

Restoring Hope for Mental Health and Well-Being Act of 2022

Section by Section Summary

Title I: Mental Health and Crisis Care Needs

Subtitle A—Crisis Care Services and 9-8-8 Implementation

Sec. 101–102.

Establishes the Behavioral Health Crisis Coordinating Office within the Substance Abuse and Mental Health Services Administration (SAMHSA) to convene partners and provide technical assistance to enhance access to crisis care, authorized at \$5 million annually for fiscal year (FY) 2023 through FY 2027. Requires the Secretary of Health and Human Services (HHS) to publish best practices for a crisis response continuum of care not later than one year after the date of enactment for use by health care providers, crisis services administrators, and crisis services providers.

Subtitle B—Into the Light for Maternal Mental Health and Substance Use Disorders

Sec. 111–113.

Reauthorizes section 317L-1 of the Public Health Service Act (PHSA) to award Screening and Treatment for Maternal Mental Health and Substance Use Disorders grants to states to establish, improve, or maintain programs for screening, assessment, and treatment services for women who are postpartum, pregnant, or have given birth within the preceding 12 months, for maternal mental health and substance use disorders. Authorizes \$24 million annually for FY 2023 through FY 2027. Establishes a national hotline to provide information, brief intervention, and mental health and substance use disorder resources to pregnant and postpartum women at risk of, or affected by, maternal mental health and substance use disorders, and authorizes \$10 million annually for FY 2023 through FY 2027. Establishes a task force to make recommendations to coordinate and inform a national strategy to improve Federal and State responses to maternal mental health conditions. Requires a report to Congress and to Governors and State leaders two years after the first meeting of the task force.

Subtitle C—Reaching Improved Mental Health Outcomes for Patients

Sec. 121–123.

Establishes an authorization for the Mental Health Crisis Response Partnership Pilot Program at \$10 million annually for FY 2023 through FY 2027. Reauthorizes seven additional SAMHSA programs to address mental health needs, provide crisis response care, and prevent suicide among adults for FY 2023 through FY 2027, including: the National Mental Health and Substance Abuse Policy Laboratory, authorized at \$10 million for each fiscal year; Interdepartmental Serious Mental Illness Coordinating Committee; Mental Health Needs Priority Regions of National Significance (PRNS), authorized at \$599.036 million for each fiscal year; Mental Health Awareness Training (MHAT) Grants, authorized at \$24.963 million for each fiscal year; Adult Suicide Prevention initiatives, authorized at \$30 million for each fiscal year; Assertive Community Treatment Grants, authorized at \$9 million for each fiscal year; and

Assisted Outpatient Treatment Grant Program for Individuals with Serious Mental Illness, authorized at \$22 million for each fiscal year.

Subtitle D—Anna Westin Legacy

Sec. 131.

Establishes an authorization for the SAMHSA National Center of Excellence for Eating Disorders at \$1 million annually for FY 2023 through FY 2027 to award competitive subgrants or subcontracts for the development and provision of training and technical assistance to primary and behavioral health providers and non-clinical community support workers as well as collaboration and coordination with SAMHSA, the Centers for Disease Control and Prevention, and the Health Resources and Services Administration (HRSA) on the identification, effective treatment, and ongoing support of individuals with eating disorders.

Subtitle E—Community Mental Health Services Block Grant Reauthorization

Sec. 141.

Reauthorizes the Community Mental Health Services Block Grants for states, territories, Tribes, and Tribal organizations to support community mental health services for adults with serious mental illness and children with serious emotional disturbance, and to support the collection of performance and outcome data. Requires that five percent of the funds granted be used for crisis-care services and allows for up to five percent of funds for early intervention activities. Authorizes \$857.571 million annually for FY 2023 through FY 2027.

Subtitle F—Peer-Supported Mental Health Services

Sec. 151.

Authorizes \$13 million annually for FY 2023 through 2027 for grants to consumer-led nonprofits, Tribes and Tribal organizations, Urban Indian organizations, or Tribal consortium to provide peer-supported mental health services, including virtual peer support.

Title II: Substance Use Disorder Prevention, Treatment, and Recovery Services

Subtitle A—Native Behavioral Health Access Improvement

Sec. 201.

Reauthorizes the Alcohol and Drug Prevention or Treatment Services for Indians and Native Alaskans Grant Program to provide culturally appropriate mental health and substance use disorder prevention, treatment, and recovery services to American Indians, Alaska Natives, and Native Hawaiians. Requires the convening of a negotiated rulemaking committee composed of representatives of the federal government, Tribal Governments, and Urban Indian Organizations to establish a funding formula and program evaluation standards. Authorizes \$40 million annually for FY 2023 through 2027.

