

119TH CONGRESS
1ST SESSION

S. 1448

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

IN THE SENATE OF THE UNITED STATES

APRIL 10, 2025

Ms. HIRONO (for herself, Mr. BLUMENTHAL, Ms. SMITH, Ms. WARREN, and
Mr. BOOKER) introduced the following bill; which was read twice and re-
ferred to the Committee on Health, Education, Labor, and Pensions

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 “Pursuing Equity in
5 Mental Health Act”.

6 **SEC. 2. PRIMARY AND BEHAVIORAL HEALTH CARE GRANT**
7 **PROGRAM.**

8 Section 520K of the Public Health Service Act (42
9 U.S.C. 290bb–42) is amended—

1 (1) by redesignating subsections (d) through (i)
2 as subsections (e) through (j), respectively;

3 (2) by inserting after subsection (c) the fol-
4 lowing:

5 “(d) SPECIAL CONSIDERATION REGARDING SERV-
6 ICES FOR RACIAL AND ETHNIC MINORITY GROUPS.—In
7 awarding grants under subsection (b), the Secretary may,
8 as appropriate, give special consideration to eligible enti-
9 ties serving a high proportion of racial and ethnic minority
10 groups.”;

11 (3) in subsection (c)(2)(G), by striking “sub-
12 section (e)” and inserting “subsection (f)”;

13 (4) in subsection (i) (as redesignated by para-
14 graph (1))—

15 (A) by striking “subsection (f)” and insert-
16 ing “subsection (g)”;

17 (B) by striking “subsection (d)(2)” and in-
18 serting “subsection (e)(2)”;

19 (5) in subsection (j)(1) (as redesignated by
20 paragraph (1)), by striking “\$60,000,000 for each
21 of fiscal years 2023 through 2027” and inserting
22 “\$60,000,000 for fiscal year 2025 and \$80,000,000
23 for each of fiscal years 2026 through 2031”.

1 **SEC. 3. ADDRESSING RACIAL AND ETHNIC MINORITY MEN-**
2 **TAL HEALTH DISPARITIES RESEARCH GAPS.**

3 Not later than 9 months after the date of enactment
4 of this Act, the Director of the National Institutes of
5 Health, in consultation with the Director of the National
6 Institute of Mental Health, the Director of the National
7 Institute on Minority Health and Health Disparities, and
8 the Assistant Secretary for Mental Health and Substance
9 Use, shall enter into an arrangement with the National
10 Academies of Sciences, Engineering, and Medicine (or, if
11 the National Academies of Sciences, Engineering, and
12 Medicine decline to enter into such an arrangement, the
13 Patient-Centered Outcomes Research Institute or another
14 appropriate entity)—

15 (1) to conduct a study with respect to mental
16 health disparities research gaps in racial and ethnic
17 minority groups (as defined in section 1707(g) of
18 the Public Health Service Act (42 U.S.C. 300u–
19 6(g))); and

20 (2) to submit to Congress a report on the re-
21 sults of such study, including—

22 (A) a compilation of information on the
23 prevalence of mental health outcomes in such
24 racial and ethnic minority groups;

25 (B) an assessment of information on the
26 impact of exposure to community violence, ad-

1 verse childhood experiences, structural bias, and
 2 other psychological traumas on mental health
 3 outcomes in such racial and minority groups;
 4 and

5 (C) a selection of potential recommenda-
 6 tions that can remedy the research gap in such
 7 racial and ethnic minority groups.

8 If no arrangement can be made with an entity specified
 9 in the previous sentence, the Agency for Healthcare Re-
 10 search and Quality shall conduct the study and submit the
 11 report, as described in paragraphs (1) and (2).

