118TH CONGRESS
1ST SESSION

S. _____

To amend the Public Health Service Act to provide for a national outreach and education strategy and research to improve behavioral health among the Asian American, Native Hawaiian, and Pacific Islander population, while addressing stigma against behavioral health treatment among such population.

IN THE SENATE OF THE UNITED STATES

Ms. HIRONO (for herself, Ms. CORTEZ MASTO, and Mr. BOOKER) introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

To amend the Public Health Service Act to provide for a national outreach and education strategy and research to improve behavioral health among the Asian American, Native Hawaiian, and Pacific Islander population, while addressing stigma against behavioral health treatment among such population.

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 ''Stop Mental Health Stigma in Our Communities Act''.

SEC. 2. DEFINITIONS.

In this Act:

(1) AANHPI.—The term ''AANHPI'' means Asian American, Native Hawaiian, and Pacific Islander.

(2) SECRETARY.—Except as otherwise specified, the term ''Secretary'' means the Secretary of Health and Human Services.

SEC. 3. FINDINGS.

Congress finds the following:

(1) The AANHPI community is among the fastest growing population groups in the United States. It is a diverse population representing over 30 countries, making up more than 50 distinct ethnic groups, and speaking more than 100 languages and dialects.

(2) There is a growing mental health crisis in the United States, particularly for AANHPI individuals. AANHPI individuals with mental health challenges have the lowest rates of mental health service utilization compared to other racial or ethnic populations. In 2021, only 25 percent of Asian adults with a mental health challenge received treatment in the past year. Although suicide is the eleventh leading cause of death, it is the leading cause of death for AANHPI youth. From 2018 to 2020, AANHPI

youth between the ages of 10 to 24 years were the only racial or ethnic population in this age category where suicide was the leading cause of death.

(3) Such mental health disparities within the AANHPI community may be attributed to systemic barriers to accessing mental health services, including stigma attached to mental health, limited availability of and access to culturally and linguistically appropriate services, and insufficient research.

(4) Insufficient research on AANHPI communities often leads to an inaccurate representation of their experiences and needs. It is imperative to disaggregate AANHPI population data to better understand the range of mental health issues for each subpopulation so that specific culturally and linguistically appropriate solutions can be developed.

(5) Critical investments are necessary to reduce stigma and improve mental health within AANHPI communities, including increasing culturally and linguistically appropriate outreach education and mental health services, improving representation of AANHPI individuals among behavioral health providers, and strengthening disaggregated data collection in research.

SEC. 4. NATIONAL AANHPI BEHAVIORAL 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 adding at the end the following new section:

"SEC. 553. NATIONAL AANHPI BEHAVIORAL HEALTH OUTREACH AND EDUCATION STRATEGY.

''(a) IN GENERAL.—The Secretary, acting through the Assistant Secretary, shall, in coordination with the Director of the Office of Minority Health, the Director of the National Institutes of Health, and the Director of the Centers for Disease Control and Prevention, and in consultation with advocacy and behavioral health organizations serving populations of Asian American, Native Hawaiian, and Pacific Islander individuals or communities, develop and implement a national outreach and education strategy to promote behavioral health and reduce stigma associated with mental health and substance use disorders within the Asian American, Native Hawaiian, and Pacific Islander population. Such strategy shall—

''(1) be designed to meet the diverse cultural and language needs of the various Asian American, Native Hawaiian, and Pacific Islander populations;

''(2) be developmentally and age appropriate;

''(3) increase awareness of symptoms of mental illnesses common within subgroups of such popu-

lation, taking into account differences within subgroups, such as gender, gender identity, age, sexual orientation, or ethnicity;

''(4) provide information on evidence-based, culturally and linguistically appropriate, and adapted interventions and treatments;

''(5) ensure full participation of, and engage, both consumers and community members in the development and implementation of materials; and

''(6) seek to broaden the perspective among both individuals in Asian American, Native Hawaiian, and Pacific Islander communities and stakeholders serving such communities 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 the Stop Mental Health Stigma in Our Communities Act and annually thereafter, the Secretary, acting through the Assistant 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 treatment utilization among the Asian American, Native Hawaiian, and

Pacific Islander population for mental health and substance use disorders.

''(c) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $3,000,000 for each of fiscal years 2024 through 2028.''.

