is involved in mental  
11           health activities; and

12           “(B) submit an application that—

13           “(i) is endorsed by all members of the  
14           partnership;

15           “(ii) designates an entity to serve as  
16           coordinator of the activities to be funded  
17           through the award; and

18           “(iii) contains the assurances de-  
19           scribed in paragraph (2).

20           “(2) REQUIRED ASSURANCES.—An application  
21           under paragraph (1) for a comprehensive mental  
22           health program shall contain assurances as follows:

23           “(A) The local educational agency involved  
24           will enter into a memorandum of under-  
25           standing—

1                     “(i) with—

2                         “(I) at least one of each of the

3                         following: a public or private mental

4                         health entity, a health care entity, a

5                         law enforcement or juvenile justice en-

6                         tity, a child welfare agency, a family-

7                         based mental health entity, a family

8                         or family organization, and a trauma

9                         network; and

10                        “(II) any other community-based

11                         entities deemed appropriate by the

12                         local educational agency; and

13                     “(ii) that specifies—

14                         “(I) the responsibilities of each

15                         partner with respect to the activities

16                         to be carried out;

17                         “(II) how each partner will be ac-

18                         countable for carrying out such re-

19                         sponsibilities; and

20                         “(III) the amount of non-Federal

21                         funding or in-kind contributions that

22                         each such partner will contribute in

23                         order to sustain the program.

24                     “(B) The program will address—

1                     “(i) the promotion of the social, emo-  
2                     tional, and behavioral health of all students  
3                     in an environment that is conducive to  
4                     learning;

5                     “(ii) the reduction in the likelihood of  
6                     at-risk students developing social, emo-  
7                     tional, or behavioral health problems, or  
8                     substance use disorders;

9                     “(iii) the early identification of social,  
10                     emotional, or behavioral problems, or sub-  
11                     stance use disorders, and the provision of  
12                     early intervention services;

13                     “(iv) the treatment or referral for  
14                     treatment of students with existing social,  
15                     emotional, or behavioral health problems,  
16                     or substance use disorders; and

17                     “(v) the development and implementa-  
18                     tion of programs to assist children and  
19                     adolescents in dealing with trauma and vi-  
20                     olence.

21                     “(C) For appropriate school personnel, the  
22                     program will provide in-service training on—  
23                     “(i) the techniques and supports need-  
24                     ed for the early identification of children  
25                     and adolescents with trauma histories and

1                   children and adolescents with, or at risk of,  
2                   mental health disorders;

3                   “(ii) the use of referral mechanisms  
4                   that effectively link such children and ado-  
5                   lescents to appropriate treatment and  
6                   intervention services in the school and in  
7                   the community and to followup when serv-  
8                   ices are not available;

9                   “(iii) strategies that promote a school-  
10                  wide positive environment;

11                  “(iv) strategies for promoting the so-  
12                  cial, emotional, mental, and behavioral  
13                  health of all students; and

14                  “(v) strategies to increase the knowl-  
15                  edge and skills of school and community  
16                  leaders about the impact of trauma and vi-  
17                  olence and on the application of a public  
18                  health approach to comprehensive mental  
19                  health programs.

20                  “(D) For parents, siblings, and other fam-  
21                  ily members of children and adolescents with  
22                  mental health disorders, and for members of  
23                  the community, the program will provide train-  
24                  ing on—

1                         “(i) the techniques and supports de-  
2                         scribed in subparagraph (C)(i);

3                         “(ii) the referral mechanisms and fol-  
4                         lowup described in subparagraph (C)(ii);  
5                         and

6                         “(iii) the strategies described in  
7                         clauses (iii), (iv), and (v) of subparagraph  
8                         (C).

9                         “(E) A plan will be developed and imple-  
10                         mented to sustain the program after funding  
11                         under this section terminates.

12                         “(F) The local educational agency partner-  
13                         ship involved will be supported by the appro-  
14                         priate State educational and mental health au-  
15                         thority to ensure that the sustainability of the  
16                         program is established after funding under this  
17                         section terminates.

18                         “(G) The program will—

19                         “(i) be based on evidence-based prac-  
20                         tices, including those related to trauma;

21                         “(ii) be implemented in a culturally  
22                         and linguistically appropriate manner;

23                         “(iii) be coordinated with early inter-  
24                         vening activities carried out under the In-

8                   “(H) The program will provide mental  
9                   health services through qualified mental and be-  
10                  havioral health professionals who are—

15       “(3) COMPLIANCE WITH HIPAA.—An award re-  
16       cipient under this section shall be deemed to be a  
17       covered entity for purposes of compliance with the  
18       regulations promulgated under section 264(c) of the  
19       Health Insurance Portability and Accountability Act  
20       of 1996 with respect to any patient records devel-  
21       oped through activities funded through the award.

