

**Suspend the Rules and Pass the Bill, H.R. 1475, with an Amendment**

**(The amendment strikes all after the enacting clause and inserts a new text)**

117<sup>TH</sup> CONGRESS  
1<sup>ST</sup> SESSION

# H. R. 1475

To address mental health issues for youth, particularly youth of color, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 1, 2021

Mrs. WATSON COLEMAN (for herself, Mr. KATKO, Mrs. HAYES, Ms. BARRAGÁN, Ms. LEE of California, Mr. CLEAVER, Ms. DEAN, Mr. HASTINGS, Mr. LOWENTHAL, Ms. MOORE of Wisconsin, Mr. THOMPSON of Mississippi, Mr. CÁRDENAS, Ms. KELLY of Illinois, Mr. RASKIN, Ms. BLUNT ROCHESTER, Mr. DESAULNIER, Ms. NORTON, Ms. CLARKE of New York, Mr. SMITH of Washington, Mr. VARGAS, Mr. TRONE, Ms. JACKSON LEE, Ms. BASS, Ms. VELÁZQUEZ, Mr. BUTTERFIELD, Mr. BLUMENAUER, Mr. SAN NICOLAS, Mrs. NAPOLITANO, Ms. SCANLON, Ms. OMAR, Ms. WILSON of Florida, Ms. WASSERMAN SCHULTZ, Mr. JOHNSON of Georgia, Ms. DEGETTE, Mr. FITZPATRICK, Mr. COHEN, Mr. GRIJALVA, Ms. ROYBAL-ALLARD, Mr. CARSON, Mrs. LAWRENCE, Mr. MALINOWSKI, Mr. DANNY K. DAVIS of Illinois, Ms. JOHNSON of Texas, Ms. PRESSLEY, Mr. SIRES, Ms. JAYAPAL, Mrs. AXNE, Mr. EVANS, Ms. MCCOLLUM, and Mr. LAWSON of Florida) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To address mental health issues for youth, particularly youth of color, 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 “Pursuing Equity in  
3 Mental Health Act”.

4 **SEC. 2. TABLE OF CONTENTS.**

5 The table of contents for this Act is as follows:

- Sec. 1. Short title.
- Sec. 2. Table of contents.

TITLE I—HEALTH EQUITY AND ACCOUNTABILITY

- Sec. 101. Integrated Health Care Demonstration Program.
- Sec. 102. Addressing racial and ethnic minority mental health disparities re-  
search gaps.
- Sec. 103. Health professions competencies to address racial and ethnic minority  
mental health disparities.
- Sec. 104. Racial and ethnic minority behavioral and mental health outreach and  
education strategy.
- Sec. 105. Additional funds for National Institutes of Health.
- Sec. 106. Additional funds for National Institute on Minority Health and  
Health Disparities.

TITLE II—OTHER PROVISIONS

- Sec. 201. Reauthorization of Minority Fellowship Program.
- Sec. 202. Study on the Effects of Smartphone and Social Media Use on Adoles-  
cents.
- Sec. 203. Technical correction.

6 **TITLE I—HEALTH EQUITY AND**  
7 **ACCOUNTABILITY**

8 **SEC. 101. INTEGRATED HEALTH CARE DEMONSTRATION**  
9 **PROGRAM.**

10 Part D of title V of the Public Health Service Act  
11 (42 U.S.C. 290dd et seq.) is amended by inserting after  
12 section 553 of such Act (as redesignated and moved by  
13 section 203 of this Act) the following:

1 **“SEC. 554. INTERPROFESSIONAL HEALTH CARE TEAMS FOR**  
2 **PROVISION OF BEHAVIORAL HEALTH CARE**  
3 **IN PRIMARY CARE SETTINGS.**

4 “(a) GRANTS.—The Secretary shall award grants to  
5 eligible entities for the purpose of establishing interprofes-  
6 sional health care teams that provide behavioral health  
7 care.

8 “(b) ELIGIBLE ENTITIES.—To be eligible to receive  
9 a grant under this section, an entity shall be a Federally  
10 qualified health center (as defined in section 1861(aa) of  
11 the Social Security Act), rural health clinic, or behavioral  
12 health program, serving a high proportion of individuals  
13 from racial and ethnic minority groups (as defined in sec-  
14 tion 1707(g)).

15 “(c) SCIENTIFICALLY BASED.—Integrated health  
16 care funded through this section shall be scientifically  
17 based, taking into consideration the results of the most  
18 recent peer-reviewed research available.

19 “(d) AUTHORIZATION OF APPROPRIATIONS.—To  
20 carry out this section, there is authorized to be appro-  
21 priated \$20,000,000 for each of the first 5 fiscal years  
22 following the date of enactment of the Pursuing Equity  
23 in Mental Health Act.”.

