

116TH CONGRESS
2D SESSION

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

IN THE SENATE OF THE UNITED STATES

Mr. MENENDEZ (for himself, Mr. BOOKER, Ms. CORTEZ MASTO, Ms. STABENOW, Mr. BENNET, Ms. SMITH, Ms. ROSEN, Ms. WARREN, Mr. CARPER, Mr. BLUMENTHAL, Ms. BALDWIN, and Ms. HARRIS) introduced the following bill; which was read twice and 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 “Mental Health Equity
5 Act of 2020”.

6 **SEC. 2. TABLE OF CONTENTS.**

7 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. Commission on the Effects of Smartphone and Social Media Use on Adolescents.

Sec. 203. No Federal funds for conversion therapy.

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. 550. INTERPROFESSIONAL HEALTH CARE TEAMS FOR 9 PROVISION OF BEHAVIORAL HEALTH CARE 10 IN PRIMARY CARE SETTINGS.

11 “(a) GRANTS.—The Secretary, acting through the
12 Assistant Secretary for Mental Health and Substance
13 Abuse, shall award grants to eligible entities for the pur-
14 pose of establishing interprofessional health care teams
15 that provide behavioral health care.

16 “(b) ELIGIBLE ENTITIES.—To be eligible to receive
17 a grant under this section, an entity shall be a Federally

1 qualified health center (as defined in section 1861(aa) of
2 the Social Security Act), rural health clinic, or behavioral
3 health program, serving a high proportion of individuals
4 from racial and ethnic minority groups (as defined in sec-
5 tion 1707(g)).

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

10 “(d) AUTHORIZATION OF APPROPRIATIONS.—To
11 carry out this section, there is authorized to be appro-
12 priated \$20,000,000 for each of the first 5 fiscal years
13 following the date of enactment of the Mental Health Eq-
14 uity Act of 2020.”.

15 **SEC. 102. ADDRESSING RACIAL AND ETHNIC MINORITY**
16 **MENTAL HEALTH DISPARITIES RESEARCH**
17 **GAPS.**

18 Not later than 6 months after the date of the enact-
19 ment of this Act, the Director of the National Institute
20 on Minority Health and Health Disparities shall enter into
21 an arrangement with the National Academy of Sciences
22 (or, if the National Academy of Sciences declines to enter
23 into such an arrangement, an arrangement with the Insti-
24 tute of Medicine, the Patient Centered Outcomes Research

1 Institute, the Agency for Healthcare Quality, or another
2 appropriate entity)—

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

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

9 (A) a compilation of information on the dy-
10 namics of mental disorders in such racial and
11 ethnic minority groups; and

12 (B) a compilation of information on the
13 impact of exposure to community violence, ad-
14 verse childhood experiences, and other psycho-
15 logical traumas on mental disorders in such ra-
16 cial and minority groups.

17 **SEC. 103. HEALTH PROFESSIONS COMPETENCIES TO AD-**
18 **DRESS RACIAL AND ETHNIC MINORITY MEN-**
19 **TAL HEALTH DISPARITIES.**

20 (a) IN GENERAL.—The Secretary of Health and
21 Human Services, acting through the Assistant Secretary
22 for Mental Health and Substance Use, shall award grants
23 to qualified national organizations for the purposes of—

24 (1) developing, and disseminating to health pro-
25 fessional educational programs curricula or core

1 competencies addressing mental health disparities
2 among racial and ethnic minority groups for use in
3 the training of students in the professions of social
4 work, psychology, psychiatry, marriage and family
5 therapy, mental health counseling, and substance
6 abuse counseling; and

7 (2) certifying community health workers and
8 peer wellness specialists with respect to such cur-
9 ricula and core competencies and integrating and ex-
10 panding the use of such workers and specialists into
11 health care to address mental health disparities
12 among racial and ethnic minority groups.

13 (b) CURRICULA; CORE COMPETENCIES.—Organiza-
14 tions receiving funds under subsection (a) may use the
15 funds to engage in the following activities related to the
16 development and dissemination of curricula or core com-
17 petencies described in subsection (a)(1):

18 (1) Formation of committees or working groups
19 comprised of experts from accredited health profes-
20 sions schools to identify core competencies relating
21 to mental health disparities among racial and ethnic
22 minority groups.

