

116TH CONGRESS  
1ST SESSION

# S. 2690

To reduce mass violence, strengthen mental health collaboration in communities, improve school safety, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

OCTOBER 23, 2019

Mr. CORNYN (for himself, Ms. MCSALLY, Ms. ERNST, Mr. TILLIS, Mrs. CAPITO, and Mr. SCOTT of South Carolina) introduced the following bill; which was read twice and referred to the Committee on the Judiciary

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## A BILL

To reduce mass violence, strengthen mental health collaboration in communities, improve school safety, 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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Restoring, Enhancing,  
5 Securing, and Promoting Our Nation’s Safety Efforts Act  
6 of 2019” or the “RESPONSE Act”.

7 **SEC. 2. MENTAL HEALTH CRISIS STABILIZATION.**

8 (a) PLANNING AND IMPLEMENTATION GRANTS.—  
9 Title I of the Omnibus Crime Control and Safe Streets

1 Act of 1968 (34 U.S.C. 10101 et seq.) is amended by in-  
2 serting after part NN the following:

3 **“PART OO—CRISIS STABILIZATION AND**  
4 **COMMUNITY REENTRY PROGRAM.**

5 **“SEC. 3101. GRANT AUTHORIZATION.**

6 “(a) IN GENERAL.—The Attorney General may make  
7 grants under this part to States, for use by State and local  
8 correctional facilities, for the purpose of providing clinical  
9 services for people with serious mental illness that estab-  
10 lish treatment, suicide prevention, and continuity of recov-  
11 ery in the community upon release from the correctional  
12 facility.

13 “(b) USE OF FUNDS.—A grant awarded under this  
14 part shall be used to support—

15 “(1) programs involving criminal and juvenile  
16 justice agencies, mental health agencies, and com-  
17 munity-based behavioral health providers that im-  
18 prove clinical stabilization during incarceration and  
19 continuity of care leading to recovery in the commu-  
20 nity by providing services and supports that may in-  
21 clude peer support services, enrollment in health  
22 care, and introduction to long-acting injectable medi-  
23 cations or, as clinically indicated, other medications,  
24 by—

1           “(A) providing training and education for  
2 criminal and juvenile justice agencies, mental  
3 health agencies, and community-based behav-  
4 ioral health providers on interventions that sup-  
5 port—

6                   “(i) engagement in recovery supports  
7 and services;

8                   “(ii) access to medication while in an  
9 incarcerated setting; and

10                   “(iii) continuity of care during reentry  
11 into the community;

12           “(B) ensuring that offenders with serious  
13 mental illness are provided appropriate access  
14 to evidence-based recovery supports that may  
15 include peer support services, medication (in-  
16 cluding long-acting injectable medications where  
17 clinically appropriate), and psycho-social thera-  
18 pies;

19           “(C) offering technical assistance to crimi-  
20 nal justice agencies on how to modify their ad-  
21 ministrative and clinical processes to accommo-  
22 date evidence-based interventions, such as long-  
23 acting injectable medications and other recovery  
24 supports; and

1           “(D) participating in data collection activi-  
2           ties specified by the Attorney General, in con-  
3           sultation with the Secretary of Health and  
4           Human Services;

5           “(2) programs that support cooperative efforts  
6           between criminal and juvenile justice agencies, men-  
7           tal health agencies, and community-based behavioral  
8           health providers to establish or enhance serious men-  
9           tal illness recovery support by—

10           “(A) strengthening or establishing crisis  
11           response services delivered by hotlines, mobile  
12           crisis teams, crisis stabilization and triage cen-  
13           ters, peer support specialists, public safety offi-  
14           cers, community-based behavioral health pro-  
15           viders, and other stakeholders, including by pro-  
16           viding technical support for interventions that  
17           promote long-term recovery;

18           “(B) engaging criminal and juvenile justice  
19           agencies, mental health agencies and commu-  
20           nity-based behavioral health providers, prelimi-  
21           nary qualified offenders, and family and com-  
22           munity members in program design, program  
23           implementation, and training on crisis response  
24           services, including connection to recovery serv-  
25           ices and supports;

1           “(C) examining health care reimbursement  
2           issues that may pose a barrier to ensuring the  
3           long-term financial sustainability of crisis re-  
4           sponse services and interventions that promote  
5           long-term engagement with recovery services  
6           and supports; and

7           “(D) participating in data collection activi-  
8           ties specified by the Attorney General, in con-  
9           sultation with the Secretary of Health and  
10          Human Services; and

11          “(3) programs that provide training and addi-  
12          tional resources to criminal and juvenile justice  
13          agencies, mental health agencies, and community-  
14          based behavioral health providers on serious mental  
15          illness, suicide prevention strategies, recovery en-  
16          gagement strategies, and the special health and so-  
17          cial needs of justice-involved individuals who are liv-  
18          ing with serious mental illness.

