

119TH CONGRESS
1ST SESSION

S. 1689

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

IN THE SENATE OF THE UNITED STATES

MAY 8, 2025

Ms. HIRONO (for herself and Ms. CORTEZ MASTO) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

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

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 of 2025”.

1 **SEC. 2. DEFINITIONS.**

2 In this Act:

3 (1) AANHPI.—The term “AANHPI” means
4 Asian American, Native Hawaiian, and Pacific Is-
5 lander.

6 (2) SECRETARY.—Except as otherwise speci-
7 fied, the term “Secretary” means the Secretary of
8 Health and Human Services.

9 **SEC. 3. FINDINGS.**

10 Congress finds the following:

11 (1) The AANHPI community is among the
12 fastest growing population groups in the United
13 States. It is a diverse population representing more
14 than 70 distinct ethnicities, and speaking more than
15 100 languages 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 chal-
19 lenges have the lowest rates of mental health service
20 utilization compared to other racial or ethnic popu-
21 lations. In 2023, only 35 percent of Asian adults
22 with a mental health challenge received treatment in
23 the past year. Although suicide is the eleventh lead-
24 ing cause of death, it is the leading cause of death
25 for AANHPI youth. From 2018 to 2023, AANHPI
26 youth between the ages of 10 to 24 years were the

1 only racial or ethnic population in this age category
2 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 that specific culturally and linguis-
15 tically appropriate solutions can be developed.

16 (5) Critical investments are necessary to reduce
17 stigma and improve mental health within AANHPI
18 communities, including increasing culturally and lin-
19 guistically appropriate outreach education and men-
20 tal health services, improving representation of
21 AANHPI individuals among the behavioral health
22 workforce, and strengthening disaggregated data col-
23 lection in research.

1 **SEC. 4. NATIONAL AANHPI BEHAVIORAL HEALTH OUT-**
 2 **REACH AND EDUCATION STRATEGY.**

3 Part D of title V of the Public Health Service Act
 4 (42 U.S.C. 290dd et seq.) is amended by adding at the
 5 end the following new section:

6 **“SEC. 554. NATIONAL AANHPI BEHAVIORAL HEALTH OUT-**
 7 **REACH AND EDUCATION STRATEGY.**

8 “(a) IN GENERAL.—The Secretary, acting through
 9 the Assistant Secretary, shall, in coordination with the Di-
 10 rector of the Office of Minority Health, the Director of
 11 the National Institutes of Health, and the Director of the
 12 Centers for Disease Control and Prevention, and in con-
 13 sultation with advocacy and behavioral health organiza-
 14 tions serving populations of Asian American, Native Ha-
 15 waiian, and Pacific Islander individuals or communities,
 16 develop and implement a national outreach and education
 17 strategy to promote behavioral health and reduce stigma
 18 associated with mental health and substance use disorders
 19 within the Asian American, Native Hawaiian, and Pacific
 20 Islander population. Such strategy shall—

21 “(1) be designed to meet the diverse cultural
 22 and language needs and preferences of the various
 23 Asian American, Native Hawaiian, and Pacific Is-
 24 lander populations;

25 “(2) be developmentally and age appropriate;

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

6 “(4) provide information, in a publicly acces-
7 sible manner, on evidence-based, culturally and lin-
8 guistically appropriate, and adapted interventions
9 and treatments;

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

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

21 “(b) REPORTS.—Beginning not later than 1 year
22 after the date of the enactment of the Stop Mental Health
23 Stigma in Our Communities Act of 2025 and annually
24 thereafter, the Secretary, acting through the Assistant
25 Secretary, shall submit to Congress, and make publicly

1 available, a report on the extent to which the strategy de-
 2 veloped and implemented under subsection (a) increased
 3 awareness among the Asian American, Native Hawaiian,
 4 and Pacific Islander population of mental health and sub-
 5 stance use disorders.

6 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
 7 is authorized to be appropriated to carry out this section
 8 \$3,000,000 for each of fiscal years 2026 through 2030.”.

9 **SEC. 5. SYSTEMATIC REVIEW OF AND REPORT ON THE**
 10 **AANHPI YOUTH BEHAVIORAL HEALTH CRI-**
 11 **SIS.**

12 (a) SYSTEMATIC REVIEW.—

13 (1) IN GENERAL.—The Secretary, acting
 14 through the Assistant Secretary for Mental Health
 15 and Substance Use, in coordination with the Direc-
 16 tor of the National Institutes of Health, the Director
 17 of the Centers for Disease Control and Prevention,
 18 and the Director of the Office of Minority Health,
 19 shall conduct a systematic review of behavioral
 20 health among AANHPI youth.