22        "(e) GEOGRAPHICAL DISTRIBUTION.—The Secretary  
23 shall ensure that awards under this section are distributed  
24 equitably among the regions of the country and among  
25 urban and rural areas.

1       “(f) DURATION OF AWARDS.—The period of an  
2 award under this section shall be 6 years. An entity may  
3 receive only one award under this section, except that an  
4 entity that is providing services and supports on a regional  
5 basis may receive additional funding after the expiration  
6 of the preceding award period.

7       “(g) PROGRAM EVALUATION AND OUTCOME MEAS-  
8 URES.—

9           “(1) DEVELOPMENT OF PROCESS.—The Sec-  
10 retary shall develop a process for evaluating com-  
11 prehensive mental health programs under this sec-  
12 tion that includes—

13           “(A) the development of guidelines for the  
14 submission of program data by an award recipi-  
15 ent;

16           “(B) the development of outcome measures  
17 (in accordance with paragraph (2)) to be ap-  
18 plied by such recipient, and used by the Sec-  
19 retary, to measure and evaluate the program’s  
20 effectiveness and success; and

21           “(C) the submission by such recipient of  
22 annual reports—

23           “(i) concerning the effectiveness and  
24 success of the program; and

1                             “(ii) including data and other information relating to each outcome measure developed under subparagraph (B).

4                             “(2) OUTCOME MEASURES.—

5                             “(A) STUDENT AND FAMILY MEASURES.—

6                             The outcome measures developed under paragraph (1)(B) shall include outcome measures relating to students and families, which, at a minimum, should be designed to measure a program’s effectiveness in—

11                             “(i) increasing social and emotional competency;

13                             “(ii) increasing academic competency (as defined by Secretary);

15                             “(iii) reducing disruptive and aggressive behaviors;

17                             “(iv) improving child and adolescent functioning;

19                             “(v) reducing substance use disorders;

20                             “(vi) reducing suspensions, truancy, expulsions, and violence;

22                             “(vii) increasing graduation rates (as defined under section 1111(b)(2)(C)(vi) of the Elementary and Secondary Education Act of 1965); and

1                             “(viii) improving access to care for  
2                             mental health disorders.

3                             “(B) LOCAL EDUCATIONAL SYSTEM MEAS-  
4                             URES.—The outcome measures developed under  
5                             paragraph (1)(B) shall include outcome meas-  
6                             ures relating to local educational systems,  
7                             which, at a minimum, should be designed to  
8                             measure—

9                             “(i) the effectiveness of—

10                             “(I) formal partnership linkages  
11                             among child and family-serving insti-  
12                             tutions, community support systems,  
13                             and the educational system in ad-  
14                             dressing mental health disorders; and

15                             “(II) training and professional  
16                             development programs, including cul-  
17                             turally and linguistically appropriate  
18                             training for appropriate school per-  
19                             sonnel; and

20                             “(ii) the progress in—

21                             “(I) improving the perception of  
22                             a safe and supportive learning envi-  
23                             ronment among school staff, students,  
24                             and parents;

1                             “(II) improving the identification  
2                             of students in need of more intensive  
3                             mental health services and referral of  
4                             such students to early intervention  
5                             and clinical mental health services;  
6                             and

7                             “(III) improving access to clinical  
8                             assessment and treatment services  
9                             within the context of the local commu-  
10                             nity to students posing a danger to  
11                             themselves or others; and

12                             “(IV) improving rates of matricu-  
13                             lation to postsecondary school and re-  
14                             ducing referrals to the juvenile justice  
15                             system.

16                             “(3) EVALUATION AND DISSEMINATION BY SEC-  
17                             RETARY.—

18                             “(A) EVALUATION.—The Secretary shall  
19                             annually submit to Congress a report on the ef-  
20                             fectiveness and success of the programs under  
21                             this section, based on the data submitted under  
22                             paragraph (1)(C).

23                             “(B) DISSEMINATION.—The Secretary  
24                             shall establish comprehensive information and  
25                             education programs to disseminate to the gen-

1           eral public and to health care professionals  
2           findings and conclusions based on the data sub-  
3           mitted under paragraph (1)(C).

4           “(4) LIMITATION ON EVALUATION ACTIVI-  
5           TIES.—An award recipient shall not use more than  
6           10 percent of amounts received under this section to  
7           carry out evaluation activities.

8           “(h) DEFINITION.—In this section, the terms ‘chil-  
9           dren and adolescents’ and ‘child and adolescent’ refer to  
10           individuals under 22 years of age.

11           “(i) FUNDING.—

12           “(1) AMOUNT OF AWARDS.—An award to an  
13           entity under this section shall not exceed \$1,000,000  
14           for each of fiscal years 2014 through 2018. The Sec-  
15           retary shall determine the amount of each award  
16           based on the population of children and adolescents  
17           in the area to be served through the award.

18           “(2) AUTHORIZATION OF APPROPRIATIONS.—  
19           There are authorized to be appropriated to carry out  
20           this section such sums as may be necessary for fiscal  
21           years 2014 through 2018.”.

