

(2) a summary of improvements necessary to ensure that individuals with co-occurring mental illness and substance abuse disorders receive the services they need;

(3) a summary of practices for preventing substance abuse among individuals who have a mental illness and are at risk of having or acquiring a substance abuse disorder; and

(4) a summary of evidenced-based practices for treating individuals with co-occurring mental illness and substance abuse disorders and recommendations for implementing such practices.

(c) Funds for report

The Secretary may obligate funds to carry out this section with such appropriations as are available.

(July 1, 1944, ch. 373, title V, §503A, as added Pub. L. 106-310, div. B, title XXXIV, §3406, Oct. 17, 2000, 114 Stat. 1221.)

CHANGE OF NAME

Committee on Commerce of House of Representatives changed to Committee on Energy and Commerce of House of Representatives, and jurisdiction over matters relating to securities and exchanges and insurance generally transferred to Committee on Financial Services of House of Representatives by House Resolution No. 5, One Hundred Seventh Congress, Jan. 3, 2001.

§ 290aa-3. Peer review

(a) In general

The Secretary, after consultation with the Assistant Secretary, shall require appropriate peer review of grants, cooperative agreements, and contracts to be administered through the agency which exceed the simple acquisition threshold as defined in section 134 of title 41.

(b) Members

The members of any peer review group established under subsection (a) shall be individuals who by virtue of their training or experience are eminently qualified to perform the review functions of the group. Not more than one-fourth of the members of any such peer review group shall be officers or employees of the United States. In the case of any such peer review group that is reviewing a grant, cooperative agreement, or contract related to mental illness treatment, not less than half of the members of such peer review group shall be licensed and experienced professionals in the prevention, diagnosis, or treatment of, or recovery from, mental illness or co-occurring mental illness and substance use disorders and have a medical degree, a doctoral degree in psychology, or an advanced degree in nursing or social work from an accredited program, and the Secretary, in consultation with the Assistant Secretary, shall, to the extent possible, ensure such peer review groups include broad geographic representation, including both urban and rural representatives.

(c) Advisory council review

If the direct cost of a grant or cooperative agreement (described in subsection (a)) exceeds the simple acquisition threshold as defined by section 134 of title 41, the Secretary may make such a grant or cooperative agreement only if such grant or cooperative agreement is recommended—

(1) after peer review required under subsection (a); and

(2) by the appropriate advisory council.

(d) Conditions

The Secretary may establish limited exceptions to the limitations contained in this section regarding participation of Federal employees and advisory council approval. The circumstances under which the Secretary may make such an exception shall be made public.

(July 1, 1944, ch. 373, title V, §504, formerly §506, as added Pub. L. 98-24, §2(b)(7), Apr. 26, 1983, 97 Stat. 178; amended Pub. L. 99-158, §3(c), Nov. 20, 1985, 99 Stat. 879; renumbered §507 and amended Pub. L. 99-570, title IV, §§4004(a), 4007, Oct. 27, 1986, 100 Stat. 3207-109, 3207-115; renumbered §504 and amended Pub. L. 102-321, title I, §104, July 10, 1992, 106 Stat. 333; Pub. L. 102-352, §2(a)(7), Aug. 26, 1992, 106 Stat. 938; Pub. L. 105-392, title IV, §412, Nov. 13, 1998, 112 Stat. 3590; Pub. L. 106-310, div. B, title XXXIV, §3401(b), Oct. 17, 2000, 114 Stat. 1218; Pub. L. 114-255, div. B, title VI, §§6001(c)(2), 6009, Dec. 13, 2016, 130 Stat. 1203, 1215.)

CODIFICATION

In subsecs. (a) and (c), “section 134 of title 41” substituted for “section 4(11) of the Office of Federal Procurement Policy Act” on authority of Pub. L. 111-350, §6(c), Jan. 4, 2011, 124 Stat. 3854, which Act enacted title 41, Public Contracts.

