

118TH CONGRESS
2D SESSION

H. R. 8680

To authorize the Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, to award grants to train community mental wellness workers.

IN THE HOUSE OF REPRESENTATIVES

JUNE 11, 2024

Mr. ESPAILLAT (for himself, Mr. LAWLER, and Mr. THANEDAR) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To authorize the Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, to award grants to train community mental wellness workers.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Community Mental
5 Wellness Worker Training Act”.

1 **SEC. 2. TRAINING COMMUNITY MENTAL WELLNESS WORK-**
2 **ERS.**

3 (a) IN GENERAL.—The Secretary of Health and
4 Human Services, acting through the Assistant Secretary
5 for Mental Health and Substance Use, may award grants
6 to eligible entities to implement community mental
7 wellness worker training programs.

8 (b) USE OF FUNDS.—A community mental wellness
9 worker training program implemented pursuant to a grant
10 under this section may include—

11 (1) supporting training, certification, and su-
12 pervision during and after training of community
13 mental wellness workers and community mental
14 wellness supervisors—

15 (A) to screen for common mental health
16 and substance use conditions; and

17 (B) to deliver evidence-informed, culturally
18 and linguistically competent counseling and
19 interviewing interventions addressing basic psy-
20 chosocial or psychotherapeutic treatment needs
21 of persons with or at risk for mental and sub-
22 stance use disorders, including safety planning
23 and interventions to reduce suicide risk; and

24 (2) covering costs associated with—

25 (A) the acquisition and use of digital plat-
26 forms to provide the screening, training, super-

1 vision, and ongoing quality assurance moni-
2 toring, outcomes evaluation, and delivery of evi-
3 dence-based treatments;

4 (B) the delivery of counseling and inter-
5 viewing interventions described in paragraph
6 (1)(B); and

7 (C) the clinical supervision (during and
8 after training) of community mental wellness
9 workers and the certification of such workers
10 upon the completion of required training.

11 (c) COMMUNITY MENTAL WELLNESS TECHNICAL AS-
12 SISTANCE CENTER.—

13 (1) IN GENERAL.—The Secretary of Health and
14 Human Services, acting through the Assistant Sec-
15 retary for Mental Health and Substance Use, may
16 provide appropriate training and technical assistance
17 to grantees under this section in meeting the re-
18 quirements of this section, including by—

19 (A) consulting with grantees on evidence-
20 based employment practices for community
21 mental wellness workers, including assistance
22 with integrating community wellness workers
23 into the workflows of the grantees and other eli-
24 gible entities;

1 (B) identifying a diverse array of can-
2 didates for community mental wellness worker
3 training; and

4 (C) identifying behavioral health providers
5 who may benefit from and employ community
6 mental wellness workers.

7 (2) ADDITIONAL DISSEMINATION OF TECH-
8 NICAL ASSISTANCE.—The information and resources
9 provided by the Secretary of Health and Human Re-
10 sources under paragraph (1) shall, as appropriate,
11 be made available to States, political subdivisions of
12 States, Indian Tribes and Tribal organizations (as
13 defined in section 4 of the Indian Self-Determination
14 and Education Assistance Act (25 U.S.C. 5304)),
15 outpatient and inpatient substance use treatment
16 providers, other community-based behavioral health
17 organizations, and other entities as the Secretary de-
18 termines appropriate.

19 (d) PRIORITY.—In awarding grants under this sec-
20 tion, the Secretary of Health and Human Services shall
21 give priority to eligible entities that are—

22 (1) in a neighborhood with poverty and unem-
23 ployment rates that exceed the average in the United
24 States;

25 (2) in a medically underserved community;

1 (3) in a neighborhood with substance use rates
2 that exceed the average in the United States; or

3 (4) serving communities with rates of individ-
4 uals who are dually eligible for both the Medicare
5 program under title XVIII of the Social Security Act
6 (42 U.S.C. 1395 et seq.) and the Medicaid program
7 under title XIX of such Act (42 U.S.C. 1396 et
8 seq.) that exceed the average in the United States.

9 (e) REPORT.—

10 (1) SUBMISSION.—The Secretary of Health and
11 Human Services shall submit to the appropriate
12 committees of Congress—

13 (A) not later than one year after the date
14 of enactment of this Act, an interim report on
15 the results of the grant program under this sec-
16 tion; and

17 (B) not later than the end of fiscal year
18 2029, a final report of such results.

19 (2) CONTENTS.—The reports required by para-
20 graph (1) shall each include—

21 (A) the total number of community mental
22 wellness workers participating in the grant pro-
23 gram under this section; and

1 (B) the total number of community mental
2 wellness workers who obtained certification
3 through such participation.

