percent for awards to States with the highest age-adjusted rate of drug overdose death based on the ordinal ranking of States according to the Director of the Centers for Disease Control and Prevention.".

Subtitle C—Access to Mental Health Care and Coverage

CHAPTER 1—IMPROVING UPTAKE AND PATIENT ACCESS TO INTEGRATED CARE SERVICES

SEC. 1301. IMPROVING UPTAKE AND PATIENT ACCESS TO INTEGRATED CARE SERVICES.

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

"SEC. 520K. IMPROVING UPTAKE AND PATIENT ACCESS TO INTEGRATED CARE SERVICES.

"(a) DEFINITIONS.—In this section:

"(1) 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); or

"(B) 1 or more health centers (as defined in section 330(a)), rural health clinics (as defined in section 1861(aa) of the Social Security Act),

or Federally qualified health centers (as defined in such section), or primary care practices serving adult or pediatric patients or both.

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

"(A) The term 'integrated care' means collaborative models, including the psychiatric collaborative care model and other evidence-based or evidence-informed models, or practices for coordinating and jointly delivering behavioral and physical health services, which may include practices that share the same space in the same facility.

"(B) The term 'bidirectional integrated care' means the integration of behavioral health care and specialty physical health care, and the integration of primary and physical health care within specialty behavioral health settings, including within primary health care settings.

"(3) PSYCHIATRIC COLLABORATIVE CARE MODEL.—The term 'psychiatric collaborative care model' means the evidence-based, integrated behavioral health service delivery method that includes—

"(A) care directed by the primary care team;

"(B) structured care management;

"(C) regular assessments of clinical status using developmentally appropriate, validated tools; and

"(D) modification of treatment as appropriate.

"(4) SPECIAL POPULATION.—The term 'special population' means—

"(A) adults with a serious mental illness or adults who have co-occurring mental illness and physical health conditions or chronic disease;

"(B) children and adolescents with a serious emotional disturbance who have a co-occurring physical health condition or chronic disease;

"(C) individuals with a substance use disorder; or

"(D) individuals with a mental illness who have a co-occurring substance use disorder.

"(b) GRANTS AND COOPERATIVE AGREEMENTS.—

"(1) IN GENERAL.—The Secretary may award grants and cooperative agreements to eligible entities to support the improvement of integrated care for physical and behavioral health care in accordance with paragraph (2).

"(2) USE OF FUNDS.—A grant or cooperative agreement awarded under this section shall be used—

"(A) to promote full integration and collaboration in clinical practices between physical and behavioral health care, including for special populations;

"(B) to support the improvement of integrated care models for physical and behavioral health care to improve overall wellness and physical health status, including for special populations;

"(C) to promote the implementation and improvement of bidirectional integrated care services provided at entities described in subsection (a)(1), including evidence-based or evidence-informed screening, assessment, diagnosis, prevention, treatment, and recovery services for mental and substance use disorders, and co-occurring physical health conditions and chronic diseases; and

"(D) in the case of an eligible entity that is collaborating with a primary care practice, to support the implementation of evidence-based or evidence-informed integrated care models, includ-

ing the psychiatric collaborative care model, including—

"(i) by hiring staff;

"(ii) by identifying and formalizing contractual relationships with other health care providers or other relevant entities offering care management and behavioral health consultation to facilitate the adoption of integrated care, including, as applicable, providers who will function as psychiatric consultants and behavioral health care managers in providing behavioral health integration services through the collaborative care model;

"(iii) by purchasing or upgrading software and other resources, as applicable, needed to appropriately provide behavioral health integration, including resources needed to establish a patient registry and implement measurement-based care; and

"(iv) for such other purposes as the Secretary determines to be applicable and appropriate.

"(c) APPLICATIONS.—

"(1) IN GENERAL.—An eligible entity that is seeking a grant or cooperative agreement under this section shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may require, including the contents described in paragraph (2).

"(2) CONTENTS FOR AWARDS.—Any such application of an eligible entity seeking a grant or cooperative agreement under this section shall include, as applicable—

"(A) a description of a plan to achieve fully collaborative agreements to provide bidirectional integrated care to special populations;

"(B) a summary of the policies, if any, that are barriers to the provision of integrated care, and the specific steps, if applicable, that will be taken to address such barriers;

"(C) a description of partnerships or other arrangements with local health care providers to provide services to special populations and, as applicable, in areas with demonstrated need, such as Tribal, rural, or other medically underserved communities, such as those with a workforce shortage of mental health and substance use

disorder, pediatric mental health, or other related professionals;

"(D) an agreement and plan to report to the Secretary performance measures necessary to evaluate patient outcomes and facilitate evaluations across participating projects; and

"(E) a description of the plan or progress in implementing the psychiatric collaborative care model, as applicable and appropriate;

"(F) a description of the plan or progress of evidence-based or evidence-informed integrated care models other than the psychiatric collaborative care model implemented by primary care practices, as applicable and appropriate; and

"(G) a plan for sustainability beyond the grant or cooperative agreement period under subsection (e).

