

HR 4204

ENHANCED Act of 2009

Congress: 111 (2009–2011, Ended)

Chamber: House

Policy Area: Health

Introduced: Dec 3, 2009

Current Status: Referred to the Subcommittee on Health.

Latest Action: Referred to the Subcommittee on Health. (Dec 7, 2009)

Official Text: <https://www.congress.gov/bill/111th-congress/house-bill/4204>

Sponsor

Name: Rep. Kennedy, Patrick J. [D-RI-1]

Party: Democratic • **State:** RI • **Chamber:** House

Cosponsors (6 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Maffei, Daniel B. [D-NY-25]	D · NY		Dec 3, 2009
Rep. Murphy, Tim [R-PA-18]	R · PA		Dec 3, 2009
Rep. Yarmuth, John A. [D-KY-3]	D · KY		Dec 3, 2009
Rep. Driehaus, Steve [D-OH-1]	D · OH		Dec 10, 2009
Rep. Shea-Porter, Carol [D-NH-1]	D · NH		Jan 12, 2010
Rep. Tonko, Paul [D-NY-21]	D · NY		Jan 12, 2010

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Dec 7, 2009

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
111 HR 3590	Related bill	Mar 23, 2010: Became Public Law No: 111-148.
111 S 1857	Identical bill	Oct 22, 2009: Read twice and referred to the Committee on Health, Education, Labor, and Pensions.

Establishing a Network of Health-Advancing National Centers of Excellence for Depression Act of 2009 or the ENHANCED Act of 2009 - Amends the Public Health Service Act to direct the Secretary of Health and Human Services (HHS), acting through the Administrator of the Health Resources and Services Administration, to award grants on a competitive basis to institutions of higher education or public or private nonprofit research institutions to establish national centers of excellence for depression to engage in activities related to the treatment of depressive disorders.

Lists priority criteria for grant recipients, including location in a geographic area with disproportionate numbers of underserved and at-risk populations in medically underserved areas and health professional shortage areas.

Directs the Secretary to allocate appropriated funds so that up to 30 centers may be established by September 30, 2016. Authorizes the the Secretary to select centers to specialize in: (1) subspecialties such as prepartum and postpartum depression, traumatic stress disorder, suicidal tendency, bipolar disorder, and depression; and (2) providing mental health services to communities with problems of access.

Sets forth required activities of such centers, including to: (1) integrate basic, clinical, or health services interdisciplinary research and practice in the development of evidence-based interventions; (2) provide training and technical assistance to mental health professionals, facilitate the communication of research findings and depressive disorder-related information to the public, and provide education about depressive disorders; (3) collaborate to develop and implement treatment standards, clinical guidelines, and protocols to improve the accuracy and timeliness of diagnosis of depressive disorders and treatment standards that emphasize early intervention and treatment for, prevention of, and recovery from depressive disorders; (4) incorporate principles of chronic care coordination and integration of services that address physical, mental, and social conditions in the treatment of depressive disorders; and (5) demonstrate effective use of a public-private partnership to foster collaborations among centers and community-based organizations and social and human services providers.

Requires the Secretary to designate one grant recipient as a coordinating center, which shall establish and maintain a national, publicly available database to improve prevention programs, evidence-based interventions, and disease management programs for depressive disorders.

Directs the Secretary, through the Administrator, to: (1) establish performance standards; and (2) issue a report card for each center to the coordinating center and periodically to Congress. Urges that the knowledge and research developed by the centers be disseminated broadly within the medical community and the federal government.

Actions Timeline

- **Dec 7, 2009:** Referred to the Subcommittee on Health.
- **Dec 3, 2009:** Introduced in House
- **Dec 3, 2009:** Sponsor introductory remarks on measure. (CR E2888)
- **Dec 3, 2009:** Referred to the House Committee on Energy and Commerce.