22           (2) TECHNICAL AMENDMENTS.—The second  
23           part G (relating to services provided through reli-  
24           gious organizations) of title V of the Public Health  
25           Service Act (42 U.S.C. 290kk et seq.) is amended—

1 (A) by redesignating such part as part J;

2 and

3 (B) by redesignating sections 581 through  
4 584 as sections 596 through 596C, respectively.

## “PART G—SCHOOL-BASED MENTAL HEALTH”.

11 (b) GARRETT LEE SMITH MEMORIAL ACT REAU-  
12 THORIZATION.—

13 (1) SUICIDE PREVENTION TECHNICAL ASSIST-  
14 ANCE CENTER.—Section 520C of the Public Health  
15 Service Act (42 U.S.C. 290bb-34) is amended—

16 (A) in the section heading, by striking the  
17 section heading and inserting "**SUICIDE PRE-**  
18 **VENTION TECHNICAL ASSISTANCE CEN-**  
19 **TER.**";

20 (B) in subsection (a), by striking “and in  
21 consultation with” and all that follows through  
22 the period at the end of paragraph (2) and in-  
23 serting “shall establish a research, training, and  
24 technical assistance resource center to provide  
25 appropriate information, training, and technical

1           assistance to States, political subdivisions of  
2           States, federally recognized Indian tribes, tribal  
3           organizations, institutions of higher education,  
4           public organizations, or private nonprofit orga-  
5           nizations regarding the prevention of suicide  
6           among all ages, particularly among groups that  
7           are at high risk for suicide.”;

8           (C) by striking subsections (b) and (c);

9           (D) by redesignating subsection (d) as sub-  
10           section (b);

11           (E) in subsection (b), as so redesignated—

12                (i) by striking the subsection heading  
13                and inserting “RESPONSIBILITIES OF THE  
14                CENTER.”;

15                (ii) in the matter preceding paragraph  
16                (1), by striking “The additional research”  
17                and all that follows through “nonprofit or-  
18                ganizations for” and inserting “The center  
19                established under subsection (a) shall con-  
20                duct activities for the purpose of”;

21                (iii) by striking “youth suicide” each  
22                place such term appears and inserting  
23                “suicide”;

24                (iv) in paragraph (1)—

(I) by striking “the development or continuation of” and inserting “developing and continuing”; and

(II) by inserting “for all ages, particularly among groups that are at high risk for suicide” before the semicolon at the end;

(v) in paragraph (2), by inserting “for all ages, particularly among groups that are at high risk for suicide” before the semicolon at the end;

(vi) in paragraph (3), by inserting “and tribal” after “statewide”;

(vii) in paragraph (5), by inserting “and prevention” after “intervention”;

(viii) in paragraph (8), by striking “in youth”;

(ix) in paragraph (9), by striking “and behavioral health” and inserting “health and substance use disorder”; and

(x) in paragraph (10), by inserting “conducting” before “other”; and

(F) by striking subsection (e) and inserting the following:

1       “(c) AUTHORIZATION OF APPROPRIATIONS.—To  
2 carry out this section, there are authorized to be appro-  
3 priated such sums as may be necessary for fiscal years  
4 2014 through 2018.”.

5           (2) YOUTH SUICIDE EARLY INTERVENTION AND  
6 PREVENTION STRATEGIES.—Section 520E of the  
7 Public Health Service Act (42 U.S.C. 290bb–36) is  
8 amended—

9               (A) in paragraph (1) of subsection (a) and  
10           in subsection (c), by striking “substance abuse”  
11           each place such term appears and inserting  
12           “substance use disorder”;

13               (B) in subsection (b)(2)—

14                   (i) by striking “each State is awarded  
15           only 1 grant or cooperative agreement  
16           under this section” and inserting “a State  
17           does not receive more than 1 grant or co-  
18           operative agreement under this section at  
19           any 1 time”; and

20                   (ii) by striking “been awarded” and  
21           inserting “received”; and

22               (C) by striking subsection (m) and insert-  
23           ing the following:

24       “(m) AUTHORIZATION OF APPROPRIATIONS.—To  
25 carry out this section, there are authorized to be appro-

1 priated such sums as may be necessary for fiscal years  
2 2014 through 2018.”.

3 (3) MENTAL HEALTH AND SUBSTANCE USE  
4 DISORDER SERVICES.—Section 520E–2 of the Public  
5 Health Service Act (42 U.S.C. 290bb–36b) is  
6 amended—

7 (A) in the section heading, by striking  
8 “**AND BEHAVIORAL HEALTH**” and inserting  
9 “**HEALTH AND SUBSTANCE USE DISORDER**  
10 **SERVICES**”;

11 (B) in subsection (a)—  
12 (i) by striking “Services,” and inserting  
13 “Services and”;  
14 (ii) by striking “and behavioral health  
15 problems” and inserting “health or sub-  
16 stance use disorders”; and

17 (iii) by striking “substance abuse”  
18 and inserting “substance use disorders”;

19 (C) in subsection (b)—  
20 (i) in the matter preceding paragraph  
21 (1), by striking “for—” and inserting “for  
22 one or more of the following:”; and  
23 (ii) by striking paragraphs (1)  
24 through (6) and inserting the following:

1           “(1) Educating students, families, faculty, and  
2        staff to increase awareness of mental health and  
3        substance use disorders.