"(d) GRANT AND COOPERATIVE AGREEMENT AMOUNTS.—

"(1) TARGET AMOUNT.—The target amount that an eligible entity may receive for a year through a grant or cooperative agreement under this section shall be no more than $2,000,000.

"(2) ADJUSTMENT PERMITTED.—The Secretary, taking into consideration the quality of an eligible en-

tity's application and the number of eligible entities that received grants under this section prior to the date of enactment of the Restoring Hope for Mental Health and Well-Being Act of 2022, may adjust the target amount that an eligible entity may receive for a year through a grant or cooperative agreement under this section.

"(3) LIMITATION.—An eligible entity that is receiving funding under subsection (b)—

"(A) may not allocate more than 10 percent of the funds awarded to such eligible entity under this section to administrative functions; and

"(B) shall allocate the remainder of such funding to health facilities that provide integrated care.

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

"(f) REPORT ON PROGRAM OUTCOMES.—An eligible entity receiving a grant or cooperative agreement under this section shall submit an annual report to the Secretary. Such annual report shall include—

"(1) the progress made to reduce barriers to integrated care as described in the entity's application under subsection (c);

"(2) a description of outcomes with respect to each special population listed in subsection (a)(4), including outcomes related to education, employment, and housing, or, as applicable and appropriate, outcomes for such populations receiving behavioral health care through the psychiatric collaborative care model in primary care practices; and

"(3) progress in meeting performance metrics and other relevant benchmarks; and

"(4) such other information that the Secretary may require.

"(g) TECHNICAL ASSISTANCE FOR PRIMARY-BEHAVIORAL HEALTH CARE INTEGRATION.—

"(1) CERTAIN RECIPIENTS.—The Secretary may provide appropriate information, training, and technical assistance to eligible entities that receive a grant or cooperative agreement under subsection (b)(2), in order to help such entities meet the requirements of this section, including assistance with—

"(A) development and selection of integrated care models;

"(B) dissemination of evidence-based interventions in integrated care;

"(C) establishment of organizational practices to support operational and administrative success; and

"(D) as appropriate, appropriate information, training, and technical assistance in implementing the psychiatric collaborative care model when an eligible entity is collaborating with 1 or more primary care practices for the purposes of implementing the psychiatric collaborative care model.

"(2) ADDITIONAL DISSEMINATION OF TECHNICAL INFORMATION.—In addition to providing the assistance described in paragraph (1) to recipients of a grant or cooperative agreement under this section, the Secretary may also provide such assistance to other States and political subdivisions of States, Indian Tribes and Tribal organizations, as those terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act, outpatient mental health and addiction treatment centers, community mental health centers that meet the criteria under section 1913(c), certified community behavioral health clinics described in section 223 of the Protecting Access to Medicare Act of 2014, primary care organizations such as Federally qualified health centers or

rural health clinics as defined in section 1861(aa) of the Social Security Act, primary health care practices, the community-based organizations, and other entities engaging in integrated care activities, as the Secretary determines appropriate.

"(h) REPORT TO CONGRESS.—Not later than 18 months after the date of enactment of the Restoring Hope for Mental Health and Well-Being Act of 2022, and annually thereafter, the Secretary shall submit a report to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives summarizing the information submitted in reports to the Secretary under subsection (f), including progress made in meeting performance metrics and the uptake of integrated care models, any adjustments made to target amounts pursuant to subsection (d)(2), and any other relevant information.

"(i) FUNDING.—

"(1) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated $60,000,000 for each of fiscal years 2023 through 2027.

"(2) INCREASING UPTAKE OF THE PSYCHIATRIC COLLABORATIVE CARE MODEL BY PRIMARY CARE PRACTICES.—Not less than 10 percent of funds appro-

priated to carry out this section shall be for the purposes of implementing the psychiatric collaborative care model implemented by primary care practices under subsection (b).

"(3) FUNDING CONTINGENCY.—Paragraph (2) shall not apply to a fiscal year unless the amount made available to carry out this section for such fiscal year exceeds the amount appropriated to carry out this section (as in effect before the date of enactment of the Restoring Hope for Mental Health and Well-Being Act of 2022) for fiscal year 2022.".

CHAPTER 2—HELPING ENABLE ACCESS TO LIFESAVING SERVICES

SEC. 1311. REAUTHORIZATION AND PROVISION OF CERTAIN PROGRAMS TO STRENGTHEN THE HEALTH CARE WORKFORCE.

(a) MENTAL AND BEHAVIORAL HEALTH EDUCATION AND TRAINING GRANTS.—Section 756 of the Public Health Service Act (42 U.S.C. 294e–1) is amended—

(1) in subsection (a)—

(A) in paragraph (1), by inserting "(which may include master's and doctoral level programs)" after "occupational therapy"; and

(B) in paragraph (4), by inserting before the period the following: ", including training to