

117TH CONGRESS
1ST SESSION

H. R. 434

To direct the Secretary of Health and Human Services to convene a task force to advise the Assistant Secretary for Mental Health and Substance Use on a national strategy for preventing mental health and substance use crises during a public health emergency, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 21, 2021

Mr. TRONE (for himself and Mr. WOMACK) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To direct the Secretary of Health and Human Services to convene a task force to advise the Assistant Secretary for Mental Health and Substance Use on a national strategy for preventing mental health and substance use crises during a public health emergency, 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 “Preventing Mental
5 Health and Substance Use Crises During Emergencies
6 Act”.

1 **SEC. 2. FINDINGS.**

2 (a) FINDINGS.—Congress finds the following:

3 (1) The United States invests annually in the
4 public mental health of Americans.

5 (2) Congress appropriated \$5.87 billion in fiscal
6 year 2021 to the Substance Abuse and Mental
7 Health Services Administration of the Department
8 of Health and Human Services.

9 (3) Funds are also appropriated to address
10 mental health and substance use in targeted popu-
11 lations through the Department of Veterans Affairs,
12 the Department of the Interior, and the National In-
13 stitute for Mental Health.

14 (4) On January 31, 2020, the Secretary of
15 Health and Human Services declared a public health
16 emergency due to the spread of COVID–19, and ex-
17 tended such declaration, more recently, on January
18 7, 2021.

19 (5) In August 2020, Congress provided an addi-
20 tional \$725 million in supplemental funding to aug-
21 ment mental health and substance use services dur-
22 ing the COVID–19 pandemic.

23 (6) Such supplemental funding included \$425
24 million to the Substance Abuse and Mental Health
25 Services Administration, of which—

1 (A) \$110 million was allocated for emer-
2 gency grants for behavioral health services;

3 (B) \$250 million was allocated for the Cer-
4 tified Community Behavioral Health Centers
5 program; and

6 (C) \$50 million was allocated for suicide
7 prevention.

8 (7) In December 2020, Congress provided an
9 additional \$4.25 billion in supplemental funding to
10 the Substance Abuse and Mental Health Services
11 Administration to provide increased mental health
12 and substance use services and support.

13 (8) The COVID–19 pandemic has exacerbated
14 concerns about the mental health and well-being of
15 Americans.

16 (9) A third of Americans are feeling severe anx-
17 iety, according to Census Bureau data, and nearly a
18 quarter show signs of depression.

19 (10) A recent poll by the Kaiser Family Foun-
20 dation found that the pandemic had negatively af-
21 fected the mental health of 56 percent of adults.

22 (11) In April 2020, texts to a Federal emer-
23 gency mental-health line were up 1,000 percent from
24 the year before.

1 (12) The situation is particularly dire for cer-
2 tain vulnerable groups that face a significant risk of
3 post-traumatic stress disorder, including—

4 (A) health care workers;

5 (B) COVID–19 patients with severe cases;

6 and

7 (C) individuals who have lost loved ones.

8 (13) In overburdened intensive-care units, de-
9 lirious patients are seeing chilling hallucinations.

10 (14) At least two overwhelmed emergency med-
11 ical workers have died by suicide since the beginning
12 of the COVID–19 pandemic.

13 (15) The public mental health crisis will con-
14 tinue after the COVID–19 pandemic subsides.

15 (b) STATEMENT OF POLICY.—It is the policy of the
16 United States to protect the health and safety of all Amer-
17 icans during public health emergencies and to proactively
18 lead public health efforts to advance the mental health of
19 the Nation.

20 **SEC. 3. TASK FORCE TO PREVENT MENTAL HEALTH AND**
21 **SUBSTANCE USE CRISES.**

22 (a) IN GENERAL.—The Secretary of Health and
23 Human Services (in this section referred to as the “Sec-
24 retary”) shall convene a task force known as the Task

1 Force to Prevent Mental Health and Substance Use Crises
2 (in this section referred to as the “Task Force”) to—

3 (1) assess the response of the Federal Govern-
4 ment with respect to mental health and substance
5 use during and after the spread of COVID–19; and

6 (2) advise the Assistant Secretary for Mental
7 Health and Substance Use on a national strategy for
8 preventing mental health and substance use crises
9 during a public health emergency.

