

116TH CONGRESS
1ST SESSION

H. R. 5469

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

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 17, 2019

Mrs. WATSON COLEMAN (for herself, Mr. HASTINGS, Ms. NORTON, Mr. CLEAVER, Ms. OMAR, Mr. DANNY K. DAVIS of Illinois, Ms. ADAMS, Mrs. HAYES, Mr. HORSFORD, and Ms. LEE of California) introduced the following bill; which was referred to the Committee on Energy and Commerce

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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Pursuing Equity in
5 Mental Health Act of 2019”.

6 **SEC. 2. TABLE OF CONTENTS.**

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

Sec. 1. Short title.

Sec. 2. Table of contents.

Sec. 101. Amendments to the Public Health Service Act.

TITLE II—HEALTH EQUITY AND ACCOUNTABILITY

Sec. 201. Integrated Health Care Demonstration Program.

Sec. 202. Addressing racial and ethnic minority mental health disparities research gaps.

Sec. 203. Health professions competencies to address racial and ethnic minority mental health disparities.

Sec. 204. Racial and ethnic minority behavioral and mental health outreach and education strategy.

Sec. 205. Additional funds for National Institutes of Health.

Sec. 206. Additional funds for National Institute on Minority Health and Health Disparities.

TITLE III—OTHER PROVISIONS

Sec. 301. Reauthorization of Minority Fellowship Program.

Sec. 302. Commission on the Effects of Smartphone and Social Media Use on Adolescents.

Sec. 303. No Federal funds for conversion therapy.

1 **TITLE I—MENTAL HEALTH OF**
 2 **STUDENTS**

3 **SEC. 101. AMENDMENTS TO THE PUBLIC HEALTH SERVICE**
 4 **ACT.**

5 (a) **TECHNICAL AMENDMENTS.**—The second part G
 6 (relating to services provided through religious organiza-
 7 tions) of title V of the Public Health Service Act (42
 8 U.S.C. 290kk et seq.) is amended—

9 (1) by redesignating such part as part J; and

10 (2) by redesignating sections 581 through 584
 11 as sections 596 through 596C, respectively.

12 (b) **SCHOOL-BASED MENTAL HEALTH AND CHIL-**
 13 **DREN.**—Section 581 of the Public Health Service Act (42
 14 U.S.C. 290hh) (relating to children and violence) is
 15 amended to read as follows:

1 **“SEC. 581. SCHOOL-BASED MENTAL HEALTH; CHILDREN**
2 **AND ADOLESCENTS.**

3 “(a) IN GENERAL.—The Secretary, in collaboration
4 with the Secretary of Education, shall, directly or through
5 grants, contracts, or cooperative agreements awarded to
6 eligible entities described in subsection (c), assist local
7 communities and schools (including schools funded by the
8 Bureau of Indian Education) in applying a public health
9 approach to mental health services both in schools and in
10 the community. Such approach shall provide comprehen-
11 sive developmentally appropriate services and supports
12 that are linguistically and culturally appropriate and trau-
13 ma-informed, and incorporate developmentally appropriate
14 strategies of positive behavioral interventions and sup-
15 ports. A comprehensive school-based mental health pro-
16 gram funded under this section shall assist children in
17 dealing with traumatic experiences, grief, bereavement,
18 risk of suicide, and violence.

19 “(b) ACTIVITIES.—Under the program under sub-
20 section (a), the Secretary may—

21 “(1) provide financial support to enable local
22 communities to implement a comprehensive cul-
23 turally and linguistically appropriate, trauma-in-
24 formed, and developmentally appropriate, school-
25 based mental health program that—

1 “(A) builds awareness of individual trauma
2 and the intergenerational, continuum of impacts
3 of trauma on populations;

4 “(B) trains appropriate staff to identify,
5 and screen for, signs of trauma exposure, men-
6 tal health disorders, or risk of suicide; and

7 “(C) incorporates positive behavioral inter-
8 ventions, family engagement, student treatment,
9 and multigenerational supports to foster the
10 health and development of children, prevent
11 mental health disorders, and ameliorate the im-
12 pact of trauma;

13 “(2) provide technical assistance to local com-
14 munities with respect to the development of pro-
15 grams described in paragraph (1);

