



Tim Murphy

Congressman for the 18th District of Pennsylvania

The Helping Families in Mental Health Crisis Act

In January 2013, after the tragedy in Newtown, Connecticut, Rep. Murphy led the Energy and Commerce Subcommittee on Oversight and Investigations' top-to-bottom review of our country's broken mental health system. That investigation revealed the federal government's failing approach to mental health: a chaotic patchwork of antiquated programs and ineffective policies across numerous agencies.

The investigation, which included more than 20 hearings, dozens of official correspondence, and hundreds of meetings and briefings, led Rep. Murphy to introduce the Helping Families in Mental Health Crisis Act (H.R. 2646) – the most comprehensive mental health reform bill in more than a half century.

While the bill garnered bipartisan support and 322 cosponsors over two congressional sessions, it wasn't met without some resistance as it contained some controversial provisions: overhauling the federal mental health bureaucracy, modernizing Medicaid policies, and reforming health care privacy laws. Impasses on these key

reforms threatened to stop progress, so more work was needed. Medical professionals, patient advocacy groups, trade organizations, and other members of Congress all weighed in, providing feedback through two legislative hearings, dozens of meetings, roundtables, and town halls in more than 20 cities. Months of collaborative effort led to a bipartisan amendment to the bill which kept the major and much needed reforms, while the bill's language was reworked and perfected.

By unanimous vote, 53-0, the amended bill passed the Energy and Commerce Committee. The House followed soon after and passed H.R. 2646 by a vote of 422-2 and again passed it as part of the 21st Century Cures Act.

The Helping Families in Mental Health Crisis Act continues to amass nationwide support from across the political spectrum, local and national press outlets, medical associations and patient advocacy groups. It serves as a model for bringing together diverse stakeholders and members of Congress to pass comprehensive health care reform that improves access, increases choice, and enhances quality.

Editorial Praise

"For those of us who have lived with a mentally ill family member, the Murphy-Johnson bill is not only a step in the right direction. It is a godsend."

– National Review

"The initial versions of both bills were excellent... One hopes that in the end, the House version will prevail, making a giant step forward."

– the Atlantic

"A House subcommittee passed one of the more consequential bills of this Republican majority – the Helping Families in Mental Health Crisis Act."

–Wall Street Journal

"Mr. Murphy's reform package... would relieve a lot of suffering that does not make the front page."

– Washington Post

"...[the Helping Families in Mental Health Crisis Act] would help ensure existing spending goes to solving real problems. Anything else would be insane."

– Huffington Post

Topline Summary

Allows Parents and Caregivers to Help with Care

Begins to break down barriers so families can work with mental health professionals as partners in delivering care.

Addresses the Shortage of Crisis Mental Health Beds

Allows states to add additional psychiatric hospital beds for those experiencing an acute mental health crisis and in need of short term immediate inpatient care for patient stabilization.

Drives Evidence-Based Care

Establishes at HHS an Assistant Secretary for Mental Health and Substance Use to elevate these issues, coordinate programs across agencies, and promote evidence-based programs.

Builds on Existing Mental Health & Substance Abuse Parity laws

- Requires the development of an action plan to improve enforcement of existing parity requirements.
- Clarifies that eating disorders must be covered under the current mental health parity standards.

Brings Accountability to Federal Grant Programs

Establishes a National Mental Health Policy Laboratory (NMHPL) to set objective and scientific outcome measures for mental health grants and bring accountability to mental health spending.

Focuses on Innovation

Empowers the NMHPL to drive innovative models of care, and develop evidence-based standards for grants.

Reaches Underserved and Rural Populations

Advances tele-psychiatry to link pediatricians and primary care doctors with psychiatrists and psychologists in areas where patients don't have access to needed care.

Expands the Mental Health Workforce

- Authorizes for the first time the Minority Fellowship Program.
- Establishes a grant to bring more trained professionals into the mental health workforce.

Advances Early Intervention and Prevention Programs

- Authorizes for the first time the Recovery After Initial Schizophrenia Episode (RAISE).
- Reauthorizes the National Child Traumatic Stress Network.

Develops Alternatives to Institutionalization

Incentivizes states to provide alternatives to institutionalization for those with serious mental illness, such as Assisted Outpatient Treatment, Assertive Community Treatment, and other intensive community-based approaches.

Focuses on Suicide Prevention

Reauthorizes the Garrett Lee Smith Suicide Prevention Program and for the first time authorizes the Suicide Prevention Hotline.

Increases Program Coordination Across the Federal Government

Establishes Interagency Serious Mental Illness Coordinating Committee to organize, integrate, and coordinate the research, treatment, housing, and services for individuals with substance use disorders and mental illness.

Provide grants to Train Police Officers and First Responders

Allows funds to be used to provide specialized training to law enforcement officers and first responders to recognize individuals who have mental illness and how to properly intervene.