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113TH CONGRESS
2D SESSION

H. R. 4574

To maximize the access of individuals with mental illness to community-based services, to strengthen the impact of such services, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 6, 2014

Mr. BARBER (for himself, Ms. DEGETTE, Mr. TONKO, Ms. MATSUI, and Mrs. NAPOLITANO) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, the Judiciary, Armed Services, Veterans' Affairs, Education and the Workforce, and Natural Resources, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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A BILL

To maximize the access of individuals with mental illness to community-based services, to strengthen the impact of such services, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Strengthening Mental Health in Our Communities Act of 2014''.

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

SEC. 2. PURPOSE.

The purposes of this Act are—

(1) to improve the responsiveness, coordination, accountability, accessibility, and integration of person-centered behavioral health services to provide timely and appropriate help to individuals, families, and communities;

(2) to reduce mental health crises, homelessness, and incarceration by strengthening community-based services, including early intervention, outreach, engagement, prevention, crisis support, rehabilitation, and peer-run services for persons of all ages;

(3) to ensure that all Americans with mental illnesses and their families can—

(A) gain access to evidence-based and emerging best practices based on the values and principles of trauma-informed care and mental health recovery, delivered in a culturally and linguistically competent manner; and

(B) fully participate in the most integrated settings within their chosen communities;

(4) to develop an integrated behavioral health workforce through improved training and education, recruitment, and retention to meet the needs of all communities and populations;

(5) to increase mental health awareness and reduce stigma and discrimination through mental health training, education, and literacy; and

(6) to ensure the full implementation and enforcement of mental health parity for all Americans.

TITLE I—WHITE HOUSE OFFICE OF MENTAL HEALTH POLICY

SEC. 101. WHITE HOUSE OFFICE OF MENTAL HEALTH POLICY.

(a) ESTABLISHMENT OF OFFICE.—There is established in the Executive Office of the President the White House Office of Mental Health Policy (hereafter referred to as the ''Office''), which shall—

(1) monitor Federal activities with respect to mental health, serious mental illness, and serious emotional disturbances;

(2) make recommendations to the Secretary of Health and Human Services regarding any appropriate changes to such activities, including rec-

ommendations with respect to the national strategy developed under paragraph (3);

(3) develop and annually update a National Strategy for Mental Health to maximize the access of individuals with mental illness to community-based services, strengthen the impact of such services, and meet the comprehensive needs of individuals with mental illness;

(4) make recommendations to the Secretary of Health and Human Services regarding public participation in decisions relating to mental health, serious mental illness, and serious emotional disturbances;

(5) review and make recommendations with respect to the budgets for Federal mental health services to ensure the adequacy of those budgets;

(6) submit to the Congress the national strategy and any updates to such strategy;

(7) coordinate the mental health services provided by Federal departments and agencies and coordinate Federal interagency mental health services;

(8) consult, coordinate with, facilitate joint efforts among, and support State, local, and tribal governments, nongovernmental entities, and individuals with a mental illness, particularly individuals

with a serious mental illness and children and adolescents with a serious emotional disturbance, with respect to improving community-based and other mental health services; and

(9) develop and annually update a summary of advances in serious mental illness and serious emotional disturbances research related to causes, prevention, treatment, early screening, diagnosis or rule out, intervention, and access to services and supports for individuals with serious mental illness and children and adolescents with a serious emotional disturbance.

(b) DIRECTOR.—There shall be a Director who shall head the Office (hereafter referred to as the ''Director'') and who shall hold the same rank and status as the head of an executive department listed in section 101 of title 5, United States Code.

(c) ACCESS BY CONGRESS.—The location of the Office in the Executive Office of the President shall not be construed as affecting access by Congress, or any committee of the House of Representatives or the Senate, to any—

(1) information, document, or study in the possession of, or conducted by or at the direction of, the Director; or

(2) personnel of the Office.

SEC. 102. APPOINTMENT AND DUTIES OF THE DIRECTOR.

(a) APPOINTMENT.—

(1) IN GENERAL.—The President shall appoint the Director, by and with the advice and consent of the Senate. The Director shall serve at the pleasure of the President.

(2) PROHIBITION.—No person shall serve as Director while serving in any other position in the Federal Government or while employed in a full-time position outside of the Federal Government.

(b) RESPONSIBILITIES.—The Director shall—

(1) assist the President—

(A) to establish policies, goals, objectives, and priorities with respect to mental health, particularly serious mental illness and serious emotional disturbances;

(B) to maximize the access of individuals with mental illness to community-based services;

(C) to strengthen the impact of such services; and

(D) to meet the comprehensive needs of individuals with mental illness;

(2) work with Federal departments and agencies providing mental health services to strengthen the coordination of mental health services in order to maximize the access of individuals with a mental illness, particularly individuals with a serious mental illness and children and adolescents with a serious emotional disturbance, to community-based services, strengthen the impact of services, and meet the comprehensive needs of individuals with a mental illness;

(3) coordinate and oversee the development, coordination, implementation, and evaluation of the National Strategy for Mental Health;

(4) promulgate the National Strategy for Mental Health, ensuring its wide availability to government officials and the public;

(5) make such recommendations to the President as the Director determines are appropriate with respect to the organization, management, and budgets of Federal departments and agencies providing mental health services, including changes in the allocation of personnel to and within those departments and agencies to implement the policies, goals, objectives, and priorities established under paragraph (1) and the National Strategy for Mental Health;

(6) consult, coordinate with, facilitate joint efforts among, and support State, local, and tribal governments, nongovernmental entities, and individuals with a mental illness, particularly individuals with a serious mental illness and children and adolescents with a serious emotional disturbance, with respect to improving mental health services;

(7) appear before duly constituted committees and subcommittees of the House of Representatives and of the Senate to represent the policies of the President related to mental health and serve as the spokesperson of the President, if the President determines it appropriate, on issues related to mental health, and the National Strategy for Mental Health;

(8) submit an annual report to Congress detailing how the Director has consulted and coordinated with the National Mental Health Council described in section 104(d), the National Mental Health Advisory Board described in section 105, State, local, and tribal governments, nongovernmental entities, and individuals with a mental illness, particularly individuals with a serious mental illness and children and adolescents with a serious emotional disturbance; and

(9) ensure the Office meets each of its responsibilities under this title.

(c) BUDGET REVIEW AND RECOMMENDATIONS.—

(1) REVIEW OF BUDGET REQUESTS.—Each department or agency of the Federal Government providing mental health services and benefits shall transmit each year to the Director a copy of the proposed budget request of that department or agency with respect to mental health services and benefits at a time not later than that department or agency's submitting of such budget request to the Office of Management and Budget for preparation of the budget of the President submitted to Congress under section 1105(a) of title 31, United States Code. The proposed budget request shall be transmitted to the Director in such form as the Director, in consultation with the Office of Management and Budget, determines appropriate.

(2) RECOMMENDATIONS WITH RESPECT TO BUDGET REQUESTS.—After the receipt of proposed budget requests pursuant to paragraph (1), the Director shall provide budget recommendations with respect to Federal mental health services and benefits to the Director of the Office of Management and Budget and to the President at a time that allows

such recommendations to be incorporated, as appropriate, into the budget of the President submitted to Congress under section 1105(a) of title 31, United States Code. The recommendations shall address funding priorities developed in the National Strategy for Mental Health and shall address future fiscal projections as determined by the Director.

(d) POWERS OF THE DIRECTOR.—In carrying out this title, the Director may—

(1) select, appoint, employ, and fix the compensation of such officers and employees of the Office as may be necessary to carry out the functions of the Office under this title;

(2) request the head of a department or agency of the Federal Government to place department or agency personnel who are engaged in activities with respect to mental health, on temporary detail to another department or agency in order to implement the National Strategy for Mental Health, and the head of such department or agency shall comply with such request;

(3) use for administrative purposes, on a reimbursable basis, the available services, equipment, personnel, and facilities of Federal, State, local, and tribal departments and agencies;

(4) procure the services of experts and consultants in accordance with section 3109 of title 5, United States Code, relating to appointments in the Federal Service, at rates of compensation for individuals not to exceed the daily equivalent of the rate of pay payable under level IV of the Executive Schedule under section 5311 of title 5, United States Code;

(5) use the mails in the same manner as any other department or agency of the executive branch; and

(6) monitor implementation of the National Strategy for Mental Health, including—

(A) conducting program and performance audits and evaluations; and

(B) requesting assistance from the Inspector General of the relevant department or agency in such audits and evaluations.

SEC. 103. NATIONAL STRATEGY FOR MENTAL HEALTH.

(a) IN GENERAL.—Not later than February 1 of each year, the Director shall submit to the President and Congress and make available to the public a National Strategy for Mental Health (in this title referred to as the ''National Strategy for Mental Health'' or the ''Strategy'') setting forth a comprehensive plan to maximize the access

of individuals with mental illness to community-based services, to strengthen the impact of such services, and to meet the comprehensive needs of individuals with mental illness.

(b) PROCESS.—In preparing the Strategy, the Director shall actively consult and work in coordination with the following:

(1) The heads of all Federal departments and agencies that provide mental health services.

(2) The National Mental Health Council.

(3) The National Mental Health Advisory Board.

(4) Existing Federal interagency efforts related to mental health services, such as the Military and Veterans Mental Health Interagency Task Force.

(5) State, local, and tribal governments.

(6) Nongovernmental entities.

(7) Individuals with mental illness, particularly individuals with a serious mental illness and children and adolescents with a serious emotional disturbance.

(c) CONTENTS.—The Director shall ensure the Strategy meets the following requirements:

(1) GOALS AND PERFORMANCE MEASURES.—The Strategy shall contain comprehensive, research-

based goals and quantifiable performance measures that shall serve as targets for the year with respect to which the Strategy applies for—

(A) improving the outcomes of and accessibility to evidence-based mental programs and services;

(B) promoting community integration of individuals with mental illness;

(C) increasing access to prevention and early intervention services related to mental health;

(D) promoting mental health awareness and reducing stigma; and

(E) advancing mental health research.

(2) ACCOUNTABILITY FOR PAST PERFORMANCE MEASURES.—The Strategy shall contain a report on Federal effectiveness with respect to meeting those performance measures set by the Strategy for the preceding year, including an evaluation of whether or not such performance measures were met and the reasons therefore, including—

(A) the extent of coordination between Federal departments and agencies providing mental health services;

(B) the extent to which the objectives and budgets of Federal departments and agencies providing mental health services were consistent with the recommendations of the Strategy for the preceding year; and

(C) the efficiency and adequacy of Federal programs and policies with respect to mental health services.

(3) REPORTING ON AND IDENTIFYING GAPS IN MENTAL HEALTH SERVICES.—The Strategy shall contain a report on—

(A) the mental health diagnoses, disaggregated by age, race, gender, geographic distribution, population density, socioeconomic status, and other target populations determined necessary for inclusion by the Director;

(B) the quality and quantity of mental health services, including community-based services, for individuals with mental illness, disaggregated by age, race, gender, geographic distribution, population density, socioeconomic status, and other target populations determined necessary for inclusion by the Director; and

(C) the size and allocation of Federal resources devoted to supporting individuals with

mental illness, particularly serious mental illness, and children and adolescents with a serious emotional disturbance, disaggregated by age, race, gender, geographic distribution, population density, socioeconomic status, and other target populations determined necessary for inclusion by the Director.

(4) COORDINATION EFFORTS.—The Strategy shall contain a report on Federal efforts to consult, coordinate with, facilitate joint efforts among, and support State, local, and tribal governments, nongovernmental entities, and individuals with mental illness, particularly serious mental illness, and children and adolescents with a serious emotional disturbance, including an evaluation of the effectiveness of those efforts.

(5) GUIDANCE.—The Strategy shall contain research-based guidance for assessing and improving the quality of mental health services that is responsive to gaps identified in community-based and other mental health services, particularly for individuals with a serious mental illness and children and adolescents with a serious emotional disturbance.

(6) MENTAL HEALTH ADVOCATES AND PERSPECTIVES.—The Strategy shall contain the views

and perspectives of individuals with mental illness, particularly individuals with serious mental illness and children and adolescents with a serious emotional disturbance, with respect to mental health services as prepared by the National Mental Health Advisory Board.

(7) STRATEGIC PLAN.—The Strategy shall contain a plan to achieve the goals and performance measures set for the year with respect to which the Strategy applies, including the following:

(A) Program and budget priorities necessary to achieve the performance measures.

(B) Recommendations for improved Federal interagency coordination, such as shared grant application processes, grantee reporting requirements, training and technical assistance efforts, definitions, recipient eligibility requirements, research, evaluation efforts, and data collection, and recommendations for legislative changes necessary to achieve such interagency coordination and to facilitate the delivery of a comprehensive array of mental health services.

(C) Recommendations for improved coordination between the Federal Government and State, local, and tribal governments, nongovern-

mental entities, and individuals with mental illness, particularly individuals with serious mental illness and children and adolescents with a serious emotional disturbance.

(D) A strategic research, innovation, and demonstration agenda to guide the use of Federal research spending with respect to mental illness, particularly serious mental illness.

(E) Recommendations to promote community integration of individuals with mental illness, consistent with the Americans with Disabilities Act of 1990, section 504 of the Rehabilitation Act of 1973, and the Supreme Court's decision in Olmstead v. L.C.

(F) Recommendations to enhance prevention and early intervention services for children and adolescents with mental illness.

(G) Recommendations concerning ways to ensure appropriate access to intensive community-based services for Medicaid beneficiaries.

(8) ADDITIONAL REPORTS.—The Strategy shall contain additional reports the Director determines necessary, such as reports on the unmet needs of individuals with mental illness, international comparisons of mental health services and outcomes, or the

status of implementation and enforcement of mental health parity.

SEC. 104. COORDINATION WITH FEDERAL DEPARTMENTS AND AGENCIES.

(a) FEDERAL DEPARTMENT AND AGENCY COOPERATION.—Each department or agency of the Federal Government providing mental health services shall—

(1) cooperate with the efforts of the Director under this title;

(2) provide such assistance, statistics, studies, reports, information, and advice as the Director may request, to the extent permitted by law;

(3) adjust department or agency staff job descriptions and performance measures to support collaboration and implementation of the Strategy; and

(4) assign department or agency liaisons to the Office to oversee and implement interagency coordination.

(b) INTERAGENCY ALIGNMENT.—The Director, in collaboration with the heads of Federal departments and agencies providing mental health services, shall strengthen the coordination of Federal mental health services in order to maximize the access of individuals with mental illness, particularly individuals with serious mental illness, to community-based mental health services, strengthen the im-

pact of mental health services, and meet the comprehensive needs of individuals with mental illness, particularly individuals with serious mental illness and children and adolescents with a serious emotional disturbance, by, where appropriate—

(1) facilitating the development of shared grant application processes;

(2) offering joint training and technical assistance efforts;

(3) improving opportunities for individuals with mental illness to maintain services as they transition from systems of care;

(4) aligning—

(A) grantee reporting requirements;

(B) definitions;

(C) eligibility requirements;

(D) research;

(E) evaluation efforts; and

(F) data collection;

(5) making recommendations with respect to the legislative changes necessary to achieve the interagency alignment and coordination necessary to facilitate the delivery of a comprehensive array of mental health services; and

(6) taking other steps necessary to improve collaboration between Federal departments and agencies providing mental health services.