4           “(2) Operating hotlines.

5           “(3) Preparing informational material.

6           “(4) Providing outreach services to notify stu-  
7        dents about available mental health and substance  
8        use disorder services.

9           “(5) Administering voluntary mental health and  
10       substance use disorder screenings and assessments.

11          “(6) Supporting the training of students, fac-  
12       ulty, and staff to respond effectively to students with  
13       mental health and substance use disorders.

14          “(7) Creating a network infrastructure to link  
15       colleges and universities with health care providers  
16       who treat mental health and substance use dis-  
17       orders.”;

18           (D) in subsection (c)(5), by striking “sub-  
19       stance abuse” and inserting “substance use dis-  
20       order”;

21           (E) in subsection (d)—

22                  (i) in the matter preceding paragraph  
23       (1), by striking “An institution of higher  
24       education desiring a grant under this sec-  
25       tion” and inserting “To be eligible to re-

1                   ceive a grant under this section, an institu-  
2                   tion of higher education”;

3                   (ii) in paragraph (1)—

4                       (I) by striking “and behavioral  
5                   health” and inserting “health and  
6                   substance use disorder”; and

7                       (II) by inserting “, including vet-  
8                   erans as appropriate,” after “stu-  
9                   dents”; and

10                   (iii) in paragraph (2), by inserting “,  
11                   which may include, as appropriate and in  
12                   accordance with subsection (b)(7), a plan  
13                   to seek input from relevant stakeholders in  
14                   the community, including appropriate pub-  
15                   lic and private entities, in order to carry  
16                   out the program under the grant” before  
17                   the period at the end;

18                   (F) in subsection (e)(1), by striking “and  
19                   behavioral health problems” and inserting  
20                   “health and substance use disorders”;

21                   (G) in subsection (f)(2)—

22                       (i) by striking “and behavioral  
23                   health” and inserting “health and sub-  
24                   stance use disorder”; and

6       “(h) AUTHORIZATION OF APPROPRIATIONS.—To  
7 carry out this section, there are authorized to be appro-  
8 priated such sums as may be necessary for fiscal years  
9 2014 through 2018.”.

10 (c) MENTAL HEALTH AWARENESS TRAINING  
11 GRANTS.—For provisions of the Advancing Wellness and  
12 Resilience in Education (AWARE) Initiative relating to  
13 mental health awareness training for school and emer-  
14 gency services personnel, see section 213 of this Act.

15 (d) EVALUATION.—Not later than the end of fiscal  
16 year 2017, the Secretary of Health and Human Services  
17 shall submit to the Congress a report on the implementa-  
18 tion and effectiveness of the activities carried out under  
19 sections 581, 520C, 520E, and 520E–2 of the Public  
20 Health Service Act, as amended by this section, and sec-  
21 tion 520J of the Public Health Service Act, as amended  
22 by section 213.

1   **SEC. 222. SAMHSA AND HRSA INTEGRATION OF MENTAL**  
2                   **HEALTH SERVICES INTO PRIMARY CARE SET-**  
3                   **TINGS.**

4       Title V of the Public Health Service Act is amended  
5    by inserting after section 520K (42 U.S.C. 290bb–42) the  
6    following:

7   **“SEC. 520K-1. AWARDS FOR CO-LOCATING MENTAL HEALTH**  
8                   **SERVICES IN PRIMARY CARE SETTINGS.**

9       “(a) PROGRAM AUTHORIZED.—The Secretary, acting  
10   through the Administrators of the Substance Abuse and  
11   Mental Health Services Administration and the Health  
12   Resources and Services Administration, shall award  
13   grants, contracts, and cooperative agreements to eligible  
14   entities for the provision of coordinated and integrated  
15   mental health services and primary health care.

16       “(b) ELIGIBLE ENTITIES.—To be eligible to seek a  
17   grant, contract, or cooperative agreement this section, an  
18   entity shall be a public or nonprofit entity.

19       “(c) USE OF FUNDS.—An eligible entity receiving an  
20   award under this section shall use the award for the provi-  
21   sion of coordinated and integrated mental health services  
22   and primary health care through—

23                “(1) the co-location of mental health services in  
24                   primary care settings;

1           “(2) the use of care management services to fa-  
2       cilitate coordination between mental health and pri-  
3       mary care providers;

4           “(3) the use of information technology (such as  
5       telemedicine)—

6           “(A) to facilitate coordination between  
7       mental health and primary care providers; or

8           “(B) to expand the availability of mental  
9       health services; or

10          “(4) the provision of training and technical as-  
11       sistance to improve the delivery, effectiveness, and  
12       integration of mental health services into primary  
13       care settings.

