

117TH CONGRESS
1ST SESSION

S. 708

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 SENATE OF THE UNITED STATES

MARCH 11, 2021

Mr. KELLY (for himself and Mrs. CAPITO) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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 people of the United States.

5 (2) Congress appropriated \$3,600,000,000 in
6 fiscal year 2020 to the Substance Abuse and Mental
7 Health Services Administration.

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

13 (4) On January 31, 2020, the Secretary of
14 Health and Human Services declared a public health
15 emergency due to the spread of COVID–19, and ex-
16 tended such declaration, most recently, on October
17 2, 2020.

18 (5) As of August 1, 2020, Congress provided an
19 additional \$725,000,000 in supplemental funding to
20 augment mental health and substance use services
21 during the COVID–19 pandemic.

22 (6) Such supplemental funding included
23 \$425,000,000 to the Substance Abuse and Mental
24 Health Services Administration, of which—

25 (A) \$110,000,000 was allocated for emer-
26 gency grants for behavioral health services;

1 (B) \$250,000,000 was allocated for the
2 Certified Community Behavioral Health Centers
3 program; and

4 (C) \$50,000,000 was allocated for suicide
5 prevention.

6 (7) The COVID–19 pandemic has exacerbated
7 concerns about the mental health and well-being of
8 the people of the United States.

9 (8) A third of people in the United States are
10 feeling severe anxiety, according to Census Bureau
11 data, and nearly a quarter show signs of depression.

12 (9) A recent poll by the Kaiser Family Founda-
13 tion found that the pandemic had negatively affected
14 the mental health of 56 percent of adults.

15 (10) In April, texts to a Federal emergency
16 mental-health line were up 1,000 percent from the
17 year before.

18 (11) The situation is particularly dire for cer-
19 tain vulnerable groups that face a significant risk of
20 post-traumatic stress disorder, including—

21 (A) health care workers;

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

23 and

24 (C) individuals who have lost loved ones.

1 (12) In overburdened intensive-care units, de-
2 lirious patients are seeing chilling hallucinations.

3 (13) At least 2 overwhelmed emergency medical
4 workers have died by suicide since the beginning of
5 the COVID–19 pandemic.

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

8 (b) STATEMENT OF POLICY.—It is the policy of the
9 United States to protect the health and safety of all people
10 of the United States during public health emergencies and
11 to proactively lead public health efforts to advance the
12 mental health of the Nation.

13 **SEC. 3. TASK FORCE TO PREVENT MENTAL HEALTH AND**
14 **SUBSTANCE USE CRISES.**

15 (a) IN GENERAL.—The Secretary of Health and
16 Human Services (referred to in this section as the “Sec-
17 retary”) shall convene a task force known as the Task
18 Force to Prevent Mental Health and Substance Use Crises
19 (referred to in this section as the “Task Force”) to—

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

23 (2) advise the Assistant Secretary for Mental
24 Health and Substance Use on a national strategy for

1 preventing mental health and substance use crises
2 during a public health emergency.

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

5 (1) the efficacy, outcomes, and cost of each
6 Federal initiative taken during the spread of
7 COVID–19 to support mental health and address
8 substance use, including an identification of—

9 (A) any initiative that was not successful;

10 and

11 (B) best practices and strategies;

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

15 (3) the ability of Federal agencies to use tech-
16 nology developed through the Small Business Inno-
17 vation Research Program established under section
18 9 of the Small Business Act (15 U.S.C. 638) to re-
19 spond to a public health emergency;

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

24 (5) any needed improvements to coordination
25 described in paragraphs (2) and (4);

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

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

9 (c) MEMBERSHIP.—

10 (1) CHAIR.—Not later than 60 days after the
11 date of enactment of this section, the Secretary shall
12 appoint an individual to serve as the Chair of the
13 Task Force.

14 (2) COMPOSITION.—The Task Force shall be
15 composed of—

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

18 (B) representatives of nongovernmental or-
19 ganizations;

20 (C) patient advocates; and

21 (D) State and local public health experts
22 who specialize in mental health and substance
23 use.

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

4 (A) The Centers for Disease Control and
5 Prevention.

6 (B) The National Institute of Mental
7 Health.

8 (C) The National Institutes of Health.

9 (D) The National Institute on Drug
10 Abuse.

11 (E) The Food and Drug Administration.

12 (F) The Health Resources and Services
13 Administration.

14 (G) The Substance Abuse and Mental
15 Health Services Administration.

16 (H) The Agency for Healthcare Research
17 and Quality.

18 (I) The Administration for Children and
19 Families.

20 (J) The Centers for Medicare & Medicaid
21 Services.

22 (K) The Department of the Interior.

23 (L) The Department of Veterans Affairs.

24 (M) The Department of Education.

25 (N) The Department of Defense.

1 (O) The Department of Justice.

2 (P) The Department of Housing and
3 Urban Development.

4 (Q) The Administration for Community
5 Living.

6 (R) The Indian Health Service.

7 (S) The Department of Labor.

8 (d) MEETINGS.—Not later than 180 days after the
9 date of enactment of this section, the Secretary shall con-
10 vene a meeting of the Task Force and shall convene subse-
11 quent meetings on a periodic basis.

12 (e) SUBMISSIONS TO CONGRESS.—

13 (1) PROGRESS REPORT.—Not later than one
14 year after the date of enactment of this section, the
15 Task Force shall submit to the appropriate congress-
16 sional committees a report on the progress of the
17 Task Force in carrying out subsection (a).

18 (2) FINAL REPORT.—Not later than 2 years
19 after the date of enactment of this section, and an-
20 nually thereafter, the Task Force shall submit to the
21 appropriate congressional committees a report on
22 the activities of the Task Force in carrying out sub-
23 section (a), including—

24 (A) the results of the assessment under
25 subsection (b); and

1 (B) any findings, conclusions, and rec-
2 ommendations.

3 (f) DISPOSITION OF RECORDS.—Upon dissolution of
4 the Task Force, the records of the Task Force shall be-
5 come records of the Assistant Secretary for Mental Health
6 and Substance Use.

7 (g) PUBLIC HEALTH EMERGENCY DEFINED.—In
8 this section, the term “public health emergency” means
9 a public health emergency declared pursuant to section
10 319 of the Public Health Service Act (42 U.S.C. 247d).

11 **SEC. 4. NATIONAL STRATEGY ON MENTAL HEALTH AND**
12 **SUBSTANCE USE DURING A PUBLIC HEALTH**
13 **EMERGENCY.**

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

16 (1) by redesignating subsection (q) as sub-
17 section (r); and

18 (2) by inserting after subsection (p) the fol-
19 lowing:

20 “(q) NATIONAL STRATEGY DURING PUBLIC HEALTH
21 EMERGENCIES.—Not later than 30 months after the date
22 of enactment of the Preventing Mental Health and Sub-
23 stance Use Crises During Emergencies Act, and annually
24 thereafter, the Assistant Secretary shall prepare and sub-
25 mit a national strategy to the appropriate congressional

1 committees on preventing mental health and substance use
2 crises during a public health emergency declared by the
3 Secretary under section 319. Such strategy shall be based
4 on the reports submitted to Congress by the Task Force
5 to Prevent Mental Health and Substance Use Crises es-
6 tablished under section 3 of the Preventing Mental Health
7 and Substance Use Crises During Emergencies Act and
8 shall include—

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

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

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