1 **SEC. 102. ADDRESSING RACIAL AND ETHNIC MINORITY**  
2 **MENTAL HEALTH DISPARITIES RESEARCH**  
3 **GAPS.**

4 Not later than 6 months after the date of the enact-  
5 ment of this Act, the Director of the National Institutes  
6 of Health shall enter into an arrangement with the Na-  
7 tional Academies of Sciences, Engineering, and Medicine  
8 (or, if the National Academies of Sciences, Engineering,  
9 and Medicine decline to enter into such an arrangement,  
10 the Patient-Centered Outcomes Research Institute, the  
11 Agency for Healthcare Research and Quality, or another  
12 appropriate entity)—

13 (1) to conduct a study with respect to mental  
14 health disparities in racial and ethnic minority  
15 groups (as defined in section 1707(g) of the Public  
16 Health Service Act (42 U.S.C. 300u-6(g))); and

17 (2) to submit to the Congress a report on the  
18 results of such study, including—

19 (A) a compilation of information on the dy-  
20 namics of mental disorders in such racial and  
21 ethnic minority groups; and

22 (B) a compilation of information on the  
23 impact of exposure to community violence, ad-  
24 verse childhood experiences, structural racism,  
25 and other psychological traumas on mental dis-  
26 orders in such racial and minority groups.

1 **SEC. 103. HEALTH PROFESSIONS COMPETENCIES TO AD-**  
2 **DRESS RACIAL AND ETHNIC MINORITY MEN-**  
3 **TAL HEALTH DISPARITIES.**

4 (a) IN GENERAL.—The Secretary of Health and  
5 Human Services may award grants to qualified national  
6 organizations for the purposes of—

7 (1) developing, and disseminating to health pro-  
8 fessional educational programs best practices or core  
9 competencies addressing mental health disparities  
10 among racial and ethnic minority groups for use in  
11 the training of students in the professions of social  
12 work, psychology, psychiatry, marriage and family  
13 therapy, mental health counseling, and substance  
14 misuse counseling; and

15 (2) certifying community health workers and  
16 peer wellness specialists with respect to such best  
17 practices and core competencies and integrating and  
18 expanding the use of such workers and specialists  
19 into health care to address mental health disparities  
20 among racial and ethnic minority groups.

21 (b) BEST PRACTICES; CORE COMPETENCIES.—Orga-  
22 nizations receiving funds under subsection (a) may use the  
23 funds to engage in the following activities related to the  
24 development and dissemination of best practices or core  
25 competencies described in subsection (a)(1):

1           (1) Formation of committees or working groups  
2           comprised of experts from accredited health profes-  
3           sions schools to identify best practices and core com-  
4           petencies relating to mental health disparities among  
5           racial and ethnic minority groups.

6           (2) Planning of workshops in national fora to  
7           allow for public input into the educational needs as-  
8           sociated with mental health disparities among racial  
9           and ethnic minority groups.

10          (3) Dissemination and promotion of the use of  
11          best practices or core competencies in undergraduate  
12          and graduate health professions training programs  
13          nationwide.

14          (4) Establishing external stakeholder advisory  
15          boards to provide meaningful input into policy and  
16          program development and best practices to reduce  
17          mental health disparities among racial and ethnic  
18          minority groups.

19          (c) DEFINITIONS.—In this section:

20           (1) QUALIFIED NATIONAL ORGANIZATION.—The  
21           term “qualified national organization” means a na-  
22           tional organization that focuses on the education of  
23           students in one or more of the professions of social  
24           work, psychology, psychiatry, marriage and family

1 therapy, mental health counseling, and substance  
2 misuse counseling.

3 (2) RACIAL AND ETHNIC MINORITY GROUP.—

4 The term “racial and ethnic minority group” has the  
5 meaning given to such term in section 1707(g) of  
6 the Public Health Service Act (42 U.S.C. 300u–  
7 6(g)).

8 **SEC. 104. RACIAL AND ETHNIC MINORITY BEHAVIORAL**  
9 **AND MENTAL HEALTH OUTREACH AND EDU-**  
10 **CATION STRATEGY.**

11 Part D of title V of the Public Health Service Act  
12 (42 U.S.C. 290dd et seq.) is amended by inserting after  
13 section 554 of such Act, as added by section 101 of this  
14 Act, the following:

15 **“SEC. 555. BEHAVIORAL AND MENTAL HEALTH OUTREACH**  
16 **AND EDUCATION STRATEGY.**

17 “(a) IN GENERAL.—The Secretary shall, in consulta-  
18 tion with advocacy and behavioral and mental health orga-  
19 nizations serving racial and ethnic minority groups, de-  
20 velop and implement an outreach and education strategy  
21 to promote behavioral and mental health and reduce stig-  
22 ma associated with mental health conditions and sub-  
23 stance abuse among racial and ethnic minority groups.  
24 Such strategy shall—

