

117TH CONGRESS
2D SESSION

S. 4472

To expand the availability of mental, emotional, behavioral, and substance use disorder health services, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JUNE 23, 2022

Mr. CASEY (for himself and Mr. CASSIDY) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To expand the availability of mental, emotional, behavioral, and substance use disorder health services, 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 “Health Care Capacity
5 for Pediatric Mental Health Act of 2022”.

1 **SEC. 2. PROGRAMS TO SUPPORT PEDIATRIC MENTAL, EMO-**
 2 **TIONAL, BEHAVIORAL, AND SUBSTANCE USE**
 3 **DISORDER HEALTH CARE.**

4 Subpart V of part D of title III of the Public Health
 5 Service Act (42 U.S.C. 256 et seq.) is amended by adding
 6 at the end the following:

7 **“SEC. 340A-1. PROGRAM TO SUPPORT PEDIATRIC MENTAL,**
 8 **EMOTIONAL, BEHAVIORAL, AND SUBSTANCE**
 9 **USE DISORDER HEALTH CARE INTEGRATION**
 10 **AND COORDINATION.**

11 “(a) IN GENERAL.—The Secretary, acting through
 12 the Administrator of the Health Resources and Services
 13 Administration, in consultation with the Assistant Sec-
 14 retary for Mental Health and Substance Use, shall award
 15 grants, contracts, or cooperative agreements to eligible en-
 16 tities for the purpose of supporting pediatric mental, emo-
 17 tional, behavioral, and substance use disorder health care
 18 integration and coordination to meet local community
 19 needs in underserved and high-need communities.

20 “(b) ELIGIBLE ENTITIES.—Entities eligible for
 21 grants under subsection (a) include—

22 “(1) children’s hospitals;

23 “(2) facilities that provide trauma-informed,
 24 culturally-sensitive, developmentally-appropriate in-
 25 tensive pediatric mental, emotional, behavioral, or
 26 substance use disorder health services in partial hos-

1 pital, day treatment, intensive outpatient program,
2 or walk-in crisis assessment program settings; and

3 “(3) other entities providing trauma-informed,
4 culturally-sensitive, developmentally-appropriate in-
5 tensive pediatric mental, emotional, behavioral, or
6 substance use disorder health services, as the Sec-
7 retary determines appropriate.

8 “(c) PRIORITIZATION.—In making awards under sub-
9 section (a), the Secretary shall prioritize—

10 “(1) applicants that demonstrate plans to uti-
11 lize funds to expand access to integrated care and
12 care coordination for the prevention, screening, as-
13 sessment, and treatment of pediatric mental health
14 disorders, eating disorders, developmental disorders,
15 and substance use disorders in high-need, rural, or
16 underserved communities;

17 “(2) applicants that demonstrate plans to co-
18 ordinate with and complement initiatives to improve
19 pediatric mental health and substance use disorder
20 care implemented through other Federal programs;
21 and

22 “(3) applicants that demonstrate a significant
23 role in care for children in the region.

24 “(d) USE OF FUNDS.—Activities that may be funded
25 through an award under subsection (a) include—

1 “(1) increasing the capacity of eligible entities
2 to integrate trauma-informed, culturally-sensitive,
3 developmentally-appropriate pediatric mental, emo-
4 tional, behavioral, and substance use disorder health
5 services, including through telehealth access to, and
6 co-location of, mental, emotional, behavioral, and
7 substance use disorder health providers;

8 “(2) facilitating access to trauma-informed, cul-
9 turally-sensitive, developmentally-appropriate inten-
10 sive pediatric mental, emotional, behavioral, or sub-
11 stance use disorder health services in partial hos-
12 pital, day treatment, intensive outpatient program,
13 or walk-in crisis assessment program settings, in
14 order to prevent hospitalizations and support chil-
15 dren as they transition back to their homes and
16 communities;

17 “(3) supporting the collection of data on pedi-
18 atric mental, emotional, behavioral, and substance
19 use disorder health care needs, service utilization
20 and availability, and demographic data, to identify
21 unmet needs and barriers in access to care, in a
22 manner that protects personal privacy, consistent
23 with applicable Federal and State privacy laws;

24 “(4) establishing or maintaining community-
25 based pediatric mental health and substance use dis-

1 order partnerships, such as partnerships with
 2 schools, early childhood education programs, commu-
 3 nity-based organizations, and community-based men-
 4 tal health and substance use disorder care providers,
 5 to address identified gaps in access to care; and

6 “(5) training for non-clinical pediatric health
 7 care workers, including care coordinators, commu-
 8 nity health workers, and navigators, on providing
 9 trauma-informed, culturally-sensitive, develop-
 10 mentally-appropriate care for pediatric mental health
 11 disorders, eating disorders, developmental disorders,
 12 and substance use disorders, and on local resources
 13 to support children and their caregivers.