(c) JOINT FUNDING AND COORDINATION.—

(1) IN GENERAL.—The Director, in consultation with the heads of Federal departments and agencies, may oversee the development and administration of initiatives involving multiple Federal departments and agencies, including initiatives that involve the integration of funding from different Federal departments and agencies to the extent permitted by law.

(2) ADMINISTRATION OF FUNDS.—With respect to an initiative that involves the integration of funding from different Federal departments and agencies, the Federal department or agency principally involved in such an initiative, as determined by the Director, may be designated by the Director to act for all involved departments or agencies in administering funds for the initiative to the extent permitted by law.

(3) NONGOVERNMENTAL ENTITIES.—Initiatives developed under this subsection may involve nongovernmental entities to the extent permitted by law.

(d) NATIONAL MENTAL HEALTH COUNCIL.—

(1) ESTABLISHMENT.—There is established within the Office the National Mental Health Council (hereinafter referred to in this title as the ''Council'').

(2) MEMBERS AND TERMS.—The members of the Council shall include—

(A) the President;

(B) the Director;

(C) the Secretary of Health and Human Services;

(D) the Director of the National Institute of Mental Health;

(E) the Attorney General of the United States;

(F) the Secretary of Veterans Affairs;

(G) the Assistant Secretary–Indian Affairs of the Department of the Interior;

(H) the Director of the Centers for Disease Control and Prevention;

(I) the Director of the National Institutes of Health;

(J) the directors of such national research institutes of the National Institutes of Health as the Director determines appropriate;

(K) representatives, appointed by the Director, of Federal agencies that are outside of the Department of Health and Human Services and serve individuals with mental illness, such as the Department of Education;

(L) the Administrator of Substance Abuse and Mental Health Services Administration;

(M) the Secretary of Defense; and

(N) other Federal officials as directed by the President.

(3) CHAIRPERSON.—The Chairperson of the Council shall be the President.

(4) DESIGNEES.—Members of the Council may select a designee to perform duties under this subsection, but it is the sense of Congress that such members should refrain from doing so whenever possible.

(5) MEETINGS.—

(A) IN GENERAL.—The full membership of the Council shall meet at the call of the Chairperson, but at least once each year. The Chairperson may call additional meetings composed of less than the full membership of the Council as needed.

(B) FIRST MEETING.—The first meeting of the Council shall be not more than four months after the date of the enactment of this title.

(C) INCLUSION OF THE NATIONAL MENTAL HEALTH ADVISORY BOARD.—At least two meetings of the Council each year shall be opened to the participation of members of the National Mental Health Advisory Board.

(6) RESPONSIBILITIES.—The Council shall—

(A) assist the Director to coordinate the mental health services provided by Federal departments and agencies and to coordinate Federal interagency mental health services;

(B) assist the Director in the development, coordination, implementation, evaluation, and promulgation of the Strategy;

(C) assist the Director in soliciting and documenting ongoing input and recommendations with respect to mental health services and mental health outcomes from State, local, and tribal governments, nongovernmental entities, and individuals with mental illness, particularly individuals with serious mental illness and children and adolescents with a serious emotional disturbance; and

(D) ensure that members of the Council oversee the implementation of those sections of the Strategy for which each such member's department or agency is responsible, as determined by the Director, and to report to the Director on such implementation and the results thereof.

SEC. 105. NATIONAL MENTAL HEALTH ADVISORY BOARD.

(a) ESTABLISHMENT.—There is established within the Office the National Mental Health Advisory Board (hereinafter referred to in this title as the ''Board'').

(b) MEMBERS AND TERMS.—

(1) IN GENERAL.—Except as provided in paragraph (3), each member shall serve a two-year term. No member shall serve more than three terms. The Board shall be composed of non-Federal public members to be appointed by the Director, of which—

(A) at least eight such members, or ⅓ of total membership, whichever is greater, shall be individuals with a diagnosis of serious mental illness;

(B) at least six such members, or ¼ of total membership, whichever is greater, shall be a parent or legal guardian of an individual with

a serious mental illness or a child or adolescent with a serious emotional disturbance;

(C) at least one such member shall be a representative of a leading research organization for individuals with serious mental illness;

(D) at least one such member shall be a representative of a leading advocacy organization for individuals with serious mental illness;

(E) at least one such member shall be a representative of a leading community service organization for individuals with serious mental illness;

(F) at least one member shall have served in a senior position in a State mental health system;

(G) at least one member shall have served in a senior position in a local mental health system;

(H) at least one member shall be a psychiatrist;

(I) at least one member shall be a clinical psychologist;

(J) at least one member shall be a law enforcement officer;

(K) at least one such member shall be a representative of a leading veterans service organization; and

(L) at least one such member shall be a child or adolescent psychiatrist.

(2) SELECTION PROCESS FOR THE INITIAL MEMBERSHIP OF THE BOARD.—The Director shall design an application and selection process to fill the initial membership of the Board. Political affiliation or views may not be taken into account in such application and selection process and relatives of elected officials shall not be eligible for membership.

(3) SELECTION PROCESS FOR MEMBERSHIP OF THE BOARD FOLLOWING THE INITIAL MEMBERSHIP.—The initial membership of the Board shall design an application and selection process to fill the membership of the Board for those terms following the term of the initial membership. Such application and selection process shall ensure that Board members select the membership that will follow that Board membership's term and, notwithstanding the two-year term requirement in paragraph (1), such application process shall ensure that not more than half of the terms of Board members expire in a given year.

(4) CHAIRPERSON.—The initial membership of the Board shall elect two members as co-chairs of the Board. Co-chairs shall serve a term of one year and the Board shall elect new co-chairs as vacancies arise.

(c) MEETINGS.—The Board shall meet in person not fewer than four times each year. The Director shall request senior Federal Government officials to attend each of the four meetings, including requesting that the Council attend one of the four meetings. The co-chairs of the Board may call additional meetings online and by telephone as determined necessary by the co-chairs.

(d) DUTIES.—The Board shall—

(1) advise the President, the heads of Federal departments and agencies providing mental health services, and other senior Federal Government officials on proposed and pending legislation, budget expenditures, and other policy matters with respect to mental illness, particularly serious mental illness and children and adolescents with a serious emotional disturbance;

(2) work in partnership with local organizations to solicit the views and perspectives of individuals with mental illness, particularly individuals with serious mental illness, and parents or legal guardians

of individuals with mental illness, with respect to mental health services;

(3) prepare a section of the Strategy outlining the views and perspectives of individuals with mental illness, particularly individuals with serious mental illness and children and adolescents with a serious emotional disturbance, with respect to mental health services; and

(4) provide the Director evaluations of the staff support and training and technical assistance the Board has received.

(e) PROCEDURES.—The membership of the Board shall, in consultation with the Director, determine the procedures of the Board.

TITLE II—STRENGTHENING AND INVESTING IN SAMHSA PROGRAMS

SEC. 201. COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT REAUTHORIZATION.

Section 1920(a) of the Public Health Service Act (42 U.S.C. 300x–9(a)) is amended by striking ''$450,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003'' and inserting ''$483,744,000 for fiscal year 2015 and such sums as may be necessary for each of fiscal years 2016 through 2019''.

SEC. 202. REPORTING REQUIREMENTS FOR BLOCK GRANTS REGARDING MENTAL HEALTH AND SUBSTANCE USE DISORDERS.

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

"SEC. 1942. REQUIREMENT OF REPORTS AND AUDITS BY STATES.

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

''(1) the State involved will prepare and submit to the Secretary an annual report on the activities funded through the grant; and

''(2) each such report shall be prepared by, or in consultation with, the State agency responsible for community mental health programs and activities.

''(b) STANDARDIZED FORM; CONTENTS.—In order to properly evaluate and to compare the performance of different States assisted under section 1911, reports under this section shall be in such standardized form and contain such information as the Secretary determines (after consultation with the States) to be necessary—

''(1) to secure an accurate description of the activities funded through the grant under section 1911;

''(2) to determine the extent to which funds were expended consistent with the State's application transmitted under section 1917(a); and

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

''(c) MINIMUM CONTENTS.—Each report under this section shall, at a minimum, include the following information:

''(1)(A) The number of individuals served by the State under subpart I (by class of individuals).

''(B) The proportion of each class of such individuals which has health coverage.

''(C) The types of services (as defined by the Secretary) provided under subpart I to individuals within each such class.

''(D) The amounts spent under subpart I on each type of service (by class of individuals served).

''(2) Information on the status of mental health in the State, including information (by county and by racial and ethnic group) on each of the following:

''(A) The proportion of adolescents with serious emotional disturbances.

''(B) The proportion of adults with serious mental illness (including major depression).

"(C) The proportion of individuals with co-occurring mental health and substance use disorders.

"(D) The proportion of children and adolescents with mental health disorders who seek and receive treatment.

"(E) The proportion of adults with mental health disorders who seek and receive treatment.

"(F) The proportion of individuals with co-occurring mental health and substance use disorders who seek and receive treatment.

"(G) The proportion of homeless adults with mental health disorders who receive treatment.

"(H) The number of primary care facilities that provide mental health screening and treatment services onsite or by paid referral.

"(I) The number of primary care physician office visits that include mental health screening services.

"(J) The number of juvenile residential facilities that screen admissions for mental health disorders.

''(K) The number of deaths attributable to suicide.

''(3) Information on the number and type of health care practitioners licensed in the State and providing mental health-related services.

''(d) AVAILABILITY OF REPORTS.—The Secretary shall, upon request, provide a copy of any report under this section to any interested public agency.''.

SEC. 203. GARRETT LEE SMITH MEMORIAL ACT REAUTHORIZATION.

(a) SUICIDE PREVENTION TECHNICAL ASSISTANCE CENTER.—Section 520C of the Public Health Service Act (42 U.S.C. 290bb–34) is amended—

(1) in the section heading, by striking the section heading and inserting ''**SUICIDE PREVENTION TECHNICAL ASSISTANCE CENTER.**'';

(2) in subsection (a), by striking ''and in consultation with'' and all that follows through the period at the end of paragraph (2) and inserting ''shall establish a research, training, and technical assistance resource center to provide appropriate information, training, and technical assistance to States, political subdivisions of States, federally recognized Indian tribes, tribal organizations, institutions of higher education, public organizations, or private non-

profit organizations regarding the prevention of suicide among all ages, particularly among groups that are at high risk for suicide.'';

(3) by striking subsections (b) and (c);

(4) by redesignating subsection (d) as subsection (b);

(5) in subsection (b), as so redesignated—

(A) by striking the subsection heading and inserting ''RESPONSIBILITIES OF THE CENTER.'';

(B) in the matter preceding paragraph (1), by striking ''The additional research'' and all that follows through ''nonprofit organizations for'' and inserting ''The center established under subsection (a) shall conduct activities for the purpose of'';

(C) by striking ''youth suicide'' each place such term appears and inserting ''suicide'';

(D) 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;

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

(F) in paragraph (3), by inserting ''and tribal'' after ''statewide'';

(G) in paragraph (5), by inserting ''and prevention'' after ''intervention'';

(H) in paragraph (8), by striking ''in youth'';

(I) in paragraph (9), by striking ''and behavioral health'' and inserting ''health and substance use disorder''; and

(J) in paragraph (10), by inserting ''conducting'' before ''other''; and

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

''(e) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $4,948,000 for each of fiscal years 2015 through 2019.''.

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

(1) in paragraph (1) of subsection (a) and in subsection (c), by striking ''substance abuse'' each place such term appears and inserting ''substance use disorder'';

(2) in subsection (b)(2)—

(A) by striking ''each State is awarded only 1 grant or cooperative agreement under this section'' and inserting ''a State does not receive more than 1 grant or cooperative agreement under this section at any 1 time''; and

(B) by striking ''been awarded'' and inserting ''received''; and

(3) by striking subsection (m) and inserting the following:

''(m) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $29,682,000 for each of fiscal years 2015 through 2019.''.

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

(1) in the section heading, by striking ''**AND BEHAVIORAL HEALTH**'' and inserting ''**HEALTH AND SUBSTANCE USE DISORDER SERVICES**'';

(2) in subsection (a)—

(A) by striking ''Services,'' and inserting ''Services and'';

(B) by striking ''and behavioral health problems'' and inserting ''health or substance use disorders''; and

(C) by striking ''substance abuse'' and inserting ''substance use disorders'';

(3) in subsection (b)—

(A) in the matter preceding paragraph (1), by striking ''for—'' and inserting ''for one or more of the following:''; and

(B) by striking paragraphs (1) through (6) and inserting the following:

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

''(2) The operation of hotlines.

''(3) Preparing informational material.

''(4) Providing outreach services to notify students about available mental health and substance use disorder services.

''(5) Administering voluntary mental health and substance use disorder screenings and assessments.

''(6) Supporting the training of students, faculty, and staff to respond effectively to students with mental health and substance use disorders.

''(7) Creating a network infrastructure to link colleges and universities with health care providers who treat mental health and substance use disorders.'';

(4) in subsection (c)(5), by striking ''substance abuse'' and inserting ''substance use disorder'';

(5) in subsection (d)—

(A) in the matter preceding paragraph (1), by striking ''An institution of higher education desiring a grant under this section'' and inserting ''To be eligible to receive a grant under this section, an institution of higher education'';

(B) in paragraph (1)—

(i) by striking ''and behavioral health'' and inserting ''health and substance use disorder''; and

(ii) by inserting '', including veterans whenever possible and appropriate,'' after ''students''; and

(C) in paragraph (2), by inserting ", which may include, as appropriate and in accordance with subsection (b)(7), a plan to seek input from relevant stakeholders in the community, including appropriate public and private entities, in order to carry out the program under the grant'' before the period at the end;

(6) in subsection (e)(1), by striking ''and behavioral health problems'' and inserting ''health and substance use disorders'';

(7) in subsection (f)(2)—

(A) by striking ''and behavioral health'' and inserting ''health and substance use disorder''; and

(B) by striking ''suicide and substance abuse'' and inserting ''suicide and substance use disorders''; and

(8) in subsection (h), by striking ''$5,000,000 for fiscal year 2005'' and all that follows through the period at the end and inserting ''$4,858,000 for each of fiscal years 2015 through 2019.''.

SEC. 204. PRIORITY MENTAL HEALTH NEEDS OF REGIONAL AND NATIONAL SIGNIFICANCE REAUTHORIZATION.

Section 520A(f)(1) of the Public Health Service Act (42 U.S.C. 290bb–32(f)(1)) is amended by striking ''$300,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003'' and inserting ''$216,632,000 for fiscal year 2015 and such sums as may be necessary for each of fiscal years 2016 through 2019''.

SEC. 205. GRANTS FOR JAIL DIVERSION PROGRAMS REAUTHORIZATION.

Section 520G(i) of the Public Health Service Act (42 U.S.C. 290bb–38(i)) is amended by striking ''$10,000,000 for fiscal year 2001, and such sums as may be necessary for fiscal years 2002 through 2003'' and inserting ''$4,280,000 for fiscal year 2015 and such sums as may be necessary for each of fiscal years 2016 through 2019''.

SEC. 206. PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS.

Section 535(a) of the Public Health Service Act (42 U.S.C. 29cc–35(a)) is amended by striking ''$75,000,000 for each of the fiscal years 2001 through 2003'' and inserting ''$64,800,000 for fiscal year 2015 and such sums as may be necessary for each of fiscal years 2016 through 2019''.