25 “(1) be designed to—

1           “(A) meet the diverse cultural and lan-  
2           guage needs of the various racial and ethnic mi-  
3           nority groups; and

4           “(B) be developmentally and age-appro-  
5           priate;

6           “(2) increase awareness of symptoms of mental  
7           illnesses common among such groups, taking into  
8           account differences within at-risk subgroups;

9           “(3) provide information on evidence-based, cul-  
10          turally and linguistically appropriate and adapted  
11          interventions and treatments;

12          “(4) ensure full participation of, and engage,  
13          both consumers and community members in the de-  
14          velopment and implementation of materials; and

15          “(5) seek to broaden the perspective among  
16          both individuals in these groups and stakeholders  
17          serving these groups to use a comprehensive public  
18          health approach to promoting behavioral health that  
19          addresses a holistic view of health by focusing on the  
20          intersection between behavioral and physical health.

21          “(b) REPORTS.—Beginning not later than 1 year  
22          after the date of the enactment of this section and annu-  
23          ally thereafter, the Secretary shall submit to Congress,  
24          and make publicly available, a report on the extent to  
25          which the strategy developed and implemented under sub-



1 section (a) increased behavioral and mental health out-  
2 comes associated with mental health conditions and sub-  
3 stance abuse among racial and ethnic minority groups.

4 “(c) DEFINITION.—In this section, the term ‘racial  
5 and ethnic minority group’ has the meaning given to that  
6 term in section 1707(g).

7 “(d) AUTHORIZATION OF APPROPRIATIONS.—There  
8 is authorized to be appropriated to carry out this section  
9 \$10,000,000 for each of fiscal years 2022 through 2026.”.

10 **SEC. 105. ADDITIONAL FUNDS FOR NATIONAL INSTITUTES**  
11 **OF HEALTH.**

12 (a) IN GENERAL.—In addition to amounts otherwise  
13 authorized to be appropriated to the National Institutes  
14 of Health, there is authorized to be appropriated to such  
15 Institutes \$100,000,000 for each of fiscal years 2022  
16 through 2026 to build relations with communities and con-  
17 duct or support clinical research, including clinical re-  
18 search on racial or ethnic disparities in physical and men-  
19 tal health.

20 (b) DEFINITION.—In this section, the term “clinical  
21 research” has the meaning given to such term in section  
22 409 of the Public Health Service Act (42 U.S.C. 284d).

1 **SEC. 106. ADDITIONAL FUNDS FOR NATIONAL INSTITUTE**  
2 **ON MINORITY HEALTH AND HEALTH DISPARI-**  
3 **TIES.**

4 In addition to amounts otherwise authorized to be ap-  
5 propriated to the National Institute on Minority Health  
6 and Health Disparities, there is authorized to be appro-  
7 priated to such Institute \$650,000,000 for each of fiscal  
8 years 2022 through 2026.

9 **TITLE II—OTHER PROVISIONS**

10 **SEC. 201. REAUTHORIZATION OF MINORITY FELLOWSHIP**  
11 **PROGRAM.**

12 Section 597(c) of the Public Health Service Act (42  
13 U.S.C. 2971l(c)) is amended by striking “\$12,669,000 for  
14 each of fiscal years 2018 through 2022” and inserting  
15 “\$25,000,000 for each of fiscal years 2022 through  
16 2026”.

17 **SEC. 202. STUDY ON THE EFFECTS OF SMARTPHONE AND**  
18 **SOCIAL MEDIA USE ON ADOLESCENTS.**

19 (a) IN GENERAL.—Not later than 1 year after the  
20 date of enactment of this Act, the Secretary of Health and  
21 Human Services shall conduct or support research on—

22 (1) smartphone and social media use by adoles-  
23 cents; and

24 (2) the effects of such use on—

25 (A) emotional, behavioral, and physical  
26 health and development; and

1 (B) disparities in minority and under-  
2 served populations.

3 (b) REPORT.—Not later than 5 years after the date  
4 of the enactment of this Act, the Secretary shall submit  
5 to the Congress, and make publicly available, a report on  
6 the findings of research described in this section.

7 **SEC. 203. TECHNICAL CORRECTION.**

8 Title V of the Public Health Service Act (42 U.S.C.  
9 290aa et seq.) is amended—

10 (1) by redesignating the second section 550 (42  
11 U.S.C. 290ee–10) (relating to Sobriety Treatment  
12 And Recovery Teams) as section 553; and

13 (2) by moving such section, as so redesignated,  
14 so as to appear after section 552 (42 U.S.C. 290ee–  
15 7).