

116TH CONGRESS
1ST SESSION

H. R. 5411

To direct the Secretary of Health and Human Services to establish a Task Force on Local Mental Health Needs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 12, 2019

Mr. HARDER of California introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To direct the Secretary of Health and Human Services to establish a Task Force on Local Mental Health Needs, 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 “Increasing Access to
5 Mental Health Act of 2019”.

6 **SEC. 2. TASK FORCE ON LOCAL MENTAL HEALTH NEEDS.**

7 (a) IN GENERAL.—Not later than 6 months after the
8 date of enactment of this Act, the Secretary of Health and
9 Human Services shall establish a task force, to be known
10 as the Task Force on Local Mental Health Needs—

1 (1) to analyze whether, notwithstanding section
2 1115, section 1903(m)(7), paragraphs (14) and (16)
3 of section 1905(a), and section 1915(l) of the Social
4 Security Act (42 U.S.C. 1315, 1396b(m)(7),
5 1396d(a), 1396n), the prohibition on Federal finan-
6 cial participation under the Medicaid program under
7 title XIX of such Act (42 U.S.C. 1396 et seq.) for
8 items and services provided in a hospital, nursing fa-
9 cility, or other institution of more than 16 beds, that
10 is primarily engaged in providing services described
11 in section 1905(i) of such Act (42 U.S.C. 1396d(i))
12 for persons with mental diseases, precludes political
13 subdivisions of some States from meeting the mental
14 health care needs of individuals residing in such po-
15 litical subdivision;

16 (2) in the case of a political subdivision so pre-
17 cluded, to develop possible solutions for addressing
18 such mental health needs; and

19 (3) to identify best and sustainable practices
20 described in paragraphs (3) through (7) of sub-
21 section (c).

22 (b) MEMBERSHIP.—The members of the Task Force
23 task shall consist of the following:

1 (1) The Secretary of Health and Human Serv-
2 ices (or the Secretary’s designee), who shall serve as
3 the Chair of the Task Force.

4 (2) The Attorney General of the United States
5 (or the Attorney General’s designee).

6 (3) The Secretary of Labor (or the Secretary’s
7 designee).

8 (4) The Secretary of Veterans Affairs (or the
9 Secretary’s designee).

10 (5) The Director of the Office of National Drug
11 Control Policy (or the Director’s designee).

12 (6) The heads of such other Federal agencies
13 and offices as may be appointed by the Secretary of
14 Health and Human Services (or their designees).

15 (7) The directors of State or county agencies or
16 offices of behavioral health services as may be ap-
17 pointed by the Secretary of Health and Human
18 Services (or their designees).

19 (c) REPORT.—Not later than 1 year after the date
20 of the initial meeting of the Task Force, the Secretary
21 of Health and Human Services shall submit to Congress
22 and make publicly available a final report of the Task
23 Force that—

24 (1) determines whether the prohibition de-
25 scribed in subsection (a)(1) precludes political sub-

1 divisions of some States from meeting the mental
2 health care needs of individuals residing in such po-
3 litical subdivision;

4 (2) in the case of a political subdivision so pre-
5 cluded, recommends possible solutions for addressing
6 such mental health needs, including a recommended
7 bed capacity number;

8 (3) identifies best practices for compliance with
9 the recommendations developed by the Task Force;

10 (4) identifies sustainable practices for helping
11 to provide services to transition individuals from
12 mental health services to sustainable recovery serv-
13 ices, including identifying workforce and housing op-
14 portunities;

15 (5) identifies best practices to coordinate men-
16 tal health service providers and public service agen-
17 cies with local law enforcement agencies to address
18 issues like homelessness;

19 (6) identifies best practices that are used by
20 mental health service providers to handle patient dis-
21 charge planning, including linkage with community
22 services and support;

23 (7) identifies best practices that advance parity
24 in mental health and substance use disorder treat-
25 ment; and

1 (8) provides an analysis for alternatives to a
2 bed capacity number, such as a time limit for Fed-
3 eral reimbursement for facilities or a time limit for
4 patient stays in treatment.

5 (d) DEFINITIONS.—In this section:

6 (1) STATE.—The term “State” means any of
7 the 50 States.

8 (2) TASK FORCE.—The term “Task Force”
9 means the Task Force on Local Mental Health
10 Needs established pursuant to this section.

11 **SEC. 3. MODERN MENTAL HEALTH FUND GRANT PROGRAM.**

12 (a) IN GENERAL.—The Secretary shall award grants
13 to 10 eligible entities to coordinate mental health care
14 services with qualified community entities described in
15 subsection (d).

16 (b) ELIGIBILITY.—To seek a grant under this sec-
17 tion, an entity shall—

18 (1) be—

19 (A) a psychiatric health facility; or

20 (B) an institution for mental disease; and

21 (2) submit an application to the Secretary at
22 such time, in such manner, and containing such in-
23 formation as the Secretary may require.

24 (c) GEOGRAPHIC DIVERSITY.—In awarding grants
25 under this section, the Secretary of Health and Human

1 Services shall ensure there is geographic diversity across
2 the grantees.

3 (d) DEFINITIONS.—In this section:

4 (1) The term “institution for mental diseases”
5 has the meaning given to that term in section
6 1905(i) of the Social Security Act (42 U.S.C.
7 1396d(i)).

8 (2) The term “qualified community entity”
9 means an entity that meets at least one of the fol-
10 lowing:

11 (A) The entity can ensure that case man-
12 agement provided by the entity working with a
13 grantee under this section does not exceed a
14 ratio of 1 caseworker to 20 cases.

15 (B) The entity demonstrates the capacity
16 to provide services to address mental health,
17 substance use disorders and recovery services,
18 disabling or other chronic health conditions,
19 educational and job training or employment
20 outcomes, and life skills needs (including finan-
21 cial literacy).

22 (C) The entity can ensure stable housing,
23 intensive case management, and comprehensive
24 services that include, at minimum, mental
25 health services, substance use disorder treat-

1 ment and recovery services, education and job
2 training, age-appropriate services for children,
3 and life skills training (such as financial lit-
4 eracy training).

5 (D) The entity can coordinate with local
6 law enforcement, courts (including specialized
7 courts), probation, and other public services
8 agencies to conduct outreach and better identify
9 at-risk or homeless populations that would ben-
10 efit from services offered by the entity.

11 (E) The entity can coordinate with a con-
12 gressionally chartered veterans service organiza-
13 tion, a State, local, or Tribal veterans service
14 agency, or a nonprofit organization that has
15 historically served veterans' housing needs.

16 (e) AUTHORIZATION OF APPROPRIATIONS.—To carry
17 out this section, there is authorized to be appropriated
18 \$50,000,000 for fiscal year 2021 and each subsequent fis-
19 cal year.

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