Subtitle B—Summer Barrow Prevention, Treatment, and Recovery

Sec. 211–222.

Reauthorizes 11 SAMHSA programs that support mental health and substance use disorder prevention, treatment, and recovery services activities for FY 2023 through FY 2027, including: Formula Grants for the Benefit of Homeless Individuals, authorized at \$41.304 million for each fiscal year; Substance Use Disorder Treatment Programs of Regional and National Significance (PRNS), authorized at \$521.517 million for each fiscal year; Prescription Opioid and Heroin Treatment and Interventions Demonstration Grants, authorized at \$25 million for each fiscal year; Substance Use Disorder Prevention PRNS, authorized at \$218.219 million for each fiscal year; Programs to Reduce Underage Drinking, Community-based Coalition Enhancement Grants to Prevent Underage Drinking, Pediatric Provider Screening and Brief Intervention Grants, data collection and research, authorized for a collective \$23 million for each fiscal year; a National Academy of Sciences review and report to Congress authorized at \$500,000 for FY 2023; Jail Diversion Program and Grants, authorized at \$14 million each fiscal year; Projects for Assistance in Transition from Homelessness Program, authorized at \$64.635 million for each fiscal year; Grants for Reducing Overdose Deaths, including supporting the development of strategic opioid crisis response plans, authorized at \$5 million for each fiscal year; Opioid Overdose Reversal Medication Access, Education, and Co-prescribing Grants, requiring health care practitioners to prescribe an opioid reversal drug when prescribing an opioid for certain patients, authorized at \$5 million for each fiscal year; State and Local Integrated Comprehensive Opioid Use Disorder Response initiatives, authorized at \$5 million for each fiscal year; and Emergency Department Alternatives to Opioids Demonstration Grants, authorized at \$10 million for each fiscal year.

Subtitle C—Excellence in Recovery Housing

Sec. 231–237.

Requires the Secretary, acting through the SAMHSA Assistant Secretary, to collaborate with federal agencies and relevant stakeholders to promote the availability of high-quality recovery housing and services for individuals with substance use disorders. Requires the Secretary to develop and periodically update consensus-based best practices for operating, and promoting the availability of, high-quality recovery housing. Requires the Secretary, acting through the SAMHSA Assistant Secretary, and the Secretary of Housing and Urban Development to convene an interagency working group and report to Congress on its activities to increase federal collaboration and coordination, develop a long-term plan to support state, Tribal, and local efforts to operate recovery housing consistent with best practices, and coordinate fair housing practices and data collection on the quality of recovery housing. Permits SAMHSA to provide grants to states, Tribes, and territories for technical assistance to promote and maintain recovery housing according to best practices and to develop related state promotion plans. Reauthorizes \$5 million for the period of FY 2023 through 2027. Makes technical conforming corrections to the Public Health Services Act.

Subtitle D—Substance Use Prevention, Treatment, and Recovery Services Block Grant

Sec. 241–248.

Reauthorizes and renames SAMHSA’s Substance Abuse Prevention and Treatment Block Grant as the “Substance Use Prevention, Treatment, and Recovery Services Block Grant,” to provide states and Tribes with funding to plan, carry out, and evaluate substance use disorder prevention, treatment, and recovery support services for individuals, families, and communities impacted by substance use disorders, authorized at \$1.908 billion annually for FY 2023 through FY 2027. Requires that states’ plans describe the recovery support service activities supported by block grant funds, including number of individuals served, target populations, priority needs, and the amount of funds allocated to recovery support services disaggregated by type of activity. Updates the basis by which states are designated as required to provide HIV related services based on HIV case rate rather than AIDS case rate effective in FY 2025. Requires states receiving block grant funds to provide viral hepatitis screening and referrals to providers whose practice includes viral hepatitis vaccination and treatment. Requires states’ reports to include the amount of funds provided to each grant recipient the previous fiscal year. Requires the Secretary to conduct a study to develop a model needs assessment process for states. Also replaces “substance abuse” with “substance use” and updates the statutory language with regard to Tribes and Tribal organizations.

Subtitle E—Timely Treatment for Opioid Use Disorder

Sec. 251–252.