SEC. 207. COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES FOR CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES.

Section 565 of the Public Health Service Act (42 U.S.C. 290ff–4) is amended—

(1) in subsection (b)(1), by striking ''receiving a grant under section 561(a)'' and inserting ''(irrespective of whether the public entity is in receipt of a grant under section 561(a))'';

(2) in subsection (b)(1)(B), by striking ''planning, development, and operation of systems of care pursuant to section 562'' and inserting ''planning, development, and operation of systems of care described in section 562''; and

(3) in subsection (f)(1), by striking ''$100,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003'' and inserting ''$117,315,000 for fiscal year 2015 and such sums as may be necessary for each of fiscal years 2016 through 2019''.

SEC. 208. CHILDREN'S RECOVERY FROM TRAUMA.

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

(1) in subsection (a), by striking ''developing programs'' and all that follows and inserting ''developing and maintaining programs that provide for—

''(1) the continued operation of the National Child Traumatic Stress Initiative (referred to in this section as the 'NCTSI'), which includes a coordinating center, that focuses on the mental, behavioral, and biological aspects of psychological trauma response; and

''(2) the development of knowledge with regard to evidence-based practices for identifying and treating mental, behavioral, and biological disorders of children and youth resulting from witnessing or experiencing a traumatic event.'';

(2) in subsection (b)—

(A) by striking ''subsection (a) related'' and inserting ''subsection (a)(2) (related'';

(B) by striking ''treating disorders associated with psychological trauma'' and inserting ''treating mental, behavioral, and biological disorders associated with psychological trauma)'';

and

(C) by striking ''mental health agencies and programs that have established clinical and basic research'' and inserting ''universities, hospitals, mental health agencies, and other programs that have established clinical expertise and research'';

(3) by redesignating subsections (c) through (g) as subsections (g) through (k), respectively;

(4) by inserting after subsection (b), the following:

''(c) CHILD OUTCOME DATA.—The NCTSI coordinating center shall collect, analyze, and report NCTSI-wide child treatment process and outcome data regarding the early identification and delivery of evidence-based treatment and services for children and families served by the NCTSI grantees.

''(d) TRAINING.—The NCTSI coordinating center shall facilitate the coordination of training initiatives in evidence-based and trauma-informed treatments, interventions, and practices offered to NCTSI grantees, providers, and partners.

''(e) DISSEMINATION.—The NCTSI coordinating center shall, as appropriate, collaborate with the Secretary in the dissemination of evidence-based and trauma-informed interventions, treatments, products and other resources to appropriate stakeholders.

''(f) REVIEW.—The Secretary shall, consistent with the peer review process, ensure that NCTSI applications are reviewed by appropriate experts in the field as part of a consensus review process. The Secretary shall include

review criteria related to expertise and experience in child trauma and evidence-based practices.'';

(5) in subsection (g) (as so redesignated), by striking ''with respect to centers of excellence are distributed equitably among the regions of the country'' and inserting ''are distributed equitably among the regions of the United States'';

(6) in subsection (i) (as so redesignated), by striking ''recipient may not exceed 5 years'' and inserting ''recipient shall not be less than 4 years, but shall not exceed 5 years''; and

(7) in subsection (j) (as so redesignated), by striking ''$50,000,000'' and all that follows through ''2006'' and inserting ''$45,714,000 for each of fiscal years 2015 through 2019''.

SEC. 209. PROTECTION AND ADVOCACY FOR INDIVIDUALS WITH MENTAL ILLNESS REAUTHORIZATION.

Section 117 of the Protection and Advocacy for Individuals with Mental Illness Act (42 U.S.C. 10827) is amended by striking ''$19,500,000 for fiscal year 1992, and such sums as may be necessary for each of the fiscal years 1993 through 2003'' and inserting ''$36,238,000 for fiscal year 2015 and such sums as may be necessary for each of fiscal years 2016 through 2019''.

SEC. 210. MENTAL HEALTH AWARENESS TRAINING GRANTS.

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

(1) in the section heading, by inserting ''**MENTAL HEALTH AWARENESS**'' before ''**TRAINING**''; and

(2) in subsection (b)—

(A) in the subsection heading, by striking ''ILLNESS'' and inserting ''HEALTH'';

(B) in paragraph (1), by inserting '', and other categories of individuals listed in paragraph (2),'' after ''emergency services personnel''; and

(C) by striking paragraph (2) and inserting the following:

''(2) CATEGORIES OF INDIVIDUALS TO BE TRAINED.—The categories of individuals listed in this paragraph are the following:

''(A) Emergency services personnel and other first responders.

''(B) Police officers and other law enforcement personnel.

''(C) Teachers and school administrators.

''(D) Human resources professionals.

''(E) Faith community leaders.

''(F) Nurses and other primary care personnel.

''(G) Students enrolled in an elementary school, a secondary school, or an institution of higher education.

''(H) The parents of students described in subparagraph (G).

''(I) Veterans.

''(J) Other individuals, audiences, or training populations as determined appropriate by the Secretary.'';

(D) in paragraph (5)—

(i) in the matter preceding subparagraph (A), by striking ''to'' and inserting ''for evidence-based programs for the purpose of''; and

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

''(A) recognizing the signs and symptoms of mental illness; and

''(B)(i) providing education to personnel regarding resources available in the community for individuals with a mental illness and other relevant resources; or

''(ii) the safe de-escalation of crisis situations involving individuals with a mental illness.''; and

(E) in paragraph (7), by striking '', $25,000,000'' and all that follows through the period at the end and inserting ''$20,000,000 for each of fiscal years 2014 through 2018''.

SEC. 211. NATIONAL MEDIA CAMPAIGN TO REDUCE THE STIGMA ASSOCIATED WITH MENTAL ILLNESS.

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

''SEC. 520L. NATIONAL MEDIA CAMPAIGN TO REDUCE THE STIGMA ASSOCIATED WITH MENTAL ILLNESS.

''(a) SCOPE OF THE CAMPAIGN.—The Secretary, acting through the Administrator of the Substance Abuse and Mental Health Services Administration, shall provide for the production, broadcasting, and evaluation of a national media public service campaign to reduce the stigma associated with mental illness. Such campaign shall seek to reach as wide and diverse an audience as possible and shall particularly target the population between the ages of 16 and 24 years of age.

''(b) REPORT.—The Secretary shall provide a report to the Congress annually detailing—

''(1) the production, broadcasting, and evaluation of the campaign under subsection (a); and

''(2) the effectiveness of the campaign in reducing the stigma associated with mental illness, as measured using such methods as public attitude surveys and mental health services utilization statistics.

''(c) CONSULTATION REQUIREMENT.—In carrying out this section, the Secretary shall ensure that mental health professionals and patient advocates are consulted in carrying out the media campaign under this section. The progress of this consultative process is to be covered in the report under subsection (b).

''(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, $10,000,000 for each of the fiscal years 2015 through 2019.''.

SEC. 212. SAMHSA AND HRSA INTEGRATION OF BEHAVIORAL HEALTH SERVICES INTO PRIMARY CARE SETTINGS.

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

"SEC. 520K–1. AWARDS FOR CO-LOCATING BEHAVIORAL HEALTH SERVICES IN PRIMARY CARE SETTINGS.

''(a) PROGRAM AUTHORIZED.—The Secretary, acting through the Administrators of the Substance Abuse and Mental Health Services Administration and the Health Resources and Services Administration, shall award grants, contracts, and cooperative agreements to eligible entities for the provision of coordinated and integrated behavioral health services and primary health care.

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

''(c) USE OF FUNDS.—An eligible entity receiving an award under this section shall use the award for the provision of coordinated and integrated behavioral health services and primary health care through—

''(1) the co-location of behavioral health services in primary care settings;

''(2) the use of care management services to facilitate coordination between behavioral health and primary care providers;

''(3) the use of information technology (such as telemedicine)—

''(A) to facilitate coordination between behavioral health and primary care providers; or

''(B) to expand the availability of behavioral health services; or

''(4) the provision of training and technical assistance to improve the delivery, effectiveness, and integration of behavioral health services into primary care settings.

''(d) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section—

''(1) there are authorized to be appropriated such sums as may be necessary for fiscal years 2015 through 2019; and

''(2) such sums as necessary are authorized to be transferred from the Substance Abuse and Mental Health Services Administration to the Health Resources and Services Administration.''.

SEC. 213. GERIATRIC MENTAL HEALTH DISORDERS.

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

''(3) GERIATRIC MENTAL HEALTH DISORDERS.—The Secretary shall, as appropriate, provide technical assistance to grantees regarding evidence-based practices for the prevention and treatment of geriatric mental health disorders, as well as disseminate information about such evidence-based

practices to States and nongrantees throughout the United States.''.

SEC. 214. ASSESSING BARRIERS TO BEHAVIORAL HEALTH INTEGRATION.

(a) IN GENERAL.—Not later than 2 years after the date of enactment of this Act, the Comptroller General of the United States shall submit a report to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives concerning Federal requirements that impact access to treatment of mental health and substance use disorders related to integration with primary care, administrative and regulatory issues, quality measurement and accountability, and data sharing.

(b) CONTENTS.—The report submitted under subsection (a) shall include the following:

(1) An evaluation of the administrative or regulatory burden on behavioral health care providers.

(2) The identification of outcome and quality measures relevant to integrated health care, evaluation of the data collection burden on behavioral health care providers, and any alternative methods for evaluation.

(3) An analysis of the degree to which electronic data standards, including interoperability and

meaningful use includes behavioral health measures, and an analysis of strategies to address barriers to health information exchange posed by part 2 of title 42, Code of Federal Regulations.

(4) An analysis of the degree to which Federal rules and regulations for behavioral and physical health care are aligned, including recommendations to address any identified barriers.

SEC. 215. ACUTE CARE BED REGISTRY GRANT FOR STATES.

(a) IN GENERAL.—The Secretary of Health and Human Services, acting through Administrator of the Substance Abuse and Mental Health Services Administration, shall award grants to State mental health agencies to develop and administer a Web-based acute psychiatric bed registry to collect, aggregate, and display information about available acute beds in public and private inpatient psychiatric facilities and public and private residential crisis stabilization units to facilitate the identification and designation of facilities for the temporary treatment of individuals in psychiatric crisis.

(b) REGISTRY REQUIREMENTS.—An acute psychiatric bed registry funded under this section shall—

(1) include descriptive information for every public and private inpatient psychiatric facility and every public and private residential crisis stabiliza-

tion unit in the State involved, including contact information for the facility or unit;

(2) provide real-time information about the number of beds available at each facility or unit and, for each available bed, the type of patient that may be admitted, the level of security provided, and any other information that may be necessary to allow for the proper identification of appropriate facilities for treatment of individuals in psychiatric crisis; and

(3) allow employees and designees of community mental health service providers, employees of inpatient psychiatric facilities or public and private residential crisis stabilization units, and health care providers working in an emergency room of a hospital or clinic or other facility rendering emergency medical care to perform searches of the registry to identify available beds that are appropriate for the treatment of individuals in psychiatric crisis.

(c) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated such sums as may be necessary for fiscal years 2015 through 2019.

SEC. 216. AWARDS FOR CO-LOCATING PRIMARY AND SPECIALTY CARE IN COMMUNITY-BASED MENTAL HEALTH SETTINGS.

Section 520K(f) of the Public Health Service Act (42 U.S.C. 290bb–42(f)) is amended by striking ''$50,000,000 for fiscal year 2010 and such sums as may be necessary for each of fiscal years 2011 through 2014'' and inserting ''$50,000,000 for fiscal year 2015 and such sums as may be necessary for each of fiscal years 2016 through 2019''.

SEC. 217. GRANTS FOR THE BENEFIT OF HOMELESS INDIVIDUALS.

Section 506(e) of the Public Health Service Act (42 U.S.C. 290aa–5(e)) is amended by striking ''$50,000,000 for fiscal year 2001, and such sums as may be necessary for each of the fiscal years 2002 and 2003'' and inserting ''$_____for fiscal year 2015 and such sums as may be necessary for each of fiscal years 2016 through 2019''.

TITLE III—IMPROVING MEDICAID AND MEDICARE MENTAL HEALTH SERVICES

SEC. 301. ACCESS TO MENTAL HEALTH PRESCRIPTION DRUGS UNDER MEDICARE.

Section 1860D–4(b)(3)(G)(ii)(I) of the Social Security Act (42 U.S.C. 1395w–104(b)(3)(G)(ii)(I)) is amended by adding at the end the following: ''Notwithstanding the previous sentence, categories and classes of drugs

specified in subclauses (II) and (IV) of clause (iv) shall be identified under this subclause.''.

SEC. 302. MEDICAID COVERAGE OF MENTAL HEALTH SERVICES AND PRIMARY CARE SERVICES FURNISHED ON THE SAME DAY.

(a) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Health and Human Services shall issue guidance to clarify that payment under a State plan is not prohibited for a mental health service or primary care service furnished to an individual at a community mental health center that meets the criteria specified in section 1913(c) of the Public Health Service Act (42 U.S.C. 300x–2(c)) or a federally qualified health center (as defined in section 1861(aa)(3) of the Social Security Act (42 U.S.C. 1395x(aa)(3))) for which payment would otherwise be payable under the plan, with respect to such individual, if such service were not a same-day qualifying service.

(b) SAME-DAY QUALIFYING SERVICE DEFINED.—In this section, the term ''same-day qualifying service'' means—

(1) a primary care service furnished to an individual by a provider at a facility on the same day a mental health service is furnished to such indi-

vidual by such provider (or another provider) at the facility; and

(2) a mental health service furnished to an individual by a provider at a facility on the same day a primary care service is furnished to such individual by such provider (or another provider) at the facility.

SEC. 303. ELIMINATION OF 190-DAY LIFETIME LIMIT ON INPATIENT PSYCHIATRIC HOSPITAL SERVICES.

(a) IN GENERAL.—Section 1812 of the Social Security Act (42 U.S.C. 1395d) is amended—

(1) in subsection (b)—

(A) in paragraph (1), by adding ''or'' at the end;

(B) in paragraph (2), by striking ''; or'' at the end and inserting a period; and

(C) by striking paragraph (3); and

(2) in subsection (c), by striking ''or in determining the 190-day limit under subsection (b)(3)''.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall apply to items and services furnished on or after January 1, 2016.

SEC. 304. EXPANDING THE MEDICAID HOME AND COMMUNITY-BASED SERVICES WAIVER TO INCLUDE YOUTH IN NEED OF SERVICES PROVIDED IN A PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY.