19          “(c) CONSULTATION.—The Attorney General shall  
20          consult with the Secretary of Health and Human Services  
21          to ensure that serious mental illness treatment and recov-  
22          ery support services provided under this grant program  
23          incorporate evidence-based approaches that facilitate long-  
24          term engagement in recovery services and supports.

1 **“SEC. 3102. STATE APPLICATIONS.**

2 “(a) IN GENERAL.—To request a grant under this  
3 part, the chief executive of a State shall submit an applica-  
4 tion to the Attorney General—

5 “(1) in such form and containing such informa-  
6 tion as the Attorney General may reasonably re-  
7 quire;

8 “(2) that includes assurances that Federal  
9 funds received under this part shall be used to sup-  
10 plement, not supplant, non-Federal funds that would  
11 otherwise be available for activities funded under  
12 this part; and

13 “(3) that describes the coordination between  
14 State criminal and juvenile justice agencies, mental  
15 health agencies and community-based behavioral  
16 health providers, preliminary qualified offenders, and  
17 family and community members in—

18 “(A) program design;

19 “(B) program implementation; and

20 “(C) training on crisis response, medica-  
21 tion adherence, and continuity of recovery in  
22 the community.

23 “(b) ELIGIBILITY FOR PREFERENCE WITH COMMU-  
24 NITY CARE COMPONENT.—

25 “(1) IN GENERAL.—In awarding grants under  
26 this part, the Attorney General shall give preference

1 to a State that ensures that individuals who partici-  
2 pate in a program, funded by a grant under this  
3 part will be provided with continuity of care, in ac-  
4 cordance with paragraph (2), in a community care  
5 provider program upon release from a correctional  
6 facility.

7 “(2) REQUIREMENTS.—For purposes of para-  
8 graph (1), the continuity of care shall involve the co-  
9 ordination of the correctional facility treatment pro-  
10 gram with qualified community behavioral health  
11 providers and other recovery supports, parole super-  
12 vision programs, half-way house programs, and par-  
13 ticipation in peer recovery group programs, which  
14 may aid in ongoing recovery after the individual is  
15 released from the correctional facility.

16 “(3) COMMUNITY CARE PROVIDER PROGRAM  
17 DEFINED.—For purposes of this subsection, the  
18 term ‘community care provider program’ means a  
19 community mental health center or certified commu-  
20 nity behavioral health clinic that directly provides to  
21 an individual, or assists in connecting an individual  
22 to the provision of, appropriate community-based  
23 treatment, medication management, and other recov-  
24 ery supports, when the individual leaves a correc-  
25 tional facility at the end of a sentence or on parole.

1       “(c) COORDINATION OF FEDERAL ASSISTANCE.—  
2 Each application submitted for a grant under this part  
3 shall include a description of how the funds made available  
4 under this part will be coordinated with Federal assistance  
5 for behavioral health services currently provided by the  
6 Department of Health and Human Services’ Substance  
7 Abuse and Mental Health Services Administration.

8       **“SEC. 3103. REVIEW OF STATE APPLICATIONS.**

9       “(a) IN GENERAL.—The Attorney General shall  
10 make a grant under section 3101 to carry out the projects  
11 described in the application submitted under section 3102  
12 upon determining that—

13               “(1) the application is consistent with the re-  
14 quirements of this part; and

15               “(2) before the approval of the application, the  
16 Attorney General has made an affirmative finding in  
17 writing that the proposed project has been reviewed  
18 in accordance with this part.

19       “(b) APPROVAL.—Each application submitted under  
20 section 3102 shall be considered approved, in whole or in  
21 part, by the Attorney General not later than 90 days after  
22 first received, unless the Attorney General informs the ap-  
23 plicant of specific reasons for disapproval.



1       “(c) RESTRICTION.—Grant funds received under this  
2 part shall not be used for land acquisition or construction  
3 projects.

