



H.R. 34 – The 21st Century Cures Act: Summary and How It Impacts CAPs

The **new mental health reform** law, signed by President Obama on December 13, 2016, as part of the *21st Century Cures Act*, contains numerous programs and grants that positively advance children’s mental health and the specialty. Due to extensive lobbying by the American Association of Child and Adolescent Psychiatry (AACAP), the term child and adolescent psychiatry (CAP) was added five times and serious emotional disturbance (SED) was included 32 times throughout the bill to **ensure that CAPs and children have access to these important programs and grants**. Below is a brief outline of the key programs, grants, and outcomes of the legislation that positively impact child and adolescent psychiatrists, the specialty, and patients.

- **Establishment of grant program to identify early intervention** in infants and children who are at risk of mental disorders, including SED.
- Increased attention and access to pediatric mental health care, including Health Resources and Service Administration (HRSA) **grants to promote integration with pediatric primary care**, eligibility requirements for statewide or regional pediatric mental health care telehealth programs, and funding authorized at \$9 million.
- **\$51 million** authorized for **promotion of the integration of primary and behavioral health care**.
- **Elimination of the prohibition on same-day billing** for mental health and primary care services covered under Medicaid.
- National Institutes of Health (NIH) will receive significant investment for their Precision Medicine Initiative and the Brain Research Through Advancing Innovative Neurotechnologies (BRAIN) Initiative, with up to **\$1.5 billion of funding for the BRAIN Initiative**.
- Codification of **new Assistant Secretary for Mental Health and Substance Use and the Chief Medical Officer (CMO)** at the Substance Abuse and Mental Health Services Administration (SAMHSA). The Assistant Secretary will lead SAMHSA and have the responsibilities of the Administrator transferred to him or her, including working with stakeholders to improve community-based care, improving recruitment of mental health and substance use disorder professionals, and oversight of grants. The **CMO must be a MD or DO** with experience working with mental or substance use disorder programs and will help to oversee and assess SAMHSA’s programs.
- Programs to provide **comprehensive community mental health services** to children with SED is authorized at \$119 million.
- Establishment of the National Mental Health and Substance Use Policy Laboratory (NMHSUPL) to **promote evidence-based practices and service-delivery models through evaluating current programs**.



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- Requires that SAMHSA and HRSA issue a report that details the projected trend and number of the **mental health workforce**.
- Children who receive **Medicaid-covered inpatient services are now eligible** for early and periodic screening, diagnostic, and treatment (**EPSDT**) services.
- The National Child Traumatic Stress Initiative (NCTSI) is authorized at \$46.9 million.
- **Enhanced compliance with existing parity requirements** with reports from HHS, Labor, and Treasury detailing past findings of compliance and noncompliance.
- **Grants are established that will benefit the development, maintenance, or enhancement of a beds database** at inpatient facilities, crisis stabilization units, and residential community mental health and residential substance use disorder treatment facilities.
- State and local governments will be able to use existing grants to develop and operate **school-based mental health crisis intervention teams**.
- Grants for states to supplement opioid abuse prevention and treatment activities will be funded at \$1 billion over two years.
- **National Suicide Prevention Lifeline Program will continue** with appropriations authorized at a level of \$7 million.
- NIH will **continue to support the National Pediatric Research Network** and have it act as a consortium of research institutions to track pediatric rare diseases or birth defects.
- **Mental Health First Aid Act** is reauthorized at nearly \$15 million.
- Mental Health and Substance Use Disorder Services on Campuses grant program is reauthorized at \$7 million.
- Grant program established for screening and treating maternal depression at \$5 million.
- Grant funds can be used to create programs that **divert individuals with mental illness from prisons and jails** to court-supervised intensive treatment programs.
- **Mentally Ill Offender Treatment and Crime Reduction Act (MIOTRCA)** is reauthorized at \$50 million.
- Law enforcement grants for **crisis intervention teams** and for mental health purposes.
- The **Sequential Intercept Model** authorized. It is intended to use data to keep individuals with mental illness from going further into the criminal justice system.
- Additional funds are authorized to train law enforcement when responding to situations with individuals in mental health crises.