Requires the Assistant Secretary for Mental Health and Substance Use to conduct a study and report within 180 days on the impacts of treatment flexibilities allowed during the pandemic on Opioid Treatment Program (OTP) effectiveness and safety. Changes federal opioid treatment standards to allow an OTP to operate one or more mobile units to dispense medications at locations other than the registrant’s principal place of business or professional practice under the same registration (previously, each mobile unit had to be separately registered). Eliminates the requirement that an individual be addicted to opioids for at least one year before being admitted for treatment by an OTP. Requires the Secretary to establish criteria for OTP to allow certain patients to receive take home medications.

Subtitle F—Additional Provisions Relating to Addiction Treatment

Sec. 261–263.

Prohibits funds authorized or amended by this Act from being used to purchase, procure, or distribute pipes or cylindrical objects intended to be used to smoke or inhale illegal scheduled substances. Eliminates the requirement for registered health care practitioners to apply for a separate waiver through the Drug Enforcement Administration (DEA) to dispense certain narcotic drugs (e.g., buprenorphine) for opioid use disorder maintenance or detoxification treatment. Requires health care providers, as a condition of receiving or renewing a DEA registration to prescribe controlled substances, to meet a one-time 8-hour training requirement on treating patients with substance use disorders.

Title III: Access to Mental Health Care and Coverage

Subtitle A—Collaborate in an Orderly and Cohesive Manner

Sec. 301.

Amends section 520k of the Public Health Service Act and reauthorizes a program that allows HHS to award grants to states that partner with a community program, a Federally Qualified Health Center, Rural Health Clinic, or a primary health care physician practice to implement and evaluate specified models of care that integrate behavioral health and primary care services. In awarding such grants the Secretary is authorized to give priority to recipients who provide care to medically underserved populations and in areas where the prevalence of behavioral health conditions exceeds the national average. Authorizes incentive payments for recipients that use appropriate billing codes and quality measures for behavioral health services as well as grants for national and regional organizations that provide technical assistance to improve integration of such services. Reauthorizes \$60 million annually for FY 2023 through FY 2027.

Subtitle B—Helping Enable Access to Lifesaving Services

Sec. 311.

Reauthorizes multiple programs to support and strengthen the mental health care workforce, including Liability Protections for Health Professional Volunteers, reauthorized through October 1, 2027; Mental and Behavioral Health Education and Training Grants including updates to the education reference for occupational therapists, reauthorized at \$50 million for FY 2023 through FY 2027; and the Training Demonstration Program, reauthorized at \$37.1 million annually for FY 2023 through FY 2027. Updates the Minority Fellowship Program to include those “in the fields of crisis care management.”

Sec. 312.

Reauthorizes SAMHSA’s Minority Fellowship Program supporting individuals pursuing masters or doctoral degrees in various fields of mental health and substance use disorder counseling. The program is authorized at \$25 million for each fiscal year for FY 2023 through FY 2027.

Subtitle C—Eliminating the Opt-Out for Nonfederal Governmental Health Plans

Sec. 321.

Requires self-funded, non-federal governmental plans to comply with mental health parity requirements starting six months after the date of enactment or longer contingent on the terms of the plan agreement.

Subtitle D—Mental Health and Substance Use Disorder Parity Implementation

Sec. 331.

Authorizes \$10 million for each of the five years beginning the fiscal year after the date of enactment for grants to States to enforce and ensure compliance with mental health parity

requirements.

Title IV: Children and Youth

Subtitle A—Supporting Children’s Mental Health Care Access

Sec. 401–402.

Reauthorizes HRSA’s Pediatric Mental Health Care Access grant program that promotes behavioral health integration into pediatric primary care by supporting pediatric mental health care telehealth access programs in states at \$14 million annually for FY 2023 through FY 2025 and \$30 million annually for FY 2026 through FY 2027. Reauthorizes SAMHSA’s Infant and Early Childhood Mental Health Grant Program, intended to improve outcomes for children from birth to age 12 by developing, maintaining, or enhancing mental health promotion, intervention, and treatment services at \$50 million for the period of FY 2023 through FY 2027.

Subtitle B—Continuing Systems of Care for Children

Sec. 411–412.

Reauthorizes the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances Grants and updates the definition of eligible family to “parents or kinship caregivers.” Authorizes at \$125 million annually for FY 2023 through FY 2027. Reauthorizes the Enhancement and Expansion of Treatment and Recovery Services for Adolescents, Transitional Aged Youth, and their Families (Youth and Family TREE) Grants at \$29.605 million annually for FY 2023 through FY 2027.

