

118TH CONGRESS
1ST SESSION

S. 3532

To amend the Public Health Service Act to provide for the establishment of a Task Force on Youth Mental Health Data Integration.

IN THE SENATE OF THE UNITED STATES

DECEMBER 14, 2023

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

A BILL

To amend the Public Health Service Act to provide for the establishment of a Task Force on Youth Mental Health Data Integration.

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 “Youth Mental Health
5 Data Act of 2023”.

6 **SEC. 2. TASK FORCE ON YOUTH MENTAL HEALTH.**

7 Title III of the Public Health Service Act (42 U.S.C.
8 241 et seq.) is amended by inserting after section 317L–
9 1 (42 U.S.C. 247b–13a) the following:

1 **“SEC. 317L-2. TASK FORCE ON YOUTH MENTAL HEALTH**
2 **DATA INTEGRATION.**

3 “(a) ESTABLISHMENT.—Not later than 90 days after
4 the date of enactment of the Youth Mental Health Data
5 Act of 2023, the Secretary, in consultation with the Be-
6 havioral Health Coordinating Council, the Interagency
7 Working Group on Youth Programs, and any other coun-
8 cils on children designated by the Secretary, shall establish
9 a task force, to be known as the Task Force on Youth
10 Mental Health Data Integration (referred to in this sec-
11 tion as the ‘Task Force’), to assess and make rec-
12 ommendations to improve Federal data systems on youth
13 mental health.

14 “(b) MEMBERSHIP.—

15 “(1) COMPOSITION.—The Task Force shall be
16 composed of—

17 “(A) the Assistant Secretary for Health of
18 the Department of Health and Human Services
19 (or the Assistant Secretary’s designee) who
20 shall serve as the Chair of the Task Force;

21 “(B) the Federal members under para-
22 graph (2); and

23 “(C) the non-Federal members under para-
24 graph (3).

25 “(2) FEDERAL MEMBERS.—In addition to the
26 Assistant Secretary for Health, the Federal mem-

1 bers of the Task Force shall consist of the heads of
2 the following Federal departments and agencies (or
3 their designees):

4 “(A) The Administration for Children and
5 Families.

6 “(B) The Agency for Healthcare Research
7 and Quality.

8 “(C) The Centers for Disease Control and
9 Prevention.

10 “(D) The Centers for Medicare & Medicaid
11 Services.

12 “(E) The Health Resources and Services
13 Administration.

14 “(F) The Food and Drug Administration.

15 “(G) The Indian Health Service.

16 “(H) The Office of the Assistant Secretary
17 for Planning and Evaluation of the Department
18 of Health and Human Services.

19 “(I) The Office of Minority Health of the
20 Department of Health and Human Services.

21 “(J) The Office of the Surgeon General.

22 “(K) The National Institutes of Health.

23 “(L) The Substance Abuse and Mental
24 Health Services Administration.

1 “(M) The Administration for Strategic
2 Preparedness and Response.

3 “(N) The Department of Education.

4 “(O) The Department of Justice.

5 “(P) The Department of Labor.

6 “(Q) Such other Federal departments and
7 agencies as the Secretary determines appro-
8 priate, such as the Department of Agriculture
9 and the Department of Housing and Urban De-
10 velopment.

11 “(3) NON-FEDERAL MEMBERS.—The non-Fed-
12 eral members of the Task Force shall—

13 “(A) compose not less than half of the
14 total membership of the Task Force;

15 “(B) be appointed by the Secretary; and

16 “(C) include—

17 “(i) representatives of medical soci-
18 eties with expertise in youth mental health;

19 “(ii) representatives of nonprofit orga-
20 nizations with expertise in youth mental
21 health;

22 “(iii) individuals under age 21, includ-
23 ing at least one such individual who has
24 received a diagnosis of a mental health
25 condition;

1 “(iv) individuals ages 21 to 24, in-
2 cluding at least one such individual who
3 has received a diagnosis of a mental health
4 condition;

5 “(v) representatives of media and
6 technology companies; and

7 “(vi) other representatives, as appro-
8 priate.

9 “(4) DEADLINE FOR DESIGNATING DES-
10 IGNEES.—If the Assistant Secretary for Health, or
11 the head of a Federal department or agency serving
12 as a member of the Task Force under paragraph
13 (2), chooses to be represented on the Task Force by
14 a designee, the Assistant Secretary or head shall
15 designate such designee not later than 90 days after
16 the date of the enactment of the Youth Mental
17 Health Data Act of 2023.

