

This legislation would support family community organizations committed to pursuing evidence-driven interventions for substance use disorder, reducing the stigma of addiction and strengthening both families and communities through recovery.

I would like to thank Representatives TRONE and MEUSER for the hard work that they have done to put together and to bring this important bill to the floor.

Madam Speaker, I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I yield such time as he may consume to the gentleman from Maryland (Mr. TRONE), the author of this bill.

Mr. TRONE. Madam Speaker, I rise today to urge a “yes” vote on H.R. 433, the Family Support Services and Addiction Services Act.

I introduced this bill with my friend and fellow businessman, DAN MEUSER, in order to show our support for the millions of families that are struggling to help their loved ones suffering from addiction.

□ 1430

In 2016, my nephew Ian lost his life to an overdose after years of struggling with addiction. But he didn’t fight this battle alone. My wife and I were with him every step of the way, working to support his recovery efforts. Getting him the help he needed was hard for us to do, even with the resources we had at our disposal.

Our story is not unique. For most families, it is nearly impossible to navigate our behavioral healthcare system, and COVID-19 has made it even harder.

While our country faced an addiction crisis prior to COVID-19, the pandemic has made this crisis a five-alarm fire. Last year, more Americans died from drug overdoses than ever before, nearly 90,000 Americans. That is a 29 percent increase in just one year. American families need help, and they need it now.

This bipartisan bill provides the funding for nonprofits working with families struggling with addiction. The bill will provide grants to reach more families, create a more tailored approach, and save lives.

I want to thank Congressman MEUSER for his support and partnership. He has been an absolute champion on this issue.

I also want to thank Chairman PALLONE, Chairwoman ESHOO, and Ranking Member RODGERS for their laser-like focus on this issue.

Madam Speaker, I urge a “yes” vote.

Mr. GUTHRIE. Madam Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. MEUSER).

Mr. MEUSER. Madam Speaker, I thank the gentleman from Kentucky, my good friend, Representative GUTHRIE; and my good friend from Maryland, DAVID TRONE, for their work on this bill.

Madam Speaker, the plight of addiction continues to affect communities

across the country and in our great Commonwealth of Pennsylvania. Substance use disorder, like any disease, doesn’t just affect the individual. Their family, spouse, children, and friends also suffer alongside them, hoping for recovery. The critical support system they comprise is a potent tool in combatting addiction and an effective partner we should aim to empower.

That is why this bill, the Family Support Services for Addiction Act, is so essential and why I am truly very proud to be working with my good friend, Representative DAVID TRONE, to see it become law. His commitment to this cause is impressive and honorable.

Our bill provides grants for community organizations, providing critical support to families trying to navigate the complex insurance coverage and treatment options.

Too often, this system overwhelms concerned families looking for the best option for their loved one. By passing this bill, we ensure more families will be connected to a lifesaving treatment option tailored to their needs.

Unfortunately, Madam Speaker, this crisis has only become more acute during the pandemic. According to the CDC, 81,000 drug overdose deaths occurred between May 2019 and May 2020, the highest number recorded in a 12-month period. To combat this epidemic of drug use, we must use every tool we have; and the network of support that families provide is an essential tool to overcoming addiction and restoring our communities.

I, again, want to thank Representative TRONE for his work on this bill, on this very important issue; and the committee leaders for moving this much-needed measure to the floor today.

Madam Speaker, I urge a “yes” vote.

Mr. PALLONE. Madam Speaker, I have no further speakers, I am prepared to close, and I reserve the balance of my time.

Mr. GUTHRIE. Madam Speaker, I yield myself such time as I may consume for the purpose of closing.

Madam Speaker, I really appreciate both the leaders of this bill and the entire House, as we have worked hard together in a bipartisan way over the years for the opioid abuse and other types of abuse and recovery efforts. This is an important bill and an additional step in that direction. We are fighting it, but we still have to continue the fight. This is an important bill. I support it, and I urge my colleagues to support it as well.

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

Mr. PALLONE. Madam Speaker, I yield myself the balance of my time for the purpose of closing.

Madam Speaker, I am sure we will notice as we go through the suspension calendar today that we have a number of bills that deal with addiction and behavioral health issues. This is Mental Health Month that we are observing today, and this is one of the bills that is a very important part of this group.

Madam Speaker, I urge support on a bipartisan basis, 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. 433.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the yeas have it.

Mr. ROY. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

## PURSUING EQUITY IN MENTAL HEALTH ACT

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1475) 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. 1475

*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.