16 “(3) provide assistance to local communities in
17 the development of policies to address child and ado-
18 lescent trauma and mental health issues and violence
19 when and if it occurs;

20 “(4) facilitate community partnerships among
21 families, students, law enforcement agencies, edu-
22 cation agencies, mental health and substance use
23 disorder service systems, family-based mental health
24 service systems, child welfare agencies, health care
25 providers (including primary care physicians, mental

1 health professionals, and other professionals who
2 specialize in children’s mental health such as child
3 and adolescent psychiatrists), institutions of higher
4 education, faith-based programs, trauma networks,
5 and other community-based systems; and

6 “(5) establish mechanisms for children and ado-
7 lescents to report incidents of violence or plans by
8 other children, adolescents, or adults to commit vio-
9 lence.

10 “(c) REQUIREMENTS.—

11 “(1) IN GENERAL.—To be eligible for a grant,
12 contract, or cooperative agreement under subsection
13 (a), an entity shall—

14 “(A) be a partnership that includes—

15 “(i) a State educational agency, as de-
16 fined in section 8101 of the Elementary
17 and Secondary Education Act of 1965, in
18 coordination with one or more local edu-
19 cational agencies, as defined in section
20 8101 of the Elementary and Secondary
21 Education Act of 1965, or a consortium of
22 any entities described in subparagraph
23 (B), (C), (D), or (E) of section 8101(30)
24 of such Act; and

1 “(ii) in accordance with paragraph
2 (2)(A)(i), appropriate public or private en-
3 tities that employ interventions that are
4 evidence-based, as defined in section 8101
5 of the Elementary and Secondary Edu-
6 cation Act of 1965; and

7 “(B) submit an application, that is en-
8 dorsed by all members of the partnership,
9 that—

10 “(i) specifies which member will serve
11 as the lead partner; and

12 “(ii) contains the assurances described
13 in paragraph (2).

14 “(2) REQUIRED ASSURANCES.—An application
15 under paragraph (1) shall contain assurances as fol-
16 lows:

17 “(A) The eligible entity will ensure that, in
18 carrying out activities under this section, the el-
19 igible entity will enter into a memorandum of
20 understanding—

21 “(i) with at least 1 community-based
22 mental health provider, including a public
23 or private mental health entity, health care
24 entity, family-based mental health entity,
25 trauma network, or other community-based

1 entity, as determined by the Secretary
2 (and which may include additional entities
3 such as a human services agency, law en-
4 forcement or juvenile justice entity, child
5 welfare agency, agency, an institution of
6 higher education, or another entity, as de-
7 termined by the Secretary); and

8 “(ii) that clearly states—

9 “(I) the responsibilities of each
10 partner with respect to the activities
11 to be carried out, including how fam-
12 ily engagement will be incorporated in
13 the activities;

14 “(II) how school-employed and
15 school-based or community-based
16 mental health professionals will be uti-
17 lized for carrying out such responsibil-
18 ities;

19 “(III) how each such partner will
20 be accountable for carrying out such
21 responsibilities; and

22 “(IV) the amount of non-Federal
23 funding or in-kind contributions that
24 each such partner will contribute in
25 order to sustain the program.

1 “(B) The comprehensive school-based men-
2 tal health program carried out under this sec-
3 tion supports the flexible use of funds to ad-
4 dress—

5 “(i) universal prevention, through the
6 promotion of the social, emotional, mental,
7 and behavioral health of all students in an
8 environment that is conducive to learning;

9 “(ii) selective prevention, through the
10 reduction in the likelihood of at risk stu-
11 dents developing social, emotional, mental,
12 behavioral health problems, suicide, or sub-
13 stance use disorders;

14 “(iii) the screening for, and early
15 identification of, social, emotional, mental,
16 behavioral problems, suicide risk, or sub-
17 stance use disorders and the provision of
18 early intervention services;

19 “(iv) the treatment or referral for
20 treatment of students with existing social,
21 emotional, mental, behavioral health prob-
22 lems, or substance use disorders;

23 “(v) the development and implementa-
24 tion of evidence-based programs to assist
25 children who are experiencing or have been

1 exposed to trauma and violence, including
2 program curricula, school supports, and
3 after-school programs; and

4 “(vi) the development and implemen-
5 tation of evidence-based programs to assist
6 children who are grieving, which may in-
7 clude training for school personnel on the
8 impact of trauma and bereavement on chil-
9 dren, and services to provide support to
10 grieving children.

