

118TH CONGRESS
2D SESSION

S. 4312

To establish a United States Senate Commission on Mental Health for the purpose of providing to Congress and the President independent, expert policy recommendations to improve access to and affordability of mental health care services.

IN THE SENATE OF THE UNITED STATES

MAY 9, 2024

Mr. FETTERMAN (for himself and Ms. SMITH) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To establish a United States Senate Commission on Mental Health for the purpose of providing to Congress and the President independent, expert policy recommendations to improve access to and affordability of mental health care services.

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 “United States Senate
5 Commission on Mental Health Act of 2024”.

6 **SEC. 2. PURPOSES.**

7 The purposes of this section are as follows:

1 (1) To establish the United States Senate Com-
2 mission on Mental Health to review available data,
3 research, policies, and other pertinent information
4 regarding mental health care services and delivery.

5 (2) To facilitate discussion among relevant
6 stakeholders, including Federal agencies, to under-
7 stand what policies have successfully improved men-
8 tal health care services and delivery and to develop
9 recommendations for congressional and executive ac-
10 tion to improve access to, and affordability of, men-
11 tal health care services.

12 **SEC. 3. ESTABLISHMENT OF UNITED STATES SENATE COM-**
13 **MISSION ON MENTAL HEALTH.**

14 (a) ESTABLISHMENT.—There is established a United
15 States Senate Commission on Mental Health (referred to
16 in this Act as the “Commission”).

17 (b) PURPOSES.—The purpose of the Commission is
18 to provide Congress and the President independent, expert
19 policy recommendations to improve mental health care
20 services, including improving equitable access and afford-
21 ability.

22 (c) MEMBERSHIP.—

23 (1) IN GENERAL.—The Commission shall be
24 composed of 8 members, as follows:

1 (A) Six shall be Members of the Senate ap-
2 pointed by the President of the Senate, of
3 which—

4 (i) 3 shall be selected, after consulta-
5 tion with the majority leader of the Senate,
6 from the majority party; and

7 (ii) 3 shall be selected, after consulta-
8 tion with the minority leader of the Senate,
9 from the minority party.

10 (B) Two shall be experts with a dem-
11 onstrated academic and professional back-
12 ground in mental health care, selected by the
13 majority leader of the Senate, after consultation
14 with the minority leader of the Senate.

15 (2) PERIOD OF APPOINTMENT.—Each member
16 of the Commission shall be appointed for a term of
17 2 years.

18 (3) CHAIR AND VICE CHAIR.—On the com-
19 mencement of each 2-year period of appointment of
20 the members of the Commission, the members of the
21 Commission shall select a Chair from among the
22 members appointed under paragraph (1)(A)(i), and
23 a Vice Chair from among the members appointed
24 under paragraph (1)(A)(ii).

1 (4) NO COMPENSATION.—The members of the
2 Commission shall serve without compensation for
3 their work on the Commission.

4 (5) TRAVEL EXPENSES.—A member of the
5 Commission shall be allowed travel expenses, includ-
6 ing per diem in lieu of subsistence, at rates author-
7 ized for employees of agencies under subchapter I of
8 chapter 57 of title 5, United States Code, while
9 away from their homes or regular places of business
10 in the performance of services for the Commission.

11 (d) RETENTION OF SUPPORT.—The Commission
12 shall retain and make use of such staff, materials, and
13 infrastructure of the Senate as is necessary to carry out
14 the duties of the Commission.

15 (e) MEETINGS.—The Commission shall conduct
16 meetings, not less frequently than every 90 days, with rel-
17 evant stakeholders across the United States, including
18 mental health care providers (such as physicians, psychia-
19 trists, psychologists, counselors, and therapists), patients,
20 and individuals representing advocacy groups, academic
21 and research institutions, nonprofit organizations, indus-
22 try, and other relevant stakeholders, as determined by the
23 Commission.

24 (f) VACANCIES.—A vacancy in the Commission—

1 (1) shall not affect the powers of the Commis-
2 sion; and

3 (2) shall be filled in the same manner as the
4 original appointment.

5 **SEC. 4. DUTIES OF THE COMMISSION.**

6 (a) IN GENERAL.—The Commission shall study rel-
7 evant issues regarding mental health care services and de-
8 livery and issue reports, as required under subsection (b).

9 (b) TOPICS STUDIED.—

10 (1) IN GENERAL.—Each calendar year, the
11 Commission shall study specific topics relating to
12 improving mental health care services and delivery,
13 including improving equitable access and afford-
14 ability with respect to such services, in accordance
15 with paragraphs (2) and (3), including by convening
16 meetings described in section 3(e).

17 (2) INITIAL TOPICS.—In the first year following
18 the establishment of the Commission, the Commis-
19 sion shall consider the following topics:

20 (A) Mental health care services coverage,
21 including mental health parity requirements,
22 under the Medicare program under title XVIII
23 of the Social Security Act (42 U.S.C. 1395 et
24 seq.), the Medicaid program under title XIX of
25 such Act (42 U.S.C. 1396 et seq.), the State

1 Children's Health Insurance Program under
2 title XXI of such Act (42 U.S.C. 1397aa et
3 seq.), and, as the Commission determines ap-
4 propriate, other health programs administered
5 by the Federal Government, including—

6 (i) the extent to which mental health
7 care services are covered under such pro-
8 grams; and

9 (ii) the extent to which mental health
10 parity requirements applicable to such pro-
11 grams are effective in meeting the mental
12 health care needs of patients.

