H. R. 2412

To amend the Public Health Service Act to authorize grants to increase national capacity to provide pediatric behavioral health services at children’s hospitals and through community-based providers to improve children’s access to care; and to authorize grants to begin to address large numbers of children boarding in emergency departments, to support the pediatric behavioral health workforce, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

March 30, 2023

Ms. Blunt Rochester (for herself and Mr. Fitzpatrick) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to authorize grants to increase national capacity to provide pediatric behavioral health services at children’s hospitals and through community-based providers to improve children’s access to care; and to authorize grants to begin to address large numbers of children boarding in emergency departments, to support the pediatric behavioral health workforce, and for other purposes.

Be it enacted by the Senate and House of Representa-

tives of the United States of America in Congress assembled,
SECTION 1. SHORT TITLE.

This Act may be cited as the “Helping Kids Cope Act”.

SEC. 2. GRANT PROGRAMS TO SUPPORT PEDIATRIC BEHAVIORAL HEALTH CARE.

Part D of title III of the Public Health Service Act (42 U.S.C. 254b et seq.) is amended by inserting after subpart V the following new subpart:

“Subpart VI—Pediatric Behavioral Health Programs

SEC. 340A-1. PROGRAM TO IMPROVE ACCESS TO COMMUNITY-BASED PEDIATRIC BEHAVIORAL HEALTH CARE.

“(a) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall award grants, contracts, or cooperative agreements to eligible entities for the purpose of supporting pediatric behavioral health care integration and coordination within communities to meet local community needs.

“(b) ELIGIBLE ENTITIES.—Entities eligible for grants under subsection (a) include—

“(1) health care providers, including family physicians, pediatric medical sub-specialists, and surgical specialists;

“(2) children’s hospitals;
“(3) facilities that are eligible to receive funds under section 340E or 340H;

“(4) nonprofit medical facilities that predominantly treat individuals under the age of 21;

“(5) rural health clinics and Federally qualified health centers (as such terms are defined in section 1861(aa) of the Social Security Act);

“(6) pediatric mental health and substance use disorder providers, such as child and adolescent psychiatrists, psychologists, developmental and behavioral pediatricians, general pediatricians, advanced practice nurses, social workers, licensed professional counselors, and other licensed professionals that provide mental health and substance use disorder services to patients under 21 years of age;

“(7) child advocacy centers described in section 214(c)(2)(B) of the Victims of Child Abuse Act of 1990;

“(8) school-based health centers; and

“(9) other entities as determined appropriate by the Secretary.

“(c) PRIORITIZATION.—In making awards under subsection (a), the Secretary shall prioritize—

“(1) applicants that provide children and adolescents from high-need, rural, or under-resourced
communities with services across the continuum of
children’s mental health and substance use disorder
care; and

“(2) applicants that predominantly provide care
to children and adolescents that demonstrate plans
to utilize funds to expand provision of care to chil-
dren, adolescents, and youth under age 21.

“(d) USE OF FUNDS.—Activities that may be funded
through an award under subsection (a) include—

“(1) increasing the capacity of pediatric prac-
tices, family medicine practices, and school-based
health centers to integrate pediatric mental, emo-
tional, and behavioral health services into their prac-
tices including through co-location of mental, emo-
tional, and behavioral health providers;

“(2) training for non-clinical pediatric health
care workers, including care coordinators and navi-
gators, on child and adolescent mental health and
substance use disorder, trauma-informed care, and
local resources to support children and caregivers;

“(3) expanding evidence-based, integrated mod-
els of care for pediatric mental health and substance
use disorder services;
“(4) pediatric practice integration for the provision of pediatric mental health and substance use disorder services;

“(5) addressing surge capacity for pediatric mental health and substance use disorder needs;

“(6) providing pediatric mental, emotional, and behavioral health services to children as delivered by mental health and substance use disorder professionals utilizing telehealth services;

“(7) establishing or maintaining initiatives to allow more children to access care outside of emergency departments, including partial hospitalization, step down residency programs, and intensive outpatient programs;

“(8) supporting, enhancing, or expanding pediatric mental health and substance use disorder preventive and crisis intervention services;

“(9) establishing or maintaining pediatric mental health and substance use disorder urgent care or walk-in clinics;

“(10) establishing or maintaining community-based pediatric mental health and substance use disorder initiatives, such as partnerships with schools and early childhood education programs;
“(11) addressing other access and coordination gaps to pediatric mental health and substance use disorder services in the community for children; and

“(12) supporting the collection of data on children and adolescents’ mental health needs, service utilization and availability, and demographic data, to capture community needs and identify gaps and barriers in children’s access to care, in a manner that protects personal privacy, consistent with applicable Federal and State privacy laws.

“(e) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated such sums as may be necessary for each of fiscal years 2024 through 2028.

“SEC. 340A–2. PEDIATRIC BEHAVIORAL HEALTH WORKFORCE TRAINING PROGRAM.

