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(Original Signature of Member)

115TH CONGRESS
1ST SESSION

H. R.

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

IN THE HOUSE OF REPRESENTATIVES

Mr. LOEBSACK introduced the following bill; which was referred to the Committee on _____

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”.

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

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

5 **“SEC. 520K. INTEGRATION INCENTIVE GRANTS.**

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

12 “(b) DEFINITIONS.—In this section:

13 “(1) INTEGRATED CARE.—The term ‘integrated
14 care’ means full collaboration in merged or trans-
15 formed practices offering behavioral and physical
16 health services within the same shared practice
17 space in the same facility, where the entity—

18 “(A) provides services in a shared space
19 that ensures services will be available and ac-
20 cessible promptly and in a manner which pre-
21 serves human dignity and assures continuity of
22 care;

23 “(B) ensures communication among the in-
24 tegrated care team that is consistent and team-
25 based;

1 “(C) ensures shared decisionmaking be-
2 tween behavioral health and primary care pro-
3 viders;

4 “(D) provides evidence-based services in a
5 mode of service delivery appropriate for the tar-
6 get population;

7 “(E) employs staff who are multidisci-
8 plinary and culturally and linguistically com-
9 petent;

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

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

21 “(2) INTEGRATED CARE TEAM.—The term ‘in-
22 tegrated care team’ means a team that includes—

23 “(A) allopathic or osteopathic medical doc-
24 tors, such as a primary care physician and a
25 psychiatrist;

1 “(B) licensed clinical behavioral health
2 professionals, such as psychologists or social
3 workers;

4 “(C) a case manager; and

5 “(D) other members, such as psychiatric
6 advanced practice nurses, physician assistants,
7 peer-support specialists or other allied health
8 professionals, such as mental health counselors.

9 “(3) SPECIAL POPULATION.—The term ‘special
10 population’ means—

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

14 “(B) adults with serious mental illnesses
15 who have co-occurring primary care conditions
16 with chronic diseases;

17 “(C) children and adolescents with serious
18 emotional disorders with co-occurring primary
19 care conditions and chronic diseases;

20 “(D) older adults with mental illness who
21 have co-occurring primary care conditions with
22 chronic conditions;

23 “(E) individuals with substance use dis-
24 order; or

1 “(F) individuals from populations for
2 which there is a significant disparity in the
3 quality, outcomes, cost, or use of mental health
4 or substance use disorder services or a signifi-
5 cant disparity in access to such services, as
6 compared to the general population, such as ra-
7 cial and ethnic minorities and rural populations.

8 “(c) PURPOSE.—The grant program under this sec-
9 tion shall be designed to lead to full collaboration between
10 primary and behavioral health in an integrated practice
11 model to ensure that—

12 “(1) the overall wellness and physical health
13 status of individuals with serious mental illness and
14 co-occurring substance use disorders is supported
15 through integration of primary care into community
16 mental health centers meeting the criteria specified
17 in section 1913(c) of the Social Security Act or cer-
18 tified community behavioral health clinics described
19 in section 223 of the Protecting Access to Medicare
20 Act of 2014; or

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

1 “(d) ELIGIBLE ENTITIES.—To be eligible to receive
2 a grant or cooperative agreement under this section, an
3 entity shall be a State department of health, State mental
4 health or addiction agency, State Medicaid agency, or li-
5 censed health care provider or institution. The Adminis-
6 trator may give preference to States that have existing in-
7 tegrated care models, such as those authorized by section
8 1945 of the Social Security Act.

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

16 “(1) a document that summarizes the State-
17 specific policies that inhibit the provision of inte-
18 grated care, and the specific steps that will be taken
19 to address such barriers, such as through licensing
20 and billing procedures; and

21 “(2) a plan to develop and share a de-identified
22 patient registry to track treatment implementation
23 and clinical outcomes to inform clinical interven-
24 tions, patient education, and engagement with
25 merged or transformed integrated practices in com-

1 pliance with applicable national and State health in-
2 formation privacy laws.

3 “(f) GRANT AMOUNTS.—The maximum annual grant
4 amount under this section shall be \$2,000,000, of which
5 not more than 10 percent may be allocated to State ad-
6 ministrative functions, and the remaining amounts shall
7 be allocated to health facilities that provide integrated
8 care.

9 “(g) DURATION.—A grant under this section shall be
10 for a period of 5 years.

11 “(h) REPORT ON PROGRAM OUTCOMES.—An entity
12 receiving a grant or cooperative agreement under this sec-
13 tion shall submit an annual report to the Administrator
14 that includes—

15 “(1) the progress to reduce barriers to inte-
16 grated care, including regulatory and billing bar-
17 riers, as described in the entity’s application under
18 subsection (d); and

19 “(2) a description of functional outcomes of
20 special populations, such as—

21 “(A) with respect to individuals with seri-
22 ous mental illness, participation in supportive
23 housing or independent living programs, en-
24 gagement in social or education activities, par-
25 ticipation in job training or employment oppor-

1 tunities, attendance at scheduled medical and
2 mental health appointments, and compliance
3 with treatment plans;

4 “(B) with respect to individuals with co-oc-
5 curring mental illness and primary care condi-
6 tions and chronic diseases, attendance at sched-
7 uled medical and mental health appointments,
8 compliance with treatment plans, and participa-
9 tion in learning opportunities related to im-
10 proved health and lifestyle practice; and

11 “(C) with respect to children and adoles-
12 cents with serious emotional disorders who have
13 co-occurring primary care conditions and chron-
14 ic diseases, attendance at scheduled medical
15 and mental health appointments, compliance
16 with treatment plans, and participation in
17 learning opportunities at school and extra-
18 curricular activities.

19 “(i) TECHNICAL ASSISTANCE CENTER FOR PRIMARY-
20 BEHAVIORAL HEALTH CARE INTEGRATION.—

21 “(1) IN GENERAL.—The Secretary shall estab-
22 lish a program through which such Secretary shall
23 provide appropriate information, training, and tech-
24 nical assistance to eligible entities that receive a
25 grant or cooperative agreement under this section, in

1 order to help such entities to meet the requirements
2 of this section, including assistance with—

3 “(A) development and selection of inte-
4 grated care models;

5 “(B) dissemination of evidence-based inter-
6 ventions in integrated care;

7 “(C) establishment of organizational prac-
8 tices to support operational and administrative
9 success; and

10 “(D) other activities, as the Secretary de-
11 termines appropriate.

12 “(2) ADDITIONAL DISSEMINATION OF TECH-
13 NICAL INFORMATION.—The information and re-
14 sources provided by the technical assistance program
15 established under paragraph (1) shall be made avail-
16 able to States, political subdivisions of a State, In-
17 dian tribes or tribal organizations (as defined in sec-
18 tion 4 of the Indian Self-Determination and Edu-
19 cation Assistance Act), outpatient mental health and
20 addiction treatment centers, community mental
21 health centers that meet the criteria under section
22 1913(e), certified community behavioral health clin-
23 ics described in section 223 of the Protecting Access
24 to Medicare Act of 2014, primary care organizations
25 such as Federally qualified health centers or rural

1 health centers, other community-based organiza-
2 tions, or other entities engaging in integrated care
3 activities, as the Secretary determines appropriate.

4 “(j) AUTHORIZATION OF APPROPRIATIONS.—To
5 carry out this section, there are authorized to be appro-
6 priated \$50,000,000 for each of fiscal years 2018 through
7 2022, of which \$2,000,000 shall be available to the tech-
8 nical assistance program under subsection (i).”.