11 “(C) The comprehensive school-based men-
12 tal health program carried out under this sec-
13 tion will provide for in-service training of all
14 school personnel, including ancillary staff and
15 volunteers, in—

16 “(i) the techniques and supports need-
17 ed to promote early identification of chil-
18 dren with trauma histories, children who
19 are grieving, and children with a mental
20 health disorder or at risk of developing a
21 mental health disorder, or who are at risk
22 of suicide;

23 “(ii) the use of referral mechanisms
24 that effectively link such children to appro-
25 priate prevention, treatment, and interven-

1 tion services in the school and in the com-
2 munity and to follow-up when services are
3 not available;

4 “(iii) strategies that promote a school-
5 wide positive environment, including strat-
6 egies to prevent bullying, which includes
7 cyber-bullying;

8 “(iv) strategies for promoting the so-
9 cial, emotional, mental, and behavioral
10 health of all students; and

11 “(v) strategies to increase the knowl-
12 edge and skills of school and community
13 leaders about the impact of trauma and vi-
14 olence and on the application of a public
15 health approach to comprehensive school-
16 based mental health programs.

17 “(D) The comprehensive school-based men-
18 tal health program carried out under this sec-
19 tion will include comprehensive training for par-
20 ents or guardians, siblings, and other family
21 members of children with mental health dis-
22 orders, and for concerned members of the com-
23 munity in—

24 “(i) the techniques and supports need-
25 ed to promote early identification of chil-

1 dren with trauma histories, children who
2 are grieving, children with a mental health
3 disorder or at risk of developing a mental
4 health disorder, and children who are at
5 risk of suicide;

6 “(ii) the use of referral mechanisms
7 that effectively link such children to appro-
8 priate prevention, treatment, and interven-
9 tion services in the school and in the com-
10 munity and follow-up when such services
11 are not available; and

12 “(iii) strategies that promote a school-
13 wide positive environment, including strat-
14 egies to prevent bullying, including cyber-
15 bullying.

16 “(E) The comprehensive school-based men-
17 tal health program carried out under this sec-
18 tion will demonstrate the measures to be taken
19 to sustain the program (which may include
20 seeking funding for the program under a State
21 Medicaid plan under title XIX of the Social Se-
22 curity Act or a waiver of such a plan, or under
23 a State plan under subpart 1 of part B or part
24 E of title IV of the Social Security Act).

1 “(F) The eligible entity is supported by the
2 State agency with primary responsibility for be-
3 havioral health to ensure that the comprehen-
4 sive school-based mental health program carried
5 out under this section will be sustainable after
6 funding under this section terminates.

7 “(G) The comprehensive school-based men-
8 tal health program carried out under this sec-
9 tion will be coordinated with early intervening
10 activities carried out under the Individuals with
11 Disabilities Education Act or activities funded
12 under part A of title IV of the Elementary and
13 Secondary Education Act of 1965.

14 “(H) The comprehensive school-based
15 mental health program carried out under this
16 section will be trauma-informed, evidence-based,
17 and developmentally, culturally, and linguis-
18 tically appropriate.

19 “(I) The comprehensive school-based men-
20 tal health program carried out under this sec-
21 tion will include a broad needs assessment of
22 youth who drop out of school due to policies of
23 ‘zero tolerance’ with respect to drugs, alcohol,
24 or weapons and an inability to obtain appro-
25 priate services.

1 “(J) The mental health services provided
2 through the comprehensive school-based mental
3 health program carried out under this section
4 will be provided by qualified mental and behav-
5 ioral health professionals who are certified,
6 credentialed, or licensed in compliance with ap-
7 plicable Federal and State law and regulations
8 by the State involved and who are practicing
9 within their area of expertise.

10 “(K) Students will be permitted to self-
11 refer to the mental health program for mental
12 health care and self-consent for mental health
13 crisis care to the extent permitted by State or
14 other applicable law.

15 “(3) COORDINATOR.—Any entity that is a
16 member of a partnership described in paragraph
17 (1)(A) may serve as the coordinator of funding and
18 activities under the grant if all members of the part-
19 nership agree.

