

Indian Health Board. While the CDC Director has fulfilled the commitment he made to me to share COVID-related data with all the TECs, there are still barriers to accessing other important data sets that are crucial to protecting the public health during and after this pandemic.

This important legislation makes it clear that the Department of Health and Human Services and State health departments are required to share data with Tribal health authorities, and it includes additional funding to make this happen.

This legislation is about justice and living up to the Federal Government's legal responsibility. It would help save lives as we continue working to defeat this virus. Tribes and TECs are working hard to protect public health in their communities, and it is their right to access the CDC data to do so.

Madam Speaker, I look forward to seeing the House pass this legislation, and I will urge my colleagues in the Senate to act with the same urgency.

Mr. WALDEN. Madam Speaker, I want to thank my colleagues, especially my friend from New Mexico for his leadership on this legislation. I would just say that they have all worked very hard on this. It is extraordinarily important to pass this.

Madam Speaker, I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, I also urge support of the bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 7948, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

PURSUING EQUITY IN MENTAL HEALTH ACT

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 5469) to address mental health issues for youth, particularly youth of color, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5469

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Pursuing Equity in Mental Health Act".

SEC. 2. TABLE OF CONTENTS.

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. Study on the Effects of Smartphone and Social Media Use on Adolescents.

TITLE I—HEALTH EQUITY AND ACCOUNTABILITY

SEC. 101. INTEGRATED HEALTH CARE DEMONSTRATION PROGRAM.

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

"SEC. 554. INTERPROFESSIONAL HEALTH CARE TEAMS FOR PROVISION OF BEHAVIORAL HEALTH CARE IN PRIMARY CARE SETTINGS.

"(a) GRANTS.—The Secretary shall award grants to eligible entities for the purpose of establishing interprofessional health care teams that provide behavioral health care.

"(b) ELIGIBLE ENTITIES.—To be eligible to receive a grant under this section, an entity shall be a Federally qualified health center (as defined in section 1861(aa) of the Social Security Act), rural health clinic, or behavioral health program, serving a high proportion of individuals from racial and ethnic minority groups (as defined in section 1707(g)).

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

"(d) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated \$20,000,000 for each of the first 5 fiscal years following the date of enactment of the Pursuing Equity in Mental Health Act."

SEC. 102. ADDRESSING RACIAL AND ETHNIC MINORITY MENTAL HEALTH DISPARITIES RESEARCH GAPS.

Not later than 6 months after the date of the enactment of this Act, the Director of the National Institutes of 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 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 dynamics of mental disorders in such racial and ethnic minority groups; and

(B) a compilation of information on the impact of exposure to community violence, adverse childhood experiences, structural racism, and other psychological traumas on mental disorders in such racial and minority groups.

SEC. 103. HEALTH PROFESSIONS COMPETENCIES TO ADDRESS RACIAL AND ETHNIC MINORITY MENTAL HEALTH DISPARITIES.

(a) IN GENERAL.—The Secretary of Health and Human Services shall award grants to qualified national organizations for the purposes of—

(1) developing, and disseminating to health professional educational programs 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, marriage and family therapy, mental health counseling, and substance misuse counseling; and

(2) certifying community health workers and peer wellness specialists with respect to such best practices and core competencies and integrating and expanding the use of such workers and specialists into health care to address mental health disparities among racial and ethnic minority groups.

(b) BEST PRACTICES; CORE COMPETENCIES.—Organizations receiving funds 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 described in subsection (a)(1):

(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 stakeholder 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.

(c) DEFINITIONS.—In this section:

(1) QUALIFIED NATIONAL ORGANIZATION.—The term "qualified national organization" means a national organization that focuses on the education of students in one or more of the professions of social work, psychology, psychiatry, marriage and family therapy, mental health counseling, and substance misuse counseling.

(2) RACIAL AND ETHNIC MINORITY GROUP.—The term "racial and ethnic minority group" has the meaning given to such term in section 1707(g) of the Public Health Service Act (42 U.S.C. 300u–6(g)).

SEC. 104. 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.), as amended by section 101, is further amended by adding at the end the following new section:

"SEC. 555. BEHAVIORAL AND MENTAL HEALTH OUTREACH AND EDUCATION STRATEGY.