4       “(d) DISAPPROVAL NOTICE AND RECONSIDER-  
5 ATION.—The Attorney General may not disapprove any  
6 application without first affording the applicant reason-  
7 able notice and an opportunity for reconsideration.

8       **“SEC. 3104. EVALUATION.**

9       “Each State that receives a grant under this part  
10 shall submit to the Attorney General an evaluation not  
11 later than March 1 of each year in such form and con-  
12 taining such information as the Attorney General, in con-  
13 sultation with the Secretary of Health and Human Serv-  
14 ices, may reasonably require.

15       **“SEC. 3105. AUTHORIZATION OF FUNDING.**

16       “For purposes of carrying out this part, the Attorney  
17 General is authorized to award not more than  
18 \$10,000,000 of funds appropriated to the Department of  
19 Justice for State and local law enforcement activities for  
20 each of fiscal years 2020 through 2025.”.

21       (b) NATIONAL CRIMINAL JUSTICE AND MENTAL  
22 HEALTH TRAINING AND TECHNICAL ASSISTANCE.—Sec-  
23 tion 2992(c)(3) of title I of the Omnibus Crime Control  
24 and Safe Streets Act of 1968 (34 U.S.C. 10652(c)(3)) is  
25 amended by inserting before the semicolon at the end the

1 following: “, which may include interventions designed to  
2 enhance access to medication.”.

3 **SEC. 3. MENTAL HEALTH CRISIS INTERVENTION TEAMS.**

4 Section 1701(b)(19) of title I of the Omnibus Crime  
5 Control and Safe Streets Act of 1968 (34 U.S.C.  
6 10381(b)(19)) is amended—

7 (1) by inserting “respond to and” before “ad-  
8 dress”; and

9 (2) by inserting “, including partnerships with  
10 health care providers to create and operate mental  
11 health crisis intervention teams” before the semi-  
12 colon at the end.

13 **SEC. 4. BEST PRACTICES FOR BEHAVIORAL INTERVENTION**  
14 **TEAMS.**

15 The Public Health Service Act is amended by insert-  
16 ing after section 520G of such Act (42 U.S.C. 290bb–38)  
17 the following new section:

18 **“SEC. 520H. BEST PRACTICES FOR BEHAVIORAL INTERVEN-**  
19 **TION TEAMS.**

20 “(a) IN GENERAL.—The Secretary shall identify and  
21 facilitate the development of best practices to assist ele-  
22 mentary schools, secondary schools, and institutions of  
23 higher education in establishing and using behavioral  
24 intervention teams.

1       “(b) ELEMENTS.—The best practices under sub-  
2 section (a) shall address the following:

3           “(1) How behavioral intervention teams can op-  
4 erate effectively from an evidence-based, objective  
5 perspective while protecting the constitutional and  
6 civil rights of individuals.

7           “(2) The use of behavioral intervention teams  
8 to identify concerning behaviors, implement interven-  
9 tions, and manage risk through the framework of  
10 the school’s or institution’s rules or code of conduct,  
11 as applicable.

12           “(3) How behavioral intervention teams can,  
13 when assessing an individual of concern—

14           “(A) access training on evidence-based,  
15 threat-assessment strategies;

16           “(B) ensure that such teams—

17           “(i) have trained, diverse stakeholders  
18 with varied expertise; and

19           “(ii) use cross-validation by a wide-  
20 range of individual perspectives on the  
21 team; and

22           “(C) use violence threat assessment.

23           “(4) How behavioral intervention teams can  
24 help mitigate—

1           “(A) the inappropriate use of mental  
2 health assessments;

3           “(B) inappropriate limitations or restric-  
4 tions on law enforcement’s jurisdiction over  
5 criminal matters;

6           “(C) attempts to substitute the behavioral  
7 intervention process in place of a criminal proc-  
8 ess, or impede a criminal process, when an indi-  
9 vidual’s behavior has potential criminal implica-  
10 tions; or

11           “(D) endangerment of an individual’s pri-  
12 vacy by failing to ensure that all applicable  
13 Federal and State privacy laws are fully com-  
14 plied with.

15           “(e) CONSULTATION.—In carrying out subsection  
16 (a)(1), the Secretary shall consult with—

17           “(1) the Secretary of Education;

18           “(2) the Director of the National Threat As-  
19 sessment Center of the Department of Homeland  
20 Security;

21           “(3) the Attorney General of the United States,  
22 including the Director of the Bureau of Justice As-  
23 sistance;

24           “(4) teachers and other educators, principals,  
25 school administrators, school board members, school

1 psychologists, mental health professionals, and par-  
2 ents of students;

3 “(5) local law enforcement agencies and campus  
4 law enforcement administrators;

5 “(6) privacy experts; and

6 “(7) other education and mental health profes-  
7 sionals as the Secretary deems appropriate.

