

119TH CONGRESS
1ST SESSION

H. R. 2904

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

IN THE HOUSE OF REPRESENTATIVES

APRIL 10, 2025

Mrs. WATSON COLEMAN (for herself, Ms. NORTON, Mr. FIELDS, Mr. THANEDAR, Mr. JOHNSON of Georgia, Ms. CLARKE of New York, Ms. MOORE of Wisconsin, Mr. CARSON, Mr. JACKSON of Illinois, Mrs. MCIVER, Mr. CARTER of Louisiana, and Mr. BELL) introduced the following bill; which was referred to the Committee on Energy and Commerce

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”.

1 **SEC. 2. PRIMARY AND BEHAVIORAL HEALTH CARE GRANT**
2 **PROGRAM.**

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

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

7 (2) by inserting after subsection (c) the fol-
8 lowing:

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

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

17 (4) in subsection (i) (as redesignated by para-
18 graph (1))—

19 (A) by striking “subsection (f)” and insert-
20 ing “subsection (g)”;

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

23 (5) in subsection (j)(1) (as redesignated by
24 paragraph (1)), by striking “\$60,000,000 for each
25 of fiscal years 2023 through 2027” and inserting

1 “\$60,000,000 for fiscal year 2025 and \$80,000,000
2 for each of fiscal years 2026 through 2031”.

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

5 (a) IN GENERAL.—Not later than 9 months after the
6 date of enactment of this Act, the Director of the National
7 Institutes of Health, in consultation with the Director of
8 the National Institute of Mental Health, the Director of
9 the National Institute on Minority Health and Health Dis-
10 parities, and the Assistant Secretary for Mental Health
11 and Substance Use, shall seek to enter into an arrange-
12 ment with the National Academies of Sciences, Engineer-
13 ing, and Medicine (or, if the National Academies of
14 Sciences, Engineering, and Medicine decline to enter into
15 such an arrangement, the Patient-Centered Outcomes Re-
16 search Institute or another appropriate entity) under
17 which the National Academies (or such other appropriate
18 entity, as the case may be) agrees—

19 (1) to conduct a study with respect to mental
20 health disparities research gaps in racial and ethnic
21 minority groups (as defined in section 1707(g) of
22 the Public Health Service Act (42 U.S.C. 300u-
23 6(g))); and

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

1 (A) a compilation of information on the
2 prevalence of mental health outcomes in such
3 racial and ethnic minority groups;

4 (B) an assessment of information on the
5 impact of exposure to community violence, ad-
6 verse childhood experiences, structural bias, and
7 other psychological traumas on mental health
8 outcomes in such racial and minority groups;
9 and

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

13 (b) STUDY AND REPORT CONDUCTED BY AHRQ.—
14 If no arrangement can be made with an entity specified
15 in subsection (a), the Director of the Agency for
16 Healthcare Research and Quality shall conduct the study
17 and submit the report, as described in paragraphs (1) and
18 (2) of such subsection.

19 **SEC. 4. HEALTH PROFESSIONS COMPETENCIES TO AD-**
20 **DRESS RACIAL AND ETHNIC MINORITY MEN-**
21 **TAL HEALTH DISPARITIES.**

22 Section 597 of the Public Health Service Act (42
23 U.S.C. 2901l) is amended—

24 (1) by redesignating subsections (b) and (c) as
25 subsections (c) and (d), respectively;

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

3 “(b) BEST PRACTICES; CORE COMPETENCIES.—An
4 individual receiving a fellowship under subsection (a), or
5 an entity selected by the Assistant Secretary to administer
6 the program under this section, may use amounts awarded
7 under this section to engage in the following activities re-
8 lated to the development and dissemination of best prac-
9 tices or core competencies addressing mental health dis-
10 parities among racial and ethnic minority groups for use
11 in the training of students in the professions of social
12 work, psychology, psychiatry, addiction medicine, mar-
13 riage and family therapy, mental health counseling, and
14 substance misuse counseling:

15 “(1) Formation of committees or working
16 groups comprised of experts from accredited health
17 professions schools to identify best practices and
18 core competencies relating to mental health dispari-
19 ties among racial and ethnic minority groups.