Sec. 203. Technical correction.

#### 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 inserting after section 553 of such Act (as redesignated and moved by section 203 of this Act) 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 may 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.) is amended by inserting after section 554 of such Act, as added by section 101 of this Act, the following:

**“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 be-

havioral 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 2022 through 2026.”.

**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 2022 through 2026 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 2022 through 2026.

**TITLE II—OTHER PROVISIONS**

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

Section 597(c) of the Public Health Service Act (42 U.S.C. 29711(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 2022 through 2026”.

**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 Kentucky (Mr. GUTHRIE) 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. 1475.

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. 1475, 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 result of these long-term trends is that people of color are more likely to suffer from underlying health conditions; 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 Congress that raised concern about the increasing rates of suicide and mental health trends among Black children.

The bill before us today, H.R. 1475, is aimed specifically at addressing equity in mental health. It is a comprehensive approach to address increasing suicide rates and mental health disorders amongst Black youth. 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.

Madam Speaker, I am hopeful that this bill will help reduce the inequities in mental health.

Before I conclude, I would like to thank my colleague, Representative BONNIE WATSON COLEMAN, and her staff for leading this important legislation. She, of course, is in the district immediately next to me and a longtime supporter of these causes. So this is a bill that is significant, and I do want to thank the Congresswoman for being the sponsor.

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

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

Madam Speaker, I rise today in support of H.R. 1475, the Pursuing Equity in Mental Health Act, sponsored by Representative WATSON COLEMAN.

This important bill helps address suicide and mental illness in youth from minority and underserved communities.

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

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

This bill would help address these disparities by authorizing grants targeted at high-poverty communities for culturally and linguistically appropriate mental health services, supporting mental health disparities research, studying the impact of smartphones and social media on adolescents, and reauthorizing the Minority Fellowship Program to support more students of color entering the mental health workforce.

Madam Speaker, I urge a "yes" vote for this important initiative, and I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, first, let me say that Congresswoman BONNIE WATSON COLEMAN has, for years both here and in the State legislature and beyond, gone after issues that many of us have neglected or been unwilling to address. Maybe because they are controversial or whatever. She is always out there looking to help those people who are distressed or don't have someone to look out for them.

Madam Speaker, I yield such time as she may consume to the gentlewoman from New Jersey (Mrs. WATSON COLEMAN).

Mrs. WATSON COLEMAN. Madam Speaker, I thank my colleague from New Jersey for those kind words, and I thank my colleague from the other side of the aisle for supporting what I think is a very important piece of legislation.

Madam Speaker, I rise today to call on all of my colleagues to support the Pursuing Equity in Mental Health Act.

Over the last several years, data has indicated an alarming increase in the suicide rates for Black children and teenagers, while a recent study has shown that suicide intervention programs—while successful among White, Asian, and Hispanic children—have done little to help African-American and Native-American youth.

Two years ago, I launched the Emergency Task Force on Black Youth Suicide and Mental Health, sponsored by the Congressional Black Caucus. The task force's report that inspired this bill is an urgent call to action.

Regardless of race, gender, and socioeconomic status, every individual should have access to mental health resources and treatment.

This bipartisan bill will provide much-needed grants for culturally competent mental health services, increase funding for the Minority Fellowship Program, and direct research and resources at Federal departments and agencies. I basically am echoing what my colleagues have already shared with you.

We must pursue this equity in mental health because the systems we have in place simply do not address the mental health needs of all communities.

Madam Speaker, I call upon all of my colleagues to support this important piece of legislation.

Mr. GUTHRIE. Madam Speaker, I yield myself the balance of my time for the purpose of closing.

Madam Speaker, again, this is a very important issue, and I am glad we are here today to address it. We need to address it. My hopes and prayers are, as we move forward with this piece of legislation, we get the help that communities needed.

I support this legislation, and I urge my colleagues to support it.

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

Mr. PALLONE. Madam Speaker, I, too, urge my colleagues to support this very important 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. 1475, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. ROY. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

#### SUICIDE TRAINING AND AWARENESS NATIONALLY DELIVERED FOR UNIVERSAL PREVENTION ACT OF 2021

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 586) to amend the Public Health Service Act to provide best practices on student suicide awareness and prevention training and condition State educational agencies, local educational agencies, and tribal educational agencies receiving funds under section 520A of such Act to establish and implement a school-based student suicide awareness and prevention training policy.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 586

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