Subtitle C—Garrett Lee Smith Memorial Reauthorization

Sec. 421–424.

Reauthorizes the Suicide Prevention Resource Center at \$9 million annually for FY 2023 through FY 2027. Reauthorizes the State and Tribal Youth Suicide Prevention and Early Intervention Grants Program at \$40 million annually for FY 2023 through FY 2027 and provides the allowable use of funds for supplies to securely store commonly used means of suicide within a household. Reauthorizes the Mental Health Youth Suicide Prevention Campus Grants at \$7 million for each fiscal year. Reauthorizes and renames the Mental and Behavioral Health Public Outreach and Education at Institutions of Higher Education program at \$1 million for FY 2023 through FY 2027 and specifies that representatives from minority-serving institutions and community colleges be included on the program’s working group.

Subtitle D—Social Media and Adolescent Mental Health

Sec. 431.

Requires the Secretary of HHS to conduct or support research and submit to Congress a report on smartphone and social media use by adolescents and the effects of such use on their health and development and any disparities in mental health outcomes of rural, minority, or other underserved populations.

Sec. 432

Requires the Director of NIH to conduct research on the health and developmental effects of modern technology and multimedia on youth, including infants, children, and adolescents. The scope of the research may examine the positive and negative cognitive, physical, or socioemotional effects of exposure to and use of multimedia, including social media, applications, websites, television, motion pictures, artificial intelligence, mobile devices, computers, video games, virtual and augmented reality, and other media formats as they become available.

Title V: Keeping Incarceration Discharges Streamlined for Children and Accommodating Resources in Education (KIDS CARE)

Sec. 501.

Requires state Medicaid programs and Children's Health Insurance Programs (CHIP) to provide medical and behavioral health screenings to incarcerated juveniles prior to their release. It specifically requires screenings for which the beneficiary is eligible for under the state's periodicity schedule, any screenings the beneficiary was eligible for under the periodicity schedule but did not receive due to their incarceration, and any covered behavioral health or mental health screening regardless of the periodicity schedule.

Sec. 502.

Directs the Centers for Medicare & Medicaid Services (CMS) to issue guidance on reducing administrative barriers to school-based services and obtaining payments for such services under the Medicaid program.

Sec. 503.

Directs CMS to issue guidance on how to expand access to mental, emotional, and behavioral health services covered by Medicaid.

Sec. 504.

Directs CMS to issue guidance on existing Medicaid flexibilities to support children in crisis who made need intensive services. Also requires CMS to monitor state implementation of the Medicaid Early and Periodic Screening, Detection, and Treatment (EPSDT) benefit to ensure that states are providing children on Medicaid with the services they are entitled to under law.

Sec. 505.

Requires CMS to regularly update its guidance to states on how to increase access to telehealth under Medicaid.

Sec. 506.

Eliminates the inmate exclusion for children on Medicaid who are in pre-trial detention, allowing for eligible children to maintain coverage and ensure continuity of services during detainment and, if applicable, upon release from detention.

Title VI: Miscellaneous Provisions

Sec. 601.

Requires that for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, the budgetary effects of the Act shall be determined by reference to the latest statement titled “Budgetary Effects of PAYGO Legislation” submitted for printing in the Congressional Record by the Chairman of the House Budget Committee.

Sec. 602.

Requires health insurance issuers offering group health insurance coverage, entities providing pharmacy benefit management services on behalf of a group health plan, or an issuer providing group health insurance coverage to submit reports to plan sponsors every six months on information related to the drugs covered by such plan, issuer, or entity providing pharmacy benefit management services that was dispensed during that reporting period—including the total net spending on prescription drugs by the health plan or health insurance coverage during the reporting period and the amounts paid directly or indirectly in rebates, fees, or any other type of remuneration. Also requires the Comptroller General of the United States to submit a report to Congress on pharmacy networks of group health plans, health insurance issuers, and entities providing pharmacy management services under such group health plan or group or individual health insurance coverage.

Sec. 603.

Increases funding level for the Medicare Improvement Fund under Section 1898 of the Social Security Act.

Sec. 604.

Limits the authority of the Secretary of HHS, in carrying out any SAMHSA program authorized or amended by this Act, from allocating funding, or requiring award recipients to prioritize, dedicate, or allocate funding, without consideration of the incidence, prevalence, or determinations of mental health or substance use issues, unless such allocation or requirement is consistent with statute, regulation, or other Federal law.