4 (f) DEFINITIONS.—In this section:

5 (1) The term “community mental wellness
6 worker” means an individual trained and certified by
7 an eligible entity to assist with providing basic
8 screening and evidence-based treatments to persons
9 with a mild to moderate mental health or substance
10 use disorder, including depression, anxiety, post-
11 traumatic stress disorder, and alcohol use disorder.

12 (2) The term “culturally and linguistically com-
13 petent” means acknowledging and responsive to cul-
14 tural differences that might derive from characteris-
15 tics including—

16 (A) gender;

17 (B) sex;

18 (C) sexual orientation;

19 (D) race or ethnicity;

20 (E) nationality;

21 (F) socioeconomic level;

22 (G) immigration status;

23 (H) disability;

24 (I) Tribal affiliation; and

25 (J) veteran status.

1 (3) The term “eligible entity” means—

2 (A) a certified community behavioral
3 health clinic (as described in section 223(a) of
4 the Protecting Access to Medicare Act of 2014
5 (42 U.S.C. 1396a note));

6 (B) a community mental health center (as
7 described in section 1913(c) of the Public
8 Health Services Act (42 U.S.C. 300x–2(e));

9 (C) a hospital that is described in section
10 501(c) of the Internal Revenue Code of 1986
11 and exempt from tax under section 501(a) of
12 such Code; and

13 (D) such other community behavioral
14 health organizations as the Secretary may
15 specify, in consultation with—

16 (i) State authorities responsible for
17 regulating substance use and mental health
18 providers and facilities identified in an ap-
19 proved State plan or waiver under section
20 1115 of the Social Security Act (42 U.S.C.
21 1315) or under section 1915 of such Act
22 (42 U.S.C. 1396n); and

23 (ii) other State substance abuse and
24 mental health agencies.

1 (4) The term “medically underserved commu-
2 nity” has the meaning given to such term in section
3 799B of the Public Health Service Act (42 U.S.C.
4 295b).

5 (g) FUNDING.—

6 (1) AUTHORIZATION OF APPROPRIATIONS.—To
7 carry out this Act, there are authorized to appro-
8 priated \$25,000,000 for each of fiscal years 2025
9 through 2029.

10 (2) ALLOCATION.—Of the funds authorized to
11 be appropriation to carry out this section for a fiscal
12 year, \$5,000,000 shall be for the provision of train-
13 ing and technical assistance under subsection (c).

14 **SEC. 3. MALPRACTICE AND NEGLIGENCE SUITS AGAINST**
15 **COMMUNITY BEHAVIORAL HEALTH CLINIC**
16 **AND COMMUNITY MENTAL HEALTH CENTERS.**

17 (a) IN GENERAL.—Except as inconsistent with this
18 subsection, the provisions of section 224 of the Public
19 Health Service Act, (42 U.S.C. 233), including sub-
20 sections (g), (h), (i), (j), (k), and (l), shall apply with re-
21 spect to an entity described in subsection (b) of this sec-
22 tion, and any officer, governing board member, employee,
23 or contractor described in subsection (c) of this section,
24 to the same extent and in the same manner as such provi-
25 sions apply with respect to an entity described in sub-

1 section (g)(4) of such section 224, and any officer, gov-
2 erning board member, employee, or contractor of such an
3 entity.

4 (b) DESCRIBED ENTITIES.—An entity described in
5 this paragraph is an entity that—

6 (1) is an eligible entity (as defined in section
7 2(f)(3)); and

8 (2) is in receipt of a grant under section 2.

9 (c) DESCRIBED OFFICERS, GOVERNING BOARD
10 MEMBERS, EMPLOYEES, AND CONTRACTORS.—An officer,
11 governing board member, employee, or contractor is de-
12 scribed in this subsection if the person—

13 (1) is—

14 (A) an officer, governing board member, or
15 employee of an entity described in subsection
16 (b); or

17 (B) a contractor of such an entity who is
18 a physician or other licensed or certified health
19 care practitioner; and

20 (2) is participating in the entity's program
21 funded through a grant under section 2, as indicated
22 in a list submitted pursuant to subsection (d).

23 (d) LIST REQUIRED.—Each entity described in sub-
24 section (b) shall submit to the Secretary, and update as
25 necessary, a list of each officer, governing board member,

1 employee, or contractor participating in the entity's pro-
2 gram funded through a grant under section 2.

3 (e) PERIOD OF APPLICABILITY.—This subsection ap-
4 plies with respect to an entity described in subsection (b),
5 and any officer, governing board member, employee, or
6 contractor described in subsection (c), only with respect
7 to acts and omissions occurring during the period of the
8 grant referred to in subsection (b)(2).

9 (f) DELAYED APPLICABILITY.—This subsection ap-
10 plies beginning with respect to fiscal year 2025.

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