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

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

(2) by inserting after subsection (e) the following:

“(d) SPECIAL CONSIDERATION REGARDING SERVICES FOR RACIAL AND ETHNIC MINORITY GROUPS.—In awarding grants under subsection (b), the Secretary may, as appropriate, give special consideration to eligible entities serving a high proportion of racial and ethnic minority groups.”;

(3) in subsection (c)(2)(G), by striking “subsection (e)” and inserting “subsection (f)”;

(4) in subsection (h)—

(A) by striking “subsection (f)” and inserting “subsection (g)”;

and

(B) by striking “subsection (d)(2)” and inserting “subsection (e)(2)”;

(5) in subsection (j)(1) (as redesignated by paragraph (1)), by striking “$60,000,000 for each of fiscal years 2023 through 2027” and inserting “$60,000,000 for fiscal year 2023 and $80,000,000 for each of fiscal years 2024 through 2029”.
SEC. 3. ADDRESSING RACIAL AND ETHNIC MINORITY MENTAL HEALTH DISPARITIES RESEARCH GAPS.

Not later than 9 months after the date of the enactment of this Act, the Director of the National Institutes of Health, in consultation with the Director of the National Institute of Mental Health and the Assistant Secretary of Substance Use and Mental 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 research gaps 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 prevalence of mental health outcomes in such racial and ethnic minority groups; and

(B) an assessment of information on the impact of exposure to community violence, adverse childhood experiences, structural bias, and
other psychological traumas on mental health outcomes in such racial and minority groups.

SEC. 4. HEALTH PROFESSIONS COMPETENCIES TO ADRESS RACIAL AND ETHNIC MINORITY MENTAL HEALTH DISPARITIES.

Section 597 of the Public Health Service Act (42 U.S.C. 290ll) is amended—

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

(2) by inserting after subsection (a) the following:

“(b) BEST PRACTICES; CORE COMPETENCIES.—An individual or entity receiving a grant 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 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, addiction medicine, marriage and family therapy, mental health counseling, and substance misuse counseling:

“(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 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.”.

SEC. 5. 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.) is amended by inserting after section 552 (42 U.S.C. 290ee–7) of such Act the following:

“SEC. 554. BEHAVIORAL AND MENTAL HEALTH OUTREACH AND EDUCATION STRATEGY.

“(a) IN GENERAL.—The Secretary shall, in consultation with advocacy and behavioral and mental health orga-
nizations serving racial and ethnic minority groups, de-
velop and implement an outreach and education strategy
to promote behavioral and mental health and reduce stig-
ma associated with mental health conditions and sub-
stance use among racial and ethnic minority groups. Such
strategy shall—

“(1) be designed to—

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

“(B) be developmentally and age-approp-
riate;

“(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, cul-
turally and linguistically appropriate and adapted
interventions and treatments;

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

“(5) seek to broaden the perspective among
both individuals in these groups and communities
serving these groups to use a comprehensive and in-
tegrated public health approach to promoting behav-
ioral 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 annu-
ally 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) addressed behavioral and mental health out-
comes associated with mental health conditions and sub-
stance use 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
$15,000,000 for each of fiscal years 2024 through 2029.”.

SEC. 6. 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 $150,000,000 for each of fiscal years 2024
through 2029 to—
(1) build relations with communities and conduct or support clinical research, including clinical research on racial or ethnic disparities in physical and mental health; and

(2) to carry out the Strategic Framework For Addressing Youth Mental Health Disparities developed by the National Institute of 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. 7. 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 $750,000,000 for each of fiscal years 2024 through 2029.

SEC. 8. 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).