

# **Attachment A1:**

## **Legislation**

**Health Resources and Services Administration Maternal and Child Health  
Bureau Evaluation of the Maternal and Child Health Bureau Pediatric  
Mental Health Care Access Program and the Screening and Treatment for  
Maternal Mental Health and Substance Use Disorders Program**

**June 2024**

## 21<sup>ST</sup> CENTURY CURES ACT – TITLE X, SECTION 1002

SEC. 10002. INCREASING ACCESS TO PEDIATRIC MENTAL HEALTH CARE.

Title III of the Public Health Service Act is amended by inserting after section 330L of such Act (42 U.S.C. 254c-18) the following new section:

``SEC. 330M <<NOTE: 42 USC 254c-19.>> PEDIATRIC MENTAL HEALTH CARE ACCESS GRANTS.

``(a) In General.--The Secretary, acting through the Administrator of the Health Resources and Services Administration and in coordination with other relevant Federal agencies, shall award grants to States, political subdivisions of States, and Indian tribes and tribal organizations (for purposes of this section, as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b)) to promote behavioral health integration in pediatric primary care by—

``(1) supporting the development of statewide or regional pediatric mental health care telehealth access programs; and

``(2) supporting the improvement of existing statewide or regional pediatric mental health care telehealth access programs.

``(b) Program Requirements.--

``(1) In general.--A pediatric mental health care telehealth access program referred to in subsection (a), with respect to which a grant under such subsection may be used, shall--

``(A) be a statewide or regional network of pediatric mental health teams that provide support to pediatric primary care sites as an integrated team;

``(B) support and further develop organized State or regional networks of pediatric mental health teams to provide consultative support to pediatric primary care sites;

``(C) conduct an assessment of critical behavioral consultation needs among pediatric providers and such providers' preferred mechanisms for receiving consultation, training, and technical assistance;

``(D) develop an online database and communication mechanisms, including telehealth, to facilitate consultation support to pediatric practices;

``(E) provide rapid statewide or regional clinical telephone or telehealth consultations when requested between the pediatric mental health teams and pediatric primary care providers;

``(F) conduct training and provide technical assistance to pediatric primary care providers to support the early identification, diagnosis, treatment, and referral of children with behavioral health conditions;

``(G) provide information to pediatric providers about, and assist pediatric providers in accessing, pediatric mental health care providers, including child and adolescent psychiatrists, and licensed mental health professionals, such as psychologists, social workers, or mental health counselors and in scheduling and

``(H) assist with referrals to specialty care and community or behavioral health resources; and

``(I) establish mechanisms for measuring and monitoring increased access to pediatric mental health care services by pediatric primary care providers and expanded capacity of pediatric primary care providers to identify, treat, and refer children with mental health problems.

``(2) Pediatric mental health teams.--In this subsection, the term `pediatric mental health team' means a team consisting of at least one case coordinator, at least one child and adolescent psychiatrist, and at least one licensed clinical mental health professional, such as a psychologist, social worker, or mental health counselor. Such a team may be regionally based.

``(c) Application.--A State, political subdivision of a State, Indian tribe, or tribal organization

seeking a grant under this section shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require, including a plan for the comprehensive evaluation of activities that are carried out with funds received under such grant.

“(d) Evaluation.--A State, political subdivision of a State, Indian tribe, or tribal organization that receives a grant under this section shall prepare and submit an evaluation of activities that are carried out with funds received under such grant to the Secretary at such time, in such manner, and containing such information as the Secretary may reasonably require, including a process and outcome evaluation.

“(e) Access to Broadband.--In administering grants under this section, the Secretary may coordinate with other agencies to ensure that funding opportunities are available to support access to reliable, high-speed Internet for providers.

“(f) Matching Requirement.--The Secretary may not award a grant under this section unless the State, political subdivision of a State, Indian tribe, or tribal organization involved agrees, with respect to the costs to be incurred by the State, political subdivision of a State, Indian tribe, or tribal organization in carrying out the purpose described in this section, to make available non-Federal contributions (in cash or in kind) toward such costs in an amount that is not less than 20 percent of Federal funds provided in the grant.