Section was formerly classified to section 290aa-5 of this title prior to renumbering by Pub. L. 102-321.

PRIOR PROVISIONS

A prior section 290aa-3, act July 1, 1944, ch. 373, title V, §504, formerly title IV, §455, as added May 14, 1974, Pub. L. 93-282, title II, §202, 88 Stat. 135; amended Oct. 7, 1980, Pub. L. 96-398, title III, §325, title IV, §401(a), title VIII, §804(a), 94 Stat. 1596, 1597, 1608; Aug. 13, 1981, Pub. L. 97-35, title IX, §902(g)(1), 95 Stat. 560; renumbered title V, §504, Apr. 26, 1983, Pub. L. 98-24, §2(b)(6), 97 Stat. 177; Oct. 19, 1984, Pub. L. 98-509, title II, §§203, 204, 98 Stat. 2360, 2361; Oct. 7, 1985, Pub. L. 99-117, §11(b), 99 Stat. 495; Oct. 27, 1986, Pub. L. 99-570, title IV, §§4011(a), 4012, 4013, 4021(a), (b)(1), 100 Stat. 3207-115, 3207-116, 3207-124; Nov. 14, 1986, Pub. L. 99-660, title V, §504, 100 Stat. 3797; Nov. 18, 1988, Pub. L. 100-690, title II, §2057(1), (2), 102 Stat. 4211, related to National Institute of Mental Health, prior to repeal by Pub. L. 102-321, title I, §101(b), July 10, 1992, 106 Stat. 331. See section 285p of this title.

A prior section 504 of act July 1, 1944, which was classified to section 222 of this title, was renumbered section 2104 of act July 1, 1944, by Pub. L. 98-24 and transferred to section 300aa-3 of this title, renumbered section 2304 of act July 1, 1944, by Pub. L. 99-660 and transferred to section 300cc-3 of this title, prior to repeal by Pub. L. 98-621, §10(s), Nov. 8, 1984, 98 Stat. 3381.

AMENDMENTS

2016—Subsec. (a). Pub. L. 114-255, §6001(c)(2), substituted “Assistant Secretary” for “Administrator”.

Subsec. (b). Pub. L. 114-255, §6009, inserted at end: “In the case of any such peer review group that is reviewing a grant, cooperative agreement, or contract related to mental illness treatment, not less than half of the members of such peer review group shall be licensed and experienced professionals in the prevention, diagnosis, or treatment of, or recovery from, mental illness or co-occurring mental illness and substance use disorders and have a medical degree, a doctoral degree in psychology, or an advanced degree in nursing or social work from an accredited program, and the Secretary, in consultation with the Assistant Secretary, shall, to

the extent possible, ensure such peer review groups include broad geographic representation, including both urban and rural representatives.”

2000—Pub. L. 106-310 reenacted section catchline without change and amended text generally, substituting, in subsec. (a), provisions requiring, after consultation with the Administrator of the Substance Abuse and Mental Health Services Administration, appropriate peer review of grants, cooperative agreements, and contracts to be administered through the agency that exceed the simple acquisition threshold as defined in section 403 of title 41 for provisions requiring such peer review after consultation with the Directors of the Center for Substance Abuse Treatment, the Center for Substance Abuse Prevention, and the Center for Mental Health Services, in subsec. (b), provisions relating to members of peer groups qualified to perform review functions under subsec. (a) for similar provisions in former subsec. (b) but which included reference to regulatory establishment of such groups, in subsec. (c), provisions relating to advisory council review for provisions relating to requirements and specification of regulations promulgated under subsec. (a), and in subsec. (d), provisions relating to Secretary’s authority to establish exceptions to the limitations in section regarding participation of Federal employees and advisory council approval for provisions relating to recommendations.

1998—Subsec. (d)(2). Pub. L. 105-392 substituted “or cooperative agreement” for “cooperative agreement, or contract” wherever appearing in introductory provisions.

