



Summary of Key Mental Health and Criminal Justice Provisions in H.R. 34

December 1, 2016

Federal Government

- Raises stature of mental health and substance use disorder services at the federal level by creating an Assistant Secretary for Mental Health and Substance Use. The Assistant Secretary will assume the authority of the current SAMHSA Administrator. The current role of SAMHSA will not be changed.
- Establishes a Chief Medical Officer within SAMHSA (for much of its history, SAMHSA has not had a medical officer on staff).
- Creates an Inter-Departmental Serious Mental Illness Coordinating Committee of federal agencies to make recommendations to Congress for better coordination of services for adults with serious mental illness or youth with serious emotional disturbance.
- Establishes the National Mental Health and Substance Use Policy Laboratory to promote evidence-based practices and service delivery models.
- Requires states to spend at least 10% of their annual mental health service block grant allocations on programs that address the needs of individuals with serious mental illness, including psychotic disorders.

Medicaid

- Clarifies that the federal Medicaid statute permits same-day billing for the provision of mental health and primary care services.
- Directs the Center for Medicare and Medicaid Services (CMS) to provide guidance to states on opportunities for designing innovative service delivery systems to improve care for individuals with serious mental illness or serious emotional disturbance.
- Specifies that, effective January 1, 2019, children receiving Medicaid-covered inpatient psychiatric hospital services are eligible for the full range of early and periodic screening, diagnostic and treatment (EPSDT) services.
- Directs CMS to report on the impact of the new federal rule permitting federal reimbursement for inpatient care in Institutions for Mental Diseases (IMDs) for individuals in Medicaid Managed Care plans.

Mental Health Parity

- Requires the release of new federal guidance on compliance with mental health and substance use disorder parity requirements.
- Requires HHS to convene a public meeting to produce an action plan to improve federal and state coordination related to the enforcement of parity.
- Requires CMS to release an annual report for five years summarizing the results of all closed federal investigations of alleged parity violations.
- Requires the Government Accountability Office (independent federal watchdog agency) to conduct a study on enforcement of the federal parity law, including compliance with non-quantifiable treatment limits, and recommendations improving enforcement.
- Requires the development of new resources on how parity applies to eating disorders as well as educating health professionals about eating disorders and effective treatment.

Assertive Community Treatment (ACT)

- Establishes a new grant program to establish, maintain, or expand ACT programs for adults with serious mental illness.

Crisis Response

- Creates a new program of grants to state, local and tribal governments to strengthen community-based crisis response systems or for databases of beds at inpatient psychiatric facilities, crisis stabilization units, and residential community mental health and substance use disorder treatment facilities.

Assisted Outpatient Treatment (AOT)

- Increases and extends existing authorization for AOT grant programs.

HIPAA/Confidentiality

- Authorizes funding for the development of model training and educational programs to educate health providers, regulatory compliance staff, individuals and families regarding the permitted use and disclosure of health information under HIPAA.
- Directs the Secretary of HHS to clarify the circumstances when a health care provider or covered entity may use or disclose protected health information related to the treatment of an adult with a mental health or substance use disorder.

Strengthening the Mental Health and Substance Use Disorders Workforce

- New demonstration program within Health Resources and Services Administration (HRSA) to award five year minimum grants for:
 - Medical residents and fellows to practice psychiatry and addiction medicine in underserved, community based settings;
 - Nurse practitioners, physician's assistants, health service psychologists and social workers to provide MH/SUD services in underserved communities.
- Minority Fellowship Program to increase the numbers of professionals who provide MH/SUUD prevention and treatment for ethnic minorities.

Pediatric Mental Health Care

- Authorizes grants through the Health Resources Services Agency (HRSA) for behavioral health integration in pediatric primary care, including resources for statewide or regional pediatric mental health telehealth programs.

Suicide Prevention

- Reauthorizes Garrett Lee Smith Memorial Act, including grants to states for suicide prevention and suicide prevention technical assistance center.
- Establishes a new adult suicide prevention and intervention program for individuals aged 25 years or older.

Criminal Justice/Mental Health Programs

- Authorizes grants for CIT programs and MH/SUD de-escalation training for law enforcement and other first responders.
- Creates a pilot federal mental health court program.
- Reauthorizes the Mentally Ill Offender Treatment and Crime Reduction Act (MIOTCRA) and expands eligibility for MIOTCRA funded programs to include individuals charged or convicted of non-violent felonies (was previously limited to misdemeanors).
- Allows MIOTCRA funds to be used for Forensic Assertive Community Treatment (F-ACT) programs.
- Creates a National Criminal Justice and Mental Health Training and Technical Assistance Center.
- Permits reentry demonstration project funds under the Second Chance Act to be used for mental health treatment and transitional services (including housing) for individuals with SMI/SUD reentering communities.
- Amends the federal Drug Court program to allow state and local governments to use grant funds for individuals with co-occurring mental illness and substance use disorders.
- Requires mental health and crisis de-escalation training for federal uniformed services officers.
- Allows federal Mental Health Courts grant funds to be used for AOT programs to prevent escalation of mental health issues and criminal justice involvement.
- Expands the Federal Fire Prevention and Control Act to allow funds to be used for training first responders and paramedics on best practices for responding to mental health emergencies and crisis de-escalation.

Criminal Justice/Mental Health Data Collection

- Requires improvements in U.S. Department of Justice data collection on the involvement of mental illness in homicides, including deaths or serious injuries involving law enforcement officers.
- Requires the federal government to report on the federal, state and local costs of imprisoning individuals with serious mental illness, including the number and types of crimes committed.