20 “(4) COMPLIANCE WITH HIPAA.—A grantee
21 under this section shall be deemed to be a covered
22 entity for purposes of compliance with the regula-
23 tions promulgated under section 264(c) of the
24 Health Insurance Portability and Accountability Act

1 of 1996 with respect to any patient records devel-
2 oped through activities under the grant.

3 “(5) COMPLIANCE WITH FERPA.—Section 444
4 of the General Education Provisions Act (commonly
5 known as the ‘Family Educational Rights and Pri-
6 vacy Act of 1974’) shall apply to any entity that is
7 a member of the partnership in the same manner
8 that such section applies to an educational agency or
9 institution (as that term is defined in such section).

10 “(d) PRIORITY FOR SCHOOLS WITH HIGH POVERTY
11 LEVELS.—In awarding grants, contracts, and cooperative
12 agreements under this section, the Secretary shall give
13 highest priority to eligible entities that are partnerships
14 including one or more public elementary or secondary
15 schools in which 50.1 percent or more of the students are
16 eligible for a free or reduced price lunch under the Richard
17 B. Russell National School Lunch Act.

18 “(e) GEOGRAPHICAL DISTRIBUTION.—The Secretary
19 shall ensure that grants, contracts, or cooperative agree-
20 ments under subsection (a) will be distributed equitably
21 among the regions of the country and among urban and
22 rural areas.

23 “(f) DURATION OF AWARDS.—With respect to a
24 grant, contract, or cooperative agreement under sub-
25 section (a), the period during which payments under such

1 an award will be made to the recipient shall be 5 years,
2 with options for renewal.

3 “(g) EVALUATION AND MEASURES OF OUTCOMES.—

4 “(1) DEVELOPMENT OF PROCESS.—The Assist-
5 ant Secretary shall develop a fiscally appropriate
6 process for evaluating activities carried out under
7 this section. Such process shall include—

8 “(A) the development of guidelines for the
9 submission of program data by grant, contract,
10 or cooperative agreement recipients;

11 “(B) the development of measures of out-
12 comes (in accordance with paragraph (2)) to be
13 applied by such recipients in evaluating pro-
14 grams carried out under this section; and

15 “(C) the submission of annual reports by
16 such recipients concerning the effectiveness of
17 programs carried out under this section.

18 “(2) MEASURES OF OUTCOMES.—

19 “(A) IN GENERAL.—The Assistant Sec-
20 retary shall develop measures of outcomes to be
21 applied by recipients of assistance under this
22 section, and the Assistant Secretary, in evalu-
23 ating the effectiveness of programs carried out
24 under this section. Such measures shall include
25 student and family measures as provided for in

1 subparagraph (B) and local educational meas-
2 ures as provided for under subparagraph (C).

3 “(B) STUDENT AND FAMILY MEASURES OF
4 OUTCOMES.—The measures for outcomes devel-
5 oped under paragraph (1)(B) relating to stu-
6 dents and families shall, with respect to activi-
7 ties carried out under a program under this
8 section, at a minimum include provisions to
9 evaluate whether the program is effective in—

10 “(i) increasing social and emotional
11 competency;

12 “(ii) improving academic outcomes,
13 including as measured by proficiency on
14 the annual assessments under section
15 1111(b)(2) of the Elementary and Sec-
16 ondary Education Act of 1965;

17 “(iii) reducing disruptive and aggres-
18 sive behaviors;

19 “(iv) improving child functioning;

20 “(v) reducing substance use disorders;

21 “(vi) reducing rates of suicide;

22 “(vii) reducing suspensions, truancy,
23 expulsions, and violence;

24 “(viii) increasing high school gradua-
25 tion rates, calculated using the four-year

1 adjusted cohort graduation rate or the ex-
2 tended-year adjusted cohort graduation
3 rate (as such terms are defined in section
4 8101 of the Elementary and Secondary
5 Education Act of 1965);

6 “(ix) improving attendance rates and
7 rates of chronic absenteeism;

8 “(x) improving access to care for men-
9 tal health disorders, including access to
10 mental health services that are trauma-in-
11 formed, and developmentally, linguistically,
12 and culturally appropriate;

13 “(xi) improving health outcomes; and

14 “(xii) decreasing disparities among
15 vulnerable and protected populations in
16 outcomes described in clauses (i) through
17 (viii).