14 “(e) AUTHORIZATION OF APPROPRIATIONS.—To
 15 carry out this section, there is authorized to be appro-
 16 priated such sums as may be necessary for each of fiscal
 17 years 2023 through 2027.

18 **“SEC. 340A-2. PEDIATRIC MENTAL, EMOTIONAL, BEHAV-**
 19 **IORAL, AND SUBSTANCE USE DISORDER**
 20 **HEALTH WORKFORCE TRAINING PROGRAM.**

21 “(a) IN GENERAL.—The Secretary, acting through
 22 the Administrator of the Health Resources and Services
 23 Administration, in consultation with the Assistant Sec-
 24 retary for Mental Health and Substance Use and the Ad-
 25 ministrator of the Centers for Medicare & Medicaid Serv-

1 ices, shall award grants, contracts, or cooperative agree-
2 ments to eligible entities for the purpose of supporting evi-
3 dence-based pediatric mental, emotional, behavioral, and
4 substance use disorder health workforce training.

5 “(b) ELIGIBLE ENTITIES.—Entities eligible for
6 grants under subsection (a) include—

7 “(1) children’s hospitals;

8 “(2) facilities that provide trauma-informed,
9 culturally-sensitive, developmentally-appropriate in-
10 tensive pediatric mental, emotional, behavioral, or
11 substance use disorder health services in partial hos-
12 pital, day treatment, intensive outpatient program,
13 or walk-in crisis assessment program settings, that
14 can prevent hospitalizations and support children as
15 they transition back to their homes and commu-
16 nities; and

17 “(3) other entities providing trauma-informed,
18 culturally-sensitive, developmentally-appropriate in-
19 tensive pediatric mental, emotional, behavioral, or
20 substance use disorder health services, as the Sec-
21 retary determines appropriate.

22 “(c) PRIORITIZATION.—In making awards under sub-
23 section (a), the Secretary shall prioritize applicants that
24 serve high-need, rural, or underserved communities, and
25 that demonstrate plans to utilize funds to expand access

1 to prevention, screening, assessment, and treatment of pe-
2 diatric mental health disorders, eating disorders, develop-
3 mental disorders, and substance use disorders.

4 “(d) USE OF FUNDS.—Activities that may be sup-
5 ported through an award under subsection (a) include ex-
6 panded training to enhance the capabilities of the existing
7 workforce, including primary care providers, pediatricians,
8 psychiatrists, psychologists, nurses, social workers, coun-
9 selors, and other health care providers, as the Secretary
10 determines appropriate, to provide trauma-informed, cul-
11 turally-sensitive, developmentally-appropriate care for pe-
12 diatric mental health disorders, eating disorders, develop-
13 mental disorders, and substance use disorders.

14 “(e) REPORTING.—

15 “(1) REPORTS FROM AWARD RECIPIENTS.—Not
16 later than 180 days after the completion of activities
17 funded by an award under this section, the entity
18 that received such award shall submit a report to
19 the Secretary on the activities conducted using funds
20 from such award, and other information as the Sec-
21 retary may require.

22 “(2) REPORTS TO CONGRESS.—Not later than
23 180 days after receiving reports from all award re-
24 cipients, the Secretary shall submit to the Com-
25 mittee on Health, Education, Labor, and Pensions

of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the projects and activities conducted with funds awarded under this section, and the outcome of such projects and activities. Such report shall include—

“(A) the number of projects supported by awards made under this section;

“(B) an overview of the impact, if any, of such projects on access to pediatric mental, emotional, behavioral, and substance use disorder health services;

“(C) recommendations for improving the investment program under this section; and

“(D) any other considerations as the Secretary determines appropriate.

“(f) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated such sums as may be necessary for each of fiscal years 2023 through 2027.”.

SEC. 3. INCREASING FEDERAL INVESTMENT IN PEDIATRIC MENTAL, EMOTIONAL, BEHAVIORAL, AND SUBSTANCE USE DISORDER HEALTH SERVICES.

