

118TH CONGRESS  
1ST SESSION

# 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.

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## 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

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## 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.

1        *Be it enacted by the Senate and House of Representa-*  
2        *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

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

4 **SEC. 2. GRANT PROGRAMS TO SUPPORT PEDIATRIC BEHAV-**  
5 **IORAL HEALTH CARE.**

6 Part D of title III of the Public Health Service Act  
7 (42 U.S.C. 254b et seq.) is amended by inserting after  
8 subpart V the following new subpart:

9 **“Subpart VI—Pediatric Behavioral Health Programs**

10 **“SEC. 340A-1. PROGRAM TO IMPROVE ACCESS TO COMMU-**  
11 **NITY-BASED PEDIATRIC BEHAVIORAL**  
12 **HEALTH CARE.**

13 “(a) IN GENERAL.—The Secretary, acting through  
14 the Administrator of the Health Resources and Services  
15 Administration, shall award grants, contracts, or coopera-  
16 tive agreements to eligible entities for the purpose of sup-  
17 porting pediatric behavioral health care integration and  
18 coordination within communities to meet local community  
19 needs.

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

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

25 “(2) children’s hospitals;

1           “(3) facilities that are eligible to receive funds  
2           under section 340E or 340H;

3           “(4) nonprofit medical facilities that predomi-  
4           nantly treat individuals under the age of 21;

5           “(5) rural health clinics and Federally qualified  
6           health centers (as such terms are defined in section  
7           1861(aa) of the Social Security Act);

8           “(6) pediatric mental health and substance use  
9           disorder providers, such as child and adolescent psy-  
10          chiatrists, psychologists, developmental and behav-  
11          ioral pediatricians, general pediatricians, advanced  
12          practice nurses, social workers, licensed professional  
13          counselors, and other licensed professionals that pro-  
14          vide mental health and substance use disorder serv-  
15          ices to patients under 21 years of age;

16          “(7) child advocacy centers described in section  
17          214(c)(2)(B) of the Victims of Child Abuse Act of  
18          1990;

19          “(8) school-based health centers; and

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

22          “(c) PRIORITIZATION.—In making awards under sub-  
23          section (a), the Secretary shall prioritize—

24                 “(1) applicants that provide children and ado-  
25                 lescents from high-need, rural, or under-resourced

1 communities with services across the continuum of  
2 children’s mental health and substance use disorder  
3 care; and

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

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

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

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

21 “(3) expanding evidence-based, integrated mod-  
22 els of care for pediatric mental health and substance  
23 use disorder services;

1           “(4) pediatric practice integration for the provi-  
2           sion of pediatric mental health and substance use  
3           disorder services;

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

6           “(6) providing pediatric mental, emotional, and  
7           behavioral health services to children as delivered by  
8           mental health and substance use disorder profes-  
9           sionals utilizing telehealth services;

10          “(7) establishing or maintaining initiatives to  
11          allow more children to access care outside of emer-  
12          gency departments, including partial hospitalization,  
13          step down residency programs, and intensive out-  
14          patient programs;

15          “(8) supporting, enhancing, or expanding pedi-  
16          atric mental health and substance use disorder pre-  
17          ventive and crisis intervention services;

18          “(9) establishing or maintaining pediatric men-  
19          tal health and substance use disorder urgent care or  
20          walk-in clinics;

21          “(10) establishing or maintaining community-  
22          based pediatric mental health and substance use dis-  
23          order initiatives, such as partnerships with schools  
24          and early childhood education programs;

1           “(11) addressing other access and coordination  
2 gaps to pediatric mental health and substance use  
3 disorder services in the community for children; and

4           “(12) supporting the collection of data on chil-  
5 dren and adolescents’ mental health needs, service  
6 utilization and availability, and demographic data, to  
7 capture community needs and identify gaps and bar-  
8 riers in children’s access to care, in a manner that  
9 protects personal privacy, consistent with applicable  
10 Federal and State privacy laws.

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

15 **“SEC. 340A-2. PEDIATRIC BEHAVIORAL HEALTH WORK-**  
16 **FORCE TRAINING PROGRAM.**

17       “(a) IN GENERAL.—The Secretary, acting through  
18 the Administrator of the Health Resources and Services  
19 Administration, shall award grants, contracts, or coopera-  
20 tive agreements to eligible entities for the purpose of sup-  
21 porting evidence-based pediatric mental health and sub-  
22 stance use disorder workforce training.

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

25           “(1) children’s hospitals;

1           “(2) facilities that are eligible to receive funds  
2           under section 340E or 340H;

3           “(3) nonprofit medical facilities that predomi-  
4           nantly treat individuals under the age of 21;

5           “(4) rural health clinics and Federally qualified  
6           health centers (as such terms are defined in section  
7           1861(aa) of the Social Security Act);

8           “(5) entities that employ mental health and  
9           substance use disorder professionals, such as child  
10          and adolescent psychiatrists, psychologists, develop-  
11          mental and behavioral pediatricians, general pedia-  
12          tricians, advanced practice nurses, social workers, li-  
13          censed professional counselors, or other licensed pro-  
14          fessionals that provide mental health or substance  
15          use disorder services to patients under 21 years of  
16          age; and

17          “(6) other pediatric health care providers as de-  
18          termined appropriate by the Secretary.