12 **SEC. 4. HEALTH PROFESSIONS COMPETENCIES TO AD-**
 13 **DRESS RACIAL AND ETHNIC MINORITY MEN-**
 14 **TAL HEALTH DISPARITIES.**

15 Section 597 of the Public Health Service Act (42
 16 U.S.C. 290ll) is amended—

17 (1) by redesignating subsections (b) and (c) as
 18 subsections (c) and (d), respectively;

19 (2) by inserting after subsection (a) the fol-
 20 lowing:

21 “(b) BEST PRACTICES; CORE COMPETENCIES.—An
 22 individual receiving a fellowship under subsection (a), or
 23 an entity selected by the Assistant Secretary to administer
 24 the program under this section, may use amounts awarded
 25 under this section to engage in the following activities re-

1 lated to the development and dissemination of best prac-
2 tices or core competencies addressing mental health dis-
3 parities among racial and ethnic minority groups for use
4 in the training of students in the professions of social
5 work, psychology, psychiatry, addiction medicine, mar-
6 riage and family therapy, mental health counseling, and
7 substance misuse counseling:

8 “(1) Formation of committees or working
9 groups comprised of experts from accredited health
10 professions schools to identify best practices and
11 core competencies relating to mental health dispari-
12 ties among racial and ethnic minority groups.

13 “(2) Planning of workshops in national fora to
14 allow for public input into the educational needs as-
15 sociated with mental health disparities among racial
16 and ethnic minority groups.

17 “(3) Dissemination and promotion of the use of
18 best practices or core competencies in undergraduate
19 and graduate health professions training programs
20 nationwide.

21 “(4) Establishing external advisory boards to
22 provide meaningful input into policy and program
23 development and best practices to reduce mental
24 health disparities among racial and ethnic minority
25 groups.”; and

1 (3) in subsection (d) (as so redesignated), by
 2 striking “2027” and inserting “2031”.

3 **SEC. 5. RACIAL AND ETHNIC MINORITY BEHAVIORAL AND**
 4 **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 inserting after
 8 section 553 (42 U.S.C. 290ee–10) of such Act the fol-
 9 lowing:

10 **“SEC. 554. BEHAVIORAL AND MENTAL HEALTH OUTREACH**
 11 **AND EDUCATION STRATEGY.**

12 “(a) IN GENERAL.—The Secretary shall, in consulta-
 13 tion with advocacy and behavioral and mental health orga-
 14 nizations serving racial and ethnic minority groups, de-
 15 velop and implement an outreach and education strategy
 16 to promote behavioral and mental health and reduce stig-
 17 ma associated with mental health conditions and sub-
 18 stance use among racial and ethnic minority groups. Such
 19 strategy shall—

20 “(1) be designed to—

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

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

1 “(2) increase awareness of symptoms of mental
2 illnesses common among such groups, taking into
3 account differences within at-risk subgroups;

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

7 “(4) ensure full participation of, and engage,
8 both individuals receiving behavioral and mental
9 health services and other community members,
10 which may include adolescents and young adults, in
11 the development and implementation of materials;
12 and

13 “(5) seek to broaden the perspective among
14 both individuals in racial and ethnic minority groups
15 and communities serving such groups to use a com-
16 prehensive and integrated public health approach to
17 promoting behavioral health by focusing on the
18 intersection between behavioral and physical health.

19 “(b) REPORTS.—Beginning not later than 1 year
20 after the date of the enactment of this section, and annu-
21 ally thereafter for 5 years, the Secretary shall submit to
22 Congress, and make publicly available, a report on the ex-
23 tent to which the strategy developed and implemented
24 under subsection (a) addressed behavioral and mental
25 health outcomes associated with mental health conditions

1 and substance use among racial and ethnic minority
2 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 \$20,000,000 for each of fiscal years 2026 through 2031.”.

9 **SEC. 6. ADDITIONAL FUNDS FOR NATIONAL INSTITUTES OF**
10 **HEALTH.**

11 (a) IN GENERAL.—In addition to amounts otherwise
12 authorized to be appropriated to the National Institutes
13 of Health, there is authorized to be appropriated to such
14 Institutes \$150,000,000 for each of fiscal years 2026
15 through 2031 to—

16 (1) build relations with communities and con-
17 duct or support clinical research, including clinical
18 research on racial or ethnic disparities in physical
19 and mental health; and

20 (2) to carry out the Strategic Framework For
21 Addressing Youth Mental Health Disparities devel-
22 oped by the National Institute of Mental Health.

23 (b) DEFINITION.—In this section, the term “clinical
24 research” has the meaning given to such term in section
25 409 of the Public Health Service Act (42 U.S.C. 284d).

1 **SEC. 7. ADDITIONAL FUNDS FOR NATIONAL INSTITUTE ON**
2 **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 \$750,000,000 for each of fiscal
8 years 2026 through 2031.

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