

## S 2680

Mental Health Reform Act of 2016

**Congress:** 114 (2015–2017, Ended)

**Chamber:** Senate

**Policy Area:** Health

**Introduced:** Mar 15, 2016

**Current Status:** Placed on Senate Legislative Calendar under General Orders. Calendar No. 437.

**Latest Action:** Placed on Senate Legislative Calendar under General Orders. Calendar No. 437. (Apr 26, 2016)

**Official Text:** <https://www.congress.gov/bill/114th-congress/senate-bill/2680>

### Sponsor

---

**Name:** Sen. Alexander, Lamar [R-TN]

**Party:** Republican • **State:** TN • **Chamber:** Senate

Cosponsors (29 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Cassidy, Bill [R-LA]	R · LA		Mar 15, 2016
Sen. Murphy, Christopher [D-CT]	D · CT		Mar 15, 2016
Sen. Murray, Patty [D-WA]	D · WA		Mar 15, 2016
Sen. Franken, Al [D-MN]	D · MN		Apr 19, 2016
Sen. Vitter, David [R-LA]	R · LA		Apr 19, 2016
Sen. Ayotte, Kelly [R-NH]	R · NH		May 12, 2016
Sen. Blumenthal, Richard [D-CT]	D · CT		May 12, 2016
Sen. Capito, Shelley Moore [R-WV]	R · WV		May 12, 2016
Sen. Gillibrand, Kirsten E. [D-NY]	D · NY		May 12, 2016
Sen. Klobuchar, Amy [D-MN]	D · MN		May 12, 2016
Sen. Murkowski, Lisa [R-AK]	R · AK		May 12, 2016
Sen. Kirk, Mark Steven [R-IL]	R · IL		May 26, 2016
Sen. Stabenow, Debbie [D-MI]	D · MI		May 26, 2016
Sen. Coons, Christopher A. [D-DE]	D · DE		Jun 21, 2016
Sen. Gardner, Cory [R-CO]	R · CO		Jun 21, 2016
Sen. Heller, Dean [R-NV]	R · NV		Sep 7, 2016
Sen. Udall, Tom [D-NM]	D · NM		Sep 7, 2016
Sen. Tester, Jon [D-MT]	D · MT		Sep 13, 2016
Sen. Tillis, Thomas [R-NC]	R · NC		Sep 13, 2016
Sen. Ernst, Joni [R-IA]	R · IA		Sep 22, 2016
Sen. Shaheen, Jeanne [D-NH]	D · NH		Sep 22, 2016
Sen. Portman, Rob [R-OH]	R · OH		Sep 27, 2016
Sen. Baldwin, Tammy [D-WI]	D · WI		Sep 28, 2016
Sen. Bennet, Michael F. [D-CO]	D · CO		Sep 28, 2016
Sen. Grassley, Chuck [R-IA]	R · IA		Sep 28, 2016
Sen. Heitkamp, Heidi [D-ND]	D · ND		Sep 28, 2016
Sen. Wicker, Roger F. [R-MS]	R · MS		Sep 28, 2016
Sen. Brown, Sherrod [D-OH]	D · OH		Nov 29, 2016
Sen. Moran, Jerry [R-KS]	R · KS		Nov 29, 2016

Committee Activity

Committee	Chamber	Activity	Date
Health, Education, Labor, and Pensions Committee	Senate	Reported By	Apr 26, 2016

Subjects & Policy Tags

Policy Area:

Health

## Related Bills

Bill	Relationship	Last Action
<a href="#">114 HR 5327</a>	Related bill	<b>May 25, 2016:</b> Referred to the House Committee on Energy and Commerce.
<a href="#">114 HR 4374</a>	Related bill	<b>Mar 23, 2016:</b> Referred to the Subcommittee on Higher Education and Workforce Training.
<a href="#">114 S 2685</a>	Related bill	<b>Mar 15, 2016:</b> Read twice and referred to the Committee on Health, Education, Labor, and Pensions. (text of measure as introduced: CR S1506-1508)
<a href="#">114 S 1893</a>	Related bill	<b>Jan 8, 2016:</b> Referred to the Subcommittee on Health.

## **Mental Health Reform Act of 2016**

### **TITLE I--STRENGTHENING LEADERSHIP AND ACCOUNTABILITY**

(Sec. 101) The Office of the Assistant Secretary for Planning and Evaluation must ensure efficient and effective planning and evaluation of mental and substance use disorders programs and related activities.

