

118TH CONGRESS
1ST SESSION

H. R. 3680

To amend the Public Health Service Act to provide for a national outreach and education strategy and research to improve the behavioral and mental health of the Asian American, Native Hawaiian, and Pacific Islander population, while addressing stigma within such population against behavioral and mental health treatment.

IN THE HOUSE OF REPRESENTATIVES

MAY 25, 2023

Ms. CHU (for herself, Mrs. NAPOLITANO, Mr. CASE, Ms. DELBENE, Mr. KIM of New Jersey, Mr. LIEU, Ms. MENG, Ms. STRICKLAND, Ms. TOKUDA, and Mrs. WATSON COLEMAN) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to provide for a national outreach and education strategy and research to improve the behavioral and mental health of the Asian American, Native Hawaiian, and Pacific Islander population, while addressing stigma within such population against behavioral and mental health treatment.

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 “Stop Mental Health
5 Stigma in Our Communities Act”.

1 **SEC. 2. DEFINITIONS.**

2 In this Act:

3 (1) The term “AANHPI” means Asian Amer-
4 ican, Native Hawaiian, and Pacific Islander.

5 (2) Except as otherwise specified, the term
6 “Secretary” means the Secretary of Health and
7 Human Services.

8 **SEC. 3. FINDINGS.**

9 Congress finds the following:

10 (1) The AANHPI community is among the
11 fastest growing population groups in the United
12 States. It is a diverse population representing over
13 30 countries, making up more than 50 distinct eth-
14 nic groups, and speaking more than 100 languages
15 and dialects.

16 (2) There is a growing mental health crisis in
17 the United States, particularly for AANHPI individ-
18 uals. AANHPI individuals with mental health prob-
19 lems have the lowest rates of mental health service
20 utilization compared to other racial or ethnic popu-
21 lations. In 2021, only 25 percent of Asian adults
22 with a mental health problem received treatment in
23 the past year. Although suicide is the tenth leading
24 cause of death, it is the leading cause of death for
25 AANHPI youth. From 2018 to 2020, AANHPI
26 youth between the ages of 10- to 24-years old were

1 the only racial or ethnic population in this age cat-
2 egory where suicide was the leading cause of death.

3 (3) Such mental health disparities within the
4 AANHPI community may be attributed to systemic
5 barriers to accessing mental health services, includ-
6 ing stigma attached to mental health, limited avail-
7 ability of and access to culturally and linguistically
8 appropriate services, and insufficient research.

9 (4) Insufficient research on AANHPI commu-
10 nities often leads to an inaccurate representation of
11 their experiences and needs. It is imperative to
12 disaggregate AANHPI population data to better un-
13 derstand the range of mental health issues for each
14 subpopulation so specific culturally and linguistically
15 appropriate solutions can be developed.

16 (5) Critical investments are necessary to reduce
17 stigma and improve mental health within AANHPI
18 communities, including—

19 (A) increasing culturally and linguistically
20 appropriate outreach, education, and mental
21 health services;

22 (B) improving representation of AANHPI
23 individuals among behavioral health providers;
24 and

1 (C) strengthening data collection in re-
2 search.

3 **SEC. 4. NATIONAL ASIAN AMERICAN, NATIVE HAWAIIAN,**
4 **AND PACIFIC ISLANDER BEHAVIORAL AND**
5 **MENTAL HEALTH OUTREACH AND EDU-**
6 **CATION STRATEGY.**

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

10 **“SEC. 553. NATIONAL AANHPI BEHAVIORAL AND MENTAL**
11 **HEALTH OUTREACH AND EDUCATION STRAT-**
12 **EGY.**

13 “(a) IN GENERAL.—The Secretary, acting through
14 the Assistant Secretary, shall, in coordination with the
15 Deputy Assistant Secretary for Minority Health and the
16 Director of the National Institute on Minority Health and
17 Health Disparities and in consultation with advocacy and
18 behavioral and mental health organizations serving popu-
19 lations of Asian American, Native Hawaiian, and Pacific
20 Islander individuals or communities, develop and imple-
21 ment a national outreach and education strategy to pro-
22 mote behavioral and mental health and reduce stigma as-
23 sociated with mental health conditions and substance use
24 disorder within the Asian American, Native Hawaiian, and
25 Pacific Islander population. Such strategy shall—

1 “(1) be designed to meet the diverse cultural
2 and language needs of the various Asian American,
3 Native Hawaiian, and Pacific Islander subpopula-
4 tions;

5 “(2) be developmentally and age-appropriate;

6 “(3) increase awareness of symptoms of mental
7 illnesses common among such subpopulations, taking
8 into account differences within subgroups such as
9 gender, gender identity, age, sexual orientation, or
10 ethnicity;

11 “(4) provide information on evidence-based, cul-
12 turally and linguistically appropriate and adapted
13 interventions and treatments;

14 “(5) ensure full participation of, and engage,
15 both consumers and community members in the de-
16 velopment and implementation of materials; and

17 “(6) seek to broaden the perspective among
18 both individuals in Asian American, Native Hawai-
19 ian, and Pacific Islander communities and stake-
20 holders serving such communities to use a com-
21 prehensive public health approach to promoting be-
22 havioral and mental health that addresses a holistic
23 view of health by focusing on the intersection be-
24 tween behavioral and mental health and physical
25 health.