8 “(d) PUBLICATION.—Not later than 1 year after the  
9 date of enactment of this section, the Secretary shall pub-  
10 lish the best practices under subsection (a)(1) and the list  
11 under subsection (a)(2) on the internet website of the De-  
12 partment of Health and Human Services.

13 “(e) TECHNICAL ASSISTANCE.—The Secretary shall  
14 provide technical assistance to institutions of higher edu-  
15 cation, elementary schools, and secondary schools to assist  
16 such institutions and schools in implementing the best  
17 practices under subsection (a).

18 “(f) DEFINITIONS.—In this section:

19 “(1) The term ‘behavioral intervention team’  
20 means a team of qualified individuals who—

21 “(A) are responsible for identifying and as-  
22 sassing individuals whose behavior indicates vio-  
23 lence or physical bodily harm to self or others;

24 “(B) develop and facilitate implementation  
25 of evidence-based interventions to mitigate the

1 threat of harm to self or others posed by an in-  
2 dividual and address the mental and behavioral  
3 health needs of such individuals to reduce such  
4 threat; and

5 “(C) provide information to students and  
6 school employees on recognizing harmful,  
7 threatening, or violent behavior that may pose  
8 a threat to the community, the school, or an in-  
9 dividual.

10 “(2) The terms ‘elementary school’, ‘parent’,  
11 and ‘secondary school’ have the meanings given to  
12 such terms in section 8101 of the Elementary and  
13 Secondary Education Act of 1965 (20 U.S.C. 7801).

14 “(3) The term ‘institution of higher education’  
15 has the meaning given to such term in section 101  
16 of the Higher Education Act of 1965 (20 U.S.C.  
17 1002).

18 “(4) The term ‘mental health assessment’  
19 means an evaluation, primarily focused on diagnosis,  
20 determining the need for involuntary commitment,  
21 medication management, and on-going treatment  
22 recommendations.

23 “(5) The term ‘violence risk assessment’ means  
24 a broad determination of the potential risk of vio-  
25 lence based on evidence-based literature.”.

1 **SEC. 5. CHILDREN'S INTERNET PROTECTION ACT AMEND-**  
2 **MENT.**

3 (a) IN GENERAL.—Section 254(h)(5)(B) of the Com-  
4 munications Act of 1934 (47 U.S.C. 254(h)(5)(B)) is  
5 amended—

6 (1) by redesignating clauses (ii) and (iii) as  
7 clauses (iii) and (iv), respectively;

8 (2) by inserting after clause (i) the following:

9 “(ii) as part of its Internet safety poli-  
10 icy is operating a technology protection  
11 measure that detects online activities of  
12 minors who are at risk of committing self-  
13 harm or extreme violence against others;”;  
14 and

15 (3) in clause (iii), as so designated, by striking  
16 “such technology protection measure” and inserting  
17 “the technology protection measures described in  
18 clauses (i) and (ii)”.

19 (b) REGULATIONS; EFFECTIVE DATE.—

20 (1) REGULATIONS.—Not later than 1 year after  
21 the date of enactment of this Act, the Federal Com-  
22 munications Commission shall amend section 54.520  
23 of title 47, Code of Federal Regulations, to imple-  
24 ment the amendments made by subsection (a).

25 (2) EFFECTIVE DATE.—

1           (A) IN GENERAL.—The amendments made  
2 by subsection (a) shall take effect on the date  
3 that is 120 days after the date on which the  
4 Federal Communications Commission amends  
5 the regulations under paragraph (1) of this sub-  
6 section.

7           (B) SUBMISSION OF MODIFIED CERTIFI-  
8 CATION.—Not later than 120 days after the  
9 first day of the first program funding year  
10 under section 254(h) of the Communications  
11 Act of 1934 (47 U.S.C. 254(h)) following the  
12 effective date under subparagraph (A) of this  
13 paragraph, in the case of a school that is cov-  
14 ered under paragraph (5) of such section  
15 254(h) as of that effective date, the school (or  
16 school board, local educational agency, or other  
17 authority with responsibility for administration  
18 of the school, as applicable) shall submit to the  
19 Federal Communications Commission a modi-  
20 fied certification of the compliance of the school  
21 with subparagraph (B) of such paragraph (5),  
22 as amended by subsection (a) of this section.



