

**AMENDMENT TO THE AMENDMENT
IN THE NATURE OF A SUBSTITUTE TO THE
COMMITTEE PRINT RELATING TO PUBLIC
HEALTH
OFFERED BY M. _____**

At the end of chapter 6, add the following (and make such conforming changes as may be necessary):

**1 Subchapter B—Pursuing Equity in Mental
2 Health**

**3 SEC. 3059C. INTERPROFESSIONAL HEALTH CARE TEAMS
4 FOR PROVISION OF BEHAVIORAL HEALTH
5 CARE IN PRIMARY CARE SETTINGS.**

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

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

1 tion 1707(g) of the Public Health Service Act (42 U.S.C.
2 300u–6(g)).

3 (c) SCIENTIFICALLY BASED.—Integrated health care
4 funded through this section shall be scientifically based,
5 taking into consideration the results of the most recent
6 peer-reviewed research available.

7 **SEC. 3059D. ADDRESSING RACIAL AND ETHNIC MINORITY**
8 **MENTAL HEALTH DISPARITIES RESEARCH**
9 **GAPS.**

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

19 (1) to conduct a study with respect to mental
20 health disparities in racial and ethnic minority
21 groups (as defined in section 1707(g) of the Public
22 Health Service Act (42 U.S.C. 300u–6(g))); and

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

1 (A) a compilation of information on the dy-
2 namics of mental disorders in such racial and
3 ethnic minority groups; and

4 (B) a compilation of information on the
5 impact of exposure to community violence, ad-
6 verse childhood experiences, structural racism,
7 and other psychological traumas on mental dis-
8 orders in such racial and minority groups.

9 **SEC. 3059E. HEALTH PROFESSIONS COMPETENCIES TO AD-**
10 **DRESS RACIAL AND ETHNIC MINORITY MEN-**
11 **TAL HEALTH DISPARITIES.**

12 (a) IN GENERAL.—The Secretary shall award grants
13 to qualified national organizations for the purposes of—

14 (1) developing, and disseminating to health pro-
15 fessional educational programs best practices or core
16 competencies addressing mental health disparities
17 among racial and ethnic minority groups for use in
18 the training of students in the professions of social
19 work, psychology, psychiatry, marriage and family
20 therapy, mental health counseling, and substance
21 misuse counseling; and

22 (2) certifying community health workers and
23 peer wellness specialists with respect to such best
24 practices and core competencies and integrating and
25 expanding the use of such workers and specialists

1 into health care to address mental health disparities
2 among racial and ethnic minority groups.

3 (b) BEST PRACTICES; CORE COMPETENCIES.—Orga-
4 nizations receiving funds under subsection (a) may use the
5 funds to engage in the following activities related to the
6 development and dissemination of best practices or core
7 competencies described in subsection (a)(1):

8 (1) Formation of committees or working groups
9 comprised of experts from accredited health profes-
10 sions schools to identify best practices and core com-
11 petencies relating to mental health disparities among
12 racial and ethnic minority groups.

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

17 (3) Dissemination and promotion of the use of
18 best practices or core competencies in undergraduate
19 and graduate health professions training programs
20 nationwide.

21 (4) Establishing external stakeholder advisory
22 boards to provide meaningful input into policy and
23 program development and best practices to reduce
24 mental health disparities among racial and ethnic
25 minority groups.

1 (c) DEFINITIONS.—In this section:

2 (1) QUALIFIED NATIONAL ORGANIZATION.—The
3 term “qualified national organization” means a na-
4 tional organization that focuses on the education of
5 students in one or more of the professions of social
6 work, psychology, psychiatry, marriage and family
7 therapy, mental health counseling, and substance
8 misuse counseling.

9 (2) RACIAL AND ETHNIC MINORITY GROUP.—
10 The term “racial and ethnic minority group” has the
11 meaning given to such term in section 1707(g) of
12 the Public Health Service Act (42 U.S.C. 300u-
13 6(g)).

14 **SEC. 3059F. BEHAVIORAL AND MENTAL HEALTH OUTREACH**
15 **AND EDUCATION STRATEGY.**

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

24 (1) be designed to—

1 (A) meet the diverse cultural and language
2 needs of the various racial and ethnic minority
3 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 both
16 individuals in these groups and stakeholders serving
17 these groups to use a comprehensive public health
18 approach to promoting behavioral health that ad-
19 dresses 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 after
22 the date of the enactment of this section and annually
23 thereafter, the Secretary shall submit to Congress, and
24 make publicly available, a report on the extent to which
25 the strategy developed and implemented under subsection

1 (a) increased behavioral and mental health outcomes asso-
2 ciated with mental health conditions and substance abuse
3 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) of the Public Health Service Act
7 (42 U.S.C. 300u–6(g)).

8 **SEC. 3059G. STUDY ON THE EFFECTS OF SMARTPHONE AND**
9 **SOCIAL MEDIA USE ON ADOLESCENTS.**

10 (a) IN GENERAL.—Not later than 1 year after the
11 date of enactment of this Act, the Secretary shall conduct
12 or support research on—

13 (1) smartphone and social media use by adoles-
14 cents; and

15 (2) the effects of such use on—

16 (A) emotional, behavioral, and physical
17 health and development; and

18 (B) disparities in minority and under-
19 served populations.

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