23 (2) Planning of workshops in national fora to
24 allow for public input into the educational needs as-

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

3 (3) Dissemination and promotion of the use of
4 curricula or core competencies in undergraduate and
5 graduate health professions training programs na-
6 tionwide.

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

12 (c) DEFINITIONS.—In this section:

13 (1) QUALIFIED NATIONAL ORGANIZATION.—The
14 term “qualified national organization” means a na-
15 tional organization that focuses on the education of
16 students in programs of social work, psychology,
17 psychiatry, and marriage and family therapy.

18 (2) RACIAL AND ETHNIC MINORITY GROUP.—
19 The term “racial and ethnic minority group” has the
20 meaning given to such term in section 1707(g) of
21 the Public Health Service Act (42 U.S.C. 300u-
22 6(g)).

23 (d) AUTHORIZATION OF APPROPRIATIONS.—There
24 are authorized to be appropriated to carry out this section

1 such sums as may be necessary for each of the first 5
2 fiscal years following the date of enactment of this Act.

3 **SEC. 104. RACIAL AND ETHNIC MINORITY BEHAVIORAL**
4 **AND MENTAL HEALTH OUTREACH AND EDU-**
5 **CATION STRATEGY.**

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

9 **“SEC. 553. BEHAVIORAL AND MENTAL HEALTH OUTREACH**
10 **AND EDUCATION STRATEGY.**

11 “(a) IN GENERAL.—The Secretary, acting through
12 the Assistant Secretary, shall, in coordination with advo-
13 cacy and behavioral and mental health organizations serv-
14 ing racial and ethnic minority groups, develop and imple-
15 ment an outreach and education strategy to promote be-
16 havioral and mental health and reduce stigma associated
17 with mental health conditions and substance abuse among
18 racial and ethnic minority groups. Such strategy shall—

19 “(1) be designed to—

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

23 “(B) be developmentally and age-appro-
24 priate;

1 “(2) increase awareness of symptoms of mental
2 illnesses common among such groups, taking into
3 account differences within subgroups, such as gen-
4 der, gender identity, age, or sexual orientation, of
5 such groups;

6 “(3) provide information on evidence-based, cul-
7 turally and linguistically appropriate and adapted
8 interventions and treatments;

9 “(4) ensure full participation of, and engage,
10 both consumers and community members in the de-
11 velopment and implementation of materials; and

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

18 “(b) REPORTS.—Beginning not later than 1 year
19 after the date of the enactment of this section and annu-
20 ally thereafter, the Secretary, acting through the Assistant
21 Secretary, shall submit to Congress, and make publicly
22 available, a report on the extent to which the strategy de-
23 veloped and implemented under subsection (a) increased
24 behavioral and mental health outcomes associated with

1 mental health conditions and substance abuse among ra-
2 cial and ethnic minority groups.

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

6 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
7 is authorized to be appropriated to carry out this section
8 \$10,000,000 for the first fiscal year following the date of
9 enactment of the Mental Health Equity Act of 2020.”.

10 **SEC. 105. ADDITIONAL FUNDS FOR NATIONAL INSTITUTES**
11 **OF HEALTH.**

12 (a) IN GENERAL.—In addition to amounts otherwise
13 authorized to be appropriated to the National Institutes
14 of Health, there is authorized to be appropriated to such
15 Institutes \$100,000,000 for each of the first 5 fiscal years
16 following the date of enactment of this Act to build rela-
17 tions with communities and conduct or support clinical re-
18 search, including clinical research on racial or ethnic dis-
19 parities in physical and mental health.

20 (b) DEFINITION.—In this section, the term “clinical
21 research” has the meaning given to such term in section
22 409 of the Public Health Service Act (42 U.S.C. 284d).

1 **SEC. 106. ADDITIONAL FUNDS FOR NATIONAL INSTITUTE**
2 **ON MINORITY HEALTH AND HEALTH DISPARI-**
3 **TIES.**

4 In addition to amounts otherwise authorized to be ap-
5 propriated to the National Institute on Minority Health
6 and Health Disparities, there is authorized to be appro-
7 priated to such Institute \$650,000,000 for each of the
8 first 5 fiscal years following the date of enactment of this
9 Act.