10 (b) ASSESSMENT.—In carrying out subsection (a),
11 the Task Force shall assess—

12 (1) the efficacy, outcomes, and cost of each
13 Federal initiative taken during the spread of
14 COVID–19 to support mental health and address
15 substance use, including an identification of—

16 (A) any initiative that was not successful;
17 and

18 (B) best practices and strategies;

19 (2) the ability of Federal agencies to coordinate
20 mental health programs and services and allocate re-
21 sources to respond to a public health emergency;

22 (3) the ability of Federal agencies to use tech-
23 nology developed through the Small Business Inno-
24 vation Research Program established under section

1 9 of the Small Business Act (15 U.S.C. 638) to re-
2 spond to a public health emergency;

3 (4) the ability of Federal, State, and local agen-
4 cies to coordinate with other government agencies,
5 nonprofit organizations, and entities in the private
6 sector during a public health emergency;

7 (5) any needed improvements to coordination
8 described in paragraphs (1) and (2);

9 (6) a review of research programs of the Fed-
10 eral agencies listed in subsection (c)(3) with respect
11 to mental health and substance use during a public
12 health emergency; and

13 (7) a review of the amount of funds used by
14 such Federal agencies to support mental health and
15 address substance use during a public health emer-
16 gency.

17 (c) MEMBERSHIP.—

18 (1) CHAIR.—Not later than 60 days after the
19 date of the enactment of this section, the Secretary
20 shall appoint an individual to serve as the Chair of
21 the Task Force.

22 (2) COMPOSITION.—The Task Force shall be
23 composed of—

24 (A) representatives of Federal agencies, in-
25 cluding the agencies listed in paragraph (3);

1 (B) representatives of nongovernmental or-
2 ganizations;

3 (C) patient advocates; and

4 (D) State and local public health experts
5 who specialize in mental health and substance
6 use.

7 (3) FEDERAL AGENCIES.—The agencies rep-
8 resented under paragraph (2)(A) shall, at a min-
9 imum, include the following:

10 (A) The Centers for Disease Control and
11 Prevention.

12 (B) The National Institute of Mental
13 Health.

14 (C) The National Institutes of Health.

15 (D) The National Institute on Drug
16 Abuse.

17 (E) The Food and Drug Administration.

18 (F) The Health Resources and Services
19 Administration.

20 (G) The Substance Abuse and Mental
21 Health Services Administration.

22 (H) The Agency for Healthcare Research
23 and Quality.

24 (I) The Administration for Children and
25 Families.

1 (J) The Centers for Medicare & Medicaid
2 Services.

3 (K) The Department of the Interior.

4 (L) The Department of Veterans Affairs.

5 (M) The Department of Education.

6 (N) The Department of Defense.

7 (O) The Department of Justice.

8 (P) The Department of Housing and
9 Urban Development.

10 (Q) The Administration for Community
11 Living.

12 (R) The Indian Health Service.

13 (S) The Department of Labor.

14 (d) MEETINGS.—Not later than 180 days after the
15 date of the enactment of this section, the Secretary shall
16 convene a meeting of the Task Force and shall convene
17 subsequent meetings on a periodic basis.

18 (e) SUBMISSIONS TO CONGRESS.—

19 (1) PROGRESS REPORT.—Not later than one
20 year after the date of the enactment of this section,
21 the Task Force shall submit to the appropriate con-
22 gressional committees a report on the progress of
23 the Task Force in carrying out subsection (a).

24 (2) FINAL REPORT.—Not later than two years
25 after the date of the enactment of this section, the

1 Task Force shall submit, and update on an annual
 2 basis, to the appropriate congressional committees a
 3 report on the activities of the Task Force in car-
 4 rying out subsection (a), including—

5 (A) the results of the assessment under
 6 subsection (b); and

7 (B) any findings, conclusions, and rec-
 8 ommendations.

9 (f) DISPOSITION OF RECORDS.—Upon dissolution of
 10 the Task Force, the records of the Task Force shall be-
 11 come records of the Assistant Secretary for Mental Health
 12 and Substance Use.

13 (g) PUBLIC HEALTH EMERGENCY DEFINED.—In
 14 this section, the term “public health emergency” means
 15 a public health emergency declared pursuant to section
 16 319 of the Public Health Service Act (42 U.S.C. 247d).

17 **SEC. 4. NATIONAL STRATEGY ON MENTAL HEALTH AND**
 18 **SUBSTANCE USE DURING A PUBLIC HEALTH**
 19 **EMERGENCY.**

20 Section 501 of the Public Health Service Act (42
 21 U.S.C. 290aa) is amended—

22 (1) by redesignating subsection (q) as sub-
 23 section (r); and

24 (2) by inserting after subsection (p) the fol-
 25 lowing:

1 “(q) NATIONAL STRATEGY DURING PUBLIC HEALTH
2 EMERGENCIES.—Not later than 30 months after the date
3 of the enactment of this subsection, and annually there-
4 after, the Assistant Secretary shall prepare and submit a
5 national strategy to the appropriate congressional commit-
6 tees on preventing mental health and substance use crises
7 during a public health emergency. Such strategy shall be
8 based on the reports submitted to Congress by the Task
9 Force to Prevent Mental Health and Substance Use Crises
10 and include—

11 “(1) advancements in research with respect to
12 mental health and substance use during a public
13 health emergency; and

14 “(2) a plan to increase the ability of Federal
15 agencies to coordinate mental health programs and
16 services and allocate resources to respond to a public
17 health emergency.”.

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