(a) IN GENERAL.—Section 1915(c) of the Social Security Act (42 U.S.C. 1396n(c)) is amended—

(1) in paragraph (1)—

(A) by striking ''a hospital or a nursing facility or intermediate care facility for the mentally retarded'' and inserting ''a hospital, a nursing facility, an intermediate care facility for the intellectually disabled, or a psychiatric residential treatment facility,''; and

(B) by striking ''a hospital, nursing facility, or intermediate care facility for the mentally retarded'' and inserting ''a hospital, nursing facility, intermediate care facility for the intellectually disabled, or psychiatric residential treatment facility'';

(2) in paragraph (2)(B), by striking ''or services in an intermediate care facility for the mentally retarded'' each place it appears and inserting ''services in an intermediate care facility for the intellectually disabled, or services in a psychiatric residential treatment facility'';

(3) in paragraph (2)(C)—

(A) by striking ''or intermediate care facility for the mentally retarded'' and inserting ''intermediate care facility for the intellectually disabled, or psychiatric residential treatment facility''; and

(B) by striking ''or services in an intermediate care facility for the mentally retarded'' and inserting ''services in an intermediate care facility for the intellectually disabled, or services in a psychiatric residential treatment facility'';

(4) in paragraph (7)(A), by striking ''or intermediate care facilities for the mentally retarded,'' and inserting ''intermediate care facilities for the intellectually disabled, or psychiatric residential treatment facilities,''; and

(5) by adding at the end the following new paragraph:

''(11) For purposes of this subsection, the term 'psychiatric residential treatment facility' means a facility other than a hospital that is certified as meeting the requirements specified in regulations promulgated for such facilities under section 1905(h)(1) and that provides psychiatric services in an inpatient setting to individuals

under age 21 for which medical assistance is available under a State plan under this title.''.

(b) WAIVER LIMITATION.—Section 1915(c) of such Act, as amended by subsection (a), is further amended—

(1) in paragraph (2)—

(A) in subparagraph (D), by striking ''; and'' and inserting a semicolon;

(B) in subparagraph (E), by striking the period at the end and inserting a semicolon; and

(C) by adding at the end the following new subparagraphs:

''(F) under the waiver, the total number of Medicaid inpatient bed days at psychiatric residential treatment facilities during each fiscal year within the waiver period will not exceed the total number of Medicaid inpatient bed days at such facilities for the previous fiscal year as increased by the estimated percentage increase (if any) in the population of individuals under age 21 residing in the State over the preceding 12-month period; and

''(G) the State will provide to the Secretary annually, subject to such requirements as the Secretary determines appropriate, relevant information and evidence as to the manner in which the State

will satisfy the requirements described in subparagraph (F).''; and

(2) by adding at the end the following new paragraph:

''(12) For purposes of paragraph (2)(F), an individual who is under age 21 and is an inpatient in a bed in a psychiatric residential treatment facility for a single day shall be counted as one inpatient bed day.''.

SEC. 305. APPLICATION OF ROSA'S LAW FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES.

(a) REFERENCES IN THE SOCIAL SECURITY ACT.—

(1) IN GENERAL.—With the exception of section 1930(b) of the Social Security Act (42 U.S.C. 1396u(b)), as amended by section 305, such Act is further amended—

(A) by striking, wherever it appears, ''State mental retardation or developmental disability authority'' and inserting ''State intellectual disability or developmental disability authority'';

(B) by striking, wherever it appears, ''mental retardation'' and inserting ''intellectual disabilities''; and

(C) by striking, wherever it appears, ''mentally retarded'' and inserting ''intellectually disabled''.

(2) CONFORMING AMENDMENT.—

(A) IN GENERAL.—Section 1902(e)(14)(F) of such Act is amended by striking ''mentally retarded'' and inserting ''intellectually disabled''.

(B) EFFECTIVE DATE.—The amendment made under subparagraph (A) shall take effect on January 2, 2015.

(b) REFERENCES.—

(1) IN GENERAL.—For purposes of each provision amended by this section, issuing or amending regulations to carry out a provision amended by this section, or issuing any publication or other official communication in regards to any provision of the Social Security Act—

(A) a reference to an intellectual disability shall mean a condition previously referred to as mental retardation, or a variation of such term, and shall have the same meaning with respect to programs, or qualifications for such programs, for individuals with such a condition;

(B) a reference to an individual who is intellectually disabled shall mean an individual who was previously referred to as an individual who is mentally retarded, an individual with mental retardation, or variations of such terms;

(C) a reference to an intermediate care facility for the intellectually disabled shall mean a facility that was previously referred to as an intermediate care facility for the mentally retarded; and

(D) a reference to a State intellectual disability or developmental disability authority shall mean an entity that was previously referred to as a State mental retardation or developmental disability authority.

(2) REGULATIONS.—For purposes of amending regulations to carry out this section, a Federal agency shall ensure that the regulations clearly state—

(A) that an intellectual disability was formerly termed mental retardation;

(B) that individuals with intellectual disabilities were formerly termed individuals who are mentally retarded;

(C) that an intermediate care facility for the intellectually disabled was formerly termed

an intermediate care facility for the mentally retarded; and

(D) that a State intellectual disability or developmental disability authority was formerly termed a State mental retardation or developmental disability authority.

(c) RULE OF CONSTRUCTION.—This section shall be construed to make amendments to provisions of Federal law to substitute the term ''intellectual disability'' for ''mental retardation'' or any variation of such term without any intent to—

(1) change the coverage, eligibility, rights, responsibilities, or definitions referred to in the amended provisions; or

(2) compel States to change terminology in State laws for individuals covered by a provision amended by this section.

SEC. 306. COMPLETE APPLICATION OF MENTAL HEALTH AND SUBSTANCE USE PARITY RULES UNDER MEDICAID AND CHIP.

Not later than January 1, 2015, the Secretary of Health and Human Services shall issue a final rule to carry out the following provisions of law:

(1) Section 1932(b)(8) of the Social Security Act (42 U.S.C. 1396u–2(b)(8)) (requiring Medicaid

managed care organizations to comply with the mental health and substance use requirements under certain provisions of part A of title XXVII of the Public Health Service Act (42 U.S.C. 300gg et seq.)).

(2) Section 1937(b)(6) of such Act (42 U.S.C. 1396u–7(b)(6)) (requiring benchmark benefit packages or benchmark equivalent coverage to comply with the mental health and substance use parity requirements under section 2705(a) of the Public Health Service Act (42 U.S.C. 300gg–4)).

(3) Section 2103(c)(6) of such Act (42 U.S.C. 1937cc(c)(6)) (requiring State child health plans to comply with mental health and substance use parity requirements under section 2705(a) of the Public Health Service Act (42 U.S.C. 300gg–4)).

SEC. 307. COVERAGE OF MARRIAGE AND FAMILY THERAPIST SERVICES AND MENTAL HEALTH COUNSELOR SERVICES UNDER PART B OF THE MEDICARE PROGRAM.

(a) COVERAGE OF SERVICES.—

(1) IN GENERAL.—Section 1861(s)(2) of the Social Security Act (42 U.S.C. 1395x(s)(2)) is amended—

(A) in subparagraph (EE), by striking ''and'' after the semicolon at the end;

(B) in subparagraph (FF), by inserting ''and'' after the semicolon at the end; and

(C) by adding at the end the following new subparagraph:

''(GG) marriage and family therapist services (as defined in subsection (iii)(1)) and mental health counselor services (as defined in subsection (iii)(3));''.

(2) DEFINITIONS.—Section 1861 of the Social Security Act (42 U.S.C. 1395x) is amended by adding at the end the following new subsection:

''Marriage and Family Therapist Services; Marriage and Family Therapist; Mental Health Counselor Services; Mental Health Counselor

''(iii)(1) The term 'marriage and family therapist services' means services performed by a marriage and family therapist (as defined in paragraph (2)) for the diagnosis and treatment of mental illnesses, which the marriage and family therapist is legally authorized to perform under State law (or the State regulatory mechanism provided by State law) of the State in which such services are performed, as would otherwise be covered if furnished by a physician or as an incident to a physician's profes-

sional service, but only if no facility or other provider charges or is paid any amounts with respect to the furnishing of such services.

''(2) The term 'marriage and family therapist' means an individual who—

''(A) possesses a master's or doctoral degree which qualifies for licensure or certification as a marriage and family therapist pursuant to State law;

''(B) after obtaining such degree has performed at least 2 years of clinical supervised experience in marriage and family therapy; and

''(C) is licensed or certified as a marriage and family therapist in the State in which marriage and family therapist services are performed.

''(3) The term 'mental health counselor services' means services performed by a mental health counselor (as defined in paragraph (4)) for the diagnosis and treatment of mental illnesses which the mental health counselor is legally authorized to perform under State law (or the State regulatory mechanism provided by the State law) of the State in which such services are performed, as would otherwise be covered if furnished by a physician or as incident to a physician's professional service, but only if no

facility or other provider charges or is paid any amounts with respect to the furnishing of such services.

''(4) The term 'mental health counselor' means an individual who—

''(A) possesses a master's or doctoral degree in mental health counseling or a related field;

''(B) after obtaining such a degree has performed at least 2 years of supervised mental health counselor practice; and

''(C) in the case of an individual performing services in a State that provides for licensure or certification of mental health counselors or professional counselors, is licensed or certified as a mental health counselor or professional counselor in such State.''.

(3) PROVISION FOR PAYMENT UNDER PART B.—Section 1832(a)(2)(B) of the Social Security Act (42 U.S.C. 1395k(a)(2)(B)) is amended by adding at the end the following new clause:

''(v) marriage and family therapist services (as defined in section 1861(iii)(1)) and mental health counselor services (as defined in section 1861(iii)(3));''.

(4) AMOUNT OF PAYMENT.—

(A) IN GENERAL.—Section 1833(a)(1) of the Social Security Act (42 U.S.C. 1395*l*(a)(1)) is amended—

(i) by striking ''and (Z)'' and inserting ''(Z)''; and

(ii) by inserting before the semicolon at the end the following: '', and (AA) with respect to marriage and family therapist services and mental health counselor services under section 1861(s)(2)(GG), the amounts paid shall be 80 percent of the lesser of the actual charge for the services or 75 percent of the amount determined for payment of a psychologist under subparagraph (L)''.

(B) DEVELOPMENT OF CRITERIA WITH RESPECT TO CONSULTATION WITH A HEALTH CARE PROFESSIONAL.—The Secretary of Health and Human Services shall, taking into consideration concerns for patient confidentiality, develop criteria with respect to payment for marriage and family therapist services for which payment may be made directly to the marriage and family therapist under part B of title XVIII of the Social Security Act (42 U.S.C.

1395j et seq.) under which such a therapist must agree to consult with a patient's attending or primary care physician or nurse practitioner in accordance with such criteria.

(5) EXCLUSION OF MARRIAGE AND FAMILY THERAPIST SERVICES AND MENTAL HEALTH COUNSELOR SERVICES FROM SKILLED NURSING FACILITY PROSPECTIVE PAYMENT SYSTEM.—Section 1888(e)(2)(A)(ii) of the Social Security Act (42 U.S.C. 1395yy(e)(2)(A)(ii)) is amended by inserting ''marriage and family therapist services (as defined in section 1861(iii)(1)), mental health counselor services (as defined in section 1861(iii)(3)),'' after ''qualified psychologist services,''.

(6) INCLUSION OF MARRIAGE AND FAMILY THERAPISTS AND MENTAL HEALTH COUNSELORS AS PRACTITIONERS FOR ASSIGNMENT OF CLAIMS.—Section 1842(b)(18)(C) of the Social Security Act (42 U.S.C. 1395u(b)(18)(C)) is amended by adding at the end the following new clauses:

''(vii) A marriage and family therapist (as defined in section 1861(iii)(2)).

''(viii) A mental health counselor (as defined in section 1861(iii)(4)).''.

(b) COVERAGE OF CERTAIN MENTAL HEALTH SERVICES PROVIDED IN CERTAIN SETTINGS.—

(1) RURAL HEALTH CLINICS AND FEDERALLY QUALIFIED HEALTH CENTERS.—Section 1861(aa)(1)(B) of the Social Security Act (42 U.S.C. 1395x(aa)(1)(B)) is amended by striking ''or by a clinical social worker (as defined in subsection (hh)(1))'' and inserting '', by a clinical social worker (as defined in subsection (hh)(1)), by a marriage and family therapist (as defined in subsection (iii)(2)), or by a mental health counselor (as defined in subsection (iii)(4))''.

(2) HOSPICE PROGRAMS.—Section 1861(dd)(2)(B)(i)(III) of the Social Security Act (42 U.S.C. 1395x(dd)(2)(B)(i)(III)) is amended by inserting ''(and may, in addition, include a marriage and family therapist and mental health counselor)'' after ''social worker''.

(c) AUTHORIZATION OF MARRIAGE AND FAMILY THERAPISTS AND MENTAL HEALTH COUNSELORS TO DEVELOP DISCHARGE PLANS FOR POST-HOSPITAL SERVICES.—Section 1861(ee)(2)(G) of the Social Security Act (42 U.S.C. 1395x(ee)(2)(G)) is amended by inserting '', including a marriage and family therapist and a mental

health counselor who meets qualification standards established by the Secretary'' before the period at the end.

(d) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to services furnished on or after the date that is one year after the date of the enactment of this Act.

TITLE IV—DEVELOPING THE BEHAVIORAL HEALTH WORKFORCE

SEC. 401. NATIONAL HEALTH SERVICE CORPS SCHOLARSHIP AND LOAN REPAYMENT FUNDING FOR BEHAVIORAL AND MENTAL HEALTH PROFESSIONALS.

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

(1) by redesignating subsections (b) and (c) as subsections (c) and (d), respectively; and

(2) by inserting after subsection (a) the following:

''(b) ADDITIONAL FUNDING FOR BEHAVIORAL AND MENTAL HEALTH PROFESSIONALS.—In addition to the amounts authorized to be appropriated under subsection (a), and in addition to the amounts appropriated under section 10503 of Public Law 111–148, there are authorized to be appropriated such sums as may be necessary

for fiscal years 2015 through 2019 for scholarships and loan repayments under this subpart for ensuring, as described in sections 338A(a) and 338B(a), an adequate supply of behavioral and mental health professionals.''.

SEC. 402. REAUTHORIZATION OF HRSA'S MENTAL AND BEHAVIORAL HEALTH EDUCATION AND TRAINING PROGRAM.

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

''(e) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated such sums as may be necessary for fiscal years 2015 through 2019.''.

SEC. 403. SAMHSA GRANT PROGRAM FOR DEVELOPMENT AND IMPLEMENTATION OF CURRICULA FOR CONTINUING EDUCATION ON SERIOUS MENTAL ILLNESS.

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

''SEC. 520I–1. CURRICULA FOR CONTINUING EDUCATION ON SERIOUS MENTAL ILLNESS.

''(a) GRANTS.—The Secretary may award grants to eligible entities 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.

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

''(1) provides continuing education or training to health care professionals; or

''(2) applies for the grant in partnership with another entity that provides such education and training.

''(c) PREFERENCE.—In awarding grants under this section, the Secretary shall give preference to eligible entities proposing to develop and implement curricula for providing continuing education and training to—

''(1) health care professionals in primary care specialities; or

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

''(d) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated such sums as may be necessary for fiscal years 2015 through 2019.''.

SEC. 404. DEMONSTRATION GRANT PROGRAM TO RECRUIT, TRAIN, DEPLOY, AND PROFESSIONALLY SUPPORT PSYCHIATRIC PHYSICIANS IN INDIAN HEALTH PROGRAMS.

(a) SHORT TITLE.—This section may be cited as the ''Native American Psychiatric and Mental Health Care Improvement Act''.