“(g) Authorization of Appropriations.--To carry out this section, there are authorized to be appropriated, \$9,000,000 for the period of fiscal years 2018 through 2022.”.

## AMERICAN RESCUE PLAN ACT – SECTION 2712

In addition to amounts otherwise available, there is appropriated to the Secretary for fiscal year 2021, out of any money in the Treasury not otherwise appropriated, \$80,000,000, to remain available until expended, for carrying out section 330M of the Public Health Service Act (42 U.S.C. 254c-19).

From: <https://www.congress.gov/bill/117th-congress/house-bill/1319/text>

## Bipartisan Safer Communities Act – Section 11005

### SEC. 11005. PEDIATRIC MENTAL HEALTH CARE ACCESS GRANTS.

Section 330M of the Public Health Service Act (42 U.S.C. 254c19) is amended—

- (1) in the section enumerator, by striking “330M” and inserting “330M.”;
- (2) in subsection (a), in the matter preceding paragraph (1)—
  - (A) by inserting “or cooperative agreements” after “award grants”; and
  - (B) by striking “Indian tribes and tribal organizations” and inserting “Indian Tribes and Tribal organizations”;
- (3) in subsection (b)—
  - (A) in paragraph (1)—
    - (i) in the matter preceding subparagraph (A), by striking “a grant” and inserting “an award”;
    - (ii) in subparagraph (G), by inserting “developmental-behavioral pediatricians,” after “psychiatrists,”;
    - (iii) in subparagraph (H), by inserting “provide information to pediatric health care providers about available mental health services for children in the community and” before “assist”; and
    - (iv) in subparagraph (I), by striking “problems” and inserting “conditions”;
  - (B) by redesignating paragraph (2) as paragraph (3);
  - (C) by inserting after paragraph (1) the following:

“(2) SUPPORT TO SCHOOLS AND EMERGENCY DEPARTMENTS.—

“(A) IN GENERAL.—In addition to the activities required under paragraph (1), a pediatric mental health care access program referred to in subsection (a), with respect to which an award under such subsection may be used, may provide information, consultative support, training, and technical assistance to—

- “(i) emergency departments; and
- “(ii) State educational agencies, local educational agencies, Tribal educational agencies, and elementary and secondary schools.

“(B) REQUIREMENTS FOR CERTAIN RECIPIENTS.—An entity receiving information, consultative support, training, and technical assistance under subparagraph (A)(ii) shall operate in a manner consistent with, and shall ensure consistency with, the requirements of subsections (a) and (c) of section 4001 of the Elementary and Secondary Education Act with respect to such information, consultative support, training, and technical assistance.”; and

- (D) in paragraph (3), as so redesignated, by inserting “, and which may include a developmental-behavioral pediatrician” before the period at the end of the first sentence;
- (4) in subsections (c), (d), and (f), by striking “Indian tribe, or tribal organization” each place it appears and inserting “Indian Tribe, or Tribal organization”;
- (5) in subsections (c) and (d)—
  - (A) by striking “a grant” each place it appears and inserting “an award”; and
  - (B) by striking “such grant” each place it appears and inserting “such award”;
- (6) in subsection (e), by striking “grants” and inserting “awards”;
- (7) in subsection (f)—
  - (A) by striking “award a grant” and inserting “make an award”; and
  - (B) by striking “the grant” and inserting “the award”;

(8) by redesignating subsection (g) as subsection (h);

(9) by inserting after subsection (f) the following:

“(g) TECHNICAL ASSISTANCE.—The Secretary may—

“(1) provide, or continue to provide, technical assistance to recipients of awards under subsection (a); and

“(2) award a grant or contract to an eligible public or nonprofit private entity (as determined by the Secretary) for the purpose of providing such technical assistance pursuant to this subsection.”; and

(10) in subsection (h), as so redesignated, by striking “\$9,000,000 for the period of fiscal years 2018 through 2022” and inserting “\$31,000,000 for each of fiscal years 2023 through 2027”.