"(a) IN GENERAL.—The Secretary shall, in consultation with advocacy and behavioral and mental health organizations serving racial and ethnic minority groups, develop and implement an outreach and education strategy to promote behavioral and mental health and reduce stigma associated with mental health conditions and substance abuse among racial and ethnic minority groups. Such strategy shall—

"(1) be designed to—

"(A) meet the diverse cultural and language needs of the various racial and ethnic minority groups; and

"(B) be developmentally and age-appropriate;

"(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, culturally and linguistically appropriate and adapted interventions and treatments;

"(4) ensure full participation of, and engage, both consumers and community members in the development and implementation of materials; and

“(5) seek to broaden the perspective among both individuals in these groups and stakeholders serving these groups to use a comprehensive public health approach to promoting behavioral health that addresses a holistic view of 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 annually thereafter, the Secretary shall submit to Congress, and make publicly available, a report on the extent to which the strategy developed and implemented under subsection (a) increased behavioral and mental health outcomes associated with mental health conditions and substance abuse 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 \$10,000,000 for each of fiscal years 2021 through 2025.”

SEC. 105. 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 \$100,000,000 for each of fiscal years 2021 through 2025 to build relations with communities and conduct or support clinical research, including clinical research on racial or ethnic disparities in physical and 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. 106. 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 \$650,000,000 for each of fiscal years 2021 through 2025.

TITLE II—OTHER PROVISIONS

SEC. 201. REAUTHORIZATION OF MINORITY FELLOWSHIP PROGRAM.

Section 597(c) of the Public Health Service Act (42 U.S.C. 2971(c)) is amended by striking “\$12,669,000 for each of fiscal years 2018 through 2022” and inserting “\$25,000,000 for each of fiscal years 2021 through 2025”.

SEC. 202. STUDY ON THE EFFECTS OF SMARTPHONE AND SOCIAL MEDIA USE ON ADOLESCENTS.

(a) **IN GENERAL.**—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services shall conduct or support research on—

(1) smartphone and social media use by adolescents; and

(2) the effects of such use on—

(A) emotional, behavioral, and physical health and development; and

(B) disparities in minority and underserved populations.

(b) **REPORT.**—Not later than 5 years after the date of the enactment of this Act, the Secretary shall submit to the Congress, and make publicly available, a report on the findings of research described in this section.

SEC. 203. 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).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from

New Jersey (Mr. PALLONE) and the gentleman from Oregon (Mr. WALDEN) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 5469.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H.R. 5469, the Pursuing Equity in Mental Health Act.

We have long known that people of color experience inequities in healthcare in the United States. While we have made progress to close these gaps in recent years, including with the passage of the Affordable Care Act, people of color in America continue to experience inequities in care and worse health outcomes compared to White Americans.

These long-term trends are rooted in several social determinants that are often driven by structural discrimination and institutionalized racism, which has created systemic health inequity.

The tragic results of these long-term trends are that people of color are more likely to suffer from underlying health conditions and have a much harder time getting access to care, and when they do, they are far more likely to experience bias, discrimination, and poor health outcomes.

The Congressional Black Caucus' Emergency Task Force on Black Youth Suicide and Mental Health reiterated these points in a report last year that raised concerns about the increasing rates of suicide and mental health trends among Black children. The need to address these increased suicide rates has been recognized by public health experts, including the National Institute of Mental Health Director, Dr. Joshua Gordon. He recently wrote about mental health inequities, saying these gaps “lead to worse mental health outcomes in underserved and minority communities.”

In testimony before our committee, the American Psychological Association president, Dr. Arthur Evans, also underscored the need to diversify our mental health workforce if we are to improve care for communities of color.

The bill before us today, H.R. 5469, is aimed specifically at addressing equity in mental health. The bill would invest resources into better understanding racial and ethnic minority mental health disparities, improve outreach and support for racial and ethnic minorities, and expand provider support for students of color entering the mental health workforce.

I am hopeful, Madam Speaker, that this bill will help reduce the inequities in mental health. Before I conclude, I want to thank my colleague from New Jersey, Representative BONNIE WATSON COLEMAN, and her staff for leading this important bill. I also thank Ranking Member WALDEN and his staff for working with us in a bipartisan manner to move this bill forward.

Madam Speaker, I urge my colleagues to support the bill, and I reserve the balance of my time.

Mr. WALDEN. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H.R. 5469. This is the Pursuing Equity in Mental Health Act, and it is sponsored by Representative WATSON COLEMAN. It helps address suicide and mental illness in youth for minority and underserved communities.

Despite improvements in health equity, disparities in mental health care persist. The Agency for Healthcare Research and Quality has reported that racial and ethnic minority groups in the United States are less likely to have access to mental health services and less likely to use community mental health services, but more likely to use emergency departments and more likely to receive lower quality care.