(b) DEMONSTRATION GRANT PROGRAM TO RECRUIT, TRAIN, DEPLOY, AND PROFESSIONALLY SUPPORT PSYCHIATRIC PHYSICIANS IN INDIAN HEALTH PROGRAMS.—

(1) ESTABLISHMENT.—The Secretary of Health and Human Services (in this subsection referred to as the ''Secretary''), in consultation with the Director of the Indian Health Service and demonstration programs established under section 123 of the Indian Health Care Improvement Act (25 U.S.C. 1616p), shall award one 5-year grant to one eligible entity to carry out a demonstration program (in this Act referred to as the ''Program'') under which the eligible entity shall carry out the activities described in paragraph (2).

(2) ACTIVITIES TO BE CARRIED OUT BY RECIPIENT OF GRANT UNDER PROGRAM.—Under the Program, the grant recipient shall—

(A) create a nationally replicable workforce model that identifies and incorporates best

practices for recruiting, training, deploying, and professionally supporting Native American and non-Native American psychiatric physicians to be fully integrated into medical, mental, and behavioral health systems in Indian health programs;

(B) recruit to participate in the Program Native American and non-Native American psychiatric physicians who demonstrate interest in providing specialty health care services (as defined in section 313(a)(3) of the Indian Health Care Improvement Act (25 U.S.C. 1638g(a)(3))) and primary care services to American Indians and Alaska Natives;

(C) provide such psychiatric physicians participating in the Program with not more than 1 year of supplemental clinical and cultural competency training to enable such physicians to provide such specialty health care services and primary care services in Indian health programs;

(D) with respect to such psychiatric physicians who are participating in the Program and trained under subparagraph (C), deploy such physicians to practice specialty care or primary

care in Indian health programs for a period of not less than 2 years and professionally support such physicians for such period with respect to practicing such care in such programs; and

(E) not later than 1 year after the last day of the 5-year period for which the grant is awarded under paragraph (1), submit to the Secretary and to the appropriate committees of Congress a report that shall include—

(i) the workforce model created under subparagraph (A);

(ii) strategies for disseminating the workforce model to other entities with the capability of adopting it; and

(iii) recommendations for the Secretary and Congress with respect to supporting an effective and stable psychiatric and mental health workforce that serves American Indians and Alaska Natives.

(3) ELIGIBLE ENTITIES.—

(A) REQUIREMENTS.—To be eligible to receive the grant under this section, an entity shall—

(i) submit to the Secretary an application at such time, in such manner, and

containing such information as the Secretary may require;

(ii) be a department of psychiatry within a medical school in the United States that is accredited by the Liaison Committee on Medical Education or a public or private nonprofit entity affiliated with a medical school in the United States that is accredited by the Liaison Committee on Medical Education; and

(iii) have in existence, as of the time of submission of the application under subparagraph (A), a relationship with Indian health programs in at least two States with a demonstrated need for psychiatric physicians and provide assurances that the grant will be used to serve rural and non-rural American Indian and Alaska Native populations in at least two States.

(B) PRIORITY IN SELECTING GRANT RECIPIENT.—In awarding the grant under this section, the Secretary shall give priority to an eligible entity that satisfies each of the following:

(i) Demonstrates sufficient infrastructure in size, scope, and capacity to undertake the supplemental clinical and cultural competency training of a minimum of 5 psychiatric physicians, and to provide ongoing professional support to psychiatric physicians during the deployment period to an Indian health program.

(ii) Demonstrates a record in successfully recruiting, training, and deploying physicians who are American Indians and Alaska Natives.

(iii) Demonstrates the ability to establish a program advisory board, which may be primarily composed of representatives of federally recognized tribes, Alaska Natives, and Indian health programs to be served by the Program.

(4) ELIGIBILITY OF PSYCHIATRIC PHYSICIANS TO PARTICIPATE IN THE PROGRAM.—

(A) IN GENERAL.—To be eligible to participate in the Program, as described in paragraph (2), a psychiatric physician shall—

(i) be licensed or eligible for licensure to practice in the State to which the physi-

cian is to be deployed under paragraph (2)(D); and

(ii) demonstrate a commitment beyond the one year of training described in paragraph (2)(C) and two years of deployment described in paragraph (2)(D) to a career as a specialty care physician or primary care physician providing mental health services in Indian health programs.

(B) PREFERENCE.—In selecting physicians to participate under the Program, as described in paragraph (2)(B), the grant recipient shall give preference to physicians who are American Indians and Alaska Natives.

(5) LOAN FORGIVENESS.—Under the Program, any psychiatric physician accepted to participate in the Program shall, notwithstanding the provisions of subsection (b) of section 108 of the Indian Health Care Improvement Act (25 U.S.C. 1616a) and upon acceptance into the Program, be deemed eligible and enrolled to participate in the Indian Health Service Loan Repayment Program under such section 108. Under such Loan Repayment Program, the Secretary shall pay on behalf of the physician for each year of deployment under the Program under this

section up to $35,000 for loans described in subsection (g)(1) of such section 108.

(6) DEFERRAL OF CERTAIN SERVICE.—The starting date of required service of individuals in the National Health Service Corps Service Program under title II of the Public Health Service Act (42 U.S.C. 202 et seq.) who are psychiatric physicians participating under the Program under this section shall be deferred until the date that is 30 days after the date of completion of the participation of such a physician in the Program under this section.

(7) DEFINITIONS.—For purposes of this Act:

(A) AMERICAN INDIANS AND ALASKA NATIVES.—The term ''American Indians and Alaska Natives'' has the meaning given the term ''Indian'' in section 447.50(b)(1) of title 42, Code of Federal Regulations, as in existence as of the date of the enactment of this Act.

(B) INDIAN HEALTH PROGRAM.—The term ''Indian health program'' has the meaning given such term in section 104(12) of the Indian Health Care Improvement Act (25 U.S.C. 1603(12)).

(C) PROFESSIONALLY SUPPORT.—The term ''professionally support'' means, with re-

spect to psychiatric physicians participating in the Program and deployed to practice specialty care or primary care in Indian health programs, the provision of compensation to such physicians for the provision of such care during such deployment and may include the provision, dissemination, or sharing of best practices, field training, and other activities deemed appropriate by the recipient of the grant under this section.

(D) PSYCHIATRIC PHYSICIAN.—The term ''psychiatric physician'' means a medical doctor or doctor of osteopathy in good standing who has successfully completed four-year psychiatric residency training or who is enrolled in four-year psychiatric residency training in a residency program accredited by the Accreditation Council for Graduate Medical Education.

(8) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $1,000,000 for each of the fiscal years 2015 through 2019.

SEC. 405. INCLUDING OCCUPATIONAL THERAPISTS AS BEHAVIORAL AND MENTAL HEALTH PROFESSIONALS FOR PURPOSES OF THE NATIONAL HEALTH SERVICE CORPS.

(a) INCLUSION OF OCCUPATIONAL THERAPIST.—Section 331(a)(3)(E)(i) of the Public Health Service Act (42 U.S.C. 254d(a)(3)(E)(i)) is amended by inserting ''subject to section 405(b)(2) of the Strengthening Mental Health in Our Communities Act of 2014, occupational therapists,'' after ''psychiatric nurse specialists;''.

(b) EFFECTIVE DATE; CONTINGENT IMPLEMENTATION.—

(1) EFFECTIVE DATE.—Subject to paragraph (2), the amendment made by subsection (a) shall apply beginning on October 1, 2014.

(2) CONTINGENT IMPLEMENTATION.—The amendment made by subsection (a) shall apply with respect to obligations entered into for a fiscal year after fiscal year 2014 only if the total amount made available for the purpose of carrying out subparts II and III of part D of title III of the Public Health Service Act (42 U.S.C. 254d et seq.) for such fiscal year is greater than the total amount made available for such purpose for fiscal year 2014.

SEC. 406. EXTENSION OF CERTAIN HEALTH CARE WORKFORCE LOAN REPAYMENT PROGRAMS THROUGH FISCAL YEAR 2019.

Section 775(e) of the Public Health Service Act (42 U.S.C. 295f(e)) is amended—

(1) by striking ''2014'' and inserting ''2019''; and

(2) by striking ''2013'' and inserting ''2019''.

TITLE V—IMPROVING MENTAL HEALTH RESEARCH AND COORDINATION

SEC. 501. NATIONAL INSTITUTE OF MENTAL HEALTH RESEARCH PROGRAM ON SERIOUS MENTAL ILLNESS AND SUICIDE PREVENTION.

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

(b) RESEARCH PROGRAM.—Section 464R(b) of the Public Health Service Act (42 U.S.C. 285p(b)) is amended—

(1) by striking ''The research program'' and inserting the following:

''(1) IN GENERAL.—The research program'';

(2) by striking ''to further the treatment and prevention of mental illness'' and inserting ''to fur-

ther the treatment and prevention of mental illness (including serious mental illness)''; and

(3) by adding at the end the following:

''(2) RESEARCH WITH RESPECT TO SERIOUS MENTAL ILLNESS.—As part of the research program established under this subpart, the Director of the Institute shall conduct or support research on serious mental illness, including with respect to—

''(A) the causes, prevention, and treatment of serious mental illness; and

''(B) interventions to improve early identification of individuals with serious mental illness.

''(3) RESEARCH WITH RESPECT TO VIOLENCE ASSOCIATED WITH MENTAL ILLNESS.—As part of the research program established under this subpart, the Director of the Institute shall conduct or support research on self-directed and other-directed violence associated with mental illness, including with respect to—

''(A) the causes of such violence; and

''(B) interventions to reduce the risk of self-harm, suicide, and interpersonal violence, including in rural and other underserved communities.''.

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

(1) by redesignating subparagraph (L) as subparagraph (M); and

(2) by inserting after subparagraph (K) the following:

''(L) Serious mental illness.''.

(d) AUTHORIZATION OF APPROPRIATIONS.—Section 464R of the Public Health Service Act (42 U.S.C. 285p) is amended by adding at the end the following:

''(f) AUTHORIZATION OF APPROPRIATIONS.—In addition to amounts otherwise made available to the National Institute of Mental Health, including amounts appropriated pursuant to section 402A(a), there are authorized to be appropriated to such Institute $40,000,000 for each of fiscal years 2015 through 2019 to carry out subsection (b)(3) (relating to research with respect to violence associated with mental illness).''.

SEC. 502. YOUTH MENTAL HEALTH RESEARCH NETWORK.

(a) YOUTH MENTAL HEALTH RESEARCH NETWORK.—

(1) NETWORK.—The Director of the National Institutes of Health may provide for the establish-

ment of a Youth Mental Health Research Network for the conduct or support of—

(A) youth mental health research; and

(B) youth mental health intervention services.

(2) COLLABORATION BY INSTITUTES AND CENTERS.—The Director of NIH shall carry out this Act acting—

(A) through the Director of the National Institute of Mental Health; and

(B) in collaboration with other appropriate national research institutes and national centers that carry out activities involving youth mental health research.

(3) MENTAL HEALTH RESEARCH.—

(A) IN GENERAL.—In carrying out paragraph (1), the Director of NIH may award cooperative agreements, grants, and contracts to State, local, and tribal governments and private nonprofit entities for—

(i) conducting, or entering into consortia with other entities to conduct—

(I) basic, clinical, behavioral, or translational research to meet unmet

needs for youth mental health research; or

(II) training for researchers in youth mental health research techniques;

(ii) providing, or partnering with non-research institutions or community-based groups with existing connections to youth to provide, youth mental health intervention services; and

(iii) collaborating with the National Institute of Mental Health to make use of, and build on, the scientific findings and clinical techniques of the Institute's earlier programs, studies, and demonstration projects.

(B) RESEARCH.—The Director of NIH shall ensure that—

(i) each recipient of an award under subparagraph (A)(i) conducts or supports at least one category of research described in subparagraph (A)(i)(I) and collectively such recipients conduct or support all such categories of research; and

(ii) one or more such recipients provide training described in subparagraph (A)(i)(II).

(C) NUMBER OF AWARD RECIPIENTS.—The Director of NIH may make awards under this paragraph for not more than 70 entities.

(D) SUPPLEMENT, NOT SUPPLANT.—Any support received by an entity under subparagraph (A) shall be used to supplement, and not supplant, other public or private support for activities authorized to be supported under this paragraph.

(E) DURATION OF SUPPORT.—Support of an entity under subparagraph (A) may be for a period of not to exceed 5 years. Such period may be extended by the Director of NIH for additional periods of not more than 5 years.

(4) COORDINATION.—The Director of NIH shall—

(A) as appropriate, provide for the coordination of activities (including the exchange of information and regular communication) among the recipients of awards under this subsection; and

(B) require the periodic preparation and submission to the Director of reports on the activities of each such recipient.

(b) INTERVENTION SERVICES FOR, AND RESEARCH ON, SERIOUS EMOTIONAL DISTURBANCE.—

(1) IN GENERAL.—In making awards under subsection (a)(3), the Director of NIH shall ensure that an appropriate number of such awards are awarded to entities that agree to—

(A) focus primarily on the early detection of and interventions for serious emotional disturbances in children and adolescents;

(B) conduct or coordinate one or more multisite clinical trials of therapies for, or approaches to, the prevention, diagnosis, or treatment of early serious emotional disturbance in a community setting;

(C) rapidly and efficiently disseminate scientific findings resulting from such trials; and

(D) adhere to the guidelines, protocols, and practices used in the North American Prodrome Longitudinal Study (NAPLS) and the Recovery After an Initial Schizophrenia Episode (RAISE) initiative.

(2) DATA COORDINATING CENTER.—

(A) ESTABLISHMENT.—In connection with awards to entities described in paragraph (1), the Director of NIH shall establish a data coordinating center for the following purposes:

(i) To distribute the scientific findings referred to in paragraph (1)(C).

(ii) To provide assistance in the design and conduct of collaborative research projects and the management, analysis, and storage of data associated with such projects.

(iii) To organize and conduct multisite monitoring activities.

(iv) To provide assistance to the Centers for Disease Control and Prevention in the establishment of patient registries.

(B) REPORTING.—The Director of NIH shall—

(i) require the data coordinating center established under subparagraph (A) to provide regular reports to the Director of NIH on research conducted by entities described in paragraph (1), including information on enrollment in clinical trials and

the allocation of resources with respect to such research; and

(ii) as appropriate, incorporate information reported under clause (i) into the Director's biennial reports under section 403 of the Public Health Service Act (42 U.S.C. 283).

(c) DEFINITIONS.—In this Act, the terms ''Director of NIH'', ''national center'', and ''national research institute'' have the meanings given to such terms in section 401 of the Public Health Service Act (42 U.S.C. 281).

(d) AUTHORIZATION OF APPROPRIATIONS.—To carry out this Act, there is authorized to be appropriated $25,000,000 for each of fiscal years 2015 through 2019.

SEC. 503. NATIONAL VIOLENT DEATH REPORTING SYSTEM.

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

TITLE VI—EDUCATION AND YOUTH

SEC. 601. SCHOOL-BASED MENTAL HEALTH PROGRAMS.

(a) PURPOSES.—It is the purpose of this section to—

(1) revise, increase funding for, and expand the scope of the Safe Schools-Healthy Students program in order to provide access to more comprehensive school-based mental health services and supports;

(2) increase access to school employed mental health professionals;

(3) provide for comprehensive staff development for school and community service personnel working in the school; and

(4) provide for comprehensive training for children with mental health disorders, for parents, siblings, and other family members of such children, and for concerned members of the community.

