1 mining whether a patient is sufficiently responsible
2 in handling opioid drugs for unsupervised use,
3 whether the patient has an absence of recent misuse
4 of drugs (whether narcotic or nonnarcotic), including
5 alcohol.

6 TITLE III—ACCESS TO MENTAL 7 HEALTH CARE AND COVERAGE

8 Subtitle A—Collaborate in an 9 Orderly and Cohesive Manner

10 SEC. 301. INCREASING UPTAKE OF THE COLLABORATIVE 11 CARE MODEL.

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

14 **"SEC. 520K. INTEGRATION INCENTIVE GRANTS AND COOP-**
15 **ERATIVE AGREEMENTS.**

16 "(a) DEFINITIONS.—In this section:
17 "(1) COLLABORATIVE CARE MODEL.—The term
18 'collaborative care model' means the evidence-based,
19 integrated behavioral health service delivery method
20 that—
21 "(A) is described on page 80230 of volume
22 81 of the Federal Register (November 15,
23 2016), which includes a formal collaborative ar-
24 rangement among a primary care team con-

sisting of a primary care provider, a care manager, and a psychiatric consultant; and

"(B) includes the following elements:

"(i) Care directed by the primary care team.

"(ii) Structured care management.

"(iii) Regular assessments of clinical status using developmentally appropriate, validated tools.

"(iv) Modification of treatment as appropriate.

"(2) ELIGIBLE ENTITY.—The term 'eligible entity' means a State, or an appropriate State agency, in collaboration with—

"(A) 1 or more qualified community programs as described in section 1913(b)(1);

"(B) 1 or more health centers as defined in section 330(a); or

"(C) 1 or more primary health care practices.

"(3) INTEGRATED CARE; BIDIRECTIONAL INTEGRATED CARE.—

"(A) The term 'integrated care' means models or practices for coordinating and jointly delivering behavioral and physical health serv-

1 ices, which may include practices that share the
2 same space in the same facility.
3 "(B) The term 'bidirectional integrated
4 care' means the integration of behavioral health
5 care and specialty physical health care, and the
6 integration of primary and physical health care
7 into specialty behavioral health settings.
8 "(4) PRIMARY HEALTH CARE PHYSICIAN.—The
9 term 'primary health care physician' means a physi-
10 cian who—
11 "(A) provides health services related to
12 family medicine, internal medicine, pediatrics,
13 obstetrics, gynecology, or geriatrics; or
14 "(B) is a doctor of medicine or osteopathy
15 who is licensed to practice medicine by the
16 State in which such physician primarily prac-
17 tices.
18 "(5) PRIMARY HEALTH CARE PRACTICE.—The
19 term 'primary health care practice' means a medical
20 practice of primary health care physicians, including
21 a practice within a larger health care system.
22 "(6) SPECIAL POPULATION.—The term 'special
23 population', for an eligible entity that is collabo-
24 rating with an entity described in subparagraph (A)
25 or (B) of paragraph (3), means—

1 "(A) adults with a mental illness who have
2 a co-occurring physical health condition or
3 chronic disease;
4 "(B) adults with a serious mental illness
5 who have a co-occurring physical health condi-
6 tion or chronic disease;
7 "(C) children and adolescents with a men-
8 tal illness who have a co-occurring physical
9 health condition or chronic disease;
10 "(D) individuals with a substance use dis-
11 order; or
12 "(E) individuals with a mental illness who
13 have a co-occurring substance use disorder.
14 "(b) GRANTS AND COOPERATIVE AGREEMENTS.—
15 "(1) IN GENERAL.—The Secretary may award
16 grants and cooperative agreements to eligible entities
17 to support the improvement of integrated care for
18 physical and behavioral health care in accordance
19 with paragraph (2).
20 "(2) USE OF FUNDS.—A grant or cooperative
21 agreement awarded under this section shall be
22 used—
23 "(A) in the case of an eligible entity that
24 is collaborating with an entity described in sub-
25 paragraph (A) or (B) of subsection (a)(2)—

1 "(i) to promote full integration and
2 collaboration in clinical practices between
3 physical and behavioral health care for spe-
4 cial populations including each population
5 listed in subsection (a)(7);
6 "(ii) to support the improvement of
7 integrated care models for physical and be-
8 havioral health care to improve the overall
9 wellness and physical health status of—
10 "(I) adults with a serious mental
11 illness or children with a serious emo-
12 tional disturbance; and
13 "(II) individuals with a substance
14 use disorder; and
15 "(iii) to promote bidirectional inte-
16 grated care services including screening,
17 diagnosis, prevention, treatment, and re-
18 covery of mental and substance use dis-
19 orders, and co-occurring physical health
20 conditions and chronic diseases; and
21 "(B) in the case of an eligible entity that
22 is collaborating with a primary health care
23 practice, to support the uptake of the collabo-
24 rative care model, including by—
25 "(i) hiring staff;

