I

115TH CONGRESS
1ST SESSION

H. R. 2336

To amend the Public Health Service Act to authorize a primary and behavioral health care integration grant program.

IN THE HOUSE OF REPRESENTATIVES

MAY 3, 2017

Mr. LOEBSACK (for himself and Mr. TONKO) introduced the following bill; which was referred to the Committee on Energy and Commerce

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A BILL

To amend the Public Health Service Act to authorize a primary and behavioral health care integration grant program.

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 ''Behavioral Health
5 Care Integration Act of 2017''.

6 **SEC. 2. PRIMARY AND BEHAVIORAL HEALTH CARE INTE-**
7 **GRATION GRANT PROGRAMS.**

8 Section 520K of the Public Health Service Act (42
9 U.S.C. 290bb–42) is amended to read as follows:

1 **"SEC. 520K. INTEGRATION INCENTIVE GRANTS.**

2 ''(a) IN GENERAL.—The Secretary shall establish a
3 primary and behavioral health care integration grant pro-
4 gram. The Secretary may award grants and cooperative
5 agreements to eligible entities to expend funds for im-
6 provements in integrated settings with integrated prac-
7 tices.

8 ''(b) DEFINITIONS.—In this section:

9 ''(1) INTEGRATED CARE.—The term 'integrated
10 care' means full collaboration in merged or trans-
11 formed practices offering behavioral and physical
12 health services within the same shared practice
13 space in the same facility, where the entity—

14 ''(A) provides services in a shared space
15 that ensures services will be available and ac-
16 cessible promptly and in a manner which pre-
17 serves human dignity and assures continuity of
18 care;

19 ''(B) ensures communication among the in-
20 tegrated care team that is consistent and team-
21 based;

22 ''(C) ensures shared decisionmaking be-
23 tween behavioral health and primary care pro-
24 viders;

1 "(D) provides evidence-based services in a
2 mode of service delivery appropriate for the tar-
3 get population;

4 "(E) employs staff who are multidisci-
5 plinary and culturally and linguistically com-
6 petent;

7 "(F) provides integrated services related to
8 screening, diagnosis, and treatment of mental
9 illness and substance use disorder and co-occur-
10 ring primary care conditions and chronic dis-
11 eases; and

12 "(G) provides targeted case management,
13 including services to assist individuals gaining
14 access to needed medical, social, educational,
15 and other services and applying for income se-
16 curity, housing, employment, and other benefits
17 to which they may be entitled.

18 "(2) INTEGRATED CARE TEAM.—The term 'in-
19 tegrated care team' means a team that includes—

20 "(A) allopathic or osteopathic medical doc-
21 tors, such as a primary care physician and a
22 psychiatrist;

23 "(B) licensed clinical behavioral health
24 professionals, such as psychologists or social
25 workers;

1 ‘‘(C) a case manager; and

2 ‘‘(D) other members, such as psychiatric
3 advanced practice nurses, physician assistants,
4 peer-support specialists or other allied health
5 professionals, such as mental health counselors.

6 ‘‘(3) SPECIAL POPULATION.—The term ‘special
7 population’ means—

8 ‘‘(A) adults with mental illnesses who have
9 co-occurring primary care conditions with
10 chronic diseases;

11 ‘‘(B) adults with serious mental illnesses
12 who have co-occurring primary care conditions
13 with chronic diseases;

14 ‘‘(C) children and adolescents with serious
15 emotional disorders with co-occurring primary
16 care conditions and chronic diseases;

17 ‘‘(D) older adults with mental illness who
18 have co-occurring primary care conditions with
19 chronic conditions;

20 ‘‘(E) individuals with substance use dis-
21 order; or

22 ‘‘(F) individuals from populations for
23 which there is a significant disparity in the
24 quality, outcomes, cost, or use of mental health
25 or substance use disorder services or a signifi-

cant disparity in access to such services, as compared to the general population, such as racial and ethnic minorities and rural populations.

"(c) PURPOSE.—The grant program under this section shall be designed to lead to full collaboration between primary and behavioral health in an integrated practice model to ensure that—

"(1) the overall wellness and physical health status of individuals with serious mental illness and co-occurring substance use disorders is supported through integration of primary care into community mental health centers meeting the criteria specified in section 1913(c) of the Social Security Act or certified community behavioral health clinics described in section 223 of the Protecting Access to Medicare Act of 2014; or

"(2) the mental health status of individuals with significant co-occurring psychiatric and physical conditions will be supported through integration of behavioral health into primary care settings.