Poor mental health care access and quality ultimately contribute to poorer outcomes, including suicide among these populations. These issues are especially acute in minority youth populations.

H.R. 5469 would help address these disparities. It authorizes grants targeted at high-poverty communities for culturally and linguistically appropriate mental health services. It supports mental health disparities research, requires the studying of the impact of smartphones and social media on adolescents, and authorizes the Minority Fellowship Program to support more students of color entering the mental health workforce.

Madam Speaker, I would like to thank the majority for taking the time to work with us to get this bill in a really good place. It is an important initiative, and I am pleased to see it getting a vote on the House floor today, Madam Speaker.

Madam Speaker, I urge my colleagues to join both the chairman of the committee and myself in supporting this legislation, and I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, I also urge support for the bill, and I yield back the balance of my time.

Ms. JACKSON LEE. Madam Speaker, as a cosponsor and senior member of the Judiciary and Homeland Security Committees, I rise in strong support of H.R. 5469, the “Pursuing Equity in Mental Health Act of 2019,” which addresses mental health issues for youth, particularly youth of color.

According to Mental Health America, Black and African American teenagers are more likely to attempt suicide than White teenagers, and suicidal thoughts, plans, and attempts have been rising in recent years.

Furthermore, in the United States, over seven million people who identify as Black or African American reported having a mental illness in the past year.

This legislation will combat the issue of suicide and mental health in youth from all communities by focusing on a few key areas: support in schools, scientific research, and increase funding in existing programs.

Specifically, the bill provides \$250 million to schools across the country, so they can have more culturally and linguistically appropriate mental health services.

The bill stipulates that priority will be given to schools with higher levels of poverty, to reducing the ratio of counselors to students and to helping more students of color.

These grants will also provide training for teachers and other school staff, so they can better identify the signs of trauma, mental health disorders, and risk of suicide in all students.

Additionally, H.R. 5469 provides \$20 million to establish interprofessional health care teams that can provide behavioral health care.

Madam Speaker, I am particularly supportive of this bill's efforts to develop cultural competency educational curricula so that students who are training to be social workers, psychologists, psychiatrists, and therapists will be able to properly treat youth of color.

This is imperative as we look to improve support for mental health for future generations.

Furthermore, the bill directs the Department of Health and Human Services (HHS) to establish a Commission on the Effects of Smartphone and Social Media Usage on Adolescents as well as prohibits federal funds from being used for conversion therapy and prohibits SAMHSA grants from going to states that continue to allow such practices.

Madam Speaker, I would like to thank Congresswoman BONNIE WATSON COLEMAN for her leadership on this key piece of legislation.

I ask my colleagues on both sides of the aisle to come together and pass this important legislation.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 5469, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

MENTAL HEALTH SERVICES FOR STUDENTS ACT OF 2020

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1109) to amend the Public Health Service Act to revise and extend projects relating to children and to provide access to school-based comprehensive mental health programs, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1109

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Mental Health Services for Students Act of 2020".

SEC. 2. AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT.

(a) **TECHNICAL AMENDMENTS.**—The second part G (relating to services provided through religious organizations) of title V of the Public Health Service Act (42 U.S.C. 290kk et seq.) is amended—

(1) by redesignating such part as part J; and

(2) by redesignating sections 581 through 584 as sections 596 through 596C, respectively.

(b) **SCHOOL-BASED MENTAL HEALTH AND CHILDREN.**—Section 581 of the Public Health Service Act (42 U.S.C. 290hh) (relating to children and violence) is amended to read as follows:

"SEC. 581. SCHOOL-BASED MENTAL HEALTH; CHILDREN AND ADOLESCENTS.

"(a) **IN GENERAL.**—The Secretary, in consultation with the Secretary of Education, shall, through grants, contracts, or cooperative agreements awarded to eligible entities described in subsection (c), provide comprehensive school-based mental health services and supports to assist children in local communities and schools (including schools funded by the Bureau of Indian Education) dealing with traumatic experiences, grief, bereavement, risk of suicide, and violence. Such services and supports shall be—

"(1) developmentally, linguistically, and culturally appropriate;

"(2) trauma-informed; and

"(3) incorporate positive behavioral interventions and supports.