## TITLE III, § 317L-1 OF THE PUBLIC HEALTH SERVICE ACT (42 U.S.C. § 247B-13A)

§247b–13a. Screening and treatment for maternal mental health and substance use disorders

### (a) Grants

The Secretary shall make grants to States, Indian Tribes and Tribal organizations (as such terms are defined in section 5304 of title 25) to establish, improve, or maintain programs for screening, assessment, and treatment services, including culturally and linguistically appropriate services, as appropriate, for women who are postpartum, pregnant, or have given birth within the preceding 12 months, for maternal mental health and substance use disorders.

### (b) Application

To seek a grant under this section, an entity listed in subsection (a) shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require. At a minimum, any such application shall include explanations of-

- (1) how a program, or programs, will increase the percentage of women screened and treated, as appropriate, for maternal mental health and substance use disorders in 1 or more communities; and
- (2) how a program, or programs, if expanded, would increase access to screening and treatment services for maternal mental health and substance use disorders.

### (c) Priority

In awarding grants under this section, the Secretary shall, as appropriate, give priority to entities listed in subsection (a) that-

- (1) are proposing to create, improve, or enhance screening, prevention, and treatment services for maternal mental health and substance use disorders in primary care settings;
- (2) are currently partnered with, or will partner with, one or more community-based organizations to address maternal mental health and substance use disorders;
- (3) are located in, or provide services under this section in, an area with disproportionately high rates of maternal mental health or substance use disorders or other related disparities; and
- (4) operate in a health professional shortage area designated under section 254e of this title, including maternity care health professional target areas.

### (d) Use of funds

The activities eligible for funding through a grant under subsection (a)-

#### (1) shall include-

(A) providing appropriate training on maternal mental health and substance use disorder screening, brief intervention, treatment (as applicable for health care providers), and referrals for treatment to health care providers in the primary care setting and, as applicable, relevant health paraprofessionals;

(B) providing information on maternal mental health and substance use disorder screening, brief intervention, treatment (as applicable for health care providers) and referrals for treatment, follow-up support services, and linkages to community-based resources to health care providers in the primary care setting and, as applicable, relevant health paraprofessionals; and

(C) to the extent practicable and appropriate, enabling health care providers (such as obstetrician-gynecologists, nurse practitioners, nurse midwives, pediatricians, psychiatrists, mental and other behavioral health care providers, and adult primary care clinicians) to provide or receive real-time psychiatric consultation (in-person or remotely), including through the use of technology-enabled collaborative learning and capacity building models (as defined in

section 254c–20 of this title), to aid in the treatment of pregnant and postpartum women; and

(2) may include–

(A) establishing linkages with and among community-based resources, including mental health resources, primary care resources, and support groups;

(B) utilizing telehealth services, including for rural areas and medically underserved areas (as defined in section 254c–14(a) of this title);

(C) providing assistance to pregnant and postpartum women to receive maternal mental health and substance use disorder treatment, including patient consultation, care coordination, and navigation for such treatment;

(D) coordinating, as appropriate, with maternal and child health programs of State, local, and Tribal governments, including child psychiatric access programs;

(E) conducting public outreach and awareness regarding grants under subsection (a);

(F) creating multistate consortia to carry out the activities required or authorized under this subsection; and

(G) training health care providers in the primary care setting and relevant health paraprofessionals on trauma-informed care, culturally and linguistically appropriate services, and best practices related to training to improve the provision of maternal mental health and substance use disorder care for racial and ethnic minority populations and reduce related disparities in the delivery of such care.

(e) Technical assistance

The Secretary shall provide technical assistance to grantees and entities listed in subsection (a) for carrying out activities pursuant to this section.

(f) Dissemination of best practices

The Secretary, based on evaluation of the activities funded pursuant to this section, shall identify and disseminate evidence-based or evidence-informed practices for screening, assessment, treatment, and referral to treatment services for maternal mental health and substance use disorders, including culturally and linguistically appropriate services, for women during pregnancy and 12 months following pregnancy.