"(d) ELIGIBLE ENTITIES.—To be eligible to receive a grant or cooperative agreement under this section, an entity shall be a State department of health, State mental health or addiction agency, State Medicaid agency, or licensed health care provider or institution. The Adminis-

1 trator may give preference to States that have existing in-
2 tegrated care models, such as those authorized by section
3 1945 of the Social Security Act.

4 "(e) APPLICATION.—An eligible entity desiring a
5 grant or cooperative agreement under this section shall
6 submit an application to the Administrator at such time,
7 in such manner, and accompanied by such information as
8 the Administrator may require, including a description of
9 a plan to achieve fully collaborative agreements to provide
10 services to special populations and—

11 "(1) a document that summarizes the State-
12 specific policies that inhibit the provision of inte-
13 grated care, and the specific steps that will be taken
14 to address such barriers, such as through licensing
15 and billing procedures; and

16 "(2) a plan to develop and share a de-identified
17 patient registry to track treatment implementation
18 and clinical outcomes to inform clinical interven-
19 tions, patient education, and engagement with
20 merged or transformed integrated practices in com-
21 pliance with applicable national and State health in-
22 formation privacy laws.

23 "(f) GRANT AMOUNTS.—The maximum annual grant
24 amount under this section shall be $2,000,000, of which
25 not more than 10 percent may be allocated to State ad-

1 ministrative functions, and the remaining amounts shall
2 be allocated to health facilities that provide integrated
3 care.

4 "(g) DURATION.—A grant under this section shall be
5 for a period of 5 years.

6 "(h) REPORT ON PROGRAM OUTCOMES.—An entity
7 receiving a grant or cooperative agreement under this sec-
8 tion shall submit an annual report to the Administrator
9 that includes—

10 "(1) the progress to reduce barriers to inte-
11 grated care, including regulatory and billing bar-
12 riers, as described in the entity's application under
13 subsection (d); and

14 "(2) a description of functional outcomes of
15 special populations, such as—

16 "(A) with respect to individuals with seri-
17 ous mental illness, participation in supportive
18 housing or independent living programs, en-
19 gagement in social or education activities, par-
20 ticipation in job training or employment oppor-
21 tunities, attendance at scheduled medical and
22 mental health appointments, and compliance
23 with treatment plans;

24 "(B) with respect to individuals with co-oc-
25 curring mental illness and primary care condi-

1 tions and chronic diseases, attendance at sched-
2 uled medical and mental health appointments,
3 compliance with treatment plans, and participa-
4 tion in learning opportunities related to im-
5 proved health and lifestyle practice; and

6 "(C) with respect to children and adoles-
7 cents with serious emotional disorders who have
8 co-occurring primary care conditions and chron-
9 ic diseases, attendance at scheduled medical
10 and mental health appointments, compliance
11 with treatment plans, and participation in
12 learning opportunities at school and extra-
13 curricular activities.

14 "(i) TECHNICAL ASSISTANCE CENTER FOR PRIMARY-
15 BEHAVIORAL HEALTH CARE INTEGRATION.—

16 "(1) IN GENERAL.—The Secretary shall estab-
17 lish a program through which such Secretary shall
18 provide appropriate information, training, and tech-
19 nical assistance to eligible entities that receive a
20 grant or cooperative agreement under this section, in
21 order to help such entities to meet the requirements
22 of this section, including assistance with—

23 "(A) development and selection of inte-
24 grated care models;

1 "(B) dissemination of evidence-based inter-
2 ventions in integrated care;
3 "(C) establishment of organizational prac-
4 tices to support operational and administrative
5 success; and
6 "(D) other activities, as the Secretary de-
7 termines appropriate.
8 "(2) ADDITIONAL DISSEMINATION OF TECH-
9 NICAL INFORMATION.—The information and re-
10 sources provided by the technical assistance program
11 established under paragraph (1) shall be made avail-
12 able to States, political subdivisions of a State, In-
13 dian tribes or tribal organizations (as defined in sec-
14 tion 4 of the Indian Self-Determination and Edu-
15 cation Assistance Act), outpatient mental health and
16 addiction treatment centers, community mental
17 health centers that meet the criteria under section
18 1913(c), certified community behavioral health clin-
19 ics described in section 223 of the Protecting Access
20 to Medicare Act of 2014, primary care organizations
21 such as Federally qualified health centers or rural
22 health centers, other community-based organiza-
23 tions, or other entities engaging in integrated care
24 activities, as the Secretary determines appropriate.

1 "(j) AUTHORIZATION OF APPROPRIATIONS.—To
2 carry out this section, there are authorized to be appro-
3 priated $50,000,000 for each of fiscal years 2018 through
4 2022, of which $2,000,000 shall be available to the tech-
5 nical assistance program under subsection (i).".

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