"(b) **ACTIVITIES.**—Grants, contracts, or cooperative agreements awarded under subsection (a), shall, as appropriate, be used for—

"(1) implementation of school and community-based mental health programs that—

"(A) build awareness of individual trauma and the intergenerational, continuum of impacts of trauma on populations;

"(B) train appropriate staff to identify, and screen for, signs of trauma exposure, mental health disorders, or risk of suicide; and

"(C) incorporate positive behavioral interventions, family engagement, student treatment, and multigenerational supports to foster the health and development of children, prevent mental health disorders, and ameliorate the impact of trauma;

"(2) technical assistance to local communities with respect to the development of programs described in paragraph (1);

"(3) facilitating community partnerships among families, students, law enforcement agencies, education agencies, mental health and substance use disorder service systems, family-based mental health service systems, child welfare agencies, health care providers (including primary care physicians, mental health professionals, and other professionals who specialize in children's mental health such as child and adolescent psychiatrists), institutions of higher education, faith-based programs, trauma networks, and other community-based systems to address child and adolescent trauma, mental health issues, and violence; and

"(4) establishing mechanisms for children and adolescents to report incidents of violence or plans by other children, adolescents, or adults to commit violence.

"(c) **REQUIREMENTS.**—

"(1) **IN GENERAL.**—To be eligible for a grant, contract, or cooperative agreement under subsection (a), an entity shall be a partnership that includes—

"(A) a State educational agency, as defined in section 8101 of the Elementary and Secondary Education Act of 1965, in coordination with one or more local educational agencies, as defined in section 8101 of the Elementary and Secondary Education Act of 1965, or a consortium of any entities described in subparagraph (B), (C), (D), or (E) of section 8101(30) of such Act; and

"(B) at least 1 community-based mental health provider, including a public or private

mental health entity, health care entity, family-based mental health entity, trauma network, or other community-based entity, as determined by the Secretary (and which may include additional entities such as a human services agency, law enforcement or juvenile justice entity, child welfare agency, agency, an institution of higher education, or another entity, as determined by the Secretary).

"(2) **COMPLIANCE WITH HIPAA.**—Any patient records developed by covered entities through activities under the grant shall meet the regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996.

"(3) **COMPLIANCE WITH FERPA.**—Section 444 of the General Education Provisions Act (commonly known as the 'Family Educational Rights and Privacy Act of 1974') shall apply to any entity that is a member of the partnership in the same manner that such section applies to an educational agency or institution (as that term is defined in such section).

"(d) **GEOGRAPHICAL DISTRIBUTION.**—The Secretary shall ensure that grants, contracts, or cooperative agreements under subsection (a) will be distributed equitably among the regions of the country and among urban and rural areas.

"(e) **DURATION OF AWARDS.**—With respect to a grant, contract, or cooperative agreement under subsection (a), the period during which payments under such an award will be made to the recipient shall be 5 years, with options for renewal.

"(f) **EVALUATION AND MEASURES OF OUTCOMES.**—

"(1) **DEVELOPMENT OF PROCESS.**—The Assistant Secretary shall develop a fiscally appropriate process for evaluating activities carried out under this section. Such process shall include—

"(A) the development of guidelines for the submission of program data by grant, contract, or cooperative agreement recipients;

"(B) the development of measures of outcomes (in accordance with paragraph (2)) to be applied by such recipients in evaluating programs carried out under this section; and

"(C) the submission of annual reports by such recipients concerning the effectiveness of programs carried out under this section.

"(2) **MEASURES OF OUTCOMES.**—The Assistant Secretary shall develop measures of outcomes to be applied by recipients of assistance under this section to evaluate the effectiveness of programs carried out under this section, including outcomes related to the student, family, and local educational systems supported by this Act.

"(3) **SUBMISSION OF ANNUAL DATA.**—An eligible entity described in subsection (c) that receives a grant, contract, or cooperative agreement under this section shall annually submit to the Assistant Secretary a report that includes data to evaluate the success of the program carried out by the entity based on whether such program is achieving the purposes of the program. Such reports shall utilize the measures of outcomes under paragraph (2) in a reasonable manner to demonstrate the progress of the program in achieving such purposes.

"(4) **EVALUATION BY ASSISTANT SECRETARY.**—Based on the data submitted under paragraph (3), the Assistant Secretary shall annually submit to Congress a report concerning the results and effectiveness of the programs carried out with assistance received under this section.

"(5) **LIMITATION.**—An eligible entity shall use not more than 20 percent of amounts received under a grant under this section to carry out evaluation activities under this subsection.

"(g) **INFORMATION AND EDUCATION.**—The Secretary shall disseminate best practices based on the findings of the knowledge development and application under this section.

"(h) **AMOUNT OF GRANTS AND AUTHORIZATION OF APPROPRIATIONS.**—

"(1) **AMOUNT OF GRANTS.**—A grant under this section shall be in an amount that is not more