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(Original Signature of Member)

118TH CONGRESS  
1ST SESSION

**H. R.** \_\_\_\_\_

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

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IN THE HOUSE OF REPRESENTATIVES

Mrs. WATSON COLEMAN introduced the following bill; which was referred to the Committee on \_\_\_\_\_

\_\_\_\_\_  
**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”.

6 **SEC. 2. PRIMARY AND BEHAVIORAL HEALTH CARE GRANT**  
7 **PROGRAM.**

8 Section 520K of the Public Health Service Act (42  
9 U.S.C. 290bb–42) is amended—

1           (1) by redesignating subsections (d) through (i)  
2           as subsections (e) through (j), respectively;

3           (2) by inserting after subsection (c) the fol-  
4           lowing:

5           “(d) SPECIAL CONSIDERATION REGARDING SERV-  
6           ICES FOR RACIAL AND ETHNIC MINORITY GROUPS.—In  
7           awarding grants under subsection (b), the Secretary may,  
8           as appropriate, give special consideration to eligible enti-  
9           ties serving a high proportion of racial and ethnic minority  
10          groups.”;

11          (3) in subsection (c)(2)(G), by striking “sub-  
12          section (e)” and inserting “subsection (f)”;

13          (4) in subsection (h)—

14                (A) by striking “subsection (f)” and insert-  
15                ing “subsection (g)”;

16                (B) by striking “subsection (d)(2)” and in-  
17                serting “subsection (e)(2)”;

18          (5) in subsection (j)(1) (as redesignated by  
19          paragraph (1)), by striking “\$60,000,000 for each  
20          of fiscal years 2023 through 2027” and inserting  
21          “\$60,000,000 for fiscal year 2023 and \$80,000,000  
22          for each of fiscal years 2024 through 2029”.

1 **SEC. 3. ADDRESSING RACIAL AND ETHNIC MINORITY MEN-**  
2 **TAL HEALTH DISPARITIES RESEARCH GAPS.**

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

14 (1) to conduct a study with respect to mental  
15 health disparities research gaps in racial and ethnic  
16 minority groups (as defined in section 1707(g) of  
17 the Public Health Service Act (42 U.S.C. 300u-  
18 6(g))); and

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

21 (A) a compilation of information on the  
22 prevalence of mental health outcomes in such  
23 racial and ethnic minority groups; and

24 (B) an assessment of information on the  
25 impact of exposure to community violence, ad-  
26 verse childhood experiences, structural bias, and

1 other psychological traumas on mental health  
2 outcomes in such racial and minority groups.

3 **SEC. 4. HEALTH PROFESSIONS COMPETENCIES TO AD-**  
4 **DRESS RACIAL AND ETHNIC MINORITY MEN-**  
5 **TAL HEALTH DISPARITIES.**

6 Section 597 of the Public Health Service Act (42  
7 U.S.C. 2901l) is amended—

8 (1) by redesignating subsections (b) and (c) as  
9 subsections (c) and (d), respectively; and

10 (2) by inserting after subsection (a) the fol-  
11 lowing:

12 “(b) BEST PRACTICES; CORE COMPETENCIES.—An  
13 individual or entity receiving a grant under subsection (a)  
14 may use the funds to engage in the following activities  
15 related to the development and dissemination of best prac-  
16 tices or core competencies addressing mental health dis-  
17 parities among racial and ethnic minority groups for use  
18 in the training of students in the professions of social  
19 work, psychology, psychiatry, addiction medicine, mar-  
20 riage and family therapy, mental health counseling, and  
21 substance misuse counseling:

22 “(1) Formation of committees or working  
23 groups comprised of experts from accredited health  
24 professions schools to identify best practices and

1 core competencies relating to mental health dispari-  
2 ties among racial and ethnic minority groups.

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

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

11 “(4) Establishing external advisory boards to  
12 provide meaningful input into policy and program  
13 development and best practices to reduce mental  
14 health disparities among racial and ethnic minority  
15 groups.”.

16 **SEC. 5. RACIAL AND ETHNIC MINORITY BEHAVIORAL AND**  
17 **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.) is amended by inserting after  
21 section 552 (42 U.S.C. 290ee–7) of such Act the following:

22 **“SEC. 554. BEHAVIORAL AND MENTAL HEALTH OUTREACH**  
23 **AND EDUCATION STRATEGY.**

24 “(a) IN GENERAL.—The Secretary shall, in consulta-  
25 tion with advocacy and behavioral and mental health orga-

1 nizations serving racial and ethnic minority groups, de-  
2 velop and implement an outreach and education strategy  
3 to promote behavioral and mental health and reduce stig-  
4 ma associated with mental health conditions and sub-  
5 stance use among racial and ethnic minority groups. Such  
6 strategy shall—

7 “(1) be designed to—

8 “(A) meet the diverse cultural and lan-  
9 guage needs of the various racial and ethnic mi-  
10 nority groups; and

11 “(B) be developmentally and age-appro-  
12 priate;

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

16 “(3) provide information on evidence-based, cul-  
17 turally and linguistically appropriate and adapted  
18 interventions and treatments;

19 “(4) ensure full participation of, and engage,  
20 both consumers and community members, which  
21 may include adolescents and young adults, in the de-  
22 velopment and implementation of materials; and

23 “(5) seek to broaden the perspective among  
24 both individuals in these groups and communities  
25 serving these groups to use a comprehensive and in-

1       tegrated public health approach to promoting behav-  
2       ioral health by focusing on the intersection between  
3       behavioral and physical health.

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

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

15       “(d) AUTHORIZATION OF APPROPRIATIONS.—There  
16 is authorized to be appropriated to carry out this section  
17 \$15,000,000 for each of fiscal years 2024 through 2029.”.

18 **SEC. 6. ADDITIONAL FUNDS FOR NATIONAL INSTITUTES OF**  
19 **HEALTH.**

20       (a) IN GENERAL.—In addition to amounts otherwise  
21 authorized to be appropriated to the National Institutes  
22 of Health, there is authorized to be appropriated to such  
23 Institutes \$150,000,000 for each of fiscal years 2024  
24 through 2029 to—

1           (1) build relations with communities and con-  
2           duct or support clinical research, including clinical  
3           research on racial or ethnic disparities in physical  
4           and mental health; and

5           (2) to carry out the Strategic Framework For  
6           Addressing Youth Mental Health Disparities devel-  
7           oped by the National Institute of Mental Health.

8           (b) DEFINITION.—In this section, the term “clinical  
9           research” has the meaning given to such term in section  
10          409 of the Public Health Service Act (42 U.S.C. 284d).

11       **SEC. 7. ADDITIONAL FUNDS FOR NATIONAL INSTITUTE ON**  
12                               **MINORITY HEALTH AND HEALTH DISPARI-**  
13                               **TIES.**

14          In addition to amounts otherwise authorized to be ap-  
15          propriated to the National Institute on Minority Health  
16          and Health Disparities, there is authorized to be appro-  
17          priated to such Institute \$750,000,000 for each of fiscal  
18          years 2024 through 2029.

19       **SEC. 8. TECHNICAL CORRECTION.**

20          Title V of the Public Health Service Act (42 U.S.C.  
21          290aa et seq.) is amended—

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



1           (2) by moving such section, as so redesignated,  
2           so as to appear after section 552 (42 U.S.C. 290ee–  
3           7).