117TH CONGRESS 1ST SESSION

H. R. 5218

To amend the Public Health Service Act to increase uptake of the Collaborative Care Model.

IN THE HOUSE OF REPRESENTATIVES

September 10, 2021

Mrs. Fletcher (for herself and Ms. Herrera Beutler) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to increase uptake of the Collaborative Care Model.

- 1 Be it enacted by the Senate and House of Representa-
- 2 tives of the United States of America in Congress assembled,
- 3 SECTION 1. SHORT TITLE.
- 4 This Act may be cited as the "Collaborate in an Or-
- 5 derly and Cohesive Manner Act".
- 6 SEC. 2. INCREASING UPTAKE OF THE COLLABORATIVE
- 7 CARE MODEL.
- 8 (a) In General.—Subpart XII of part D of title III
- 9 of the Public Health Service Act (42 U.S.C. 256i et seq.)
- 10 is amended—

1	(1) in the subpart heading, by striking "Com-
2	munity-based Collaborative-Care Net-
3	work Program" and inserting "Collaborative
4	Care''; and
5	(2) by adding at the end the following new sec-
6	tions:
7	"SEC. 340J. INCENTIVIZING PRIMARY CARE UPTAKE OF
8	THE COLLABORATIVE CARE MODEL.
9	"(a) Grants.—The Secretary shall make grants to
10	primary health care physicians and primary health care
11	practices to meet the initial costs of establishing and deliv-
12	ering behavioral health integration services through the
13	collaborative care model or a combined approach of the
14	collaborative care model and primary care behavioral
15	health integration models.
16	"(b) Use of Grants.—A primary health care physi-
17	cian or primary health care practice that receives a grant
18	under this section shall use funds received through the
19	grant—
20	"(1) to hire staff;
21	"(2) to identify and formalize contractual rela-
22	tionships with other health care providers, including
23	providers who will function as psychiatric consult-
24	ants and behavioral health care managers in pro-

- viding behavioral health integration services through the collaborative care model;
- "(3) to purchase or upgrade software and other resources needed to appropriately provide behavioral health integration services through the collaborative care model, including resources needed to establish a patient registry and implement measurement-
- 9 "(4) for other such purposes that the Secretary 10 may determine to be necessary.
- 11 "(c) PRIORITY.—In making grants under this sec-12 tion, the Secretary shall give priority to primary health 13 care physicians and primary health care practices—
- "(1) providing services to any medically underserved population; and
- 16 "(2) are located in areas with a prevalence of 17 mental illnesses or substance use disorders that are 18 higher than the national average.
- "(d) Consideration.—If, in reviewing applications 20 for grants under this section, the Secretary determines 21 that more than one primary health care physician or a 22 primary health care practice submitting such an applica-23 tion meets the criteria to be given priority under sub-
- 24 section (c), the Secretary shall give a preference to the

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based care; and

- tice (that meets such criteria) that has the least existing 2 capacity and resources to use grant funds as described in 3 subsection (b). "(e) Incentive Payments.— 4 "(1) IN GENERAL.—The Secretary shall provide 5 6 to primary health care physicians and primary 7 health care practices receiving a grant under this 8 section that meet the criteria specified in paragraph 9 (3), additional payments. "(2) 10 METHODOLOGY AND TIMING.—The 11 amount and timing of payments made under this 12 subsection shall be determined using a methodology 13 and disbursement schedule established by the Sec-14 retary. 15 Criteria described in this 16 paragraph are such criteria as the Secretary may 17 specify, in consultation with stakeholders, including 18 physicians in the primary care community and in the 19 field of mental health and substance use disorder 20 treatment. Such criteria shall include whether—
- 21 "(A) a primary health care physician or 22 primary health care practice participates in an 23 alternative payment model that bills for the col-24 laborative care model using the appropriate

1	common procedural terminology billing codes;
2	and
3	"(B) a primary health care physician or
4	primary health care practice uses of validated
5	quality measures, including, but not limited to,
6	those related to depression screening, patient
7	follow up, and symptom remission.
8	"(4) CALCULATION.—A payment received under
9	this subsection shall not be factored into any deter-
10	mination with respect to meeting cost reduction tar-
11	gets for purposes of a model implemented pursuant
12	to section 1115A of the Social Security Act.
13	"(f) Accountability.—The recipient of a grant
14	under this section shall submit to the Secretary, in such
15	time and manner as the Secretary may specify, a report
16	that measures each recipient's progress toward—
17	"(1) implementing and appropriately providing
18	behavioral health integration services through the
19	collaborative care model;
20	"(2) improving access to behavioral health inte-
21	gration services provided through the collaborative
22	care model among medically underserved popu-
23	lations;

1 "(3) improving health outcomes for individuals 2 who receive behavioral health integration services 3 provided through the collaborative care model; and

"(4) other such purposes that the Secretary may determine to be necessary.