1 “(b) REPORTS.—Beginning not later than one year
 2 after the date of enactment of the Stop Mental Health
 3 Stigma in Our Communities Act, and annually thereafter,
 4 the Secretary, acting through the Assistant Secretary,
 5 shall submit to the Congress, and make publicly available,
 6 a report on the extent to which the strategy under sub-
 7 section (a) improved behavioral and mental health out-
 8 comes associated with mental health conditions and sub-
 9 stance use disorders within the Asian American, Native
 10 Hawaiian, and Pacific Islander population.

11 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
 12 is authorized to be appropriated to carry out this section
 13 \$3,000,000 for each of fiscal years 2024 through 2028.”.

14 **SEC. 5. STUDY AND REPORT ON THE AANHPI YOUTH MEN-**
 15 **TAL HEALTH CRISIS.**

16 (a) STUDY.—

17 (1) IN GENERAL.—The Secretary, acting
 18 through the Assistant Secretary for Mental Health
 19 and Substance Use, in coordination with the Deputy
 20 Assistant Secretary for Minority Health and the Di-
 21 rector of the National Institute on Minority Health
 22 and Health Disparities, shall conduct a study on
 23 mental health among AANHPI youth.

24 (2) ELEMENTS.—The study required by para-
 25 graph (1) shall include assessment of—

1 (A) the prevalence of mental health condi-
2 tions and substance use disorders among
3 AANHPI youth;

4 (B) AANHPI youth who attempted suicide
5 or died by suicide or substance use overdose;
6 and

7 (C) AANHPI youth who received treat-
8 ment for a mental health condition or substance
9 use disorder.

10 (b) REPORT.—Not later than one year after the date
11 of enactment of this Act, the Secretary shall submit to
12 the Committee on Health, Education, Labor, and Pen-
13 sions of the Senate and the Committee on Energy and
14 Commerce of the House of Representatives, and make
15 publicly available, a report on the findings of the study
16 conducted under subsection (a), including—

17 (1) identification of the barriers to behavioral
18 and mental health services that are faced by
19 AANHPI youth;

20 (2) identification of root causes of mental
21 health issues among AANHPI youth;

22 (3) recommendations for actions to be taken by
23 the Secretary to improve mental health among
24 AANHPI youth;

1 (4) recommendations for legislative or adminis-
 2 trative actions to improve mental health among
 3 AANHPI youth and reduce the prevalence of
 4 AANHPI youth experiencing depression or suicide;
 5 and

6 (5) such other recommendations as the Sec-
 7 retary determines appropriate.

8 (c) DATA.—Any data included in the study or report
 9 under this section shall be disaggregated by race, eth-
 10 nicity, age, sex, gender identity, sexual orientation, geo-
 11 graphic region, disability status, and other relevant fac-
 12 tors.

13 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry
 14 out this section, there is authorized to be appropriated
 15 \$1,500,000 for fiscal year 2024.

16 **SEC. 6. STUDY AND REPORT ON STRATEGIES ON THE**
 17 **AANHPI BEHAVIORAL AND MENTAL HEALTH**
 18 **WORKFORCE SHORTAGE.**

19 (a) STUDY.—

20 (1) IN GENERAL.—The Secretary, acting
 21 through the Assistant Secretary for Mental Health
 22 and Substance Use, in coordination with the Sec-
 23 retary of Labor and the Deputy Assistant Secretary
 24 for Minority Health, shall conduct a study on strate-

1 gies for increasing the behavioral and mental health
2 professional workforce that identify as AANHPI.

3 (2) ELEMENTS.—The study required by para-
4 graph (1) shall include—

5 (A) the total number of licensed behavioral
6 and mental health providers in the United
7 States who identify as AANHPI;

8 (B) information regarding each such pro-
9 vider’s current type of license, geographic area
10 of practice, and type of employer (such as a
11 hospital, a Federally qualified health center, a
12 school, or private practice); and

13 (C) information regarding the cultural and
14 linguistic capabilities of such providers, includ-
15 ing languages spoken proficiently.

16 (b) REPORT.—Not later than one year after the date
17 of enactment of this Act, the Secretary shall submit to
18 the Committee on Health, Education, Labor, and Pen-
19 sions of the Senate and the Committee on Energy and
20 Commerce of the House of Representatives, and make
21 publicly available, a report on the findings of the study
22 under subsection (a), including—

23 (1) identification of AANHPI licensed behav-
24 ioral and mental health care providers’ knowledge
25 and awareness of the barriers to high-quality behav-

1 ioral and mental health care services faced by
2 AANHPI individuals, including stigma, limited
3 English proficiency, and lack of health insurance
4 coverage;

5 (2) recommendations for actions to be taken by
6 the Secretary to increase the number of AANHPI li-
7 censed behavioral and mental health professionals;

8 (3) recommendations for legislative or adminis-
9 trative action to improve the enrollment of AANHPI
10 individuals in behavioral and mental health profes-
11 sional education programs; and

12 (4) such other recommendations as the Sec-
13 retary determines appropriate.

14 (c) DATA.—Any data included in the study or report
15 under this section shall be disaggregated by race, eth-
16 nicity, age, sex, gender identity, sexual orientation, geo-
17 graphic region, disability status, and other relevant fac-
18 tors.

19 (d) DEFINITION.—In this section, the term “licensed
20 behavioral and mental health provider” means any indi-
21 vidual licensed to provide mental health and substance use
22 disorder services, such as in the professions of social work,
23 psychology, psychiatry, marriage and family therapy, men-
24 tal health counseling, and substance use disorder coun-
25 seling.

1 (e) AUTHORIZATION OF APPROPRIATIONS.—To carry
2 out this section, there is authorized to be appropriated
3 \$1,500,000 for fiscal year 2024.

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