

**AMENDMENT IN THE NATURE OF A SUBSTITUTE  
TO H.R. 5469  
OFFERED BY M . \_\_\_\_\_**

Strike all after the enacting clause and insert the following:

**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.

1     **TITLE I—HEALTH EQUITY AND**  
2                     **ACCOUNTABILITY**

3     **SEC. 101. INTEGRATED HEALTH CARE DEMONSTRATION**  
4                     **PROGRAM.**

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

8     **“SEC. 553. INTERPROFESSIONAL HEALTH CARE TEAMS FOR**  
9                     **PROVISION OF BEHAVIORAL HEALTH CARE**  
10                    **IN PRIMARY CARE SETTINGS.**

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

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

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

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

6 **SEC. 102. ADDRESSING RACIAL AND ETHNIC MINORITY**  
7                   **MENTAL HEALTH DISPARITIES RESEARCH**  
8                   **GAPS.**

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

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

22           (2) to submit to the Congress a report on the  
23 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. 103. HEALTH PROFESSIONS COMPETENCIES TO AD-**  
10 **DRESS RACIAL AND ETHNIC MINORITY MEN-**  
11 **TAL HEALTH DISPARITIES.**

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

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

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

1       expanding the use of such workers and specialists  
2       into health care to address mental health disparities  
3       among racial and ethnic minority groups.

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

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

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

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

22             (4) Establishing external stakeholder advisory  
23             boards to provide meaningful input into policy and  
24             program development and best practices to reduce

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

3 (c) DEFINITIONS.—In this section:

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

11 (2) RACIAL AND ETHNIC MINORITY GROUP.—  
12 The term “racial and ethnic minority group” has the  
13 meaning given to such term in section 1707(g) of  
14 the Public Health Service Act (42 U.S.C. 300u–  
15 6(g)).

16 **SEC. 104. RACIAL AND ETHNIC MINORITY BEHAVIORAL**  
17 **AND MENTAL HEALTH OUTREACH AND EDU-**  
18 **CATION STRATEGY.**

19 Part D of title V of the Public Health Service Act  
20 (42 U.S.C. 290dd et seq.), as amended by section 101,  
21 is further amended by adding at the end the following new  
22 section:

1 **“SEC. 554. BEHAVIORAL AND MENTAL HEALTH OUTREACH**  
2 **AND EDUCATION STRATEGY.**

3 “(a) IN GENERAL.—The Secretary shall, in consulta-  
4 tion with advocacy and behavioral and mental health orga-  
5 nizations serving racial and ethnic minority groups, de-  
6 velop and implement an outreach and education strategy  
7 to promote behavioral and mental health and reduce stig-  
8 ma associated with mental health conditions and sub-  
9 stance abuse among racial and ethnic minority groups.  
10 Such strategy shall—

11 “(1) be designed to—

12 “(A) meet the diverse cultural and lan-  
13 guage needs of the various racial and ethnic mi-  
14 nority groups; and

15 “(B) be developmentally and age-appro-  
16 priate;

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

20 “(3) provide information on evidence-based, cul-  
21 turally and linguistically appropriate and adapted  
22 interventions and treatments;

23 “(4) ensure full participation of, and engage,  
24 both consumers and community members in the de-  
25 velopment and implementation of materials; and

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

7           “(b) REPORTS.—Beginning not later than 1 year  
8           after the date of the enactment of this section and annu-  
9           ally thereafter, the Secretary shall submit to Congress,  
10          and make publicly available, a report on the extent to  
11          which the strategy developed and implemented under sub-  
12          section (a) increased behavioral and mental health out-  
13          comes associated with mental health conditions and sub-  
14          stance abuse among racial and ethnic minority groups.

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

18          “(d) AUTHORIZATION OF APPROPRIATIONS.—There  
19          is authorized to be appropriated to carry out this section  
20          \$10,000,000 for each of fiscal years 2021 through 2025.”.

21       **SEC. 105. ADDITIONAL FUNDS FOR NATIONAL INSTITUTES**  
22                               **OF HEALTH.**

23          (a) IN GENERAL.—In addition to amounts otherwise  
24          authorized to be appropriated to the National Institutes  
25          of Health, there is authorized to be appropriated to such



1 Institutes \$100,000,000 for each of fiscal years 2021  
2 through 2025 to build relations with communities and con-  
3 duct or support clinical research, including clinical re-  
4 search on racial or ethnic disparities in physical and men-  
5 tal health.

6 (b) DEFINITION.—In this section, the term “clinical  
7 research” has the meaning given to such term in section  
8 409 of the Public Health Service Act (42 U.S.C. 284d).

9 **SEC. 106. ADDITIONAL FUNDS FOR NATIONAL INSTITUTE**  
10 **ON MINORITY HEALTH AND HEALTH DISPARI-**  
11 **TIES.**

12 In addition to amounts otherwise authorized to be ap-  
13 propriated to the National Institute on Minority Health  
14 and Health Disparities, there is authorized to be appro-  
15 priated to such Institute \$650,000,000 for each of fiscal  
16 years 2021 through 2025.

17 **TITLE II—OTHER PROVISIONS**

18 **SEC. 201. REAUTHORIZATION OF MINORITY FELLOWSHIP**  
19 **PROGRAM.**

20 Section 597(c) of the Public Health Service Act (42  
21 U.S.C. 297ll(c)) is amended by striking “\$12,669,000 for  
22 each of fiscal years 2018 through 2022” and inserting  
23 “\$25,000,000 for each of fiscal years 2021 through  
24 2025”.

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

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

6 (1) smartphone and social media use by adoles-  
7 cents; and

8 (2) the effects of such use on—

9 (A) emotional, behavioral, and physical  
10 health and development; and

11 (B) disparities in minority and under-  
12 served populations.

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

17 **SEC. 203. TECHNICAL CORRECTION.**

18 Title V of the Public Health Service Act (42 U.S.C.  
19 290aa et seq.) is amended—

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

23 (2) by moving such section, as so redesignated,  
24 so as to appear after section 552 (42 U.S.C. 290ee–  
25 7).