(b) AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT.—

(1) TECHNICAL AMENDMENTS.—The second part G (relating to services provided through religious organizations) of title V of the Public Health Service Act (42 U.S.C. 290kk et seq.) is amended—

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

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

(2) SCHOOL-BASED MENTAL HEALTH AND CHILDREN AND VIOLENCE.—Section 581 of the Public Health Service Act (42 U.S.C. 290hh) is amended to read as follows:

"SEC. 581. SCHOOL-BASED MENTAL HEALTH AND CHILDREN AND VIOLENCE.

''(a) IN GENERAL.—The Secretary, in collaboration with the Secretary of Education and in consultation with the Attorney General, shall, directly or through grants, contracts, or cooperative agreements awarded to States, assist local communities and schools in applying a public health approach to mental health services both in schools and in the community. Such an 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.

''(b) ACTIVITIES.—Under the program under subsection (a), the Secretary may—

''(1) provide financial support to enable local communities to implement a comprehensive culturally and linguistically appropriate, trauma-informed, and age-appropriate, school mental health

program that incorporates positive behavioral interventions, client treatment, and supports to foster the health and development of children;

''(2) provide technical assistance to local communities with respect to the development of programs described in paragraph (1);

''(3) provide assistance to local communities in the development of policies to address child and adolescent trauma and mental health issues and violence when and if it occurs;

''(4) facilitate community partnerships among families, students, law enforcement agencies, education systems, school-based health centers, mental health and substance use disorder service systems, family-based mental health service systems, welfare agencies, health care service systems (including physicians), faith-based programs, trauma networks, and other community-based systems; and

''(5) establish mechanisms for children and adolescents to report incidents of violence or plans by other children, adolescents, or adults to commit violence.

''(c) REQUIREMENTS.—

''(1) IN GENERAL.—To be eligible for a grant, contract, or cooperative agreement under subsection (a), an entity shall—

''(A) be a State, in partnership with at least three local education agencies; and

''(B) submit an application, that is endorsed by all members of the partnership, that contains the assurances described in paragraph (2).

''(2) REQUIRED ASSURANCES.—An application under paragraph (1) shall contain assurances as follows:

''(A) That the applicant will ensure that, in carrying out activities under this section, the local educational agency involved will enter into a memorandum of understanding—

''(i) with, at least one, public or private mental health entity, health care entity, law enforcement or juvenile justice entity, child welfare agency, family-based mental health entity, family or family organization, trauma network, or other community-based entity; and

''(ii) that clearly states—

''(I) how school employed mental health professionals will be utilized for carrying out such responsibilities;

''(II) the responsibilities of each partner with respect to the activities to be carried out;

''(III) how each such partner will be accountable for carrying out such responsibilities; and

''(IV) the amount of non-Federal funding or in-kind contributions that each such partner will contribute in order to sustain the program.

''(B) That the comprehensive school-based mental health program carried out under this section supports the flexible use of funds to address—

''(i) the promotion of the social, emotional, and behavioral health of all students in an environment that is conducive to learning;

''(ii) the reduction in the likelihood of at-risk students developing social, emotional, behavioral health problems, or substance use disorders;

''(iii) the early identification of social, emotional, behavioral problems, or substance use disorders and the provision of early intervention services;

''(iv) the treatment or referral for treatment of students with existing social, emotional, behavioral health problems, or substance use disorders; and

''(v) the development and implementation of programs to assist children in dealing with trauma and violence.

''(C) That the comprehensive school-based mental health program carried out under this section will provide for in-service training of all school personnel, including ancillary staff and volunteers, in—

''(i) the techniques and supports needed to identify early children with trauma histories and children with, or at risk of, mental illness;

''(ii) the use of referral mechanisms that effectively link such children to appropriate treatment and intervention services in the school and in the community and to follow up when services are not available;

"(iii) strategies that promote a school-wide positive environment;

"(iv) strategies for promoting the social, emotional, mental, and behavioral health of all students; and

"(v) strategies to increase the knowledge and skills of school and community leaders about the impact of trauma and violence and on the application of a public health approach to comprehensive school-based mental health programs.

"(D) That the comprehensive school-based mental health program carried out under this section will include comprehensive training for parents, siblings, and other family members of children with mental health disorders, and for concerned members of the community in—

"(i) the techniques and supports needed to identify early children with trauma histories, and children with, or at risk of, mental illness;

"(ii) the use of referral mechanisms that effectively link such children to appropriate treatment and intervention services in the school and in the community and

follow up when such services are not available; and

''(iii) strategies that promote a school-wide positive environment.

''(E) That the comprehensive school-based mental health program carried out under this section will demonstrate the measures to be taken to sustain the program after funding under this section terminates.

''(F) That the local educational agency partnership involved is supported by the State educational and mental health system to ensure that the sustainability of the program is established after funding under this section terminates.

''(G) That the comprehensive school-based mental health program carried out under this section will be based on trauma-informed and evidence-based practices.

''(H) That the comprehensive school-based mental health program carried out under this section will be coordinated with early intervening activities carried out under the Individuals with Disabilities Education Act.

''(I) That the comprehensive school-based mental health program carried out under this section will be trauma-informed and culturally and linguistically appropriate.

''(J) That the comprehensive school-based mental health program carried out under this section will include a broad needs assessment of youth who drop out of school due to policies of 'zero tolerance' with respect to drugs, alcohol, or weapons and an inability to obtain appropriate services.

''(K) That the mental health services provided through the comprehensive school-based mental health program carried out under this section will be provided by qualified mental and behavioral health professionals who are certified or licensed by the State involved and practicing within their area of expertise.

''(3) COORDINATOR.—Any entity that is a member of a partnership described in paragraph (1)(A) may serve as the coordinator of funding and activities under the grant if all members of the partnership agree.

''(4) COMPLIANCE WITH HIPAA.—A grantee under this section shall be deemed to be a covered

entity for purposes of compliance with the regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996 with respect to any patient records developed through activities under the grant.

''(d) GEOGRAPHICAL DISTRIBUTION.—The Secretary shall ensure that grants, contracts, or cooperative agreements under subsection (a) will be distributed equitably among the regions of the country and among urban and rural areas.

''(e) DURATION OF AWARDS.—With respect to a grant, contract, or cooperative agreement under subsection (a), the period during which payments under such an award will be made to the recipient shall be 6 years. An entity may receive only one award under this section, except that an entity that is providing services and supports on a regional basis may receive additional funding after the expiration of the preceding grant period.

''(f) EVALUATION AND MEASURES OF OUTCOMES.—

''(1) DEVELOPMENT OF PROCESS.—The Administrator shall develop a fiscally appropriate process for evaluating activities carried out under this section. Such process shall include—

''(A) the development of guidelines for the submission of program data by grant, contract, or cooperative agreement recipients;

''(B) the development of measures of outcomes (in accordance with paragraph (2)) to be applied by such recipients in evaluating programs carried out under this section; and

''(C) the submission of annual reports by such recipients concerning the effectiveness of programs carried out under this section.

''(2) MEASURES OF OUTCOMES.—

''(A) IN GENERAL.—The Administrator shall develop measures of outcomes to be applied by recipients of assistance under this section, and the Administrator, in evaluating the effectiveness of programs carried out under this section. Such measures shall include student and family measures as provided for in subparagraph (B) and local educational measures as provided for under subparagraph (C).

''(B) STUDENT AND FAMILY MEASURES OF OUTCOMES.—The measures of outcomes developed under paragraph (1)(B) relating to students and families shall, with respect to activities carried out under a program under this

section, at a minimum include provisions to evaluate whether the program is effective in—

"(i) increasing social and emotional competency;

"(ii) increasing academic competency (as defined by Secretary);

"(iii) reducing disruptive and aggressive behaviors;

"(iv) improving child functioning;

"(v) reducing substance use disorders;

"(vi) reducing suspensions, truancy, expulsions and violence;

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

"(viii) improving access to care for mental health disorders.

"(C) LOCAL EDUCATIONAL OUTCOMES.—The outcome measures developed under paragraph (1)(B) relating to local educational systems shall, with respect to activities carried out under a program under this section, at a minimum include provisions to evaluate—

''(i) the effectiveness of comprehensive school mental health programs established under this section;

''(ii) the effectiveness of formal partnership linkages among child and family serving institutions, community support systems, and the educational system;

''(iii) the progress made in sustaining the program once funding under the grant has expired;

''(iv) the effectiveness of training and professional development programs for all school personnel that incorporate indicators that measure cultural and linguistic competencies under the program in a manner that incorporates appropriate cultural and linguistic training;

''(v) the improvement in perception of a safe and supportive learning environment among school staff, students, and parents;

''(vi) the improvement in case-finding of students in need of more intensive services and referral of identified students to early intervention and clinical services;

''(vii) the improvement in the immediate availability of clinical assessment and treatment services within the context of the local community to students posing a danger to themselves or others;

''(viii) the increased successful matriculation to postsecondary school; and

''(ix) reduced referrals to juvenile justice.

''(3) SUBMISSION OF ANNUAL DATA.—An entity that receives a grant, contract, or cooperative agreement under this section shall annually submit to the Administrator a report that includes data to evaluate the success of the program carried out by the entity based on whether such program is achieving the purposes of the program. Such reports shall utilize the measures of outcomes under paragraph (2) in a reasonable manner to demonstrate the progress of the program in achieving such purposes.

''(4) EVALUATION BY ADMINISTRATOR.—Based on the data submitted under paragraph (3), the Administrator shall annually submit to Congress a report concerning the results and effectiveness of the programs carried out with assistance received under this section.

''(5) LIMITATION.—A grantee shall use not to exceed 10 percent of amounts received under a grant under this section to carry out evaluation activities under this subsection.

''(g) INFORMATION AND EDUCATION.—The Secretary shall establish comprehensive information and education programs to disseminate the findings of the knowledge development and application under this section to the general public and to health care professionals.

''(h) AMOUNT OF GRANTS AND AUTHORIZATION OF APPROPRIATIONS.—

''(1) AMOUNT OF GRANTS.—A grant under this section shall be in an amount that is not more than $1,000,000 for each of grant years 2015 through 2019. The Secretary shall determine the amount of each such grant based on the population of children up to age 21 of the area to be served under the grant.

''(2) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, $200,000,000 for each of fiscal years 2015 through 2019.''.

(3) CONFORMING AMENDMENT.—Part G of title V of the Public Health Service Act (42 U.S.C. 290hh et seq.), as amended by this section, is fur-

ther amended by striking the part heading and inserting the following:

"PART G—SCHOOL-BASED MENTAL HEALTH".

SEC. 602. EXAMINING MENTAL HEALTH CARE FOR CHILDREN.

(a) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Comptroller General of the United States shall conduct an independent evaluation, and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, a report concerning the utilization of mental health services for children, including the usage of psychotropic medications.

(b) CONTENT.—The report submitted under subsection (a) shall review and assess—

(1) the ways in which children access mental health care, including information on whether children are screened and treated by primary care or specialty physicians or other health care providers, what types of referrals for additional care are recommended, and any barriers to accessing this care;

(2) the extent to which children prescribed psychotropic medications in the United States face bar-

riers to more comprehensive or other mental health services, interventions, and treatments;

(3) the extent to which children are prescribed psychotropic medications in the United States including the frequency of concurrent medication usage; and

(4) the tools, assessments, and medications that are available and used to diagnose and treat children with mental health disorders.

TITLE VII—JUSTICE AND MENTAL HEALTH COLLABORATION

SEC. 701. ASSISTING VETERANS.

(a) REDESIGNATION.—Section 2991 of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797aa) is amended by redesignating subsection (i) as subsection (l).

(b) ASSISTING VETERANS.—Section 2991 of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797aa) is amended by inserting after subsection (h) the following:

''(i) ASSISTING VETERANS.—

''(1) DEFINITIONS.—In this subsection:

''(A) PEER-TO-PEER SERVICES OR PROGRAMS.—The term 'peer-to-peer services or pro-

grams' means services or programs that connect qualified veterans with other veterans for the purpose of providing support and mentorship to assist qualified veterans in obtaining treatment, recovery, stabilization, or rehabilitation.

''(B) QUALIFIED VETERAN.—The term 'qualified veteran' means a preliminarily qualified offender who—

''(i) has served on active duty in any branch of the Armed Forces, including the National Guard and reserve components; and

''(ii) was discharged or released from such service under conditions other than dishonorable.

''(C) VETERANS TREATMENT COURT PROGRAM.—The term 'veterans treatment court program' means a court program involving collaboration among criminal justice, veterans, and mental health and substance abuse agencies that provides qualified veterans with—

''(i) intensive judicial supervision and case management, which may include random and frequent drug testing where appropriate;

"(ii) a full continuum of treatment services, including mental health services, substance abuse services, medical services, and services to address trauma;

"(iii) alternatives to incarceration; and

"(iv) other appropriate services, including housing, transportation, mentoring, employment, job training, education, and assistance in applying for and obtaining available benefits.

"(2) VETERANS ASSISTANCE PROGRAM.—

"(A) IN GENERAL.—The Attorney General, in consultation with the Secretary of Veterans Affairs, may award grants under this subsection to applicants to establish or expand—

"(i) veterans treatment court programs;

"(ii) peer-to-peer services or programs for qualified veterans;

"(iii) practices that identify and provide treatment, rehabilitation, legal, transitional, and other appropriate services to qualified veterans who have been incarcerated; and

''(iv) training programs to teach criminal justice, law enforcement, corrections, mental health, and substance abuse personnel how to identify and appropriately respond to incidents involving qualified veterans.

''(B) PRIORITY.—In awarding grants under this subsection, the Attorney General shall give priority to applications that—

''(i) demonstrate collaboration between and joint investments by criminal justice, mental health, substance abuse, and veterans service agencies;

''(ii) promote effective strategies to identify and reduce the risk of harm to qualified veterans and public safety; and

''(iii) propose interventions with empirical support to improve outcomes for qualified veterans.''.

SEC. 702. CORRECTIONAL FACILITIES.

Section 2991 of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797aa) is amended by inserting after subsection (i), as so added by section 701, the following:

''(j) CORRECTIONAL FACILITIES.—

''(1) DEFINITIONS.—

''(A) CORRECTIONAL FACILITY.—The term 'correctional facility' means a jail, prison, or other detention facility used to house people who have been arrested, detained, held, or convicted by a criminal justice agency or a court.

''(B) ELIGIBLE INMATE.—The term 'eligible inmate' means an individual who—

''(i) is being held, detained, or incarcerated in a correctional facility; and

''(ii) manifests obvious signs of a mental illness or has been diagnosed by a qualified mental health professional as having a mental illness.

''(2) CORRECTIONAL FACILITY GRANTS.—The Attorney General may award grants to applicants to enhance the capabilities of a correctional facility—

''(A) to identify and screen for eligible inmates;

''(B) to plan and provide—

''(i) initial and periodic assessments of the clinical, medical, and social needs of inmates; and

"(ii) appropriate treatment and services that address the mental health and substance abuse needs of inmates;

"(C) to develop, implement, and enhance—

"(i) post-release transition plans for eligible inmates that, in a comprehensive manner, coordinate health, housing, medical, employment, and other appropriate services and public benefits;

"(ii) the availability of mental health care services and substance abuse treatment services; and

"(iii) alternatives to solitary confinement and segregated housing and mental health screening and treatment for inmates placed in solitary confinement or segregated housing; and

"(D) to train each employee of the correctional facility to identify and appropriately respond to incidents involving inmates with mental health or co-occurring mental health and substance abuse disorders.".