1 **SEC. 6. ASSISTED OUTPATIENT TREATMENT FOR PERSONS**  
2 **WITH MENTAL ILLNESS.**

3 Section 1920 of the Public Health Service Act (42  
4 U.S.C. 300x-9) is amended by adding at the end the fol-  
5 lowing:

6 “(d) ASSISTED OUT-PATIENT TREATMENT.—

7 “(1) IN GENERAL.—Except as provided in para-  
8 graph (2), a State shall expend not less than 10 per-  
9 cent of the amount the State receives under this sec-  
10 tion for each fiscal year to support the development  
11 and implementation of court-ordered assisted out-  
12 patient treatment programs (as defined in section  
13 2202(3) of title I of the Omnibus Crime Control and  
14 Safe Streets Act of 1968 (34 U.S.C. 10472(3))).

15 “(2) STATE FLEXIBILITY.—In lieu of expending  
16 10 percent of the amount the State receives under  
17 this section for a fiscal year as required under para-  
18 graph (1), a State may elect to—

19 “(A) expend not less than 20 percent of  
20 such amount by the end of such succeeding fis-  
21 cal year; or

22 “(B) otherwise support evidence-based pro-  
23 grams that address the needs of eligible pa-  
24 tients, as defined in section 2202(4) of title I  
25 of the Omnibus Crime Control and Safe Streets  
26 Act of 1968 (34 U.S.C. 10472(4)).”.

1 **SEC. 7. TARGETED STRATEGIES TO ADDRESS THE MENTAL**  
2 **HEALTH CARE NEEDS AND RISK AMONG INDI-**  
3 **VIDUALS WITH MENTAL ILLNESS INVOLVED**  
4 **WITH THE CRIMINAL JUSTICE SYSTEM.**

5 (a) IN GENERAL.—Not later than 1 year after the  
6 date of the enactment of this Act, the Secretary of Health  
7 and Human Services (referred to in this section as the  
8 “Secretary”) shall submit to the Committee on Finance  
9 of the Senate, the Committee on Health, Education,  
10 Labor, and Pensions of the Senate, and the Committee  
11 on Energy and Commerce of the House of Representa-  
12 tives, a report on the current State strategies under the  
13 Medicaid program under title XIX of the Social Security  
14 Act (42 U.S.C. 1396 et seq.) to address the mental health  
15 needs and criminogenic risk among individuals with men-  
16 tal illnesses involved in the criminal justice system.

17 (b) CONTENT OF REPORT.—The report required  
18 under subsection (a) shall include—

19 (1) examples of States that have existing tar-  
20 geted strategies to address the mental health needs  
21 and criminogenic risk among individuals with mental  
22 illnesses involved in the criminal justice system;

23 (2) a toolkit for replicating successful model  
24 programs; and

1           (3) an assessment of the current landscape and  
2           gaps in treatment for individuals with mental ill-  
3           nesses involved in the criminal justice system.

4 **SEC. 8. DEVELOPING GUIDANCE ON BUILDING CAPACITY**  
5           **FOR ADDRESSING THE MENTAL HEALTH**  
6           **CARE NEEDS OF INDIVIDUALS IN OR AT RISK**  
7           **OF INVOLVEMENT WITH THE CRIMINAL JUS-**  
8           **TICE SYSTEM UNDER THE MEDICAID PRO-**  
9           **GRAM.**

10          (a) IN GENERAL.—Not later than 2 years after en-  
11          actment of this Act, the Secretary of Health and Human  
12          Services (referred to in this section as the “Secretary”),  
13          acting through the Administrator of the Centers for Medi-  
14          care & Medicaid Services, shall—

15               (1) issue a State Medicaid Director letter,  
16               based on best practices developed under subsection  
17               (b), regarding existing flexibility in the Medicaid  
18               program to expand the capacity to provide targeted  
19               mental health services for individuals at high risk of  
20               criminal justice involvement;

21               (2) disseminate such letter to providers; and

22               (3) publish such letter on the public internet  
23               websites of the Centers for Medicare & Medicaid  
24               Services and the Substance Abuse and Mental  
25               Health Services Administration.

