

117TH CONGRESS
1ST SESSION

H. R. 1331

To amend the Public Health Service Act to reduce health inequities experienced by individuals who are members of historically racial and ethnic minority groups under State plans under the community mental health services block grant program, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 25, 2021

Mr. CÁRDENAS (for himself, Ms. JOHNSON of Texas, and Mr. SOTO) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to reduce health inequities experienced by individuals who are members of historically racial and ethnic minority groups under State plans under the community mental health services block grant program, 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 “Strengthening Mental
5 Health Supports for BIPOC Communities Act”.

1 **SEC. 2. REDUCING HEALTH INEQUITIES EXPERIENCED BY**
2 **HISTORICALLY RACIAL AND ETHNIC MINORI-**
3 **TIES UNDER STATE PLANS UNDER COMMU-**
4 **NITY MENTAL HEALTH SERVICES BLOCK**
5 **GRANT PROGRAM.**

6 (a) IN GENERAL.—Section 1942(a) of the Public
7 Health Service Act (42 U.S.C. 300x–52(a)) is amended—

8 (1) in paragraph (1), by striking “and” at the
9 end;

10 (2) by redesignating paragraph (2) as para-
11 graph (5); and

12 (3) by inserting after paragraph (1) the fol-
13 lowing:

14 “(2) services provided by the State to adults
15 with a serious mental illness and children with a se-
16 rious emotional disturbance who are members of his-
17 torically racial and ethnic minority groups, includ-
18 ing—

19 “(A) the extent to which such services are
20 provided to such adults and children; and

21 “(B) the outcomes experienced by such
22 adults and children as a result of the provision
23 of such services, including with respect to—

24 “(i) diversions from hospitalization
25 and criminal justice system involvement;

1 “(ii) treatment for first episode psy-
2 chosis or undefined psychosis;

3 “(iii) reductions in suicide and in-
4 creased utilization of appropriate treat-
5 ments and interventions for suicidal idea-
6 tion;

7 “(iv) response through crisis services,
8 including mobile crisis services;

9 “(v) treatment of individuals who are
10 experiencing homelessness or housing inse-
11 curity and individuals residing in rural
12 communities; and

13 “(vi) increased patient family and
14 caregiver engagement and education on se-
15 rious mental illness to reduce social stigma
16 and promote healthy social support for pa-
17 tients;

18 “(3) any outreach by the State to, and the hir-
19 ing of, providers of mental health services from mul-
20 tiple disciplines (such as a psychologist, psychiatrist,
21 peer support provider, or social worker) who are
22 members of historically racial and ethnic minority
23 groups;

24 “(4) any outreach by the State to providers
25 from multiple disciplines of mental health services—

1 “(A) to provide training on culturally ef-
2 fective, culturally affirming, and linguistically
3 competent services; and

4 “(B) to increase awareness of community-
5 defined practices by practitioners of historically
6 racial and ethnic minority groups; and”.

7 (b) APPLICABILITY.—The amendments made by sub-
8 section (a) shall apply with respect to funding agreements
9 entered into under section 1911 or 1921 of the Public
10 Health Service Act (42 U.S.C. 300x; 42 U.S.C. 300x–21)
11 on or after the date of the enactment of this Act.

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