13 (B) Reimbursement rates for mental
14 health care services with respect to mental
15 health care providers, including—

16 (i) the extent to which reimbursement
17 rates under the programs described in sub-
18 paragraph (A)(i), impact the affordability,
19 accessibility, and availability of mental
20 health care services;

21 (ii) how reimbursement rates for all
22 mental health care services differ from re-
23 imbursement rates for physical health care
24 services under such programs; and

1 (iii) the probable impact of increasing
2 the rates of mental health reimbursement
3 rates under such programs, including the
4 cost to the Federal Government and the
5 number of providers and patients who
6 would be impacted.

7 (C) Workforce challenges with respect to
8 mental health care providers, including—

9 (i) challenges and barriers that pre-
10 vent individuals, including students, from
11 entering mental health care professions;

12 (ii) challenges and barriers that stu-
13 dents enrolled in mental health care pro-
14 fessional training programs face while pur-
15 suing their degrees;

16 (iii) the challenges and barriers pro-
17 fessors and staff in such training programs
18 face;

19 (iv) challenges and barriers mental
20 health care providers face; and

21 (v) factors that contribute to mental
22 health care providers leaving the field.

23 (3) TOPICS IN SUBSEQUENT YEARS.—After the
24 submission of the first report under subsection (c)
25 that addresses the topics described in paragraph (2),

1 the Commission shall consider such topics each year
2 as the Commission determines appropriate.

3 (4) DEFINITION.—In this subsection, the term
4 “mental health parity” means—

5 (A) with respect to the Medicare program
6 under title XVIII of the Social Security Act (42
7 U.S.C. 1395 et seq.), and other applicable plans
8 administered by the Federal Government, ef-
9 forts to ensure that reimbursement rates for
10 mental health care services are equivalent to re-
11 imbursement rates for physical health care serv-
12 ices under such program or such plans; and

13 (B) with respect to the Medicaid program
14 under title XIX of such Act (42 U.S.C. 1396 et
15 seq.) and the State Children’s Health Insurance
16 Program under title XXI of such Act (42
17 U.S.C. 1397aa et seq.), the requirements set
18 forth in the rule titled “Medicaid and Children’s
19 Health Insurance Programs; Mental Health
20 Parity and Addiction Equity Act of 2008; the
21 Application of Mental Health Parity Require-
22 ments to Coverage Offered by Medicaid Man-
23 aged Care Organizations, the Children’s Health
24 Insurance Program (CHIP), and Alternative
25 Benefit Plans” (81 Fed. Reg. 18390).

1 (c) ANNUAL REPORT.—

2 (1) IN GENERAL.—Not later than January 1
3 each year, beginning with the first year that begins
4 at least 2 years after the date of enactment of this
5 Act, the Commission shall submit to Congress, the
6 Secretary of Health and Human Services, and, as
7 appropriate, the heads of other relevant Federal
8 agencies a report, based on the studies carried out
9 under subsection (b), regarding the state of mental
10 health care services and delivery, including a needs
11 and gap assessment across the continuum of mental
12 health care. Each report shall include—

13 (A) an analysis of the current barriers to
14 accessing affordable and equitable mental
15 health care services, challenges facing the men-
16 tal health care workforce, and successful efforts
17 by State, local, or Tribal entities to improve
18 mental health care services and delivery; and

19 (B) policy recommendations for legislative
20 and administrative actions to address issues
21 identified through the report.

22 (2) CONTENTS OF REPORT.—Each report sub-
23 mitted under paragraph (1) shall include a discus-
24 sion of the topics considered under subsection (b) for
25 the applicable year and the following:

1 (A) The most current and comprehensive
2 data and research on the state of mental health
3 care in the United States, including barriers to
4 accessing mental health care.

5 (B) A comprehensive needs and gap as-
6 sessment across the continuum of mental health
7 care services, using disaggregated data, for—

8 (i) different age groups, such as for
9 children, adolescents, adults, and older
10 adults;

11 (ii) student status, for each of the pri-
12 mary, secondary, and postsecondary levels;

13 (iii) people with disabilities;

14 (iv) individuals with co-morbidities,
15 including substance use;

16 (v) racial and ethnic minorities;

17 (vi) LGBTQ+ individuals;

18 (vii) individuals residing in rural com-
19 munities; and

20 (viii) members of Tribal communities.

21 (C) Prioritizing health equity through
22 building and maintaining a culturally competent
23 and diverse mental health care workforce across
24 the continuum of care.

1 **SEC. 5. TERMINATION OF COMMISSION.**

2 The Commission shall terminate 10 years after the
3 date of enactment of this Act.

4 **SEC. 6. AUTHORIZATION OF APPROPRIATIONS.**

5 To carry out this Act, there is authorized to be appro-
6 priated such sums as may be necessary for each of fiscal
7 years 2025 through 2034.

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