

118TH CONGRESS
1ST SESSION

S. 1700

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

IN THE SENATE OF THE UNITED STATES

MAY 18, 2023

Mr. MENENDEZ (for himself, Mr. CARPER, Mr. PADILLA, Ms. STABENOW, Ms. SMITH, Mr. BLUMENTHAL, Mr. BOOKER, Mr. HEINRICH, Mr. MURPHY, and Ms. WARREN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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, marriage and family ther-
20 apy, mental health counseling, and substance misuse coun-
21 seling:

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).

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