19          “(c) USE OF FUNDS.—Activities that may be sup-  
20          ported through an award under subsection (a) include the  
21          following:

22                 “(1) Training to enhance the capabilities of the  
23                 existing pediatric workforce, including pediatricians,  
24                 primary care physicians, advanced practice reg-  
25                 istered nurses, and other pediatric health care pro-

1       viders, including expanded training in pediatric men-  
2       tal health and substance use disorders, and cul-  
3       turally and developmentally appropriate care for  
4       children with mental health conditions.

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

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

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

16                       “(A) child and adolescent psychiatrists;

17                       “(B) psychiatric nurses;

18                       “(C) psychologists;

19                       “(D) family therapists;

20                       “(E) social workers;

21                       “(F) mental health counselors;

22                       “(G) developmental and behavioral pedia-  
23       tricians;

24                       “(H) pediatric substance use disorder spe-  
25       cialists; and



1           “(I) other mental health care providers as  
2           determined appropriate by the Secretary.

3           “(d) AUTHORIZATION OF APPROPRIATIONS.—To  
4 carry out this section, there is authorized to be appro-  
5 priated such sums as may be necessary for each of fiscal  
6 years 2024 through 2028.”.

7 **SEC. 3. INCREASING FEDERAL INVESTMENT IN PEDIATRIC**  
8 **BEHAVIORAL HEALTH SERVICES.**

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

11 **“TITLE XXXIV—ASSISTANCE FOR**  
12 **CONSTRUCTION AND MOD-**  
13 **ERNIZATION OF CHILDREN’S**  
14 **MENTAL HEALTH AND SUB-**  
15 **STANCE USE DISORDER IN-**  
16 **FRASTRUCTURE**

17 **“SEC. 3401. INCREASING FEDERAL INVESTMENT IN PEDI-**  
18 **ATRIC BEHAVIORAL HEALTH SERVICES.**

19           “(a) IN GENERAL.—The Secretary, acting through  
20 the Administrator of the Health Resources and Services  
21 Administration, shall award grants, contracts, or coopera-  
22 tive agreements to eligible entities for the purpose of im-  
23 proving their ability to provide pediatric behavioral health  
24 services, including by—

1           “(1) constructing or modernizing sites of care  
2 for pediatric behavioral health services;

3           “(2) expanding capacity to provide pediatric be-  
4 havioral health services, including enhancements to  
5 digital infrastructure, telehealth capabilities, or other  
6 improvements to patient care infrastructure;

7           “(3) supporting the reallocation of existing re-  
8 sources to accommodate pediatric behavioral health  
9 patients, including by converting or adding a suffi-  
10 cient number of beds to establish or increase the  
11 hospital’s inventory of licensed and operational,  
12 short-term psychiatric and substance use inpatient  
13 beds; and

14           “(4) addressing gaps in the continuum of care  
15 for children, by expanding capacity to provide inter-  
16 mediate levels of care, such as intensive outpatient  
17 services, partial hospitalization programs, and day  
18 programs that can prevent hospitalizations and sup-  
19 port children as they transition back to their homes  
20 and communities.

21           “(b) ELIGIBILITY.—To be eligible to seek an award  
22 under this section, an entity shall be a hospital or rural  
23 health clinic that predominantly treats individuals under  
24 the age of 21, including any hospital that receives funds  
25 under section 340E.

1       “(c) AUTHORIZATION OF APPROPRIATIONS.—To  
2 carry out this section, there is authorized to be appro-  
3 priated such sums as may be necessary for each of fiscal  
4 years 2024 through 2028.

5       “(d) SUPPLEMENT, NOT SUPPLANT.—Funds pro-  
6 vided under this section shall be used to supplement, not  
7 supplant Federal and non-Federal funds available for car-  
8 rying out the activities described in this section.

9       “(e) REPORTING.—

10           “(1) REPORTS FROM AWARD RECIPIENTS.—Not  
11 later than 180 days after the completion of activities  
12 funded by an award under this section, the entity  
13 that received such award shall submit a report to  
14 the Secretary on the activities conducted using funds  
15 from such award, and other information as the Sec-  
16 retary may require.

17           “(2) REPORTS TO CONGRESS.—Not later than  
18 one year, the Secretary shall submit to the Com-  
19 mittee on Energy and Commerce of the House of  
20 Representatives and the Committee on Health, Edu-  
21 cation, Labor, and Pensions of the Senate a report  
22 on the projects and activities conducted with funds  
23 awarded under this section, and the outcome of such  
24 projects and activities. Such report shall include—

1           “(A) the number of projects supported by  
2 awards made under this section;

3           “(B) an overview of the impact, if any, of  
4 such projects on pediatric health care infra-  
5 structure, including any impact on access to pe-  
6 diatric mental health and substance use dis-  
7 order services;

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

10           “(D) any other considerations as the Sec-  
11 retary determines appropriate.”.

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