1 (b) CONSULTATION.—In developing the letter under  
2 subsection (a), the Secretary shall consult with relevant  
3 stakeholders, including—

4 (1) State Medicaid directors;

5 (2) providers and suppliers of services;

6 (3) Medicaid managed care organizations;

7 (4) health care consumers or groups rep-  
8 resenting such consumers; and

9 (5) other entities, as the Secretary determines  
10 appropriate, that can help to develop best practices  
11 for States with respect to the issues described in  
12 subsection (c).

13 (c) CONTENT.—The letter described in subsection (a)  
14 shall include, with respect to hospitals, community health  
15 centers, and individuals described in such subsection—

16 (1) suggestions for increasing capacity for com-  
17 munity mental health care and social supports, such  
18 as housing;

19 (2) suggestions for delivering mental health  
20 care in a coordinated way;

21 (3) suggestions for financing and providing tar-  
22 geted mental health and crisis intervention services;  
23 and

1           (4) incentives for models (such as managed  
2           care) that target and coordinate care to reach indi-  
3           viduals who most need such care.

4 **SEC. 9. INCREASING ACCESS TO COMMUNITY MENTAL**  
5                   **HEALTH CARE AND EXPANDING THE PRO-**  
6                   **VIDER WORKFORCE.**

7           Not later than 1 year after the date of the enactment  
8           of this Act, the Secretary of Health and Human Services  
9           (referred to in this section as the “Secretary”) shall sub-  
10          mit to the Committee on Finance of the Senate, the Com-  
11          mittee on Health, Education, Labor, and Pensions of the  
12          Senate, and the Committee on Energy and Commerce of  
13          the House of Representatives a report on strategies to ex-  
14          pand the mental health workforce, including the following:

15               (1) An analysis of the increasing demand for  
16               mental health services and any delays in treatment,  
17               reduced quality of care, low patient satisfaction, and  
18               poor patient outcomes, and other negative con-  
19               sequences as a result of workforce shortages in the  
20               mental health profession, including the shortage of  
21               psychiatrists, psychologists, social workers, and  
22               other mental health workers.

23               (2) The feasibility of increasing the number of  
24               States that can be funded to develop certified com-  
25               munity behavioral health clinics for purposes of sec-

1       tion 223 of the Protecting Access to Medicare Act  
2       of 2014 (42 U.S.C. 1396a note), to provide targeted  
3       responses for individuals in or at risk of involvement  
4       with the criminal justice system.

5           (3) The feasibility of expanding coverage of  
6       telemedicine to improve access to care, with a par-  
7       ticular emphasis on remote or rural areas and re-  
8       moving regulatory barriers that currently exist for  
9       expanding such services.

10          (4) The feasibility of expanding loan forgiveness  
11       options for mental health professionals, including ex-  
12       panding scholarship and loan forgiveness programs  
13       and including incentives to encourage such profes-  
14       sionals to work in underserved areas.

15          (5) The feasibility of expanding and enhancing  
16       psychosocial and behavioral health training for pri-  
17       mary care providers.

18          (6) The feasibility of requiring all States to pay  
19       for mental health services at federally qualified  
20       health centers, including mental health services that  
21       are provided on the same day as primary care serv-  
22       ices.

23          (7) The feasibility of expanding peer community  
24       health workers and others with lived experience for  
25       support recovery.

1 **SEC. 10. FACILITATING STRONGER PARTNERSHIPS AND**  
2 **BETTER COOPERATION BETWEEN LAW EN-**  
3 **FORCEMENT AND ONLINE EDGE SERVICE**  
4 **PROVIDERS.**

5 Section 2702 of title 18, United States Code, is  
6 amended—

7 (1) in subsection (b)(8)—

8 (A) by striking “to a governmental entity,  
9 if the provider” and inserting the following: “to  
10 a governmental entity, if—

11 “(A) the provider”; and

12 (B) by adding at the end the following:

13 “(B) the provider, based on a reasonable  
14 belief and in good faith reliance on actual  
15 knowledge of facts and circumstances, believes  
16 that an individual or group of individuals may  
17 be—

18 “(i) a danger to themselves or others;

19 or

20 “(ii) involved in the planning of—

21 “(I) an offense described in sec-  
22 tion 249(a) (relating to hate crimes);

23 or

24 “(II) an act of domestic ter-  
25 rorism or international terrorism (as

1                   those terms are defined in section  
2                   2331); or”;