18 “(C) LOCAL EDUCATIONAL OUTCOMES.—

19 The outcome measures developed under para-
20 graph (1)(B) relating to local educational sys-
21 tems shall, with respect to activities carried out
22 under a program under this section, at a min-
23 imum include provisions to evaluate—

1 “(i) the effectiveness of comprehensive
2 school mental health programs established
3 under this section;

4 “(ii) the effectiveness of formal part-
5 nership linkages among child and family
6 serving institutions, community support
7 systems, and the educational system;

8 “(iii) the progress made in sustaining
9 the program once funding under the grant
10 has expired;

11 “(iv) the effectiveness of training and
12 professional development programs for all
13 school personnel that incorporate indica-
14 tors that measure cultural and linguistic
15 competencies under the program in a man-
16 ner that incorporates appropriate cultural
17 and linguistic training;

18 “(v) the improvement in perception of
19 a safe and supportive learning environment
20 among school staff, students, and parents;

21 “(vi) the improvement in case-finding
22 of students in need of more intensive serv-
23 ices and referral of identified students to
24 prevention, early intervention, and clinical
25 services;

1 “(vii) the improvement in the imme-
2 diate availability of clinical assessment and
3 treatment services within the context of
4 the local community to students posing a
5 danger to themselves or others;

6 “(viii) the increased successful matric-
7 ulation to postsecondary school;

8 “(ix) reduced suicide rates;

9 “(x) reduced referrals to juvenile jus-
10 tice; and

11 “(xi) increased educational equity.

12 “(3) SUBMISSION OF ANNUAL DATA.—An eligi-
13 ble entity described in subsection (c) that receives a
14 grant, contract, or cooperative agreement under this
15 section shall annually submit to the Assistant Sec-
16 retary a report that includes data to evaluate the
17 success of the program carried out by the entity
18 based on whether such program is achieving the pur-
19 poses of the program. Such reports shall utilize the
20 measures of outcomes under paragraph (2) in a rea-
21 sonable manner to demonstrate the progress of the
22 program in achieving such purposes.

23 “(4) EVALUATION BY ASSISTANT SECRETARY.—
24 Based on the data submitted under paragraph (3),
25 the Assistant Secretary shall annually submit to

1 Congress a report concerning the results and effec-
2 tiveness of the programs carried out with assistance
3 received under this section.

4 “(5) LIMITATION.—An eligible entity shall use
5 not more than 20 percent of amounts received under
6 a grant under this section to carry out evaluation
7 activities under this subsection.

8 “(h) INFORMATION AND EDUCATION.—The Sec-
9 retary shall establish comprehensive information and edu-
10 cation programs to disseminate the findings of the knowl-
11 edge development and application under this section to the
12 general public and to health care professionals.

13 “(i) AMOUNT OF GRANTS AND AUTHORIZATION OF
14 APPROPRIATIONS.—

15 “(1) AMOUNT OF GRANTS.—A grant under this
16 section shall be in an amount that is not more than
17 \$2,000,000 for each of the first 5 fiscal years fol-
18 lowing the date of enactment of the Pursuing Equity
19 in Mental Health Act of 2019. The Secretary shall
20 determine the amount of each such grant based on
21 the population of children up to age 21 of the area
22 to be served under the grant.

23 “(2) AUTHORIZATION OF APPROPRIATIONS.—
24 There is authorized to be appropriated to carry out
25 this section, \$250,000,000 for each of the first 5 fis-

1 cal years following the date of enactment of the Pur-
2 suing Equity in Mental Health Act of 2019.”.