SEC. 5. STUDY AND REPORT ON THE AANHPI YOUTH MENTAL HEALTH CRISIS.

(a) STUDY.—

(1) IN GENERAL.—The Secretary, acting through the Assistant Secretary for Mental Health and Substance Use, in coordination with the Director of the National Institutes of Health, the Director of the Centers for Disease Control and Prevention, and the Director of the Office of Minority Health, shall conduct a study on behavioral health among AANHPI youth.

(2) ELEMENTS.—Such study required under paragraph (1) shall include an assessment of—

(A) the prevalence, risk factors, and root causes of mental health challenges, substance misuse, and mental health and substance use disorders among AANHPI youth;

(B) the prevalence among AANHPI youth of attempted suicide, nonfatal substance use

overdose, and death by suicide or substance use overdose; and

(C) AANHPI youth that received treatment for mental health and substance use disorders.

(b) REPORT.—Not later than one year after the date of the enactment of this Act, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, and make publicly available, a report on the findings of the study conducted under subsection (a), including—

(1) identification of the barriers to accessing behavioral health services for AANHPI youth;

(2) identification of root causes of mental health challenges and substance misuse among AANHPI youth;

(3) recommendations for actions to be taken by the Secretary to improve behavioral health among AANHPI youth;

(4) recommendations for legislative or administrative action to improve the behavioral health of AANHPI youth experiencing depression, suicide, and overdose, and to reduce the prevalence of de-

pression, suicide, and overdose among AANHPI youth; and

(5) such other recommendations as the Secretary determines appropriate.

(c) DATA.—Any data included in the study or report under this section shall be disaggregated by race, ethnicity, age, sex, gender identity, sexual orientation, geographic region, disability status, and other relevant factors, in a manner that protects personal privacy and that is consistent with applicable Federal and State privacy law.

(d) AUTHORIZATION OF APPROPRIATIONS.—For purposes of carrying out this section, there is authorized to be appropriated $1,500,000 for fiscal year 2024.

SEC. 6. STUDY AND REPORT ON STRATEGIES ON THE AANHPI BEHAVIORAL HEALTH WORKFORCE SHORTAGE.

(a) STUDY.—

(1) IN GENERAL.—The Secretary, acting through the Assistant Secretary for Mental Health and Substance Use, in coordination with the Administrator of the Health Resources and Services Administration, the Secretary of Labor, and the Director of the Office of Minority Health, shall conduct a study on strategies for increasing the behavioral

health professional workforce that identify as AANHPI.

(2) ELEMENTS.—Such study required under paragraph (1) shall consider—

(A) the total number of licensed behavioral health providers in the United States who identify as AANHPI;

(B) with respect to each such provider, information regarding the current type of license, geographic area of practice, and type of employer (such as hospital, Federally-qualified health center, school, or private practice);

(C) information regarding the cultural and linguistic capabilities of such providers, including languages spoken proficiently; and

(D) the relevant barriers to enrollment in behavioral health professional education programs and entering the behavioral workforce for AANHPI individuals.

(b) REPORT.—Not later than one year after the date of the enactment of this Act, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, and make

publicly available, a report on the findings of the study conducted under subsection (a), including—

(1) identification of AANHPI licensed behavioral health providers' knowledge and awareness of the barriers to quality behavioral health care services faced by AANHPI individuals, including stigma, limited English proficiency, and lack of health insurance coverage;

(2) recommendations for actions to be taken by the Secretary to increase the number of AANHPI licensed behavioral health professionals;

(3) recommendations for legislative or administrative action to improve the enrollment of AANHPI individuals in behavioral health professional education programs; and

(4) such other recommendations as the Secretary determines appropriate.

(c) DATA.—Any data included in the study or report under this section shall be disaggregated by race, ethnicity, age, sex, gender identity, sexual orientation, geographic region, disability status, and other relevant factors, in a manner that protects personal privacy and that is consistent with applicable Federal and State privacy law.

(d) DEFINITION.—In this section the term ''licensed behavioral health provider'' means any individual licensed to provide mental health or substance use disorder services, including in the professions of social work, psychology, psychiatry, marriage and family therapy, mental health counseling, and substance use disorder counseling.

(e) AUTHORIZATION OF APPROPRIATIONS.—For purposes of carrying out this section, there is authorized to be appropriated $1,500,000 for fiscal year 2024.