3           (2) in subsection (c)(4)—

4                   (A) by striking “to a governmental entity,  
5           if the provider” and inserting the following: “to  
6           a governmental entity, if—

7                   “(A) the provider”; and

8                   (B) by adding at the end the following: “or

9                   “(B) the provider, based on a reasonable  
10           belief and in good faith reliance on actual  
11           knowledge of facts and circumstances, believes  
12           that an individual or group of individuals may  
13           be—

14                   “(i) a danger to themselves or others;

15                   or

16                   “(ii) involved in the planning of—

17                   “(I) an offense described in sec-  
18           tion 249(a) (relating to hate crimes);

19                   or

20                   “(II) an act of domestic ter-  
21           rorism or international terrorism (as  
22           those terms are defined in section  
23           2331);”; and

24           (3) in subsection (d)—



1 (A) in paragraph (1), by inserting “(A)”  
2 after “(b)(8)”;

3 (B) in paragraph (2)(A), by inserting  
4 “(A)” after “(b)(8)”;

5 (C) in paragraph (3), by inserting “(A)”  
6 after “(c)(4)”.

7 **SEC. 11. EXILE ILLEGAL FIREARMS DEALER TASK FORCES.**

8 (a) ESTABLISHMENT.—Not later than 180 days after  
9 the date of enactment of this Act, the Attorney General,  
10 acting through the Director of the Bureau of Alcohol, To-  
11 bacco, Firearms and Explosives, shall establish an Exile  
12 Illegal Firearms Dealer Task Force (referred to in this  
13 section as the “Task Force”) within each Field Division  
14 of the Bureau of Alcohol, Tobacco, Firearms and Explo-  
15 sives.

16 (b) PURPOSES.—Each Task Force established under  
17 subsection (a) shall investigate and assist in the prosecu-  
18 tion of individuals who are involved in—

19 (1) the unlicensed and unlawful manufacture or  
20 sale of firearms under section 923 of title 18, United  
21 States Code; or

22 (2) the illegal purchase of firearms through  
23 false or fictitious means under section 922(a)(6) of  
24 title 18, United States Code.

1           (c) PARTICIPANTS.—Each Task Force established  
2 under subsection (a) shall—

3           (1) be directed by the Special Agent in Charge  
4 of the relevant Field Division of the Bureau of Alco-  
5 hol, Tobacco, Firearms and Explosives, in coordina-  
6 tion with the United States Attorney of the judicial  
7 district in which the Task Force is located; and

8           (2) include officials from Federal, State, and  
9 local law enforcement agencies involved in the inves-  
10 tigation or prosecution of firearms offenses.

11          (d) REQUIREMENT.—Each United States Attorney  
12 who is a participant in a Task Force created under sub-  
13 section (a) shall designate one Assistant United States At-  
14 torney who, in addition to any other responsibilities, shall  
15 be responsible for overseeing the prosecution of case refer-  
16 rals arising from the Task Force.

17          (e) ACCOUNTABILITY.—Not later than the beginning  
18 of each fiscal year after the date of enactment of this Act,  
19 each Task Force established under subsection (a) shall  
20 submit a report to the Attorney General, the Committee  
21 on the Judiciary of the Senate, and the Committee on the  
22 Judiciary of the House of Representatives that details the  
23 enforcement goals and results of the Task Force, includ-  
24 ing, with respect to the previous fiscal year—

1           (1) the number of individuals investigated for  
2 crimes arising from violations of section 922(a)(6)  
3 or 923 of title 18, United States Code;

4           (2) the number of individuals charged with vio-  
5 lations of section 922(a)(6) or 923 of title 18,  
6 United States Code; and

7           (3) the number of individuals convicted of  
8 crimes arising from violations of section 922(a)(6)  
9 or 923 of title 18, United States Code.

10 (f) AUTHORIZATION FOR USE OF FUNDS.—

11           (1) IN GENERAL.—The Attorney General shall  
12 fund Federal agency participation in each Task  
13 Force established under subsection (a) through the  
14 use of funds otherwise appropriated for the nec-  
15 essary expenses of—

16           (A) the Bureau of Alcohol, Tobacco, Fire-  
17 arms and Explosives;

18           (B) the Office of the United States Attor-  
19 neys; and

20           (C) the Federal Bureau of Investigation.