3 (c) CONFORMING AMENDMENT.—Part G of title V of
4 the Public Health Service Act (42 U.S.C. 290hh et seq.),
5 as amended by subsection (b), is further amended by strik-
6 ing the part designation and heading and inserting the
7 following:

8 **“PART G—SCHOOL-BASED MENTAL HEALTH”.**

9 **TITLE II—HEALTH EQUITY AND**
10 **ACCOUNTABILITY**

11 **SEC. 201. INTEGRATED HEALTH CARE DEMONSTRATION**
12 **PROGRAM.**

13 Part D of title V of the Public Health Service Act
14 (42 U.S.C. 290dd et seq.) is amended by adding at the
15 end the following:

16 **“SEC. 550. INTERPROFESSIONAL HEALTH CARE TEAMS FOR**
17 **PROVISION OF BEHAVIORAL HEALTH CARE**
18 **IN PRIMARY CARE SETTINGS.**

19 “(a) GRANTS.—The Secretary, acting through the
20 Assistant Secretary for Mental Health and Substance
21 Abuse, shall award grants to eligible entities for the pur-
22 pose of establishing interprofessional health care teams
23 that provide behavioral health care.

24 “(b) ELIGIBLE ENTITIES.—To be eligible to receive
25 a grant under this section, an entity shall be a Federally

1 qualified health center (as defined in section 1861(aa) of
2 the Social Security Act), rural health clinic, or behavioral
3 health program, serving a high proportion of individuals
4 from racial and ethnic minority groups (as defined in sec-
5 tion 1707(g)).

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

10 “(d) **AUTHORIZATION OF APPROPRIATIONS.**—To
11 carry out this section, there is authorized to be appro-
12 priated \$20,000,000 for each of the first 5 fiscal years
13 following the date of enactment of the Pursuing Equity
14 in Mental Health Act of 2019.”.

15 **SEC. 202. ADDRESSING RACIAL AND ETHNIC MINORITY**
16 **MENTAL HEALTH DISPARITIES RESEARCH**
17 **GAPS.**

18 Not later than 6 months after the date of the enact-
19 ment of this Act, the Director of the National Institute
20 on Minority Health and Health Disparities shall enter into
21 an arrangement with the National Academy of Sciences
22 (or, if the National Academy of Sciences declines to enter
23 into such an arrangement, an arrangement with the Insti-
24 tute of Medicine, the Patient Centered Outcomes Research

1 Institute, the Agency for Healthcare Quality, or another
2 appropriate entity)—

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

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

9 (A) a compilation of information on the dy-
10 namics of mental disorders in such racial and
11 ethnic minority groups; and

12 (B) a compilation of information on the
13 impact of exposure to community violence, ad-
14 verse childhood experiences, and other psycho-
15 logical traumas on mental disorders in such ra-
16 cial and minority groups.

17 **SEC. 203. HEALTH PROFESSIONS COMPETENCIES TO AD-**
18 **DRESS RACIAL AND ETHNIC MINORITY MEN-**
19 **TAL HEALTH DISPARITIES.**

20 (a) IN GENERAL.—The Secretary of Health and
21 Human Services, acting through the Assistant Secretary
22 for Mental Health and Substance Use, shall award grants
23 to qualified national organizations for the purposes of—

24 (1) developing, and disseminating to health pro-
25 fessional educational programs curricula or core

1 competencies addressing mental health disparities
2 among racial and ethnic minority groups for use in
3 the training of students in the professions of social
4 work, psychology, psychiatry, marriage and family
5 therapy, mental health counseling, and substance
6 abuse counseling; and

7 (2) certifying community health workers and
8 peer wellness specialists with respect to such cur-
9 ricula and core competencies and integrating and ex-
10 panding the use of such workers and specialists into
11 health care to address mental health disparities
12 among racial and ethnic minority groups.

13 (b) CURRICULA; CORE COMPETENCIES.—Organiza-
14 tions receiving funds under subsection (a) may use the
15 funds to engage in the following activities related to the
16 development and dissemination of curricula or core com-
17 petencies described in subsection (a)(1):

18 (1) Formation of committees or working groups
19 comprised of experts from accredited health profes-
20 sions schools to identify core competencies relating
21 to mental health disparities among racial and ethnic
22 minority groups.

23 (2) Planning of workshops in national fora to
24 allow for public input into the educational needs as-

1 sociated with mental health disparities among racial
2 and ethnic minority groups.

3 (3) Dissemination and promotion of the use of
4 curricula or core competencies in undergraduate and
5 graduate health professions training programs na-
6 tionwide.

7 (4) Establishing external stakeholder advisory
8 boards to provide meaningful input into policy and
9 program development and best practices to reduce
10 mental health disparities among racial and ethnic
11 minority groups.

