

Mental Health Reform Reauthorization Act of 2022

In 2015, Senators Bill Cassidy (R-LA) and Chris Murphy (D-CT) introduced the bipartisan Mental Health Reform Act after engaging directly with people with mental health and substance use disorders, their families, care providers, and other stakeholders. We held roundtables in Louisiana and Connecticut, met with national organizations in Washington, D.C., and invited written feedback from across the country. The programs created, strengthened or expanded by our bill were incorporated into the 21st Century Cures Act of 2016 by then Chair of the Senate Health, Education, Labor, and Pensions (HELP) Committee Senator Lamar Alexander (R-TN) and current Chair Senator Patty Murray (D-WA), with further input from our colleagues on the Committee. These programs have proven to be a crucial part of our nation's mental health infrastructure in the years since the bill's enactment, and are up for reauthorization this year.

In the years that followed, we recognized opportunities for improving these programs. Our thinking has since been further informed by the devastating impact of the COVID-19 pandemic on Americans' mental health.^{1,2} Our nation's youth in particular have been hurt by extended school closures, which disrupted their academic learning and social development.³ In response our **Mental Health Reform Reauthorization Act** (MHRRRA) will build upon our efforts in 2016 and take important strides forward in expanding and improving critical federal mental health care programs, incorporating key lessons learned from the pandemic.

Key Points:

Improving Community Mental Health Services:

- Our bill improves the Mental Health Services Block Grant (MHBG), one of the two largest SAMHSA programs, by -
 - Close to doubling the authorization in funding for states to provide mental health services for children with Serious Emotional Disturbances (SED) and people with Serious Mental Illness (SMI).
 - Codifying a set-aside for Crisis Services such as call centers, 24/7 mobile services, and stabilization programs.
 - Introducing a new Prevention set-aside for early identification and early intervention to prevent people with mental health concerns from developing SMI.
 - Promoting increased quality of programs provided through the existing First Episode Psychosis set-aside.
 - Enabling better coordination between CMS and SAMHSA on mental health services.
- It also reauthorizes SAMHSA's Promoting Integration of Primary Care and Behavioral Health, which supports embedding behavioral health specialists into primary care offices, and adds a requirement to use validated screening and outcomes measurement tools.

Expanding Access to Pediatric Mental Health Care:

- HRSA's Pediatric Mental Health Care Access Program has enabled families to access mental health care without leaving their pediatrician's office, reducing wait times. The changes made by our bill allow access to this care in schools and emergency departments, and permit mental health consultant teams to include addiction specialists and developmental pediatricians.
- SAMHSA's Programs for Children with SED will also be reauthorized to address the needs of specific sub-groups of children with severe mental health challenges.
- Our bill creates a set-aside within HRSA's Primary Care Training and Enhancement Program to focus on mental health, with an emphasis on training for clinicians caring for pediatric populations.

¹ The Implications of COVID-19 for Mental Health and Substance Use. Kaiser Family Foundation. <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>

² One Year In: COVID-19 and Mental Health. NIMH. <https://www.nimh.nih.gov/about/director/messages/2021/one-year-in-covid-19-and-mental-health>

³ Pediatricians say the mental health crisis among kids has become a national emergency. NPR. <https://www.npr.org/2021/10/20/1047624943/pediatricians-call-mental-health-crisis-among-kids-a-national-emergency>

Increasing Recruitment of a Culturally-Sensitive Diverse Mental Health Workforce:

- Our bill expands SAMHSA's Minority Fellowship Program with increased funding and the inclusion of addiction medicine physicians to meet the need for a diverse treatment workforce.
- HRSA's Mental and Behavioral Health Education and Training programs will also be reauthorized with increased funding to enhance availability of mental health professionals.

Providing a Path to Recovery for Vulnerable Individuals:

- Our bill ensures that those served by SAMHSA's Grants for Jail Diversion Programs are treated the same as any other patient by preventing unnecessary destabilizing medication changes, adding suicide prevention strategies, and including access to peer support services in their recovery process.
- It also empowers SAMHSA's Projects for Assistance in Transition from Homelessness program to provide increased access to desperately needed housing for the unhoused with mental illness.
- We reauthorize SAMHSA's Assisted Outpatient Program pilot related to court-ordered outpatient mental health treatment for individuals with SMI and include additional patient-centered protections.
- The agency's discretionary funding for Priority Mental Health Needs of Regional and National Significance, which provides discretionary funding for targeted activities in priority areas of mental health need, is also reauthorized in our bill.

Ensuring Parity in and Quality of Mental Health and Substance Use Disorder Care:

- In 2020, our Mental Health Parity Compliance Act gave regulators additional tools to support compliance with existing parity laws. The MHRRA further promotes equitable access to mental health services by authorizing \$25 million for states to enforce these parity laws.
- We sunset the ability of self-funded non-federal governmental plans to opt out of mental health parity requirements, enabling equitable access to care for many Americans who were previously denied it.
- We task CMS with studying whether people with SMI covered by Medicare or Medicaid receive mental health services that meet standards of care, and with issuing guidance to states (jointly with the National Institute of Mental Health and SAMHSA) on best practices for providing comprehensive health coverage for these individuals.
- SAMHSA's National Mental Health Policy Laboratory was codified by our 2016 mental health legislation to improve the use of evidence-based practices across the agency and to disseminate them widely to the mental health community. The MHRRA requires a review of the work of the Policy Lab to ensure it is working effectively toward this mission.
- We also reauthorize the Development and Dissemination of Model Training Programs for mental health providers, legal professionals, patients and families on privacy and security of health data under HIPAA.