



(Original Signature of Member)

117TH CONGRESS  
1ST SESSION

**H. R.** \_\_\_\_\_

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.

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IN THE HOUSE OF REPRESENTATIVES

Mr. TRONE introduced the following bill; which was referred to the Committee  
on \_\_\_\_\_

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**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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Preventing Mental  
3 Health and Substance Use Crises During Emergencies  
4 Act”.

5 **SEC. 2. FINDINGS.**

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

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

9 (2) Congress appropriated \$5.87 billion in fiscal  
10 year 2021 to the Substance Abuse and Mental  
11 Health Services Administration of the Department  
12 of Health and Human Services.

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

18 (4) On January 31, 2020, the Secretary of  
19 Health and Human Services declared a public health  
20 emergency due to the spread of COVID–19, and ex-  
21 tended such declaration, more recently, on January  
22 7, 2021.

23 (5) In August 2020, Congress provided an  
24 additional \$725 million in supplemental funding to  
25 augment mental health and substance use services  
26 during the COVID–19 pandemic.

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

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

6           (B) \$250 million was allocated for the Cer-  
7 tified Community Behavioral Health Centers  
8 program; and

9           (C) \$50 million was allocated for suicide  
10 prevention.

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

16          (8) The COVID–19 pandemic has exacerbated  
17 concerns about the mental health and wellbeing of  
18 Americans.

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

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

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

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

7                   (A) health care workers;

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

9                   and

10                  (C) individuals who have lost loved ones.

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

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

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

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

1 **SEC. 3. TASK FORCE TO PREVENT MENTAL HEALTH AND**  
2 **SUBSTANCE USE CRISES.**

3 (a) IN GENERAL.—The Secretary of Health and  
4 Human Services (in this section referred to as the “Sec-  
5 retary”) shall convene a task force known as the Task  
6 Force to Prevent Mental Health and Substance Use Crises  
7 (in this section referred to as the “Task Force”) to—

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

11 (2) advise the Assistant Secretary for Mental  
12 Health and Substance Use on a national strategy for  
13 preventing mental health and substance use crises  
14 during a public health emergency.

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

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

21 (A) any initiative that was not successful;  
22 and

23 (B) best practices and strategies;

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

1           (3) the ability of Federal agencies to use tech-  
2           nology developed through the Small Business Inno-  
3           vation Research Program established under section  
4           9 of the Small Business Act (15 U.S.C. 638) to re-  
5           spond to a public health emergency;

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

10          (5) any needed improvements to coordination  
11          described in paragraphs (1) and (2);

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

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

20          (c) MEMBERSHIP.—

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

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

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

5           (B) representatives of nongovernmental or-  
6 ganizations;

7           (C) patient advocates; and

8           (D) State and local public health experts  
9 who specialize in mental health and substance  
10 use.

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

14           (A) The Centers for Disease Control and  
15 Prevention.

16           (B) The National Institute of Mental  
17 Health.

18           (C) The National Institutes of Health.

19           (D) The National Institute on Drug  
20 Abuse.

21           (E) The Food and Drug Administration.

22           (F) The Health Resources and Services  
23 Administration.

24           (G) The Substance Abuse and Mental  
25 Health Services Administration.

1 (H) The Agency for Healthcare Research  
2 and Quality.

3 (I) The Administration for Children and  
4 Families.

5 (J) The Centers for Medicare & Medicaid  
6 Services.

7 (K) The Department of the Interior.

8 (L) The Department of Veterans Affairs.

9 (M) The Department of Education.

10 (N) The Department of Defense.

11 (O) The Department of Justice.

12 (P) The Department of Housing and  
13 Urban Development.

14 (Q) The Administration for Community  
15 Living.

16 (R) The Indian Health Service.

17 (S) The Department of Labor.

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

22 (e) SUBMISSIONS TO CONGRESS.—

23 (1) PROGRESS REPORT.—Not later than one  
24 year after the date of the enactment of this section,  
25 the Task Force shall submit to the appropriate con-



1 gressional committees a report on the progress of  
2 the Task Force in carrying out subsection (a).

3 (2) FINAL REPORT.—Not later than two years  
4 after the date of the enactment of this section, the  
5 Task Force shall submit, and update on an annual  
6 basis, to the appropriate congressional committees a  
7 report on the activities of the Task Force in car-  
8 rying out subsection (a), including—

9 (A) the results of the assessment under  
10 subsection (b); and

11 (B) any findings, conclusions, and rec-  
12 ommendations.

13 (f) DISPOSITION OF RECORDS.—Upon dissolution of  
14 the Task Force, the records of the Task Force shall be-  
15 come records of the Assistant Secretary for Mental Health  
16 and Substance Use.

17 (g) PUBLIC HEALTH EMERGENCY DEFINED.—In  
18 this section, the term “public health emergency” means  
19 a public health emergency declared pursuant to section  
20 319 of the Public Health Service Act (42 U.S.C. 247d).

21 **SEC. 4. NATIONAL STRATEGY ON MENTAL HEALTH AND**  
22 **SUBSTANCE USE DURING A PUBLIC HEALTH**  
23 **EMERGENCY.**

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

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

3           (2) by inserting after subsection (p) the fol-  
4           lowing:

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

15           “(1) advancements in research with respect to  
16           mental health and substance use during a public  
17           health emergency; and

18           “(2) a plan to increase the ability of Federal  
19           agencies to coordinate mental health programs and  
20           services and allocate resources to respond to a public  
21           health emergency.”.