The Public Health Service Act (42 U.S.C. 201 et seq.) is amended by adding at the end the following:

1 **“TITLE XXXIV—ASSISTANCE FOR**
 2 **MODERNIZATION OF PEDI-**
 3 **ATRIC MENTAL, EMOTIONAL,**
 4 **BEHAVIORAL, AND SUB-**
 5 **STANCE USE DISORDER**
 6 **HEALTH CARE INFRASTRUC-**
 7 **TURE**

8 **“SEC. 3401. INCREASING FEDERAL INVESTMENT IN PEDI-**
 9 **ATRIC MENTAL, EMOTIONAL, BEHAVIORAL,**
 10 **AND SUBSTANCE USE DISORDER HEALTH**
 11 **SERVICES.**

12 “(a) IN GENERAL.—The Secretary, acting through
 13 the Administrator of the Health Resources and Services
 14 Administration, in consultation with the Assistant Sec-
 15 retary for Mental Health and Substance Use, shall award
 16 grants, contracts, or cooperative agreements to eligible en-
 17 tities for the purpose of improving their ability to provide
 18 trauma-informed, culturally-sensitive, developmentally-ap-
 19 propriate pediatric mental, emotional, behavioral, and sub-
 20 stance use disorder health services, including by—

21 “(1) constructing or modernizing sites of care
 22 for trauma-informed, culturally-sensitive, develop-
 23 mentally-appropriate pediatric mental, emotional, be-
 24 havioral, and substance use disorder health services;

1 “(2) expanding capacity to provide trauma-in-
2 formed, culturally-sensitive, developmentally-appro-
3 priate pediatric mental, emotional, behavioral, or
4 substance use disorder health services, including en-
5 hancements to digital infrastructure, telehealth capa-
6 bilities, or other improvements to patient care infra-
7 structure; and

8 “(3) supporting the reallocation of existing re-
9 sources to accommodate pediatric mental, emotional,
10 and behavioral health and substance use disorder pa-
11 tients, including by converting or adding sufficient
12 capacity to establish or increase the entity’s inven-
13 tory of licensed and operational, trauma-informed,
14 culturally-sensitive, developmentally-appropriate in-
15 tensive pediatric mental, emotional, behavioral, and
16 substance use disorder health care programs, such
17 as partial hospital, day treatment, intensive out-
18 patient programs, or walk-in crisis assessment pro-
19 grams, in order to prevent hospitalizations and sup-
20 port children as they transition back to their homes
21 and communities.

22 “(b) ELIGIBLE ENTITIES.—Entities eligible for
23 grants under subsection (a) include—

24 “(1) children’s hospitals;

1 “(2) facilities that provide trauma-informed,
2 culturally-sensitive, developmentally-appropriate in-
3 tensive pediatric mental, emotional, behavioral, or
4 substance use disorder health services in partial hos-
5 pital, day treatment, intensive outpatient program,
6 or walk-in crisis assessment program settings, that
7 can prevent hospitalizations and support children as
8 they transition back to their homes and commu-
9 nities; and

10 “(3) other entities providing trauma-informed,
11 culturally-sensitive, developmentally-appropriate in-
12 tensive pediatric mental, emotional, behavioral, or
13 substance use disorder health services, as the Sec-
14 retary determines appropriate.

15 “(c) PRIORITIZATION.—In making awards under sub-
16 section (a), the Secretary shall prioritize applicants that
17 serve high-need, rural, or underserved communities, and
18 that demonstrate plans to utilize funds to expand access
19 to prevention, screening, assessment, and treatment of pe-
20 diatric mental health disorders, eating disorders, develop-
21 mental disorders, and substance use disorders.

22 “(d) SUPPLEMENT, NOT SUPPLANT.—Funds pro-
23 vided under this section shall be used to supplement, and
24 not supplant, Federal and non-Federal funds available for
25 carrying out the activities described in this section.

1 “(e) REPORTING.—

2 “(1) REPORTS FROM AWARD RECIPIENTS.—Not
3 later than 180 days after the completion of activities
4 funded by an award under this section, the entity
5 that received such award shall submit a report to
6 the Secretary on the activities conducted using funds
7 from such award, and other information as the Sec-
8 retary may require.

9 “(2) REPORTS TO CONGRESS.—Not later than
10 180 days after receiving reports from all award re-
11 cipients under paragraph (1), the Secretary shall
12 submit to the Committee on Health, Education,
13 Labor, and Pensions of the Senate and the Com-
14 mittee on Energy and Commerce of the House of
15 Representatives a report on the projects and activi-
16 ties conducted with funds awarded under this sec-
17 tion, and the outcome of such projects and activities.
18 Such report shall include—

19 “(A) the number of projects supported by
20 awards made under this section;

21 “(B) an overview of the impact, if any, of
22 such projects on pediatric health care infra-
23 structure, including any impact on access to pe-
24 diatric mental, emotional, behavioral, and sub-
25 stance use disorder health services;

1 “(C) recommendations for improving the
2 investment program under this section; and

3 “(D) any other considerations as the Sec-
4 retary determines appropriate.

5 “(f) AUTHORIZATION OF APPROPRIATIONS.—To
6 carry out this section, there is authorized to be appro-
7 priated such sums as may be necessary for each of fiscal
8 years 2023 through 2027.”.

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