SEC. 703. HIGH UTILIZERS.

Section 2991 of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797aa) is amended by

inserting after subsection (j), as added by section 702, the following:

''(k) DEMONSTRATION GRANTS RESPONDING TO HIGH UTILIZERS.—

''(1) DEFINITION.—In this subsection, the term 'high utilizer' means an individual who—

''(A) manifests obvious signs of mental illness or has been diagnosed by a qualified mental health professional as having a mental illness; and

''(B) consumes a significantly disproportionate quantity of public resources, such as emergency, housing, judicial, corrections, and law enforcement services.

''(2) DEMONSTRATION GRANTS RESPONDING TO HIGH UTILIZERS.—

''(A) IN GENERAL.—The Attorney General may award not more than 6 grants per year under this subsection to applicants for the purpose of reducing the use of public services by high utilizers.

''(B) USE OF GRANTS.—A recipient of a grant awarded under this subsection may use the grant—

''(i) to develop or support multidisciplinary teams that coordinate, implement, and administer community-based crisis responses and long-term plans for high utilizers;

''(ii) to provide training on how to respond appropriately to the unique issues involving high utilizers for public service personnel, including criminal justice, mental health, substance abuse, emergency room, health care, law enforcement, corrections, and housing personnel;

''(iii) to develop or support alternatives to hospital and jail admissions for high utilizers that provide treatment, stabilization, and other appropriate supports in the least restrictive, yet appropriate, environment; or

''(iv) to develop protocols and systems among law enforcement, mental health, substance abuse, housing, corrections, and emergency medical service operations to provide coordinated assistance to high utilizers.

''(C) REPORT.—Not later than the last day of the first year following the fiscal year in which a grant is awarded under this subsection, the recipient of the grant shall submit to the Attorney General a report that—

''(i) measures the performance of the grant recipient in reducing the use of public services by high utilizers; and

''(ii) provides a model set of practices, systems, or procedures that other jurisdictions can adopt to reduce the use of public services by high utilizers.''.

SEC. 704. ACADEMY TRAINING.

Section 2991(h) of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797aa(h)) is amended—

(1) in paragraph (1), by adding at the end the following:

''(F) ACADEMY TRAINING.—To provide support for academy curricula, law enforcement officer orientation programs, continuing education training, and other programs that teach law enforcement personnel how to identify and respond to incidents involving individuals with

mental illness or co-occurring mental illness and substance abuse disorders.''; and

(2) by adding at the end the following:

''(4) PRIORITY CONSIDERATION.—The Attorney General, in awarding grants under this subsection, shall give priority to programs that law enforcement personnel and members of the mental health and substance abuse professions develop and administer cooperatively.''.

SEC. 705. EVIDENCE-BASED PRACTICES.

Section 2991(c) of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797aa(c)) is amended—

(1) in paragraph (3), by striking ''or'' at the end;

(2) by redesignating paragraph (4) as paragraph (6); and

(3) by inserting after paragraph (3), the following:

''(4) propose interventions that have been shown by empirical evidence to reduce recidivism;

''(5) when appropriate, use validated assessment tools to target preliminarily qualified offenders with a moderate or high risk of recidivism and a need for treatment and services; or''.

SEC. 706. SAFE COMMUNITIES.

(a) IN GENERAL.—Section 2991(a) of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797aa(a)) is amended by striking paragraph (9) and inserting the following:

''(9) PRELIMINARILY QUALIFIED OFFENDER.—

''(A) IN GENERAL.—The term 'preliminarily qualified offender' means an adult or juvenile accused of an offense who—

''(i)(I) previously or currently has been diagnosed by a qualified mental health professional as having a mental illness or co-occurring mental illness and substance abuse disorders;

''(II) manifests obvious signs of mental illness or co-occurring mental illness and substance abuse disorders during arrest or confinement or before any court; or

''(III) in the case of a veterans treatment court provided under subsection (i), has been diagnosed with, or manifests obvious signs of, mental illness or a substance abuse disorder or co-occurring mental illness and substance abuse disorder; and

"(ii) has been unanimously approved for participation in a program funded under this section by, when appropriate, the relevant—

"(I) prosecuting attorney;

"(II) defense attorney;

"(III) probation or corrections official;

"(IV) judge; and

"(V) a representative from the relevant mental health agency described in subsection (b)(5)(B)(i).

"(B) DETERMINATION.—In determining whether to designate an individual as a preliminarily qualified offender, the relevant prosecuting attorney, defense attorney, probation or corrections official, judge, and mental health or substance abuse agency representative shall take into account—

"(i) whether the participation of the individual in the program would pose a substantial risk of violence to the community;

''(ii) the criminal history of the individual and the nature and severity of the offense for which the individual is charged;

''(iii) the views of any relevant victims to the offense;

''(iv) the extent to which the individual would benefit from participation in the program;

''(v) the extent to which the community would realize cost savings because of the individual's participation in the program; and

''(vi) whether the individual satisfies the eligibility criteria for program participation unanimously established by the relevant prosecuting attorney, defense attorney, probation or corrections official, judge and mental health or substance abuse agency representative.''.

(b) TECHNICAL AND CONFORMING AMENDMENT.—Section 2927(2) of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797s–6(2)) is amended by striking ''has the meaning given that term in section 2991(a).'' and inserting ''means an offense that—

''(A) does not have as an element the use, attempted use, or threatened use of physical force against the person or property of another; or

''(B) is not a felony that by its nature involves a substantial risk that physical force against the person or property of another may be used in the course of committing the offense.''.

SEC. 707. REAUTHORIZATION OF APPROPRIATIONS.

Subsection (l) of section 2991 of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797aa), as redesignated in section 701(a), is amended—

(1) in paragraph (1)—

(A) in subparagraph (B), by striking ''and'' at the end;

(B) in subparagraph (C), by striking the period and inserting ''; and''; and

(C) by adding at the end the following:

''(D) $40,000,000 for each of fiscal years 2015 through 2019.''; and

(2) by adding at the end the following:

''(3) LIMITATION.—Not more than 20 percent of the funds authorized to be appropriated under

this section may be used for purposes described in subsection (i) (relating to veterans).''.

TITLE VIII—BEHAVIORAL HEALTH INFORMATION TECHNOLOGY

SEC. 801. EXTENSION OF HEALTH INFORMATION TECHNOLOGY ASSISTANCE FOR BEHAVIORAL AND MENTAL HEALTH AND SUBSTANCE ABUSE.

Section 3000(3) of the Public Health Service Act (42 U.S.C. 300jj(3)) is amended by inserting before ''and any other category'' the following: ''behavioral and mental health professionals (as defined in section 331(a)(3)(E)(i)), a substance abuse professional, a psychiatric hospital (as defined in section 1861(f) of the Social Security Act), a community mental health center meeting the criteria specified in section 1913(c), a residential or outpatient mental health or substance abuse treatment facility,''.

SEC. 802. EXTENSION OF ELIGIBILITY FOR MEDICARE AND MEDICAID HEALTH INFORMATION TECHNOLOGY IMPLEMENTATION ASSISTANCE.

(a) PAYMENT INCENTIVES FOR ELIGIBLE PROFESSIONALS UNDER MEDICARE.—Section 1848 of the Social Security Act (42 U.S.C. 1395w–4) is amended—

(1) in subsection (a)(7)—

(A) in subparagraph (E), by adding at the end the following new clause:

''(iv) ADDITIONAL ELIGIBLE PROFESSIONAL.—The term 'additional eligible professional' means a clinical psychologist providing qualified psychologist services (as defined in section 1861(ii)).''; and

(B) by adding at the end the following new subparagraph:

''(F) APPLICATION TO ADDITIONAL ELIGIBLE PROFESSIONALS.—The Secretary shall apply the provisions of this paragraph with respect to an additional eligible professional in the same manner as such provisions apply to an eligible professional, except in applying subparagraph (A)—

''(i) in clause (i), the reference to 2015 shall be deemed a reference to 2019;

''(ii) in clause (ii), the references to 2015, 2016, and 2017 shall be deemed references to 2019, 2020, and 2021, respectively; and

''(iii) in clause (iii), the reference to 2018 shall be deemed a reference to 2022.''; and

(2) in subsection (o)—

(A) in paragraph (5), by adding at the end the following new subparagraph:

''(D) ADDITIONAL ELIGIBLE PROFESSIONAL.—The term 'additional eligible professional' means a clinical psychologist providing qualified psychologist services (as defined in section 1861(ii)).''; and

(B) by adding at the end the following new paragraph:

''(6) APPLICATION TO ADDITIONAL ELIGIBLE PROFESSIONALS.—The Secretary shall apply the provisions of this subsection with respect to an additional eligible professional in the same manner as such provisions apply to an eligible professional, except in applying—

''(A) paragraph (1)(A)(ii), the reference to 2016 shall be deemed a reference to 2020;

''(B) paragraph (1)(B)(ii), the references to 2011 and 2012 shall be deemed references to 2015 and 2016, respectively;

''(C) paragraph (1)(B)(iii), the references to 2013 shall be deemed references to 2017;

"(D) paragraph (1)(B)(v), the references to 2014 shall be deemed references to 2018; and

"(E) paragraph (1)(E), the reference to 2011 shall be deemed a reference to 2015.".

(b) ELIGIBLE HOSPITALS.—Section 1886 of the Social Security Act (42 U.S.C. 1395ww) is amended—

(1) in subsection (b)(3)(B)(ix), by adding at the end the following new subclause:

"(V) The Secretary shall apply the provisions of this subsection with respect to an additional eligible hospital (as defined in subsection (n)(6)(C)) in the same manner as such provisions apply to an eligible hospital, except in applying—

"(aa) subclause (I), the references to 2015, 2016, and 2017 shall be deemed references to 2019, 2020, and 2021, respectively; and

"(bb) subclause (III), the reference to 2015 shall be deemed a reference to 2019."; and

(2) in subsection (n)—

(A) in paragraph (6), by adding at the end the following new subparagraph:

''(C) ADDITIONAL ELIGIBLE HOSPITAL.—The term 'additional eligible hospital' means an inpatient hospital that is a psychiatric hospital (as defined in section 1861(f)).''; and

(B) by adding at the end the following new paragraph:

''(7) APPLICATION TO ADDITIONAL ELIGIBLE HOSPITALS.—The Secretary shall apply the provisions of this subsection with respect to an additional eligible hospital in the same manner as such provisions apply to an eligible hospital, except in applying paragraph (2)—

''(A) the Secretary shall adjust the base amount specified in subparagraph (B) of such paragraph, in a manner specified by the Secretary, to reflect the smaller size of such additional eligible hospitals relative to eligible hospitals;

''(B) the Secretary shall adjust the discharge related amount specified in subparagraph (C) of such paragraph for each 12-month period selected by the Secretary under such

subparagraph, in a manner specified by the Secretary, to reflect the smaller size such additional hospitals relative to eligible hospitals, including by adjusting the ranges of discharges specified in such subparagraph and the amount specified in such subparagraph for each discharge within such a specified range;

"(C) the references in subparagraph (E)(ii) of such paragraph to 2013 and 2015 shall be deemed references to 2017 and 2019, respectively; and

"(D) the reference in subparagraph (G)(i) of such paragraph to 2011 shall be deemed a reference to 2015.".

(c) MEDICAID PROVIDERS.—Section 1903(t) of the Social Security Act (42 U.S.C. 1396b(t)) is amended—

(1) in paragraph (2)(B)—

(A) in clause (i), by striking ", or" and inserting a semicolon;

(B) in clause (ii), by striking the period and inserting a semicolon; and

(C) by adding after clause (ii) the following new clauses:

"(iii) a public hospital that is principally a psychiatric hospital (as defined in section 1861(f));

"(iv) a private hospital that is principally a psychiatric hospital (as defined in section 1861(f)) and that has at least 10 percent of its patient volume (as estimated in accordance with a methodology established by the Secretary) attributable to individuals receiving medical assistance under this title;

"(v) a community mental health center meeting the criteria specified in section 1913(c) of the Public Health Service Act; or

"(vi) a residential or outpatient mental health or substance abuse treatment facility that—

"(I) is accredited by the Joint Commission on Accreditation of Healthcare Organizations, the Commission on Accreditation of Rehabilitation Facilities, the Council on Accreditation, or any other national ac-

crediting agency recognized by the Secretary; and

''(II) has at least 10 percent of its patient volume (as estimated in accordance with a methodology established by the Secretary) attributable to individuals receiving medical assistance under this title.'';

(2) in paragraph (3)(B)—

(A) in clause (iv), by striking ''and'' after the semicolon;

(B) in clause (v), by striking the period and inserting ''; and''; and

(C) by adding at the end the following new clause:

''(vi) clinical psychologist providing qualified psychologist services (as defined in section 1861(ii)), if such clinical psychologist is practicing in an outpatient clinic that—

''(I) is led by a clinical psychologist; and

''(II) is not otherwise receiving payment under paragraph (1) as a

Medicaid provider described in paragraph (2)(B).''; and

(3) in paragraph (5)(B), by adding at the end the following new sentence: ''For purposes of this subparagraph in computing the amounts under section 1886(n)(2)(C) for payment years after 2015, with respect to a Medicaid provider described in clause (iii), (iv), (v), or (vi) of paragraph (2)(B), in order to reflect the smaller size of Medicaid providers described in such clauses relative to Medicaid providers described in clauses (i) and (ii) of such paragraph (2)(B), the Secretary shall, in a manner specified by the Secretary, adjust the base amount specified in subparagraph (B) of section 1886(n)(2) and the discharge related amount calculated under subparagraph (C) of such section, including by adjusting the ranges of discharges specified in such subparagraph (C) and the amount specified in such subparagraph (C) for each discharge within such a specified range.''.