(Sec. 102) This bill amends the Public Health Service Act to revise the authorities of the Substance Abuse and Mental Health Services Administration (SAMHSA), including to expand SAMHSA's authority to develop educational materials and intervention strategies to reduce the risks of communicable diseases among individuals with mental or substance use disorders.

The bill establishes new requirements for SAMHSA, including that SAMHSA must: (1) improve mental and substance use disorder services provided by the Department of Defense and the Department of Veterans Affairs, and (2) develop and support activities to recruit and retain a workforce addressing mental and substance use disorders.

(Sec. 103) The bill creates the position of Chief Medical Officer within SAMHSA.

(Sec. 104) Every four years, SAMHSA must develop, publish, and carry out a strategic plan.

(Sec. 105) The bill revises requirements regarding SAMHSA's biennial report on its activities.

(Sec. 106) The bill revises provisions regarding SAMHSA's Center for Mental Health Services, Center for Substance Abuse Prevention, and Center for Substance Abuse Treatment, including to require the centers to ensure consistent documentation of the application of grant criteria.

(Sec. 107) The bill revises membership requirements for SAMHSA advisory councils.

(Sec. 108) The bill revises membership requirements for SAMHSA peer review groups.

(Sec. 109) HHS must establish the Inter-departmental Serious Mental Illness Coordinating Committee to report on research, evaluate the effect of federal programs, and recommend agency actions to better coordinate administration of mental health services.

(Sec. 110) The Government Accountability Office (GAO) must report on protection and advocacy systems for individuals with mental illness.

### **TITLE II--ENSURING MENTAL AND SUBSTANCE USE DISORDERS PREVENTION, TREATMENT, AND RECOVERY PROGRAMS KEEP PACE WITH SCIENCE**

(Sec. 201) SAMHSA's Office of Policy, Planning, and Innovation must: (1) facilitate the implementation of policy changes likely to have a significant effect on mental health; (2) collect information from SAMHSA grantees to evaluate and disseminate information on evidence-based practices; and (3) identify SAMHSA activities that are duplicative or that are not evidence-based, effective, or efficient.

SAMHSA may award grants for the development of evidence-based interventions for mental illness, serious emotional disturbances, substance use disorders, and co-occurring illness or disorders.

(Sec. 202) SAMHSA may review and publish information on evidence-based programs and practices.

(Sec. 203) The bill revises and extends through FY2021 SAMHSA support for addressing regionally and nationally significant needs regarding mental health, substance use disorder treatment, and substance use disorder prevention.

### TITLE III--SUPPORTING STATE RESPONSES TO MENTAL HEALTH AND SUBSTANCE USE DISORDER NEEDS

(Sec. 301) The bill revises and extends through FY2021 block grants for community mental health services. States must use at least a specified amount of a block grant to support evidence-based programs for individuals with early serious mental illness. The bill revises the block grant requirement that a state maintain spending on community mental health services.

(Sec. 302) The bill revises block grants for prevention and treatment of substance abuse. The bill eliminates the block grant requirements for states to: (1) maintain spending on services for individuals with tuberculosis or HIV, and (2) submit an assessment of need for a block grant. The bill revises the block grant requirement for a state to maintain spending on prevention and treatment of substance abuse.

(Sec. 303) In the case of a public health emergency, HHS may grant extensions or waive requirements for block grants for transition from homelessness, community mental health services, and prevention and treatment of substance abuse.

SAMHSA must permit states to apply jointly for block grants.

(Sec. 304) SAMHSA must report on the funding formulas for block grants for community mental health services and prevention and treatment of substance abuse.

(Sec. 305) SAMHSA must award grants to address emerging drug abuse issues, including opioid abuse, through drug treatment and recovery services.

### TITLE IV--PROMOTING ACCESS TO MENTAL HEALTH AND SUBSTANCE USE DISORDER CARE

(Sec. 401) The bill revises and extends through FY2021 grants for mental health and substance abuse services for homeless individuals.

(Sec. 402) The bill revises and extends through FY2021 grants to divert individuals with a mental illness from the criminal justice system to community-based services. Grant funding may be used to develop programs to divert individuals prior to booking or arrest.

(Sec. 403) SAMHSA may provide support for improvement of integrated primary care and behavioral health care.

(Sec. 404) The bill revises and makes permanent block grants for transition from homelessness. SAMHSA must report on the funding formula for these block grants.

(Sec. 405) SAMHSA must maintain the existing National Suicide Prevention Lifeline program.