14          “(d) **AUTHORIZATION OF APPROPRIATIONS.**—To  
15       carry out this section, there are authorized to be appro-  
16       priated such sums as may be necessary for fiscal years  
17       2014 through 2018.”.

18 **SEC. 223. CHILDREN'S RECOVERY FROM TRAUMA.**

19          Section 582 of the Public Health Service Act (42  
20       U.S.C. 290hh–1) is amended—

21           (1) in subsection (a), by striking “developing  
22       programs” and all that follows and inserting “ devel-  
23       oping and maintaining programs that provide for—

24           “(1) the continued operation of the National  
25       Child Traumatic Stress Initiative (referred to in this

1       section as the ‘NCTSI’), including a coordinating  
2       center, that focuses on the mental, behavioral, and  
3       biological aspects of psychological trauma response;  
4       and

5           “(2) the development of knowledge with regard  
6       to evidence-based practices for identifying and treat-  
7       ing mental, behavioral, and biological disorders of  
8       children and youth resulting from witnessing or ex-  
9       periencing a traumatic event.”;

10          (2) in subsection (b) by striking “subsection (a)  
11       related” and all that follows through the end of the  
12       subsection and inserting “subsection (a)(2) (related  
13       to the development of knowledge on evidence-based  
14       practices for treating mental, behavioral, and bio-  
15       logical disorders associated with psychological trau-  
16       ma), the Secretary shall give priority to universities,  
17       hospitals, mental health agencies, and other pro-  
18       grams that have established clinical expertise and re-  
19       search experience in the field of trauma-related men-  
20       tal disorders.”;

21          (3) by redesignating subsections (c) through (g)  
22       as subsections (e) through (i), respectively;

23          (4) by inserting after subsection (b), the fol-  
24       lowing:

1       “(c) NATIONAL CHILD TRAUMATIC STRESS INITIA-  
2 TIVE.—The NCTSI coordinating center shall—

3           “(1) collect, analyze, and report NCTSI-wide  
4 child treatment process and outcome data regarding  
5 the early identification and delivery of evidence-  
6 based treatment and services for children and fami-  
7 lies served by the NCTSI grantees;

8           “(2) facilitate the coordination of training ini-  
9 tiatives in evidence-based and trauma-informed  
10 treatments, interventions, and practices offered to  
11 NCTSI grantees, providers, and partners; and

12           “(3) collaborate, as appropriate, with the Sec-  
13 retary in the dissemination of evidence-based and  
14 trauma-informed interventions, treatments, prod-  
15 ucts, and other resources to appropriate stake-  
16 holders.

17       “(d) REVIEW.—The Secretary shall, consistent with  
18 the peer review process, ensure that NCTSI applications  
19 are reviewed by appropriate experts in the field, including  
20 experts in child trauma.”;

21           (5) in subsection (e) (as so redesignated), by  
22 striking “with respect to centers of excellence are  
23 distributed equitably among the regions of the coun-  
24 try” and inserting “are distributed equitably among  
25 the regions of the United States”;

5 (7) by amending subsection (h) (as so redesign-  
6 nated) to read as follows:

7       “(h) AUTHORIZATION OF APPROPRIATIONS.—To  
8 carry out this section, there are authorized to be appro-  
9 priated such sums as may be necessary for fiscal years  
10 2014 through 2018.”.

11 SEC. 224. INFORMATION ON GERIATRIC MENTAL HEALTH  
12 DISORDERS.

13       Section 520A(e) of the Public Health Service Act (42  
14 U.S.C. 290bb–32(e)) is amended by adding at the end the  
15 following:

16                   “(3)    GERIATRIC    MENTAL    HEALTH    DIS-  
17                   ORDERS.—The Secretary shall, as appropriate, pro-  
18                   vide information to grantees regarding evidence-  
19                   based practices for the prevention and treatment of  
20                   geriatric mental health disorders and co-occurring  
21                   mental health and substance use disorders among  
22                   geriatric populations, as well as disseminate infor-  
23                   mation about such evidence-based practices to States  
24                   and nongrantees throughout the United States.”.

**1 SEC. 225. GAO STUDY ON AVAILABILITY OF INPATIENT****2 BEDS.**

3 Not later than 2 years after the date of enactment  
4 of this Act, the Comptroller General of the United States  
5 shall conduct a study and submit a report to the Congress  
6 on—

7 (1) the availability of inpatient beds for treat-  
8 ment of mental health disorders;

9 (2) the impact of such availability on access to,  
10 and the quality of, mental health services; and

11 (3) the impact on individuals with serious men-  
12 tal illness and on States of the exclusion from med-  
13 ical assistance under section 1905(a) of the Social  
14 Security Act (42 U.S.C. 1396d(a)) of payment with  
15 respect to care or services for certain patients in an  
16 institution for mental diseases.