"(g) CLARIFICATION.—

- "(1) Reimbursement.—Nothing in this section shall be construed as preventing a primary health care physician or primary health care practice that receives a grant under this section from receiving direct reimbursement for rendering behavioral health integration services through the collaborative care model.
- "(2) OTHER PROGRAMS.—Participation in, or application for, any other grant or demonstration program administered by the Secretary by a primary health care physician or primary health care practice shall not affect the eligibility of such physician or practice to receive a grant under this section.
- 20 "(h) Definitions.—For the purposes of this section:
 - "(1) Collaborative care model' means the evidence-based, integrated behavioral health service delivery method described in 81 Federal Register 80230, which includes a formal collaborative arrangement among a

1	primary care team consisting of a primary care pro-
2	vider, a care manager, and a psychiatric consultant,
3	and includes the following elements:
4	"(A) Care directed by the primary care
5	team.
6	"(B) Structured care management.
7	"(C) Regular assessments of clinical status
8	using developmentally appropriate, validated
9	tools.
10	"(D) Modification of treatment as appro-
11	priate.
12	"(2) Medically underserved popu-
13	LATION.—The term 'medically underserved popu-
14	lation' means the population of an urban or rural
15	area designated by the Secretary as an area with a
16	shortage of mental health or substance use disorder
17	services or a population group designated by the
18	Secretary as having a shortage of such services.
19	"(3) Primary Health Care Physician.—The
20	term 'primary health care physician' means a physi-
21	cian that—
22	"(A) provides health services related to
23	family medicine, internal medicine, pediatrics,
24	obstetrics, gynecology, or geriatrics;

1	"(B) is a doctor of medicine or osteopathy				
2	that is licensed to practice medicine by the				
3	State in which such physician primarily prac-				
4	tices.				
5	"(4) Primary Health care practice.—The				
6	term 'primary health care practice' means a medical				
7	practice of primary health care physicians, including				
8	a practice within a larger health care system.				
9	"SEC. 340K. ESTABLISHING TECHNICAL ASSISTANCE CEN-				
10	TERS FOR IMPLEMENTATION OF THE COL-				
11	LABORATIVE CARE MODEL.				
12	"(a) IN GENERAL.—The Secretary shall make grants				
13	to national and regional eligible organizations to establish,				
14	for purposes of providing technical assistance and training				
15	to health care providers and health care systems to facili-				
16	tate and improve implementation of the collaborative care				
17	model—				
18	"(1) a national center, to be known as the Na-				
19	tional Collaborative Care Model Training and Tech-				
20	nical Assistance Center (referred to in this section				
21	as the 'National Center'); and				
22	"(2) regional centers, to be known as Regional				
23	Collaborative Care Model Training and Technical				
24	Assistance Centers (referred to in this section as				
25	'Regional Centers').				

1	"(b) Coordination Required.—As a condition or					
2	receipt of a grant under this section to establish the Na-					
3	tional Center, the eligible organization receiving such					
4	grant shall agree to coordinate with one or more eligible					
5	organizations and the Regional Centers in providing tech-					
6	nical assistance and training referred to in subsection (a)					
7	"(c) TECHNICAL ASSISTANCE AND TRAINING.—The					
8	technical assistance and training referred to in subsection					
9	(a) shall include—					
10	"(1) developing financial models and budgets					
11	for implementing and maintaining a collaborative					
12	care model, based on practice size;					
13	"(2) developing staffing models for essential					
14	staff roles, including care managers and psychiatric					
15	consultants;					
16	"(3) providing strategic advice to assist prac-					
17	tices seeking to utilize other clinicians for additional					
18	psychotherapeutic interventions;					
19	"(4) providing information technology expertise					
20	to assist with building the collaborative care model					
21	into electronic health records, including assistance					
22	with care manager tools, patient registry, ongoing					
23	patient monitoring, and patient records;					
24	"(5) training support for all key staff and oper-					
25	ational consultation to develop practice workflows;					

