

Mental Health Reform Reauthorization Act
Senators Bill Cassidy (R-LA) and Chris Murphy (D-CT)

Section by Section

Section 2 – Substance Abuse and Mental Health Services Administration coordination

- This section would strengthen coordination between Programs and Centers of Excellence at the Substance Abuse and Mental Health Services Administration (SAMHSA) on identifying and disseminating best practices.
- It also requires SAMHSA to coordinate with the Centers for Medicare and Medicaid Services (CMS) to promote coverage of evidence-based services, improve quality of care, and identify opportunities for collaboration between State Medicaid agencies and State mental health and substance use disorder agencies.

Section 3 – Community Mental Health Services Block Grant

- This section reauthorizes the Community Mental Health Block Grant (MHBG) program, which provides states, DC, and territories with flexible funding to provide comprehensive community mental health services, for 5 years through 2027 at \$1 billion per year.
- 5% of block grant funding would be statutorily set-aside for supporting the Crisis Care Continuum, including call centers, 24/7 mobile services, and stabilization programs.
- A new 5% set-aside is created for Prevention to support early identification and early intervention services to prevent and mitigate the development of mental illness. SAMHSA is required to conduct a longitudinal outcomes study to determine the efficacy of these funds.

Section 4 – Grants for Jail Diversion Programs

- This section reauthorizes this SAMHSA program that helps people with mental illness and/or substance use disorders who interact with the criminal justice system get access to necessary treatment, reducing the likelihood of incarceration and recidivism, for 5 years through 2027 at \$6.2 million per year.
- To improve continuity of care, this section encourages coordination of care with individuals' mental health clinicians, and prevents disruption of effective medication protocols for mental health and substance use disorders.
- Recovery and safety are emphasized through adding access to peer support and suicide prevention services.

Section 5 – Assisted Outpatient Treatment

- This section extends this SAMHSA pilot program providing access to less restrictive court-ordered outpatient mental health treatment to individuals with serious mental illness (SMI) who would otherwise experience recurrent psychiatric hospitalization or incarceration.
- The program is reauthorized at \$21 million per year through 2027.
- Additional patient-centered protections are added by clarifying the court process to be a civil process, by increasing the quality of outcomes data collection, reporting and analyses, and by incorporating the use of mental health advanced directives to guide treatment based on patients' preferences.

Sec. 6 – Projects for Assistance in Transition from Homelessness

- The PATH program at SAMHSA supports community-based outreach, mental health and substance use disorder treatment, case management services, assistance with accessing housing, and other supportive services for helping the unhoused with mental illness exit homelessness.
- It is reauthorized at \$64 million per year through 2027.
- The allowable use of funds for housing assistance is increased from 20% to 25%.

Sec. 7 – Grants to support Mental Health and Substance Use Disorder Parity Implementation

- Based on the *Parity Implementation Assistance Act* introduced by Senators Murphy and Cassidy, this section authorizes new grants to States to support their oversight over health insurance plans' compliance with existing mental health parity requirements, so long as states collect and review comparative analyses from insurers. It authorizes \$25 million for each of five fiscal years.
- It builds upon the *Mental Health Parity Compliance Act of 2019*, which became law in 2020.

Sec. 8 – Eliminating the Opt-Out For Non-governmental Health Plans

- This section sunsets an exception that has allowed self-funded non-federal governmental plans to opt out of mental health parity requirements, improving care for many frontline workers and their families who were previously denied equitable access to mental health services.

Sec. 9 – Minority Fellowship Program

- This SAMHSA fellowship program that increases providers' competency at providing culturally-sensitive mental health and substance use disorder care for racial and ethnic minorities is expanded to include addiction medicine physicians.
- The program is reauthorized through FY 2027 at \$25 million per year, an increase meant to grow the number of behavioral health providers and support the grantee expansion.

Sec. 10 – Priority Mental Health Needs of Regional and National Significance

- This section reauthorizes this SAMHSA program through 2027 at an annual amount of \$599 million. This program provides flexible, discretionary funding for SAMHSA to target grants and activities in priority areas of mental health need.

Sec. 11 – National Mental Health and Substance Use Policy Laboratory

- The Laboratory, which is charged with identifying and implementing clinical, research and policy initiatives to improve the use of evidence-based practices across SAMHSA programs, is reauthorized through 2027 at \$14 million annually.
- A Government Accountability Office (GAO) study is authorized to evaluate the effectiveness of the work done by the Policy Lab, and to develop recommendations for improving it further.

