

117TH CONGRESS
2D SESSION

S. 4306

To support behavioral health integration into primary care practices, and
for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 25, 2022

Ms. SMITH (for herself and Mr. MORAN) introduced the following bill; which
was read twice and referred to the Committee on Health, Education,
Labor, and Pensions

A BILL

To support behavioral health integration into primary care
practices, and for other purposes.

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 “Improving Access to
5 Behavioral Health Integration Act”.

6 **SEC. 2. PROGRAM TO SUPPORT BEHAVIORAL HEALTH IN-**
7 **TEGRATION.**

8 Section 760 of the Public Health Service Act (42
9 U.S.C. 294k) is amended—

1 (1) in the section heading, by striking “**TRAIN-**
2 **ING DEMONSTRATION PROGRAM**” and inserting
3 “**PROGRAM TO SUPPORT BEHAVIORAL HEALTH**
4 **INTEGRATION**”;

5 (2) in subsection (a)—

6 (A) in paragraph (2), by striking “; and”
7 and inserting a semicolon;

8 (B) in paragraph (3)(B), by striking the
9 period and inserting “; and”; and

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

11 “(4) supporting primary care practices in im-
12 plementing evidence-based behavioral health integra-
13 tion programs that involve professionals whose pri-
14 mary job function is the direct screening, diagnosis,
15 treatment, or recovery support of patients with or in
16 recovery from a behavioral health disorder, such as
17 physicians, psychiatric nurses, social workers, mar-
18 riage and family therapists, mental health coun-
19 selors, occupational therapists, psychologists, and
20 peer support specialists.”;

21 (3) by adding at the end of subsection (b) the
22 following:

23 “(4) BEHAVIORAL HEALTH INTEGRATION PRO-
24 GRAMS.—A recipient of a grant under subsection
25 (a)(4) shall use the grant funds to—

1 “(A) hire physicians, psychiatric nurses,
2 social workers, marriage and family therapists,
3 mental health counselors, occupational thera-
4 pists, psychologists, or peer support specialists
5 to provide behavioral health services;

6 “(B) identify and enter into contractual re-
7 lationships with health care providers or ven-
8 dors offering care management and behavioral
9 health consultation to facilitate the adoption of
10 behavioral health integration models; or

11 “(C) for such other purposes as the Sec-
12 retary determines appropriate.”;

13 (4) by adding at the end of subsection (c) the
14 following:

15 “(4) BEHAVIORAL HEALTH INTEGRATION PRO-
16 GRAMS.—To be eligible to receive a grant under sub-
17 section (a)(4), an entity shall be a primary care
18 practice, including adult primary care practices and
19 pediatric primary care practices.”;

20 (5) by adding at the end of subsection (d) the
21 following:

22 “(3) BEHAVIORAL HEALTH INTEGRATION PRO-
23 GRAMS.—In awarding grants under subsection
24 (a)(4), the Secretary shall give priority to eligible en-
25 tities that—

1 “(A) demonstrate a pathway to financially
2 sustain the behavioral health integration pro-
3 gram beyond the initial grant period, such as
4 participation in value-based behavioral health
5 integration models;

6 “(B) have the capacity to expand access to
7 mental health and substance use disorder serv-
8 ices in areas with demonstrated need, as deter-
9 mined by the Secretary, such as Tribal, rural,
10 or other medically underserved communities; or

11 “(C) are practices that are eligible for
12 technical assistance under section 1848(q)(11)
13 of the Social Security Act on the basis of the
14 number of professionals.”;

15 (6) in subsection (f)—

16 (A) by striking “demonstration program”
17 each place such term appears and inserting
18 “program”;

19 (B) in paragraph (2)—

20 (i) in subparagraph (B), by striking “;
21 and” and inserting a semicolon;

22 (ii) by redesignating subparagraph
23 (C) as subparagraph (D); and

24 (iii) by inserting after subparagraph
25 (B) the following:

1 “(C) an analysis of the uptake of behav-
2 ioral health integration models in primary care
3 practices; and”;

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

5 “(3) METRICS FOR MEASURING THE UPTAKE
6 OF BEHAVIORAL HEALTH INTEGRATION MODELS.—
7 For purposes of the reporting requirement under
8 paragraph (2)(C), the Secretary shall develop evi-
9 dence-based metrics and reporting requirements to
10 measure the uptake of behavioral health integration
11 models by primary care practices, including by meas-
12 uring the increase in provider capacity, patient ac-
13 cess to behavioral health care, and patient outcomes.
14 The Secretary shall consult with primary care and
15 behavioral health professionals, and patient advo-
16 cates when developing measures and performance
17 metrics.

18 “(4) PUBLICATION OF DATA.—The Secretary
19 shall make public aggregate evaluation results col-
20 lected through the study under paragraph (1) to fa-
21 cilitate identifying best practices and promising
22 models for scale with respect to behavioral health in-
23 tegration programs.”;

24 (7) by amending subsection (g) to read as fol-
25 lows:

1 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated, for each of fiscal years
3 2023 through 2027—

4 “(1) to carry out the grant programs under
5 paragraphs (1), (2), and (3) of subsection (a),
6 \$10,000,000; and

7 “(2) to carry out the grant program under sub-
8 section (a)(4), \$30,000,000.”.

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