1992—Pub. L. 102-352 struck out “by regulation” after “Center for Mental Health Services, shall” in subsec. (a).

Pub. L. 102-321 amended section generally, substituting provisions relating to peer review of grants, cooperative agreements, and contracts administered through the Centers for Substance Abuse Treatment, Substance Abuse Prevention, and Mental Health Services for provisions relating to peer review of biomedical and behavioral research and development grants, cooperative agreements, and contracts administered through the National Institutes of Mental Health, Alcohol Abuse and Alcoholism, and Drug Abuse.

1986—Subsec. (b). Pub. L. 99-570, § 4007, inserted “applications made for” before “grants, cooperative” in introductory text.

1985—Subsec. (e). Pub. L. 99-158 added subsec. (e).

EFFECTIVE DATE OF 1992 AMENDMENTS

Amendment by Pub. L. 102-352 effective immediately upon effectuation of amendment made by Pub. L. 102-321, see section 3(1) of Pub. L. 102-352, set out as a note under section 285n of this title.

Amendment by Pub. L. 102-321 effective Oct. 1, 1992, with provision for programs providing financial assistance, see section 801(c), (d) of Pub. L. 102-321, set out as a note under section 236 of this title.

§ 290aa-3a. Transferred

CODIFICATION

Section, act July 1, 1944, ch. 373, title V, § 505, as added Oct. 27, 1986, Pub. L. 99-570, title IV, § 4004(a), 100 Stat. 3207-109, and amended, which related to advisory councils for the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the National Institute of Mental Health, was renumbered section 502 of act July 1, 1944, by Pub. L. 102-321, title I, § 102(1), July 10, 1992, 106 Stat. 331, and transferred to section 290aa-1 of this title.

§ 290aa-4. Center for behavioral health statistics and quality

(a) In general

The Assistant Secretary shall maintain within the Administration a Center for Behavioral

Health Statistics and Quality (in this section referred to as the “Center”). The Center shall be headed by a Director (in this section referred to as the “Director”) appointed by the Secretary from among individuals with extensive experience and academic qualifications in research and analysis in behavioral health care or related fields.

(b) Requirement of annual collection of data on mental illness and substance abuse

The Director shall—

(1) coordinate the Administration’s integrated data strategy, including by collecting data each year on—

(A) the national incidence and prevalence of the various forms of mental illness and substance abuse; and

(B) the incidence and prevalence of such various forms in major metropolitan areas selected by the Director.

(2) provide statistical and analytical support for activities of the Administration;

(3) recommend a core set of performance metrics to evaluate activities supported by the Administration; and

(4) coordinate with the Assistant Secretary, the Assistant Secretary for Planning and Evaluation, and the Chief Medical Officer appointed under section 290aa(g) of this title, as appropriate, to improve the quality of services provided by programs of the Administration and the evaluation of activities carried out by the Administration.

(c) Mental health

With respect to the activities of the Director under subsection (b)(1) relating to mental health, the Director shall ensure that such activities include, at a minimum, the collection of data on—

(1) the number and variety of public and nonprofit private treatment programs;

(2) the number and demographic characteristics of individuals receiving treatment through such programs;

(3) the type of care received by such individuals; and

(4) such other data as may be appropriate.

(d) Substance abuse

(1) In general

With respect to the activities of the Director under subsection (b)(1) relating to substance abuse, the Director shall ensure that such activities include, at a minimum, the collection of data on—

(A) the number of individuals admitted to the emergency rooms of hospitals as a result of the abuse of alcohol or other drugs;

(B) the number of deaths occurring as a result of substance abuse, as indicated in reports by coroners in coordination with the Centers for Disease Control and Prevention;

(C) the number and variety of public and private nonprofit treatment programs, including the number and type of patient slots available;

(D) the number of individuals seeking treatment through such programs, the number and demographic characteristics of indi-