“(a) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall award grants, contracts, or cooperative agreements to eligible entities for the purpose of supporting evidence-based pediatric mental health and substance use disorder workforce training.

“(b) ELIGIBLE ENTITIES.—Entities eligible for grants under subsection (a) include—

“(1) children’s hospitals;
“(2) facilities that are eligible to receive funds under section 340E or 340H;
“(3) nonprofit medical facilities that predominantly treat individuals under the age of 21;
“(4) rural health clinics and Federally qualified health centers (as such terms are defined in section 1861(aa) of the Social Security Act);
“(5) entities that employ mental health and substance use disorder professionals, such as child and adolescent psychiatrists, psychologists, developmental and behavioral pediatricians, general pediatricians, advanced practice nurses, social workers, licensed professional counselors, or other licensed professionals that provide mental health or substance use disorder services to patients under 21 years of age; and
“(6) other pediatric health care providers as determined appropriate by the Secretary.
“(c) USE OF FUNDS.—Activities that may be supported through an award under subsection (a) include the following:
“(1) Training to enhance the capabilities of the existing pediatric workforce, including pediatricians, primary care physicians, advanced practice registered nurses, and other pediatric health care pro-
viders, including expanded training in pediatric men-
tal health and substance use disorders, and cul-
turally and developmentally appropriate care for
children with mental health conditions.

“(2) Training to support multi-disciplinary
teams to provide pediatric mental health and sub-
stance use disorder treatment, including through in-
tegrated care models.

“(3) Initiatives to accelerate the time to licen-
sure within the pediatric mental health or substance
use disorder workforce.

“(4) Activities to expand recruitment and reten-
tion, increase workforce diversity, or enhance work-
force training for critical pediatric mental health
professions, including—

“(A) child and adolescent psychiatrists;

“(B) psychiatric nurses;

“(C) psychologists;

“(D) family therapists;

“(E) social workers;

“(F) mental health counselors;

“(G) developmental and behavioral pedia-

“(H) pediatric substance use disorder spe-
cialists; and
“(I) other mental health care providers as determined appropriate by the Secretary.

“(d) Authorization of Appropriations.—To carry out this section, there is authorized to be appropriated such sums as may be necessary for each of fiscal years 2024 through 2028.”.

SEC. 3. INCREASING FEDERAL INVESTMENT IN PEDIATRIC BEHAVIORAL HEALTH SERVICES.

The Public Health Service Act (42 U.S.C. 201 et seq.) is amended by adding at the end the following:

“TITLE XXXIV—ASSISTANCE FOR CONSTRUCTION AND MODERNIZATION OF CHILDREN’S MENTAL HEALTH AND SUBSTANCE USE DISORDER INFRASTRUCTURE

“SEC. 3401. INCREASING FEDERAL INVESTMENT IN PEDIATRIC BEHAVIORAL HEALTH SERVICES.

“(a) In General.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall award grants, contracts, or cooperative agreements to eligible entities for the purpose of improving their ability to provide pediatric behavioral health services, including by—
“(1) constructing or modernizing sites of care for pediatric behavioral health services;
“(2) expanding capacity to provide pediatric behavioral health services, including enhancements to digital infrastructure, telehealth capabilities, or other improvements to patient care infrastructure;
“(3) supporting the reallocation of existing resources to accommodate pediatric behavioral health patients, including by converting or adding a sufficient number of beds to establish or increase the hospital’s inventory of licensed and operational, short-term psychiatric and substance use inpatient beds; and
“(4) addressing gaps in the continuum of care for children, by expanding capacity to provide intermediate levels of care, such as intensive outpatient services, partial hospitalization programs, and day programs that can prevent hospitalizations and support children as they transition back to their homes and communities.
“(b) ELIGIBILITY.—To be eligible to seek an award under this section, an entity shall be a hospital or rural health clinic that predominantly treats individuals under the age of 21, including any hospital that receives funds under section 340E.
“(c) Authorization of Appropriations.—To carry out this section, there is authorized to be appropriated such sums as may be necessary for each of fiscal years 2024 through 2028.

“(d) Supplement, Not Supplant.—Funds provided under this section shall be used to supplement, not supplant Federal and non-Federal funds available for carrying out the activities described in this section.

“(e) Reporting.—

“(1) Reports from Award Recipients.—Not later than 180 days after the completion of activities funded by an award under this section, the entity that received such award shall submit a report to the Secretary on the activities conducted using funds from such award, and other information as the Secretary may require.

“(2) Reports to Congress.—Not later than one year, the Secretary shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report on the projects and activities conducted with funds awarded under this section, and the outcome of such projects and activities. Such report shall include—
“(A) the number of projects supported by awards made under this section;

“(B) an overview of the impact, if any, of such projects on pediatric health care infrastructure, including any impact on access to pediatric mental health and substance use disorder services;

“(C) recommendations for improving the investment program under this section; and

“(D) any other considerations as the Secretary determines appropriate.”.