1 “(ii) identifying and formalizing con-
2 tractual relationships with other health
3 care providers, including providers who will
4 function as psychiatric consultants and be-
5 havioral health care managers in providing
6 behavioral health integration services
7 through the collaborative care model;
8 “(iii) purchasing or upgrading soft-
9 ware and other resources needed to appro-
10 priately provide behavioral health integra-
11 tion services through the collaborative care
12 model, including resources needed to estab-
13 lish a patient registry and implement
14 measurement-based care; and
15 “(iv) for such other purposes as the
16 Secretary determines to be necessary.
17 “(c) APPLICATIONS.—
18 “(1) IN GENERAL.—An eligible entity that is
19 collaborating with an entity described in subpara-
20 graph (A) or (B) of subsection (a)(2) seeking a
21 grant or cooperative agreement under subsection
22 (b)(2)(A) shall submit an application to the Sec-
23 retary at such time, in such manner, and accom-
24 panied by such information as the Secretary may re-

1 quire, including the contents described in paragraph
2 (2).
3 "(2) CONTENTS.—Any such application of an
4 eligible entity described in subparagraph (A) or (B)
5 of subsection (a)(2) shall include—
6 "(A) a description of a plan to achieve
7 fully collaborative agreements to provide
8 bidirectional integrated care to special popu-
9 lations;
10 "(B) a document that summarizes the poli-
11 cies, if any, that are barriers to the provision of
12 integrated care, and the specific steps, if appli-
13 cable, that will be taken to address such bar-
14 riers;
15 "(C) a description of partnerships or other
16 arrangements with local health care providers
17 to provide services to special populations;
18 "(D) an agreement and plan to report to
19 the Secretary performance measures necessary
20 to evaluate patient outcomes and facilitate eval-
21 uations across participating projects;
22 "(E) a description of how validated rating
23 scales will be implemented to support the im-
24 provement of patient outcomes using measure-
25 ment-based care, including those related to de-

1 pression screening, patient follow-up, and symp-
2 tom remission; and
3 ‘‘(F) a plan for sustainability beyond the
4 grant or cooperative agreement period under
5 subsection (e).
6 ‘‘(3) COLLABORATIVE CARE MODEL GRANTS.—
7 An eligible entity that is collaborating with a pri-
8 mary health care practice seeking a grant pursuant
9 to subsection (b)(2)(B) shall submit an application
10 to the Secretary at such time, in such manner, and
11 accompanied by such information as the Secretary
12 may require.
13 ‘‘(d) GRANT AND COOPERATIVE AGREEMENT
14 AMOUNTS.—
15 ‘‘(1) TARGET AMOUNT.—The target amount
16 that an eligible entity may receive for a year through
17 a grant or cooperative agreement under this section
18 shall be—
19 ‘‘(A) $2,000,000 for an eligible entity de-
20 scribed in subparagraph (A) or (B) of sub-
21 section (a)(2); or
22 ‘‘(B) $100,000 or less for an eligible entity
23 described in subparagraph (C) of subsection
24 (a)(2).

1 "(2) ADJUSTMENT PERMITTED.—The Sec-
2 retary, taking into consideration the quality of an el-
3 igible entity's application and the number of eligible
4 entities that received grants under this section prior
5 to the date of enactment of the Restoring Hope for
6 Mental Health and Well-Being Act of 2022, may ad-
7 just the target amount that an eligible entity may
8 receive for a year through a grant or cooperative
9 agreement under this section.

10 "(3) LIMITATION.—An eligible entity that is
11 collaborating with an entity described in subpara-
12 graph (A) or (B) of subsection (a)(2) receiving fund-
13 ing under this section—

14 "(A) may not allocate more than 20 per-
15 cent of the funds awarded to such eligible entity
16 under this section to administrative functions;
17 and

18 "(B) shall allocate the remainder of such
19 funding to health facilities that provide inte-
20 grated care.

21 "(e) DURATION.—A grant or cooperative agreement
22 under this section shall be for a period not to exceed 5
23 years.

1 "(f) REPORT ON PROGRAM OUTCOMES.—An eligible
2 entity receiving a grant or cooperative agreement under
3 this section—
4 "(1) that is collaborating with an entity de-
5 scribed in subparagraph (A) or (B) of subsection
6 (a)(2) shall submit an annual report to the Sec-
7 retary that includes—
8 "(A) the progress made to reduce barriers
9 to integrated care as described in the entity's
10 application under subsection (c); and
11 "(B) a description of outcomes with re-
12 spect to each special population listed in sub-
13 section (a)(7), including outcomes related to
14 education, employment, and housing; or
15 "(2) that is collaborating with a primary health
16 care practice shall submit an annual report to the
17 Secretary that includes—
18 "(A) the progress made to improve access;
19 "(B) the progress made to improve patient
20 outcomes; and
21 "(C) the progress made to reduce referrals
22 to specialty care.
23 "(g) TECHNICAL ASSISTANCE FOR PRIMARY-BEHAV-
24 IORAL HEALTH CARE INTEGRATION.—