(Sec. 406) SAMHSA must maintain the existing National Treatment Referral Routing Service to assist individuals and families in locating treatment providers for mental and substance use disorders.

(Sec. 407) The bill revises and extends through FY2021 mental and behavioral health education and training grants. Grantees must be able to place students in areas with a high need and high demand population.

(Sec. 408) The HHS Office on Women's Health may: (1) update published information on eating disorders, (2) incorporate public resources into its obesity prevention programs, and (3) advance public awareness of eating disorders.

(Sec. 409) HHS may facilitate the identification of programs and materials to educate and train health professionals regarding eating disorders.

(Sec. 410) SAMHSA must award grants to enhance community-based crisis response systems or for a database of available beds at inpatient psychiatric facilities, crisis stabilization units, and residential community mental health and residential substance use disorder treatment facilities.

(Sec. 411) HHS must establish a training demonstration program for mental and substance use disorders to award grants for: (1) training medical residents and fellows to practice psychiatry and addiction medicine in underserved, community-based settings with integrated care; (2) training other providers to provide services in such settings; and (3) academic units or programs that train students or faculty or develop practices or recommendations for the design of such units or programs.

(Sec. 412) SAMHSA must publish a report on the mental health and substance use disorder workforce.

(Sec. 413) The bill repeals various expired SAMHSA programs.

(Sec. 414) HHS must maintain a Minority Fellowship Program for mental and substance use disorder treatment professionals to improve services for racial and ethnic minority populations.

## TITLE V--STRENGTHENING MENTAL AND SUBSTANCE USE DISORDER CARE FOR CHILDREN AND ADOLESCENTS

(Sec. 501) The bill revises and extends through FY2021 a grant program to provide comprehensive community mental health services to children with a serious emotional disturbances.

(Sec. 502) HRSA may award grants to promote integration of behavioral health with pediatric primary care.

(Sec. 503) The bill revises and extends through FY2021 SAMHSA support for substance use disorder treatment services for children. The program is expanded to include support for early identification and services for children at risk of substance use disorders and assistance to pregnant and parenting women with substance use disorders.

(Sec. 504) The bill revises and extends through FY2021 Center for Substance Abuse Treatment support for residential substance use disorder treatment programs for pregnant and parenting women. Services must include therapeutic child care and family reunification.

(Sec. 505) HHS must award grants to states for screening, assessment, and treatment services for maternal depression.

(Sec. 506) HHS must award grants for infant and early childhood mental health programs.

## TITLE VI--IMPROVING PATIENT CARE AND ACCESS TO MENTAL AND SUBSTANCE USE DISORDER BENEFITS

(Sec. 601) The HHS Office for Civil Rights must ensure that entities involved in mental or substance use disorder treatment, including patients and their families, have adequate, accessible, and easily comprehensible resources regarding use and disclosure of protected health information under the Health Insurance Portability and Accountability Act.

(Sec. 602) HHS must identify, or recognize entities to develop, model programs and materials for training: (1) health care providers regarding the use and disclosure of the protected health information of patients seeking or undergoing mental or substance use disorder treatment, and (2) patients and their families regarding their rights to protect and obtain such information.

(Sec. 603) After finalizing regulations on the confidentiality of alcohol and drug abuse patient records, HHS must convene stakeholders to determine the effect of the regulations on patient care, health outcomes, and patient privacy.

(Sec. 605) HHS, the Department of Labor, and the Department of the Treasury must: (1) issue guidance to improve the compliance of group health plans and health insurance coverage with requirements for parity between mental health and substance use disorder benefits and medical and surgical benefits, and (2) audit the plan documents of group health plans and health insurers that repeatedly violate parity requirements.

(Sec. 606) HHS must convene stakeholders to produce an action plan for improved federal and state coordination regarding enforcement of parity requirements.

(Sec. 607) The Centers for Medicare and Medicaid Services must report on closed federal investigations that found serious violations of parity requirements.

(Sec. 608) The GAO must report on the extent to which group health plans, health insurers, Medicaid managed care organizations, and Children's Health Insurance Program (CHIP) health plans comply with parity requirements.

## TITLE VII--MENTAL HEALTH AWARENESS AND IMPROVEMENT

### *Mental Health Awareness and Improvement Act of 2016*

(Sec. 702) The bill revises and extends through FY2020 a technical assistance resource center to prevent suicides. The center's focus is expanded from youth suicides to suicides among all ages, particularly among groups that are at high risk for suicide.