12 (c) DEFINITIONS.—In this section:

13 (1) QUALIFIED NATIONAL ORGANIZATION.—The
14 term “qualified national organization” means a na-
15 tional organization that focuses on the education of
16 students in programs of social work, psychology,
17 psychiatry, and marriage and family therapy.

18 (2) RACIAL AND ETHNIC MINORITY GROUP.—
19 The term “racial and ethnic minority group” has the
20 meaning given to such term in section 1707(g) of
21 the Public Health Service Act (42 U.S.C. 300u-
22 6(g)).

23 (d) AUTHORIZATION OF APPROPRIATIONS.—There
24 are authorized to be appropriated to carry out this section

1 such sums as may be necessary for each of the first 5
2 fiscal years following the date of enactment of this Act.

3 **SEC. 204. RACIAL AND ETHNIC MINORITY BEHAVIORAL**
4 **AND MENTAL HEALTH OUTREACH AND EDU-**
5 **CATION STRATEGY.**

6 Part D of title V of the Public Health Service Act
7 (42 U.S.C. 290dd et seq.) is amended by adding at the
8 end the following new section:

9 **“SEC. 553. BEHAVIORAL AND MENTAL HEALTH OUTREACH**
10 **AND EDUCATION STRATEGY.**

11 “(a) IN GENERAL.—The Secretary, acting through
12 the Assistant Secretary, shall, in coordination with advo-
13 cacy and behavioral and mental health organizations serv-
14 ing racial and ethnic minority groups, develop and imple-
15 ment an outreach and education strategy to promote be-
16 havioral and mental health and reduce stigma associated
17 with mental health conditions and substance abuse among
18 racial and ethnic minority groups. Such strategy shall—

19 “(1) be designed to—

20 “(A) meet the diverse cultural and lan-
21 guage needs of the various racial and ethnic mi-
22 nority groups; and

23 “(B) be developmentally and age-appro-
24 priate;

1 “(2) increase awareness of symptoms of mental
2 illnesses common among such groups, taking into
3 account differences within subgroups, such as gen-
4 der, gender identity, age, or sexual orientation, of
5 such groups;

6 “(3) provide information on evidence-based, cul-
7 turally and linguistically appropriate and adapted
8 interventions and treatments;

9 “(4) ensure full participation of, and engage,
10 both consumers and community members in the de-
11 velopment and implementation of materials; and

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

18 “(b) REPORTS.—Beginning not later than 1 year
19 after the date of the enactment of this section and annu-
20 ally thereafter, the Secretary, acting through the Assistant
21 Secretary, shall submit to Congress, and make publicly
22 available, a report on the extent to which the strategy de-
23 veloped and implemented under subsection (a) increased
24 behavioral and mental health outcomes associated with

1 mental health conditions and substance abuse among ra-
2 cial and ethnic minority groups.

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

6 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
7 is authorized to be appropriated to carry out this section
8 \$10,000,000 for the first fiscal year following the date of
9 enactment of the Pursuing Equity in Mental Health Act
10 of 2019.”.

11 **SEC. 205. ADDITIONAL FUNDS FOR NATIONAL INSTITUTES**
12 **OF HEALTH.**

13 (a) IN GENERAL.—In addition to amounts otherwise
14 authorized to be appropriated to the National Institutes
15 of Health, there is authorized to be appropriated to such
16 Institutes \$100,000,000 for each of the first 5 fiscal years
17 following the date of enactment of this Act to build rela-
18 tions with communities and conduct or support clinical re-
19 search, including clinical research on racial or ethnic dis-
20 parities in physical and mental health.

21 (b) DEFINITION.—In this section, the term “clinical
22 research” has the meaning given to such term in section
23 409 of the Public Health Service Act (42 U.S.C. 284d).

1 **SEC. 206. 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 the
8 first 5 fiscal years following the date of enactment of this
9 Act.

10 **TITLE III—OTHER PROVISIONS**

11 **SEC. 301. REAUTHORIZATION OF MINORITY FELLOWSHIP**
12 **PROGRAM.**

13 Section 597(c) of the Public Health Service Act (42
14 U.S.C. 297ll(c)) is amended by striking “\$12,669,000 for
15 each of fiscal years 2018 through 2022” and inserting
16 “\$25,000,000 for each of the first 5 fiscal years following
17 the date of enactment of the Pursuing Equity in Mental
18 Health Act of 2019”.