(g) Matching requirement

The Federal share of the cost of the activities for which a grant is made to an entity under subsection (a) shall not exceed 90 percent of the total cost of such activities.

(h) Authorization of appropriations

To carry out this section, there are authorized to be appropriated \$24,000,000 for each of fiscal years 2023 through 2027.

(July 1, 1944, ch. 373, title III, §317L–1, as added Pub. L. 114–255, div. B, title X, §10005, Dec. 13, 2016, 130 Stat. 1266 ; amended Pub. L. 117–328, div. FF, title I, §1111, Dec. 29, 2022, 136 Stat. 5640 .)

#### Editorial Notes

##### Amendments

2022-Pub. L. 117–328, §1111(a)(1), substituted "maternal mental health and substance use disorders" for "maternal depression" in section catchline.

Subsec. (a). Pub. L. 117–328, §1111(a)(2), inserted ", Indian Tribes and Tribal organizations (as such terms are defined in section 5304 of title 25)" after "States" and substituted "for women who are postpartum, pregnant, or have given birth within the preceding 12 months, for maternal mental health and substance use disorders" for "for women



who are pregnant, or who have given birth within the preceding 12 months, for maternal depression".

Subsec. (b). Pub. L. 117–328, §1111(b)(1), substituted "an entity listed in subsection (a) shall submit" for "a State shall submit" in introductory provisions.

Subsec. (b)(1), (2). Pub. L. 117–328, §1111(b)(2), substituted "maternal mental health and substance use disorders" for "maternal depression".

Subsec. (c). Pub. L. 117–328, §1111(c), substituted "shall, as appropriate, give priority to entities listed in subsection (a) that-" for "may give priority to States proposing to improve or enhance access to screening", inserted par. (1) designation and "are proposing to create, improve, or enhance screening, prevention, and treatment" before "services", substituted "maternal mental health and substance use disorders" for "maternal depression" and added pars. (2) to (4).

Subsec. (d)(1)(A). Pub. L. 117–328, §1111(d)(1)(A), substituted "on maternal mental health and substance use disorder screening, brief intervention, treatment (as applicable for health care providers), and referrals for treatment to health care providers in the primary care setting and, as applicable, relevant health paraprofessionals;" for "to health care providers; and".

Subsec. (d)(1)(B). Pub. L. 117–328, §1111(d)(1)(B), substituted "on maternal mental health and substance use disorder screening, brief intervention, treatment (as applicable for health care providers) and referrals for treatment, follow-up support services, and linkages to community-based resources to health care providers in the primary care setting and, as applicable, relevant health paraprofessionals; and" for "to health care providers, including information on maternal depression screening, treatment, and followup support services, and linkages to community-based resources; and".

Subsec. (d)(1)(C). Pub. L. 117–328, §1111(d)(1)(C), added subpar. (C).

Subsec. (d)(2)(A). Pub. L. 117–328, §1111(d)(2)(A), (B), redesignated subpar. (B) as (A) and struck out former subpar. (A) which read as follows: "enabling health care providers (including obstetrician-gynecologists, pediatricians, psychiatrists, mental health care providers, and adult primary care clinicians) to provide or receive real-time psychiatric consultation (in-person or remotely) to aid in the treatment of pregnant and parenting women;".

Subsec. (d)(2)(B). Pub. L. 117–328, §1111(d)(2)(B), (D)(i), redesignated subpar. (C) as (B) and inserted ", including" before "for rural areas". Former subpar. (B) redesignated (A).

Subsec. (d)(2)(C) to (G). Pub. L. 117–328, §1111(d)(2)(C), (D)(ii), (E), added subpars. (C) to (G). Former subpar. (C) redesignated (B).

Subsecs. (e) to (g). Pub. L. 117–328, §1111(e)(2), added subsecs. (e) to (g). Former subsec. (e) redesignated (h).

Subsec. (h). Pub. L. 117–328, §1111(e)(1), (f), redesignated subsec. (e) as (h) and substituted "\$24,000,000" for "\$5,000,000" and "2023 through 2027" for "2018 through 2022"