1	"(6) establishing methods to ensure the sharing
2	of best practices and operational knowledge among
3	primary health care physicians and primary health
4	care practices that provide behavioral health integra-
5	tion services through the collaborative care model;
6	"(7) providing guidance and instruction to pri-
7	mary health care physicians and primary health care
8	practices on developing and maintaining relation-
9	ships with community-based mental health and sub-
10	stance use disorder facilities for referral and treat-
11	ment of patients whose clinical presentation or diag-
12	nosis is best suited for treatment at such facilities;
13	and
14	"(8) other such activities as the Secretary nec-
15	essary.
16	"(d) REGIONAL CENTER STRUCTURE.—
17	"(1) In General.—The Secretary shall issue
18	regulations establishing the structure of the Re-
19	gional Centers and the nature of coordination among
20	the Regional Centers and the National Center, in-
21	cluding—
22	"(A) the number of Regional Centers, sub-
23	ject to adjustment as described in paragraph
24	(2);

1	"(B) the geographic locations for such Re-
2	gional Centers, subject to adjustment as de-
3	scribed in paragraph (2);
4	"(C) the degree to which such National
5	Center may direct the activities and practices of
6	such Regional Centers; and
7	"(D) other such specifications that the
8	Secretary may deem necessary.
9	"(2) Adjustments.—The number and geo-
10	graphic location of the Regional Centers established
11	under paragraph (1) may be adjusted from time to
12	time as the Secretary determines necessary so long
13	as, in making such adjustments—
14	"(A) seeks to establish as many Regional
15	Centers as is possible and practicable while still
16	maintaining optimal efficiency and effective-
17	ness; and
18	"(B) ensures that the distribution of such
19	geographic locations enables such Regional Cen-
20	ters to provide training and technical assistance
21	in areas with medically underserved popu-
22	lations.
23	"(e) Accountability.—The Secretary shall issue
24	regulations establishing such criteria as the Secretary de-
25	termines is necessary to evaluate the effectiveness of the

- 1 National Center and Regional Centers in providing tech-
- 2 nical assistance and training referred to in subsection (a),
- 3 including for monitoring the activities of, collecting data
- 4 from, and evaluating the performance of each recipient of
- 5 a grant under this section.

section 340J.

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- 6 "(f) Definitions.—In this section:
- 7 "(1) Collaborative care model; medically
 8 Underserved Population; primary health
 9 Care Physician; primary health care prac10 Tice.—The terms 'collaborative care model', 'pri11 mary health care physician', and 'primary health
 12 care practice' have the meaning given such terms in
 - "(2) ELIGIBLE ORGANIZATION.—The term 'eligible organization' means a national or regional nonprofit organization that can provide technical assistance and training to health care providers and
 health care systems, and has special expertise and
 broad experience in behavioral health integration
 services, generally, and in the collaborative care
 model, specifically, with preference given to such organizations that are currently or that have previously provided training and technical assistance on
 providing behavioral health integration services
 through the collaborative care model.

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- 2 HEALTH INTEGRATION MODELS.
- 3 "The Secretary, in consultation with the Assistant
- 4 Secretary for Planning and Evaluation, may direct admin-
- 5 istrators and directors of the Department of Health and
- 6 Human Services, including the Director of the National
- 7 Institutes of Health, the Administrator of the Health Re-
- 8 sources and Services Administration, the Director of the
- 9 Agency for Healthcare and Research Quality, and the Di-
- 10 rector of the Center for Medicare and Medicaid Innova-
- 11 tion, as the Secretary determines appropriate, to expand
- 12 efforts to evaluate current and emerging behavioral health
- 13 integration models, such as the primary care behavioral
- 14 health model, and improve the foundation for evidence-
- 15 based practice, with a focus on population-based care.

16 "SEC. 340M. AUTHORIZATION OF APPROPRIATIONS.

- 17 "There are authorized to be appropriated to carry out
- 18 sections 340J, 340K, and 340L, \$30,000,000 for each of
- 19 fiscal years 2022 through 2026.".
- 20 (b) Technical Correction.—Effective as if in-
- 21 cluded in the enactment of section 301(c) of the Disaster
- 22 Tax Relief and Airport and Airway Extension Act of 2017
- 23 (Public Law 115–63), such section is amended, in the
- 24 matter preceding paragraph (1), by striking "Part D" and
- 25 inserting "Part D of title III".