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

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

A BILL

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

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,
SECTION 1. SHORT TITLE.

This Act may be cited as the “Pursuing Equity in Mental Health Act”.

SEC. 2. TABLE OF CONTENTS.

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 research 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 Adolescents.
Sec. 203. Technical correction.

TITLE I—HEALTH EQUITY AND ACCOUNTABILITY

SEC. 101. INTEGRATED HEALTH CARE DEMONSTRATION PROGRAM.

Part D of title V of the Public Health Service Act (42 U.S.C. 290dd et seq.) is amended by adding at the end the following:
“SEC. 554. INTERPROFESSIONAL HEALTH CARE TEAMS FOR
PROVISION OF BEHAVIORAL HEALTH CARE
IN PRIMARY CARE SETTINGS.

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

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

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

“(d) AUTHORIZATION OF APPROPRIATIONS.—To
carry out this section, there is authorized to be appro-
priated $20,000,000 for each of the first 5 fiscal years
following the date of enactment of the Pursuing Equity
in Mental Health Act.”.
SEC. 102. ADDRESSING RACIAL AND ETHNIC MINORITY MENTAL HEALTH DISPARITIES RESEARCH GAPS.

Not later than 6 months after the date of the enactment of this Act, the Director of the National Institutes of Health shall enter into an arrangement with the National Academies of Sciences, Engineering, and Medicine (or, if the National Academies of Sciences, Engineering, and Medicine decline to enter into such an arrangement, the Patient-Centered Outcomes Research Institute, the Agency for Healthcare Research and Quality, or another appropriate entity)—

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

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

(A) a compilation of information on the dynamics of mental disorders in such racial and ethnic minority groups; and

(B) a compilation of information on the impact of exposure to community violence, adverse childhood experiences, structural racism, and other psychological traumas on mental disorders in such racial and minority groups.
SEC. 103. HEALTH PROFESSIONS COMPETENCIES TO ADDRESS RACIAL AND ETHNIC MINORITY MENTAL HEALTH DISPARITIES.

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

(1) developing, and disseminating to health professional educational programs best practices or core competencies addressing mental health disparities among racial and ethnic minority groups for use in the training of students in the professions of social work, psychology, psychiatry, marriage and family therapy, mental health counseling, and substance misuse counseling; and

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

(b) BEST PRACTICES; CORE COMPETENCIES.—Organizations receiving funds under subsection (a) may use the funds to engage in the following activities related to the development and dissemination of best practices or core competencies described in subsection (a)(1):
(1) Formation of committees or working groups comprised of experts from accredited health professions schools to identify best practices and core competencies relating to mental health disparities among racial and ethnic minority groups.

(2) Planning of workshops in national fora to allow for public input into the educational needs associated with mental health disparities among racial and ethnic minority groups.

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

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

(c) DEFINITIONS.—In this section:

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

(2) **Racial and Ethnic Minority Group.**—The term “racial and ethnic minority group” has the meaning given to such term in section 1707(g) of the Public Health Service Act (42 U.S.C. 300u–6(g)).

**SEC. 104. RACIAL AND ETHNIC MINORITY BEHAVIORAL AND MENTAL HEALTH OUTREACH AND EDUCATION STRATEGY.**

Part D of title V of the Public Health Service Act (42 U.S.C. 290dd et seq.), as amended by section 101, is further amended by adding at the end the following new section:

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

“(a) **In General.**—The Secretary shall, in consultation with advocacy and behavioral and mental health organizations serving racial and ethnic minority groups, develop and implement an outreach and education strategy to promote behavioral and mental health and reduce stigma associated with mental health conditions and substance abuse among racial and ethnic minority groups. Such strategy shall—

“(1) be designed to—
“(A) meet the diverse cultural and language needs of the various racial and ethnic minority groups; and

“(B) be developmentally and age-appropriate;

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

“(3) provide information on evidence-based, culturally and linguistically appropriate and adapted interventions and treatments;

“(4) ensure full participation of, and engage, both consumers and community members in the development and implementation of materials; and

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

“(b) REPORTS.—Beginning not later than 1 year after the date of the enactment of this section and annually thereafter, the Secretary shall submit to Congress, and make publicly available, a report on the extent to which the strategy developed and implemented under sub-
section (a) increased behavioral and mental health outcomes associated with mental health conditions and substance abuse among racial and ethnic minority groups.

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

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

SEC. 105. ADDITIONAL FUNDS FOR NATIONAL INSTITUTES OF HEALTH.

(a) IN GENERAL.—In addition to amounts otherwise authorized to be appropriated to the National Institutes of Health, there is authorized to be appropriated to such Institutes $100,000,000 for each of fiscal years 2022 through 2026 to build relations with communities and conduct or support clinical research, including clinical research on racial or ethnic disparities in physical and mental health.

(b) DEFINITION.—In this section, the term “clinical research” has the meaning given to such term in section 409 of the Public Health Service Act (42 U.S.C. 284d).
SEC. 106. ADDITIONAL FUNDS FOR NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES.

In addition to amounts otherwise authorized to be appropriated to the National Institute on Minority Health and Health Disparities, there is authorized to be appropriated to such Institute $650,000,000 for each of fiscal years 2022 through 2026.

TITLE II—OTHER PROVISIONS

SEC. 201. REAUTHORIZATION OF MINORITY FELLOWSHIP PROGRAM.

Section 597(c) of the Public Health Service Act (42 U.S.C. 297ll(c)) is amended by striking “$12,669,000 for each of fiscal years 2018 through 2022” and inserting “$25,000,000 for each of fiscal years 2022 through 2026”.

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

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

(1) smartphone and social media use by adolescents; and

(2) the effects of such use on—

(A) emotional, behavioral, and physical health and development; and
(B) disparities in minority and underserved populations.

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

SEC. 203. TECHNICAL CORRECTION.

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

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

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