21 (2) ELEMENTS.—Such systematic review re-
 22 quired under paragraph (1) shall include an assess-
 23 ment of—

24 (A) the prevalence, risk factors, and root
 25 causes of mental health challenges, substance

1 misuse, and mental health and substance use
2 disorders among AANHPI youth;

3 (B) the prevalence and methods of at-
4 tempted suicide, nonfatal substance use over-
5 dose, and death by suicide or substance use
6 overdose among AANHPI youth; and

7 (C) AANHPI youth that received treat-
8 ment for mental health and substance use dis-
9 orders.

10 (b) REPORT.—Not later than one year after the date
11 of the enactment of this Act, the Secretary shall submit
12 to 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 system-
16 atic review conducted under subsection (a), including—

17 (1) identification of the barriers to accessing
18 behavioral health prevention, treatment, and recov-
19 ery services for AANHPI youth;

20 (2) identification of root causes of mental
21 health challenges and substance misuse among
22 AANHPI youth;

23 (3) recommendations for evidence-based actions
24 to be taken by the Secretary to improve behavioral
25 health among AANHPI youth;

1 (4) recommendations for legislative or adminis-
 2 trative action to improve the behavioral health of
 3 AANHPI youth experiencing depression, suicide,
 4 and overdose, and to reduce the prevalence of de-
 5 pression, suicide, overdose, and other behavioral
 6 health conditions among AANHPI youth; and

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

9 (c) DATA.—Any data included in the systematic re-
 10 view or report under this section shall be disaggregated
 11 by race, ethnicity, age, sex, gender identity, sexual orienta-
 12 tion, geographic region, disability status, and other rel-
 13 evant factors, in a manner that protects personal privacy
 14 and that is consistent with applicable Federal and State
 15 privacy law.

16 (d) AUTHORIZATION OF APPROPRIATIONS.—For pur-
 17 poses of carrying out this section, there is authorized to
 18 be appropriated \$1,500,000 for fiscal year 2026.

19 **SEC. 6. SYSTEMATIC REVIEW OF AND REPORT ON STRATE-**
 20 **GIES ON THE AANHPI BEHAVIORAL HEALTH**
 21 **WORKFORCE SHORTAGE.**

22 (a) SYSTEMATIC REVIEW.—

23 (1) IN GENERAL.—The Secretary, acting
 24 through the Assistant Secretary for Mental Health
 25 and Substance Use, in coordination with the Admin-

1 istrator of the Health Resources and Services Ad-
 2 ministration, the Secretary of Labor, and the Direc-
 3 tor of the Office of Minority Health, shall conduct
 4 a systematic review of strategies for increasing the
 5 behavioral health workforce that identify as
 6 AANHPI.

7 (2) ELEMENTS.—Such systematic review re-
 8 quired under paragraph (1) shall include an assess-
 9 ment of—

10 (A) the total number of behavioral health
 11 workers in the United States who identify as
 12 AANHPI;

13 (B) with respect to each such worker, in-
 14 formation regarding the current type of license,
 15 geographic area of practice, and type of em-
 16 ployer (such as hospital, Federally-qualified
 17 health center, school, or private practice);

18 (C) information regarding the cultural and
 19 linguistic capabilities of such workers, including
 20 languages spoken proficiently;

21 (D) the relevant barriers to enrollment in
 22 behavioral health professional education pro-
 23 grams and entering the behavioral health work-
 24 force for AANHPI individuals; and

1 (E) the total number of behavioral health
2 workers who identify as AANHPI and who par-
3 ticipate in Federal programs that seek to in-
4 crease, train, and support the behavioral health
5 workforce.

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

13 (1) identification of AANHPI behavioral health
14 workers' knowledge and awareness of the barriers to
15 quality behavioral health care services faced by
16 AANHPI individuals, including stigma, limited
17 English proficiency, and lack of health insurance
18 coverage;

19 (2) recommendations for actions to be taken by
20 the Secretary to increase the number of AANHPI
21 behavioral health workers;

22 (3) recommendations for legislative or adminis-
23 trative action to improve the enrollment of AANHPI
24 individuals in behavioral health workforce education
25 and training programs; and

1 (4) such other recommendations as the Sec-
2 retary determines appropriate.

3 (c) DATA.—Any data included in the systematic re-
4 view or report under this section shall be disaggregated
5 by race, ethnicity, age, sex, gender identity, sexual orienta-
6 tion, geographic region, disability status, and other rel-
7 evant factors, in a manner that protects personal privacy
8 and that is consistent with applicable Federal and State
9 privacy law.

10 (d) DEFINITION.—In this section the term “behav-
11 ioral health worker” means any individual licensed or cer-
12 tified to provide mental health or substance use disorder
13 services, including in the professions of social work, psy-
14 chology, psychiatry, marriage and family therapy, mental
15 health counseling, peer support, and substance use dis-
16 order counseling.

17 (e) AUTHORIZATION OF APPROPRIATIONS.—For pur-
18 poses of carrying out this section, there is authorized to
19 be appropriated \$1,500,000 for fiscal year 2026.

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