18 “(c) NATIONAL STRATEGY.—The Task Force shall
19 develop a national strategy to improve data systems to un-
20 derstand youth mental health needs, services, and evi-
21 dence-based or evidence-informed interventions, including
22 processes for—

23 “(1) data integration across governments and
24 health systems, to enable real-time, longitudinal sur-
25 veillance of youth mental health trends, including

1 de-identified data that can be disaggregated, with
2 appropriate protections to ensure the anonymity and
3 personal privacy of youth with mental health condi-
4 tions or functional mental health needs, by—

5 “(A) location, at the State and national
6 levels;

7 “(B) age;

8 “(C) gender;

9 “(D) race;

10 “(E) ethnicity;

11 “(F) mental health diagnosis;

12 “(G) insurance status and payor type;

13 “(H) health care provider type, including
14 primary care provider type and, if applicable,
15 mental health specialist type;

16 “(I) youth involved in the juvenile justice
17 system;

18 “(J) youth involved in the child welfare
19 system; and

20 “(K) other relevant categories identified by
21 the Task Force;

22 “(2) tracking the use of electronic health
23 records among pediatric primary care and mental
24 health service providers, and barriers to such use;

1 “(3) developing and strengthening public-pri-
2 vate research partnerships between academic institu-
3 tions, community-based organizations, media and
4 technology companies, health care organizations, and
5 others, as appropriate, to understand needs, risk and
6 protective factors, and outcomes for youth mental
7 health;

8 “(4) tracking the scale of use and outcomes as-
9 sociated with innovative, scalable therapies and ap-
10 proaches, such as self-guided, computerized, and
11 group-based therapies and peer support programs;

12 “(5) using dissemination and implementation
13 science to scale up evidence-based or evidence-in-
14 formed prevention, screening, and treatment of men-
15 tal health conditions in systems that serve youth,
16 such as academic, health care, social services, child
17 welfare, and juvenile justice settings;

18 “(6) understanding social media and digital
19 technology’s impact on youth mental health, evalu-
20 ating guardrails for safe use of media and digital
21 technology by youth, and identifying opportunities
22 for the use of technology to engage youth and fami-
23 lies in positive mental health behaviors and suicide
24 prevention, including use of the 988 Suicide and Cri-
25 sis Lifeline;

1 “(7) facilitating information sharing between
2 federally-funded research and programs addressing
3 youth mental health in order to maximize the impact
4 of such programs and inform related State and Fed-
5 eral programs; and

6 “(8) creating a public-facing website that inte-
7 grates and displays real-time information on youth
8 mental health needs and trends, the status of feder-
9 ally-funded work to address such needs, and oppor-
10 tunities for community-based organizations to sup-
11 port youth mental health.

12 “(d) MEETINGS.—The Task Force shall—

13 “(1) meet not less than 4 times each year; and

14 “(2) convene public meetings, as appropriate, to
15 fulfill its duties under this section.

16 “(e) REPORTS TO THE PUBLIC AND FEDERAL LEAD-
17 ERS.—The Task Force shall make publicly available and
18 submit to the heads of relevant Federal departments and
19 agencies, the Committee on Health, Education, Labor,
20 and Pensions of the Senate, the Committee on Energy and
21 Commerce of the House of Representatives, and other rel-
22 evant congressional committees, the following:

23 “(1) Not later than 1 years after the first meet-
24 ing of the Task Force, an initial national strategy
25 under subsection (c).

1 “(2) Each year thereafter—

2 “(A) an updated national strategy under
3 subsection (c), as appropriate; and

4 “(B) a report summarizing the activities of
5 the Task Force.

6 “(f) REPORTS TO GOVERNORS.—Upon finalizing the
7 national strategy under subsection (c), or a subsequent
8 update to such strategy pursuant to subsection (e)(2)(A),
9 the Task Force shall submit to the governors of all States
10 a report describing opportunities for local- and State-level
11 partnerships identified under subsection (c)(3) and infor-
12 mation sharing described in subsection (c)(7).

13 “(g) SUNSET.—The Task Force shall terminate on
14 the date that is 5 years after the date on which the Task
15 Force is established under subsection (a).”.

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