A program to provide support for youth suicide early intervention and prevention strategies is revised and extended through FY2021.

The bill revises and extends through FY2021 SAMHSA grants for mental and behavioral health services at institutions of higher education.

(Sec. 703) The bill revises and extends through FY2021 SAMHSA's training grant program. The program is expanded to include additional categories of trainees.

(Sec. 704) The bill revises and extends through FY2021 a grant program to address violence-related stress. The program must support the continued operation of the National Child Traumatic Stress Initiative (NCTSI). The NCTSI coordinating center must report on child treatment and outcomes and facilitate training in evidence-based and trauma-informed treatments, interventions, and practices.

(Sec. 705) The GAO must report on certain federal requirements that affect access to treatment of mental health and substance use disorders.

(Sec. 706) SAMHSA may advance the education and awareness of providers, patients, and others regarding products approved by the Food and Drug Administration to treat opioid use disorders.

(Sec. 707) The GAO must report on the utilization of mental health services for children, including the usage of psychotropic medications.

(Sec. 708) SAMHSA must provide technical assistance and disseminate information regarding mental health and substance use disorders among geriatric populations.

(Sec. 709) The Centers for Disease Control and Prevention (CDC) is encouraged to improve the National Violent Death Reporting System.

(Sec. 710) The GAO must evaluate the utilization of mental health services for children and the implementation of recommendations made in "On Issues Raised by the Virginia Tech Tragedy."

(Sec. 711) The Office of the Assistant Secretary for Planning and Evaluation must evaluate the effect of SAMHSA activities and recommend performance metrics for SAMHSA programs. SAMHSA must advance the use of performance metrics to improve programs.

## TITLE VIII--PREVENTION AND TREATMENT OF OPIOID USE DISORDER

(Sec. 801) The Food and Drug Administration (FDA) must refer new drug applications for opioids to an advisory committee before approval, unless the FDA finds that such a referral is not in the interest of protecting and promoting public health and the FDA notifies Congress of its rationale.

The FDA must convene an advisory committee on labeling opioids for pediatric use before approving any such labeling.

As part of its evaluation of the Extended-Release/Long-Acting Opioid Analgesics Risk Evaluation and Mitigation Strategy, the FDA must develop recommendations regarding education programs for prescribers of opioids.

The FDA must issue guidance on labeling generic opioids with statements regarding abuse deterrence.

(Sec. 802) The bill makes mandatory the disclosure by the Department of Veterans Affairs of certain information to a state prescription drug monitoring program in order to prevent misuse of prescription medicines by a veteran or dependent of a veteran.

(Sec. 803) The GAO must report on variations across federally funded state prescription drug monitoring programs and recommend best practices and strategies for the programs.

(Sec. 804) The National Institutes of Health may intensify and coordinate its research into the understanding of pain, therapies for chronic pain, and alternatives to opioids for pain treatments. The prioritization and direction of federally funded pain research must consider recommendations made by the Interagency Pain Research Coordinating Committee.

(Sec. 805) The CDC must issue and disseminate best practices for prescribing opioids for the treatment of acute pain.

(Sec. 806) Pharmacists may partially fill a prescription for a schedule II controlled substance (such as an opioid) if: (1) such partial fills are not prohibited by state law, (2) a partial fill is requested by the patient or prescribing practitioner, and (3) the total quantity dispensed in partial fillings does not exceed the quantity prescribed.

## TITLE IX--MENTAL HEALTH ON CAMPUS IMPROVEMENT

*Mental Health on Campus Improvement Act*



(Sec. 903) SAMHSA must: (1) award grants to institutions of higher education to improve mental and behavioral health services and outreach on campuses, and (2) convene a working group regarding a public education campaign focused on mental and behavioral health at institutions of higher education.

(Sec. 904) HHS must establish a College Campus Task Force to discuss mental and behavioral health concerns at institutions of higher education.

### **Actions Timeline**

---

- **Apr 26, 2016:** Committee on Health, Education, Labor, and Pensions. Reported by Senator Alexander with an amendment in the nature of a substitute. Without written report.
- **Apr 26, 2016:** Placed on Senate Legislative Calendar under General Orders. Calendar No. 437.
- **Mar 16, 2016:** Committee on Health, Education, Labor, and Pensions. Ordered to be reported with an amendment in the nature of a substitute favorably.
- **Mar 15, 2016:** Introduced in Senate
- **Mar 15, 2016:** Read twice and referred to the Committee on Health, Education, Labor, and Pensions.