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

24 “(3) Dissemination and promotion of the use of
25 best practices or core competencies in undergraduate

1 and graduate health professions training programs
2 nationwide.

3 “(4) Establishing external advisory boards to
4 provide meaningful input into policy and program
5 development and best practices to reduce mental
6 health disparities among racial and ethnic minority
7 groups.”; and

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

10 **SEC. 5. RACIAL AND ETHNIC MINORITY BEHAVIORAL AND**
11 **MENTAL HEALTH OUTREACH AND EDU-**
12 **CATION STRATEGY.**

13 Part D of title V of the Public Health Service Act
14 (42 U.S.C. 290dd et seq.) is amended by inserting after
15 section 553 (42 U.S.C. 290ee–10) of such Act the fol-
16 lowing:

17 **“SEC. 554. BEHAVIORAL AND MENTAL HEALTH OUTREACH**
18 **AND EDUCATION STRATEGY.**

19 “(a) IN GENERAL.—The Secretary shall, in consulta-
20 tion with advocacy and behavioral and mental health orga-
21 nizations serving racial and ethnic minority groups, de-
22 velop and implement an outreach and education strategy
23 to promote behavioral and mental health and reduce stig-
24 ma associated with mental health conditions and sub-

1 stance use among racial and ethnic minority groups. Such
2 strategy shall—

3 “(1) be designed to—

4 “(A) meet the diverse cultural and lan-
5 guage needs of the various racial and ethnic mi-
6 nority groups; and

7 “(B) be developmentally and age-appro-
8 priate;

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

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

15 “(4) ensure full participation of, and engage,
16 both individuals receiving behavioral and mental
17 health services and other community members,
18 which may include adolescents and young adults, in
19 the development and implementation of materials;
20 and

21 “(5) seek to broaden the perspective among
22 both individuals in racial and ethnic minority groups
23 and communities serving such groups to use a com-
24 prehensive and integrated public health approach to

1 promoting behavioral health by focusing on the
2 intersection between behavioral and physical health.

3 “(b) REPORTS.—Beginning not later than 1 year
4 after the date of the enactment of this section, and annu-
5 ally thereafter for 5 years, the Secretary shall submit to
6 Congress, and make publicly available, a report on the ex-
7 tent to which the strategy developed and implemented
8 under subsection (a) addressed behavioral and mental
9 health outcomes associated with mental health conditions
10 and substance use among racial and ethnic minority
11 groups.

12 “(c) DEFINITION.—In this section, the term ‘racial
13 and ethnic minority group’ has the meaning given to that
14 term in section 1707(g).

15 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
16 is authorized to be appropriated to carry out this section
17 \$20,000,000 for each of fiscal years 2026 through 2031.”.

18 **SEC. 6. ADDITIONAL FUNDS FOR NATIONAL INSTITUTES OF**

19 **HEALTH.**

20 (a) IN GENERAL.—In addition to amounts otherwise
21 authorized to be appropriated to the National Institutes
22 of Health, there is authorized to be appropriated to such
23 Institutes \$150,000,000 for each of fiscal years 2026
24 through 2031 to—

1 (1) build relations with communities and con-
2 duct or support clinical research, including clinical
3 research on racial or ethnic disparities in physical
4 and mental health; and

5 (2) to carry out the Strategic Framework For
6 Addressing Youth Mental Health Disparities devel-
7 oped by the National Institute of Mental Health.

8 (b) DEFINITION.—In this section, the term “clinical
9 research” has the meaning given to such term in section
10 409 of the Public Health Service Act (42 U.S.C. 284d).

11 **SEC. 7. ADDITIONAL FUNDS FOR NATIONAL INSTITUTE ON**
12 **MINORITY HEALTH AND HEALTH DISPARI-**
13 **TIES.**

14 In addition to amounts otherwise authorized to be ap-
15 propriated to the National Institute on Minority Health
16 and Health Disparities, there is authorized to be appro-
17 priated to such Institute \$750,000,000 for each of fiscal
18 years 2026 through 2031.

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