21           (2) GRANTS FOR STATE AND LOCAL LAW EN-  
22 FORCEMENT AGENCIES.—Using funds available  
23 under section 524(c) of title 28, United States Code,  
24 the Attorney General may make grants or other pay-  
25 ments to State and local law enforcement agencies

1 related to participation in a Task Force established  
2 under subsection (a).

3 **SEC. 12. RESPONDING TO TERRORIST ACTIVE SHOOTERS.**

4 (a) LIMITATION ON FEDERAL HABEAS RELIEF FOR  
5 MURDERS INVOLVING ACTS OF TERRORISM OR HATE  
6 CRIMES.—

7 (1) JUSTICE FOR VICTIMS OF TERRORISM AND  
8 HATE CRIMES.—

9 (A) IN GENERAL.—Section 2254 of title  
10 28, United States Code, is amended by adding  
11 at the end the following:

12 “(j)(1) For an application for a writ of habeas corpus  
13 on behalf of a person in custody pursuant to the judgment  
14 of a State court for a crime that involved an act of domes-  
15 tic or international terrorism (as those terms are defined  
16 in section 2331 of title 18) or a hate crime (as described  
17 in section 249 of title 18)—

18 “(A) the application shall be subject to the  
19 time limitations and other requirements under  
20 sections 2263, 2264, and 2266; and

21 “(B) the court shall not consider claims re-  
22 lating to sentencing that were adjudicated in a  
23 State court.

24 “(2) Sections 2251, 2262, and 2101 are the exclusive  
25 sources of authority for Federal courts to stay a sentence

1 of death entered by a State court in a case described in  
2 paragraph (1).”.

3 (2) RULES.—Rule 11 of the Rules Governing  
4 Section 2254 Cases in the United States District  
5 Courts is amended by adding at the end the fol-  
6 lowing: “Rule 60(b)(6) of the Federal Rules of Civil  
7 Procedure shall not apply to a proceeding under  
8 these rules in a case that is described in section  
9 2254(j) of title 28, United States Code.”.

10 (3) FINALITY OF DETERMINATION.—Section  
11 2244(b)(3)(E) of title 28, United States Code, is  
12 amended by striking “the subject of a petition” and  
13 all that follows and inserting: “reheard in the court  
14 of appeals or reviewed by writ of certiorari.”.

15 (4) EFFECTIVE DATE AND APPLICABILITY.—

16 (A) IN GENERAL.—This paragraph and the  
17 amendments made by this paragraph shall  
18 apply to any case pending on or after the date  
19 of enactment of this Act.

20 (B) TIME LIMITS.—In a case pending on  
21 the date of enactment of this Act, if the amend-  
22 ments made by this paragraph impose a time  
23 limit for taking certain action, the period of  
24 which began before the date of enactment of

1           this Act, the period of such time limit shall  
2           begin on the date of enactment of this Act.

3           (C) EXCEPTION.—The amendments made  
4           by this paragraph shall not bar consideration  
5           under section 2266(b)(3)(B) of title 28, United  
6           States Code, of an amendment to an application  
7           for a writ of habeas corpus that is pending on  
8           the date of enactment of this Act, if the amend-  
9           ment to the petition was adjudicated by the  
10          court prior to the date of enactment of this Act.

11          (b) TERRORISM PREVENTION.—Section 2006(a)(2)  
12 of the Homeland Security Act of 2002 (6 U.S.C.  
13 607(a)(2)) is amended—

14           (1) by redesignating subparagraphs (I) and (J)  
15           as subparagraphs (J) and (K), respectively; and

16           (2) by inserting after subparagraph (H) the fol-  
17           lowing:

18                   “(I) nationally recognized active shooter  
19                   training programs that offer scenario-based, in-  
20                   tegrated response courses designed to counter  
21                   active shooter threats or acts of terrorism  
22                   against individuals or facilities by including  
23                   emergency medical services and other first re-  
24                   sponders;”.

1       (c) ACTS OF TERRORISM.—Section 2001 of the  
2 Homeland Security Act of 2002 (6 U.S.C. 601) is amend-  
3 ed by—

4           (1) redesignating paragraphs (1) through (14)  
5 as paragraphs (2) through (15), respectively; and

6           (2) by inserting before paragraph (2), as so re-  
7 designated, the following:

8           “(1) ACT OF TERRORISM.—The term ‘act of  
9 terrorism’ includes an act of international terrorism  
10 and an act of domestic terrorism, as those terms are  
11 defined in section 2331 of title 18, United States  
12 Code.”.

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