**17 SEC. 226. REPORTING REQUIREMENTS FOR BLOCK GRANTS****18 REGARDING MENTAL HEALTH AND SUB-  
19 STANCE USE DISORDERS.**

20 Section 1942 of the Public Health Service Act (42  
21 U.S.C. 300x-52) is amended to read as follows:

**22 “SEC. 1942. REQUIREMENT OF REPORTS AND AUDITS BY  
23 STATES.**

24 “(a) BLOCK GRANTS FOR COMMUNITY MENTAL  
25 HEALTH SERVICES.—

1           “(1) ANNUAL REPORT.—A funding agreement  
2        for a grant under section 1911 is that—

3           “(A) the State involved will prepare and  
4        submit to the Secretary an annual report on the  
5        activities funded through the grant; and

6           “(B) each such report shall be prepared  
7        by, or in consultation with, the State agency re-  
8        sponsible for community mental health pro-  
9        grams and activities.

10          “(2) STANDARDIZE FORM; CONTENTS.—In  
11        order to properly evaluate and to compare the per-  
12        formance of different States assisted under section  
13        1911, reports under this section shall be in such  
14        standardized form and contain such information as  
15        the Secretary determines (after consultation with the  
16        States) to be necessary—

17           “(A) to secure an accurate description of  
18        the activities funded through the grant under  
19        section 1911;

20           “(B) to determine the extent to which  
21        funds were expended consistent with the State’s  
22        application transmitted under section 1917(a);  
23        and

1                   “(C) to describe the extent to which the  
2                   State has met the goals and objectives it set  
3                   forth in its State plan under section 1912(b).

4                   “(3) MINIMUM CONTENTS.—Each report under  
5                   this section shall, at a minimum, include the fol-  
6                   lowing information:

7                   “(A)(i) The number of individuals served  
8                   by the State under subpart I (by class of indi-  
9                   viduals).

10                   “(ii) The proportion of each class of such  
11                   individuals which has health coverage.

12                   “(iii) The types of services (as defined by  
13                   the Secretary) provided under subpart I to indi-  
14                   viduals within each such class.

15                   “(iv) The amounts spent under subpart I  
16                   on each type of service (by class of individuals  
17                   served).

18                   “(B) Information on the status of mental  
19                   health in the State, including information (by  
20                   county and by racial and ethnic group) on each  
21                   of the following:

22                   “(i) The proportion of adolescents  
23                   with serious mental illness (including  
24                   major depression).

- 1                     “(ii) The proportion of adults with se-  
2                     rious mental illness (including major de-  
3                     pression).
- 4                     “(iii) The proportion of individuals  
5                     with co-occurring mental health and sub-  
6                     stance use disorders.
- 7                     “(iv) The proportion of children and  
8                     adolescents with mental health disorders  
9                     who seek and receive treatment.
- 10                    “(v) The proportion of adults with  
11                     mental health disorders who seek and re-  
12                     ceive treatment.
- 13                    “(vi) The proportion of individuals  
14                     with co-occurring mental health and sub-  
15                     stance use disorders who seek and receive  
16                     treatment.
- 17                    “(vii) The proportion of homeless  
18                     adults with mental health disorders who  
19                     receive treatment.
- 20                    “(viii) The number of primary care  
21                     facilities that provide mental health screen-  
22                     ing and treatment services onsite or by  
23                     paid referral.

1                     “(ix) The number of primary care  
2                     physician office visits that include mental  
3                     health screening services.

4                     “(x) The number of juvenile residential  
5                     facilities that screen admissions for  
6                     mental health disorders.

7                     “(xi) The number of deaths attrib-  
8                     utable to suicide.

9                     “(C) Information on the number and type  
10                    of health care practitioners licensed in the State  
11                    and providing mental health-related services.

12                    “(4) AVAILABILITY OF REPORTS.—The Sec-  
13                    retary shall, upon request, provide a copy of any re-  
14                    port under this section to any interested public  
15                    agency.

16                    “(b) BLOCK GRANTS FOR PREVENTION AND TREAT-  
17                    MENT OF SUBSTANCE USE DISORDERS.—

18                    “(1) ANNUAL REPORT.—A funding agreement  
19                    for a grant under section 1921 is that—

20                    “(A) the State involved will prepare and  
21                    submit to the Secretary an annual report on the  
22                    activities funded through the grant; and

23                    “(B) each such report shall be prepared  
24                    by, or in consultation with, the State agency re-

1 responsible for substance use disorder programs  
2 and activities.