1 "(1) CERTAIN RECIPIENTS.—The Secretary
2 may provide appropriate information, training, and
3 technical assistance to eligible entities that are col-
4 laborating with an entity described in subparagraph
5 (A) or (B) of subsection (a)(2) that receive a grant
6 or cooperative agreement under this section, in order
7 to help such entities meet the requirements of this
8 section, including assistance with—
9 "(A) development and selection of inte-
10 grated care models;
11 "(B) dissemination of evidence-based inter-
12 ventions in integrated care;
13 "(C) establishment of organizational prac-
14 tices to support operational and administrative
15 success; and
16 "(D) other activities, as the Secretary de-
17 termines appropriate.
18 "(2) COLLABORATIVE CARE MODEL RECIPI-
19 ENTS.—The Secretary shall provide appropriate in-
20 formation, training, and technical assistance to eligi-
21 ble entities that are collaborating with primary
22 health care practices that receive funds under this
23 section to help such entities implement the collabo-
24 rative care model, including—

1 ‘‘(A) developing financial models and budg-
2 ets for implementing and maintaining a collabo-
3 rative care model, based on practice size;
4 ‘‘(B) developing staffing models for essen-
5 tial staff roles;
6 ‘‘(C) providing strategic advice to assist
7 practices seeking to utilize other clinicians for
8 additional psychotherapeutic interventions;
9 ‘‘(D) providing information technology ex-
10 pertise to assist with building the collaborative
11 care model into electronic health records, in-
12 cluding assistance with care manager tools, pa-
13 tient registry, ongoing patient monitoring, and
14 patient records;
15 ‘‘(E) training support for all key staff and
16 operational consultation to develop practice
17 workflows;
18 ‘‘(F) establishing methods to ensure the
19 sharing of best practices and operational knowl-
20 edge among primary health care physicians and
21 primary health care practices that provide be-
22 havioral health integration services through the
23 collaborative care model; and
24 ‘‘(G) providing guidance and instruction to
25 primary health care physicians and primary

1 health care practices on developing and main-
2 taining relationships with community-based
3 mental health and substance use disorder facili-
4 ties for referral and treatment of patients
5 whose clinical presentation or diagnosis is best
6 suited for treatment at such facilities.
7 "(3) ADDITIONAL DISSEMINATION OF TECH-
8 NICAL INFORMATION.—In addition to providing the
9 assistance described in paragraphs (1) and (2) to re-
10 cipients of a grant or cooperative agreement under
11 this section, the Secretary may also provide such as-
12 sistance to other States and political subdivisions of
13 States, Indian Tribes and Tribal organizations (as
14 defined in section 4 of the Indian Self-Determination
15 and Education Assistance Act), outpatient mental
16 health and addiction treatment centers, community
17 mental health centers that meet the criteria under
18 section 1913(c), certified community behavioral
19 health clinics described in section 223 of the Pro-
20 tecting Access to Medicare Act of 2014, primary
21 care organizations such as Federally qualified health
22 centers or rural health clinics as defined in section
23 1861(aa) of the Social Security Act, primary health
24 care practices, other community-based organizations,

1 and other entities engaging in integrated care activi-
2 ties, as the Secretary determines appropriate.
3 ''(h) AUTHORIZATION OF APPROPRIATIONS.—To
4 carry out this section, there is authorized to be appro-
5 priated $60,000,000 for each of fiscal years 2023 through
6 2027.''.

7 Subtitle B—Helping Enable Access
8 to Lifesaving Services

9 SEC. 311. REAUTHORIZATION AND PROVISION OF CERTAIN
10 PROGRAMS TO STRENGTHEN THE HEALTH
11 CARE WORKFORCE.

12 (a) LIABILITY PROTECTIONS FOR HEALTH PROFES-
13 SIONAL VOLUNTEERS.—Section 224(q)(6) of the Public
14 Health Service Act (42 U.S.C. 233(q)(6)) is amended by
15 striking ''October 1, 2022'' and inserting ''October 1,
16 2027''.
17 (b) MINORITY FELLOWSHIPS IN CRISIS CARE MAN-
18 AGEMENT.—Section 597(b) of the Public Health Service
19 Act (42 U.S.C. 290ll(b)) is amended by striking ''in the
20 fields of psychiatry,'' and inserting ''in the fields of crisis
21 care management, psychiatry,''.
22 (c) MENTAL AND BEHAVIORAL HEALTH EDUCATION
23 AND TRAINING GRANTS.—Section 756(f) of the Public
24 Health Service Act (42 U.S.C. 294e–1(f)) is amended by