10 **TITLE II—OTHER PROVISIONS**

11 **SEC. 201. REAUTHORIZATION OF MINORITY FELLOWSHIP**
12 **PROGRAM.**

13 Section 597(c) of the Public Health Service Act (42
14 U.S.C. 2971l(c)) is amended by striking “\$12,669,000 for
15 each of fiscal years 2018 through 2022” and inserting
16 “\$25,000,000 for each of the first 5 fiscal years following
17 the date of enactment of the Mental Health Equity Act
18 of 2020”.

19 **SEC. 202. COMMISSION ON THE EFFECTS OF SMARTPHONE**
20 **AND SOCIAL MEDIA USE ON ADOLESCENTS.**

21 (a) IN GENERAL.—Not later than 6 months after the
22 date of enactment of this Act, the Secretary of Health and
23 Human Services shall establish a commission, to be known
24 as the Commission on the Effects of Smartphone and So-
25 cial Media Usage on Adolescents, to examine—

1 (1) the extent of smartphone and social media
2 use in schools; and

3 (2) the effects of such use on—

4 (A) the emotional and physical health of
5 students; and

6 (B) the academic performance of students.

7 (b) MEMBERSHIP.—

8 (1) NUMBER.—The Commission shall consist of
9 15 members appointed by the Secretary.

10 (2) COMPOSITION.—The members of the Com-
11 mission—

12 (A) shall not include any government offi-
13 cials or employees; and

14 (B) shall include representatives of aca-
15 demia, technology companies, and advocacy
16 groups.

17 (c) GUIDELINES.—The Secretary shall authorize the
18 Commission to establish guidelines for its operation.

19 (d) REPORT.—Not later than 1 year after its estab-
20 lishment, the Commission shall submit to the Congress,
21 and make publicly available, a report on the findings and
22 conclusions of the Commission.

23 (e) DEFINITIONS.—In this section:

24 (1) The term “Commission” means the Com-
25 mission on the Effects of Smartphone and Social

1 Media Usage on Adolescents established under sub-
2 section (a).

3 (2) The term “Secretary” means the Secretary
4 of Health and Human Services.

5 (f) SUNSET.—Not later than 6 months after the
6 Commission submits the report required by subsection (c),
7 the Secretary shall terminate the Commission.

8 **SEC. 203. NO FEDERAL FUNDS FOR CONVERSION THERAPY.**

9 (a) IN GENERAL.—No Federal funds may be used
10 for conversion therapy.

11 (b) DISCOURAGING STATES FROM FUNDING CON-
12 VERSION THERAPY.—Beginning on the date that is 180
13 days after the date of enactment of this Act, any State
14 that funds conversion therapy shall be ineligible to be
15 awarded a grant or other financial assistance under any
16 program of the Substance Abuse and Mental Health Serv-
17 ices Administration, including any program under title V
18 of the Public Health Service Act (42 U.S.C. 290aa et
19 seq.).

20 (c) DEFINITIONS.—For purposes of this section:

21 (1) CONVERSION THERAPY.—The term “conver-
22 sion therapy”—

23 (A) means any practice or treatment by
24 any person that seeks to change another indi-
25 vidual’s sexual orientation or gender identity,

1 including efforts to change behaviors or gender
2 expressions, or to eliminate or reduce sexual or
3 romantic attractions or feelings toward individ-
4 uals of the same gender, if such person receives
5 monetary compensation in exchange for any
6 such practice or treatment; and

7 (B) does not include any practice or treat-
8 ment, which does not seek to change sexual ori-
9 entation or gender identity, that—

10 (i) provides assistance to an individual
11 undergoing a gender transition; or

12 (ii) provides acceptance, support, and
13 understanding of a client or facilitation of
14 a client’s coping, social support, and iden-
15 tity exploration and development, including
16 sexual orientation-neutral interventions to
17 prevent or address unlawful conduct or un-
18 safe sexual practices.

19 (2) GENDER IDENTITY.—The term “gender
20 identity” means the gender-related identity, appear-
21 ance, mannerisms, or other gender-related character-
22 istics of an individual, regardless of the individual’s
23 designated sex at birth.

1 (3) PERSON.—The term “person” means any
2 individual, partnership, corporation, cooperative, as-
3 sociation, or any other entity.

4 (4) SEXUAL ORIENTATION.—The term “sexual
5 orientation” means homosexuality, heterosexuality,
6 or bisexuality.

7 (5) STATE.—The term “State” has the mean-
8 ing given to such term in section 2 of the Public
9 Health Service Act (42 U.S.C. 201).