3                   “(2) STANDARDIZE FORM; CONTENTS.—In  
4 order to properly evaluate and to compare the per-  
5 formance of different States assisted under section  
6 1921, reports under this section shall be in such  
7 standardized form and contain such information as  
8 the Secretary determines (after consultation with the  
9 States) to be necessary—

10                   “(A) to secure an accurate description of  
11                   the activities funded through the grant under  
12                   section 1921;

13                   “(B) to determine the extent to which  
14 funds were expended consistent with the State’s  
15 application transmitted under section 1932(a);  
16 and

17                             “(C) to describe the extent to which the  
18                             State has met the goals and objectives it set  
19                             forth in its State plan under section 1932(b).

20           “(3) MINIMUM CONTENTS.—Each report under  
21        this section shall, at a minimum, include the fol-  
22        lowing information:

23                   “(A)(i) The number of individuals served  
24                   by the State under subpart II (by class of indi-  
25                   viduals).

1               “(ii) The proportion of each class of such  
2               individuals which has health coverage.

3               “(iii) The types of services (as defined by  
4               the Secretary) provided under subpart II to in-  
5               dividuals within each such class.

6               “(iv) The amounts spent under subpart II  
7               on each type of service (by class of individuals  
8               served).

9               “(B) Information on the status of sub-  
10               stance use disorders in the State, including in-  
11               formation (by county and by racial and ethnic  
12               group) on each of the following:

13               “(i) The proportion of adolescents  
14               using alcohol or other addictive drugs (in-  
15               cluding nicotine).

16               “(ii) The proportion of adults (includ-  
17               ing pregnant women) using alcohol or  
18               other addictive drugs (including nicotine).

19               “(iii) The proportion of adolescents  
20               using prescription drugs for nonmedical  
21               purposes.

22               “(iv) The proportion of adults using  
23               prescription drugs for nonmedical pur-  
24               poses.

1                     “(v) The number of individuals (in-  
2                     cluding pregnant women) admitted to sub-  
3                     stance use disorder treatment programs  
4                     (including group home arrangements).

5                     “(vi) The number of deaths attrib-  
6                     utable to alcohol.

7                     “(vii) The number of deaths attrib-  
8                     utable to illicit drugs.

9                     “(viii) The number of deaths attrib-  
10                     utable to prescription drugs.

11                     “(C) Information on the number and type  
12                     of health care practitioners licensed in the State  
13                     and providing substance use disorder-related  
14                     services.

15                     “(4) AVAILABILITY OF REPORTS.—The Sec-  
16                     retary shall, upon request, provide a copy of any re-  
17                     port under this section to any interested public  
18                     agency.”.

19 **SEC. 227. MENTAL HEALTH PARITY.**

20                     In the case of a group health plan or health insurance  
21                     coverage that provides both medical and surgical benefits  
22                     and mental health and substance use disorder benefits, the  
23                     Paul Wellstone and Pete Domenici Mental Health Parity  
24                     and Addiction Equity Act of 2008 (subtitle B of title V  
25                     of division C of Public Law 110–343) and the amend-

1 ments made thereby shall be construed to ensure full par-  
2 ity of such benefits, including—

3 (1) at all levels of medically appropriate treat-  
4 ment; and  
5 (2) with respect to applicable medical manage-  
6 ment techniques.

7 **Subtitle D—Promoting Public**  
8 **Awareness of Mental Health Dis-**  
9 **orders and Reducing Stigma of**  
10 **Such Disorders**

11 **SEC. 231. PROMOTING PUBLIC AWARENESS OF MENTAL**  
12 **HEALTH DISORDERS AND REDUCING STIGMA**  
13 **OF SUCH DISORDERS.**

14 Title V of the Public Health Service Act is amended  
15 by inserting after section 520E-2 (42 U.S.C. 290bb-40)  
16 the following:

17 **“SEC. 520E-3. PROMOTING PUBLIC AWARENESS OF MENTAL**  
18 **HEALTH DISORDERS AND REDUCING STIGMA**  
19 **OF SUCH DISORDERS.**

20 “(a) PROGRAM AUTHORIZED.—The Secretary may,  
21 by awarding grants, contracts, and cooperative agree-  
22 ments to eligible entities, provide for planning, estab-  
23 lishing, coordinating, and evaluating a nationwide public  
24 education campaign that is designed—

1           “(1) to promote public awareness and under-  
2           standing of mental health disorders, including seri-  
3           ous mental illness; and

4           “(2) to reduce the stigma associated with men-  
5           tal health disorders.

6           “(b) **ELIGIBLE ENTITIES.**—To be eligible to seek an  
7           award under this section, an entity shall be a public or  
8           nonprofit entity with demonstrated expertise in conducting  
9           a public health-related campaign.

10          “(c) **ACTIVITIES.**—The public education campaign  
11           under this section shall include—

12          “(1) national education and outreach through  
13           television advertisements, radio advertisements,  
14           Internet-based resources, social media, and print  
15           media; and

16          “(2) community-based education and outreach.