Sec. 12 – Programs for Children with a Serious Emotional Disturbance

- This section reauthorizes SAMHSA programs meant to support access to comprehensive community-based mental health services for children experiencing a serious emotional disturbance (SED), and their families at \$125 million per year through 2027.

Sec. 13 – Mental and Behavioral Health Education and Training Grants

- The Health Resources and Services Administration’s (HRSA) programs meant to ease the shortage in the workforce of mental and behavioral health providers are reauthorized through 2027 at \$102.6 million annually, reflecting increased appropriation in response to the post-pandemic growth in the national need for mental health services.

Sec. 14 – Development and Dissemination of Model Training Programs

- This section reauthorizes training programs for mental health providers, legal professionals, and patients and their families on the privacy and security of identifiable health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- The annual authorization level is maintained at \$1 million per year through FY 2027.
- SAMHSA is required to report to Congress on actions taken through this program, including those which reflect changes made to 42 CFR Part 2 in the CARES Act of 2020 to align regulation on confidentiality of health records related to substance use disorders.

Sec. 15 – Promoting Integration of Primary Care and Behavioral Health

- This SAMHSA grant program that supports state-wide efforts to integrate behavioral health and physical health services is reauthorized through FY 2027 at \$52.8 million per year.
- A requirement is added for grantees to report on the use of validated rating scales, such as depression screening instruments, and outcome measures, such as patient follow up and symptom improvement.

Sec. 16 – Pediatric Mental Health Care Access grant program

- This HRSA program has enabled nationwide availability of infrastructure for pediatric primary care providers to rapidly access mental health specialists’ expertise in guiding the treatment of their patients.
- Specialist teams are expanded by this section to allow inclusion of developmental pediatricians and addiction specialists, and teams are allowed to serve emergency departments and schools as well.
- The program is reauthorized through FY 2027 at \$14 million in FY 2023 to 2025 and \$30 million in FY 2026 and 2027.

Sec. 17 – Training in Behavioral Health for Pediatric Primary Care Providers

- The HRSA Advisory Committee on Training in Primary Care Medicine and Dentistry is directed to include issue recommendations to improve training in behavioral health for providers caring for pediatric populations.

Sec. 18 – First Episode Psychosis

- This section requires SAMHSA to conduct a review of States’ activities related to First Episode Psychosis (FEP), highlighting States’ use of evidence-based practices in

alignment with standards of care, coordination between State Medicaid programs and mental health agencies, use of the existing 10% set-aside for FEP in MHBG funds, and number of individuals served by these funds, especially those living in rural areas or belonging to minority groups.

- It further requires the agency to report to Congress on these findings, identify opportunities to improve the MHBG for these individuals, and to issue updated guidance to States based on this report.
- The National Institute of Mental Health (NIMH) is also required to coordinate with SAMHSA to provide technical assistance to grantees.

Sec. 19 – CMS Study on Adherence to Standard of Care in Medicare and Medicaid

- CMS is asked to study whether individuals with SMI and children with SED are receiving mental health services in Medicaid and Medicare that meet the standard of care, and to report to Congress on its findings.

Sec. 20 – Guidance for States on Coverage for Individuals with SMI and Children with SED

- This section requires CMS, SAMHSA, and NIMH to issue updated joint guidance to States on-
 - Providing comprehensive healthcare coverage for people with SMI and children with SED.
 - How Federal funding available across agencies may be used effectively for care in a coordinated manner.
- The agencies may streamline reporting requirements on use of funds by States to serve the aforementioned purposes.

Section 21 – GAO Study on Data Collection and Public Reporting

- The GAO is directed to conduct a study on and issue recommendations for streamlining SAMHSA's grantee data collection and reporting practices, and increasing data availability to the public and stakeholders.
- Utilization of outcome measures, use of evidence-based practices are to be emphasized, and the impact of grant funds on different age groups is to be studied as well.

Section 22 – Primary Care Training and Enhancement for Behavioral Health

- This section would create a 10% set-aside for training for primary care clinicians in mental health, with a focus on pediatric populations, through HRSA's Primary Care Training and Enhancement Program.