19 **SEC. 302. COMMISSION ON THE EFFECTS OF SMARTPHONE**
20 **AND SOCIAL MEDIA USE ON ADOLESCENTS.**

21 (a) IN GENERAL.—Not later than 6 months after the
22 date of enactment of this Act, the Secretary of Health and
23 Human Services shall establish a commission, to be known
24 as the Commission on the Effects of Smartphone and So-
25 cial Media Usage on Adolescents, to examine—

1 (1) the extent of smartphone and social media
2 use in schools; and

3 (2) the effects of such use on—

4 (A) the emotional and physical health of
5 students; and

6 (B) the academic performance of students.

7 (b) MEMBERSHIP.—

8 (1) NUMBER.—The Commission shall consist of
9 15 members appointed by the Secretary.

10 (2) COMPOSITION.—The members of the Com-
11 mission—

12 (A) shall not include any government offi-
13 cials or employees; and

14 (B) shall include representatives of aca-
15 demia, technology companies, and advocacy
16 groups.

17 (c) GUIDELINES.—The Secretary shall authorize the
18 Commission to establish guidelines for its operation.

19 (d) REPORT.—Not later than 1 year after its estab-
20 lishment, the Commission shall submit to the Congress,
21 and make publicly available, a report on the findings and
22 conclusions of the Commission.

23 (e) DEFINITIONS.—In this section:

24 (1) The term “Commission” means the Com-
25 mission on the Effects of Smartphone and Social

1 Media Usage on Adolescents established under sub-
2 section (a).

3 (2) The term “Secretary” means the Secretary
4 of Health and Human Services.

5 (f) SUNSET.—Not later than 6 months after the
6 Commission submits the report required by subsection (c),
7 the Secretary shall terminate the Commission.

8 **SEC. 303. NO FEDERAL FUNDS FOR CONVERSION THERAPY.**

9 (a) IN GENERAL.—No Federal funds may be used
10 for conversion therapy.

11 (b) DISCOURAGING STATES FROM FUNDING CON-
12 VERSION THERAPY.—Beginning on the date that is 180
13 days after the date of enactment of this Act, any State
14 that funds conversion therapy shall be ineligible to be
15 awarded a grant or other financial assistance under any
16 program of the Substance Abuse and Mental Health Serv-
17 ices Administration, including any program under title V
18 of the Public Health Service Act (42 U.S.C. 290aa et
19 seq.).

20 (c) DEFINITIONS.—For purposes of this section:

21 (1) CONVERSION THERAPY.—The term “conver-
22 sion therapy”—

23 (A) means any practice or treatment by
24 any person that seeks to change another indi-
25 vidual’s sexual orientation or gender identity,

1 including efforts to change behaviors or gender
2 expressions, or to eliminate or reduce sexual or
3 romantic attractions or feelings toward individ-
4 uals of the same gender, if such person receives
5 monetary compensation in exchange for any
6 such practice or treatment; and

7 (B) does not include any practice or treat-
8 ment, which does not seek to change sexual ori-
9 entation or gender identity, that—

10 (i) provides assistance to an individual
11 undergoing a gender transition; or

12 (ii) provides acceptance, support, and
13 understanding of a client or facilitation of
14 a client’s coping, social support, and iden-
15 tity exploration and development, including
16 sexual orientation-neutral interventions to
17 prevent or address unlawful conduct or un-
18 safe sexual practices.

19 (2) GENDER IDENTITY.—The term “gender
20 identity” means the gender-related identity, appear-
21 ance, mannerisms, or other gender-related character-
22 istics of an individual, regardless of the individual’s
23 designated sex at birth.

1 (3) PERSON.—The term “person” means any
2 individual, partnership, corporation, cooperative, as-
3 sociation, or any other entity.

4 (4) SEXUAL ORIENTATION.—The term “sexual
5 orientation” means homosexuality, heterosexuality,
6 or bisexuality.

7 (5) STATE.—The term “State” has the mean-
8 ing given to such term in section 2 of the Public
9 Health Service Act (42 U.S.C. 201).

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