17          “(d) **PREFERENCE.**—In making awards under this  
18           section, the Secretary shall give preference to eligible enti-  
19           ties that—

20          “(1) have demonstrated expertise in conducting  
21           a public health-related campaign that is focused on  
22           mental health disorders; and

23          “(2) are proposing public education campaigns  
24           that will—

1                   “(A) be carried out in partnership with  
2                   local community partners; and

3                   “(B) emphasize education and outreach  
4                   targeting children, adolescents, and young  
5                   adults through 24 years of age.

6               “(e) CONSULTATION.—In carrying out this section,  
7   the Secretary shall consult with each of the following  
8   stakeholders:

9                   “(1) Mental health consumers, including youth,  
10                  adults, and family members.

11                  “(2) Representatives of mental and behavioral  
12                  health organizations.

13                  “(3) Representatives of medical, public health,  
14                  and behavioral health professional organizations.

15                  “(4) Representatives of mental health providers,  
16                  including community mental health centers.

17                  “(5) Representatives of private- and public-sec-  
18                  tor groups with experience in the development of ef-  
19                  fective public health education campaigns.

20                  “(6) Other stakeholders with relevant subject  
21                  matter expertise as appropriate.

22               “(f) EVALUATION.—As a condition on receipt of an  
23   award under this section, an eligible entity shall agree—

24                  “(1) to evaluate the effectiveness of activities  
25                  funded through the award; and

1               “(2) to report the results of such evaluation to  
2               the Secretary.

3               “(g) AUTHORIZATION OF APPROPRIATIONS.—To  
4               carry out this section, there are authorized to be appro-  
5               priated such sums as may be necessary for fiscal years  
6               2014 through 2018.”.

7 **TITLE           III—UNDERSTANDING**  
8               **THE EPIDEMIC OF GUN VIO-**  
9               **LENCE**

10 **SEC. 301. REAFFIRMING CDC RESEARCH AUTHORITY.**

11               (a) IN GENERAL.—Section 391 of the Public Health  
12 Service Act (42 U.S.C. 280b) is amended—

13               (1) in subsection (a)(1), by striking “research  
14 relating to the causes, mechanisms, prevention, diag-  
15 nosis, treatment of injuries, and rehabilitation from  
16 injuries;” and inserting “research, including data  
17 collection, relating to—

18               “(A) the causes, mechanisms, prevention,  
19 diagnosis, and treatment of injuries, including  
20 with respect to gun violence; and

21               “(B) rehabilitation from such injuries;”;  
22 and

23               (2) by adding at the end the following new sub-  
24 section:

1       “(c) NO ADVOCACY OR PROMOTION OF GUN CON-  
2 TROL.—Nothing in this section shall be construed to—

3           “(1) authorize the Secretary to give assistance,  
4 make grants, or enter into cooperative agreements or  
5 contracts for the purpose of advocating or promoting  
6 gun control; or

7           “(2) permit a recipient of any assistance, grant,  
8 cooperative agreement, or contract under this section  
9 to use such assistance, grant, agreement, or contract  
10 for the purpose of advocating or promoting gun con-  
11 trol.”.

12       (b) AUTHORIZATION OF APPROPRIATIONS.—Section  
13 394A of the Public Health Service Act (42 U.S.C. 280b-  
14 3) is amended by striking “authorized to be appropriated”  
15 and all that follows through the end and inserting the fol-  
16 lowing: “authorized to be appropriated such sums as may  
17 be necessary for fiscal years 2014 through 2018.”.

18 **SEC. 302. NATIONAL VIOLENT DEATH REPORTING SYSTEM.**

19       The Secretary of Health and Human Services, acting  
20 through the Director of the Centers for Disease Control  
21 and Prevention, shall improve, particularly through the in-  
22 clusion of additional States, the National Violent Death  
23 Reporting System, as authorized by title III of the Public  
24 Health Service Act (42 U.S.C. 241 et seq.). Participation  
25 in the system by the States shall be voluntary.

1 **SEC. 303. PROTECTING CONFIDENTIAL DOCTOR-PATIENT**2 **RELATIONSHIP.**

3 Section 2717(c) of the Public Health Service Act (42

4 U.S.C. 300gg-17(c)) is amended by adding at the end the

5 following new paragraph:

6 “(6) RULE OF CONSTRUCTION.—Notwith-

7 standing the previous provisions of this subsection,

8 none of the authorities provided to the Secretary

9 under the Patient Protection and Affordable Care

10 Act, an amendment made by that Act, or this sub-

11 section shall be construed to prohibit a physician or

12 other health care provider from—

13 “(A) asking a patient about the ownership,

14 possession, use, or storage of a firearm or am-

15 munition in the home of such patient;

16 “(B) speaking to a patient about gun safe-

17 ty; or

18 “(C) reporting to the authorities a pa-

19 tient’s threat of violence.”.