(d) MEDICARE ADVANTAGE ORGANIZATIONS.—Section 1853 of the Social Security Act (42 U.S.C. 1395w–23) is amended—

(1) in subsection (l)—

(A) in paragraph (1)—

(i) by inserting ''or additional eligible professionals (as described in paragraph (9))'' after ''paragraph (2)''; and

(ii) by inserting ''and additional eligible professionals'' before ''under such sections'';

(B) in paragraph (3)(B)—

(i) in clause (i) in the matter preceding subclause (I), by inserting ''or an additional eligible professional described in paragraph (9)'' after ''paragraph (2)''; and

(ii) in clause (ii)—

(I) in the matter preceding subclause (I), by inserting ''or an additional eligible professional described in paragraph (9)'' after ''paragraph (2)''; and

(II) in subclause (I), by inserting ''or an additional eligible professional, respectively,'' after ''eligible professional'';

(C) in paragraph (3)(C), by inserting ''and additional eligible professionals'' after ''all eligible professionals'';

(D) in paragraph (4)(D), by adding at the end the following new sentence: ''In the case that a qualifying MA organization attests that not all additional eligible professionals of the organization are meaningful EHR users with respect to an applicable year, the Secretary shall apply the payment adjustment under this paragraph based on the proportion of all such additional eligible professionals of the organization that are not meaningful EHR users for such year.'';

(E) in paragraph (6)(A), by inserting ''and, as applicable, each additional eligible professional described in paragraph (9)'' after ''paragraph (2)'';

(F) in paragraph (6)(B), by inserting ''and, as applicable, each additional eligible hospital described in paragraph (9)'' after ''subsection (m)(1)'';

(G) in paragraph (7)(A), by inserting ''and, as applicable, additional eligible professionals'' after ''eligible professionals'';

(H) in paragraph (7)(B), by inserting ''and, as applicable, additional eligible professionals'' after ''eligible professionals'';

(I) in paragraph (8)(B), by inserting ''and additional eligible professionals described in paragraph (9)'' after ''paragraph (2)''; and

(J) by adding at the end the following new paragraph:

''(9) ADDITIONAL ELIGIBLE PROFESSIONAL DESCRIBED.—With respect to a qualifying MA organization, an additional eligible professional described in this paragraph is an additional eligible professional (as defined for purposes of section 1848(o)) who—

''(A)(i) is employed by the organization; or

''(ii)(I) is employed by, or is a partner of, an entity that through contract with the organization furnishes at least 80 percent of the entity's Medicare patient care services to enrollees of such organization; and

''(II) furnishes at least 80 percent of the professional services of the additional eligible professional covered under this title to enrollees of the organization; and

''(B) furnishes, on average, at least 20 hours per week of patient care services.''; and

(2) in subsection (m)—

(A) in paragraph (1)—

(i) by inserting ''or additional eligible hospitals (as described in paragraph (7))'' after ''paragraph (2)''; and

(ii) by inserting ''and additional eligible hospitals'' before ''under such sections'';

(B) in paragraph (3)(A)(i), by inserting ''or additional eligible hospital'' after ''eligible hospital'';

(C) in paragraph (3)(A)(ii), by inserting ''or an additional eligible hospital'' after ''eligible hospital'' in each place it occurs;

(D) in paragraph (3)(B)—

(i) in clause (i), by inserting ''or an additional eligible hospital described in paragraph (7)'' after ''paragraph (2)''; and

(ii) in clause (ii)—

(I) in the matter preceding subclause (I), by inserting ''or an additional eligible hospital described in paragraph (7)'' after ''paragraph (2)''; and

(II) in subclause (I), by inserting ''or an additional eligible hospital, respectively,'' after ''eligible hospital'';

(E) in paragraph (4)(A), by inserting ''or one or more additional eligible hospitals (as defined in section 1886(n)), as appropriate,'' after ''section 1886(n)(6)(A))'';

(F) in paragraph (4)(D), by adding at the end the following new sentence: ''In the case that a qualifying MA organization attests that not all additional eligible hospitals of the organization are meaningful EHR users with respect to an applicable period, the Secretary shall apply the payment adjustment under this paragraph based on the methodology specified by the Secretary, taking into account the proportion of such additional eligible hospitals, or discharges from such hospitals, that are not meaningful EHR users for such period.'';

(G) in paragraph (5)(A), by inserting ''and, as applicable, each additional eligible hospital described in paragraph (7)'' after ''paragraph (2)'';

(H) in paragraph (5)(B), by inserting ''and additional eligible hospitals, as applicable,'' after ''eligible hospitals'';

(I) in paragraph (6)(B), by inserting ''and additional eligible hospitals described in paragraph (7)'' after ''paragraph (2)''; and

(J) by adding at the end the following new paragraph:

''(7) ADDITIONAL ELIGIBLE HOSPITAL DESCRIBED.—With respect to a qualifying MA organization, an additional eligible hospital described in this paragraph is an additional eligible hospital (as defined in section 1886(n)(6)(C)) that is under common corporate governance with such organization and serves individuals enrolled under an MA plan offered by such organization.''.

TITLE IX—SERVICEMEMBERS AND VETERANS MENTAL HEALTH

SEC. 901. PRELIMINARY MENTAL HEALTH ASSESSMENTS.

(a) IN GENERAL.—Chapter 31 of title 10, United States Code, is amended by adding at the end the following new section:

''SEC. 520d. PRELIMINARY MENTAL HEALTH ASSESSMENTS.

''(a) PROVISION OF MENTAL HEALTH ASSESSMENT.—Before any individual enlists in an Armed Force or is commissioned as an officer in an Armed Force, the Secretary concerned shall provide the individual with a

mental health assessment. The Secretary shall use such results as a baseline for any subsequent mental health examinations, including such examinations provided under sections 1074f and 1074m of this title.

''(b) USE OF ASSESSMENT.—The Secretary may not consider the results of a mental health assessment conducted under subsection (a) in determining the assignment or promotion of a member of the Armed Forces.

''(c) APPLICATION OF PRIVACY LAWS.—With respect to applicable laws and regulations relating to the privacy of information, the Secretary shall treat a mental health assessment conducted under subsection (a) in the same manner as the medical records of a member of the Armed Forces.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by adding after the item relating to section 520c the following new item:

''520d. Preliminary mental health assessments.''.

(c) REPORT.—

(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall submit to Congress a report on preliminary mental health assessments of members of the Armed Forces.

(2) MATTERS INCLUDED.—The report under paragraph (1) shall include the following:

(A) Recommendations with respect to establishing a preliminary mental health assessment of members of the Armed Forces to bring mental health screenings to parity with physical screenings of members.

(B) Recommendations with respect to the composition of the mental health assessment, best practices, and how to track assessment changes relating to traumatic brain injuries, post-traumatic stress disorder, and other conditions.

(3) COORDINATION.—The Secretary shall carry out paragraph (1) in coordination with the Secretary of Veterans Affairs, the Uniformed Services University of the Health Sciences, the surgeons general of the military departments, and other relevant experts.

SEC. 902. UNLIMITED ELIGIBILITY FOR HEALTH CARE FOR MENTAL ILLNESSES FOR VETERANS OF COMBAT SERVICE DURING CERTAIN PERIODS OF HOSTILITIES AND WAR.

(a) ELIGIBILITY.—Section 1710(e)(1) of title 38, United States Code, is amended by adding at the end the following new subparagraph:

"(G) Notwithstanding paragraphs (2) and (3), a veteran who served on active duty in a theater of combat operations (as determined by the Secretary in consultation with the Secretary of Defense) during World War II, the Korean conflict, the Vietnam Era, the Persian Gulf war, Operation Iraqi Freedom, Operation Enduring Freedom, or any other period of war after the Persian Gulf war, or in combat against a hostile force during a period of hostilities (as defined in section 1712A(a)(2)(B) of this title), is eligible for hospital care, medical services, and nursing home care under subsection (a)(2)(F) for any mental illness, notwithstanding that there is insufficient medical evidence to conclude that such illness is attributable to such service.".

(b) EFFECTIVE DATE.—Subparagraph (G) of section 1710(e)(1) of title 38, United States Code, as added by subsection (a), shall apply with respect to hospital care, medical services, and nursing home care provided on or after the date of the enactment of this Act.

SEC. 903. TIMELINE FOR IMPLEMENTING INTEGRATED ELECTRONIC HEALTH RECORDS.

(a) ESTABLISHMENT OF TIMELINE.—Section 1635 of the Wounded Warrior Act (10 U.S.C. 1071 note) is amended by adding at the end the following new subsection:

''(k) TIMELINE.—In carrying out this section, the Secretary of Defense and the Secretary of Veterans Affairs shall ensure that—

''(1) the creation of a health data authoritative source is achieved by not later than 180 days after the date of the enactment of this subsection;

''(2) the ability of patients of both the Department of Defense and the Department of Veterans Affairs to download the medical records of the patient (commonly referred to as the 'Blue Button Initiative') is achieved by not later than 365 days after the date of the enactment of this subsection;

''(3) the seamless integration of personal health care information between the Departments is achieved by not later than 365 days after the date of the enactment of this subsection;

''(4) the standardization of health care data of the Departments is achieved by not later than 365 days after the date of the enactment of this subsection;

''(5) the acceleration of the exchange of real-time data between the Departments is achieved by not later than 365 days after the date of the enactment of this subsection;

''(6) the upgrade of the graphical user interface to display the new standardized health care data of the Departments is achieved by not later than 365 days after the date of the enactment of this subsection;

''(7) each incoming member of the Armed Forces and the dependent of such a member may elect to receive an electronic copy of the health care record of the individual beginning not later than October 1, 2014; and

''(8) each current member of the Armed Forces and the dependent of such a member may elect to receive an electronic copy of the health care record of the individual beginning not later than October 1, 2015.''.

(b) CLOUD STORAGE.—Section 1635 of such Act is further amended by adding at the end the following new subsection:

''(l) CLOUD STORAGE.—The Secretary of Defense and the Secretary of Veterans Affairs shall study the feasibility of establishing a secure, remote, network-accessible

computer storage system (commonly referred to as 'cloud storage') to—

''(1) provide members of the Armed Forces and veterans the ability to upload the health care records of the member or veteran if the member or veteran elects to do so; and

''(2) allow medical providers of the Department of Defense and the Department of Veterans Affairs to access such records in the course of providing care to the member or veteran.''.

(c) CONFORMING AMENDMENTS.—Section 1635 of such Act is further amended—

(1) in subsection (a), by striking ''The Secretary'' and inserting ''In accordance with the timeline described in subsection (k), the Secretary''; and

(2) in the matter preceding paragraph (1) of subsection (e), by inserting ''in accordance with subsection (k)'' after ''under this section''.

SEC. 904. PILOT PROGRAM FOR REPAYMENT OF EDUCATIONAL LOANS FOR CERTAIN PSYCHIATRISTS OF VETERANS HEALTH ADMINISTRATION.

(a) PILOT PROGRAM.—

(1) ESTABLISHMENT.—The Secretary of Veterans Affairs shall carry out a pilot program to repay a loan of an individual described in paragraph (2) that—

(A) was used by the individual to finance education regarding psychiatric medicine, including education leading to an undergraduate degree and education leading to the degree of doctor of medicine or of doctor of osteopathy; and

(B) was obtained from a governmental entity, private financial institution, school, or other authorized entity, as determined by the Secretary.

(2) ELIGIBLE INDIVIDUALS.—To be eligible to obtain a loan repayment under this subsection, an individual shall—

(A) either—

(i) be licensed or eligible for licensure to practice psychiatric medicine in the Veterans Health Administration of the Department of Veterans Affairs; or

(ii) be enrolled in the final year of a residency program leading to a specialty qualification in psychiatric medicine that is

approved by the Accreditation Council for Graduate Medical Education; and

(B) as determined appropriate by the Secretary, demonstrate a commitment to a long-term career as a psychiatrist in the Veterans Health Administration, including by requiring a set number of years of obligated service.

(3) SELECTION.—The Secretary shall select not less than 10 individuals described in paragraph (2) to participate in the pilot program for each year in which the Secretary carries out the pilot program.

(4) LOAN REPAYMENTS.—

(A) AMOUNTS.—Subject to the limits established by subparagraph (B), a loan repayment under this subsection may consist of payment of the principal, interest, and related expenses of a loan obtained by an individual described in paragraph (2) for all educational expenses (including tuition, fees, books, and laboratory expenses) relating to a degree described in paragraph (1)(A).

(B) LIMIT.—For each year of obligated service that an individual agrees to serve in an agreement described in paragraph (2)(B), the

Secretary may pay not more than $60,000 on behalf of the individual.

(5) BREACH.—

(A) LIABILITY.—An individual who participates in the pilot program under paragraph (1) who fails to satisfy the commitment described in paragraph (2)(B) shall be liable to the United States, in lieu of any service obligation arising from such participation, for the amount which has been paid or is payable to or on behalf of the individual under the program, reduced by the proportion that the number of days served for completion of the service obligation bears to the total number of days in the period of obligated service of the individual.

(B) REPAYMENT PERIOD.—Any amount of damages which the United States is entitled to recover under this paragraph shall be paid to the United States within the one-year period beginning on the date of the breach of the agreement.

(6) PROHIBITION ON SIMULTANEOUS ELIGIBILITY.—An individual who is participating in any other program of the Federal Government that repays the educational loans of the individual may not

participate in the pilot program under paragraph (1).

(7) REPORT.—Not later than 90 days after the date on which the pilot program terminates under paragraph (7), the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report on the pilot program. The report shall include the overall effect of the pilot program on the psychiatric workforce shortage of the Veterans Health Administration, the long-term stability of such workforce, and overall workforce strategies of the Veterans Health Administration that seek to promote the physical and mental resiliency of all veterans.

(8) REGULATIONS.—The Secretary shall prescribe regulations to carry out this subsection, including standards for qualified loans and authorized payees and other terms and conditions for the making of loan repayments.

(9) TERMINATION.—The authority to carry out the pilot program shall expire on the date that is three years after the date on which the Secretary commences the pilot program.

(b) COMPTROLLER GENERAL STUDY ON PAY DISPARITIES OF PSYCHIATRISTS OF VETERANS HEALTH ADMINISTRATION.—

(1) STUDY.—Not later than one year after the date of the enactment of this Act, the Comptroller General of the United States shall conduct a study of pay disparities among psychiatrists of the Veterans Health Administration of the Department of Veterans Affairs. The study shall include—

(A) an examination of laws, regulations, practices, and policies, including salary flexibilities, that contribute to such disparities; and

(B) recommendations with respect to legislative or regulatory actions to improve equity in pay among such psychiatrists.

(2) REPORT.—Not later than one year after the date on which the Comptroller General completes the study under paragraph (1), the Comptroller General shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report containing the results of the study.

TITLE X—MAKING PARITY WORK

SEC. 1001. GAO STUDY ON MENTAL HEALTH AND SUBSTANCE USE DISORDER PARITY ENFORCEMENT EFFORTS.

Not later than one year after the date of enactment of this Act, the Comptroller General of the United States, in consultation with the Secretary of Health and Human Services and the Secretary of Labor, shall submit to Congress a report detailing the enforcement efforts of the responsible departments and agencies in implementing the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (subtitle B of title V of division C of Public Law 110–343), including—

(1) the number of investigations that have been conducted into potential parity violations; and

(2) details on the investigation or enforcement action that was carried out as a result of such investigations that would not identify the subject of such investigation or enforcement.

SEC. 1002. REPORT TO CONGRESS ON FEDERAL ASSISTANCE TO STATE INSURANCE REGULATORS REGARDING MENTAL HEALTH PARITY ENFORCEMENT.

Not later than one year after the date of enactment of this Act, the Secretary of Health and Human Services shall submit to Congress a report detailing—

(1) the ways in which State governments and State insurance regulators are either empowered or required to enforce the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (subtitle B of title V of division C of Public Law 110–343);

(2) their capability to carry out these enforcement powers or requirements; and

(3) any technical assistance to State government and State insurance regulators that has been communicated by the Department of Health and Human Services.

SEC. 1003. ANNUAL REPORT TO CONGRESS BY SECRETARIES OF LABOR AND HEALTH AND HUMAN SERVICES.

Not later than one year after the date of enactment of this Act, and annually thereafter, the Secretary of Labor, in coordination with the Secretary of Health and Human Services, shall submit to Congress a report—

(1) describing the actions taken by the Federal Government and the States to ensure compliance with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (subtitle B of title V of division C of Public Law 110–343);

(2) including a collection and classification of inquiries and complaints regarding the implementation or enforcement of such Act;

(3) including a transparent de-identified report of all Federal and State actions to enforce such Act; and

(4) include a compliance guide that includes—

(A) detailed answers to relevant questions raised during the previous year concerning implementation or enforcement of such Act; and

(B) specific guidelines providing clear interpretations of such Act and the regulations thereunder.

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