

114TH CONGRESS
1ST SESSION

H. R. 2736

To provide for a Youth Mental Health Research Network.

IN THE HOUSE OF REPRESENTATIVES

JUNE 11, 2015

Mr. FATTAH (for himself and Mr. THOMPSON of California) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To provide for a Youth Mental Health Research Network.

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 Research Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) More than 100 million Americans currently
9 have some sort of brain-related condition. Millions of
10 Americans, many of whom are currently school chil-
11 dren, have some sort of developmental delay, autism,
12 or learning disability.

1 (2) Moreover, many Americans suffer from
2 some form of psychotic disorder, including schizo-
3 phrenia and affective psychotic disorders.

4 (3) These brain disorders usually result in sig-
5 nificant life-long disability, and psychotic disorders
6 in particular, despite advances in treatment, rank
7 among the top causes of disability worldwide.

8 (4) Neuroscience research has the potential to
9 dramatically improve the quality of life for people
10 facing brain disease and injury, and to significantly
11 improve our understanding of learning.

12 (5) Because of the impact on the health and
13 economy of the country, the Federal Government
14 has taken a special interest in promoting neuro-
15 science and mental health research. Several Federal
16 agencies, including the National Science Foundation,
17 National Institutes of Health (NIH), Veterans Ad-
18 ministration, and Department of Defense oversee re-
19 search on the brain and nervous system.

20 (6) In December 2011, Congress directed the
21 Office of Science and Technology Policy to establish
22 an Interagency Working Group on Neuroscience
23 (IWGN). The IWGN is currently convening rep-
24 resentatives across the Federal Government to make

1 recommendations about the future of neuroscience
2 research.

3 (7) Given the findings about the role of mental
4 illness in multiple shootings across the Nation, in-
5 cluding Newton, Connecticut, Aurora, Colorado, and
6 other communities experiencing similar tragedies,
7 the Federal Government has an interest in pursuing
8 research on the early detection, intervention, and
9 prevention of psychosis.

10 (8) In line with this, the Federal Government
11 is looking for new ways of increasing the Nation's
12 knowledge of the underlying causes of psychosis.

13 (9) The United States commitment to fur-
14 thering the early detection of mental illness in youth
15 was seen in its participation in two public/private re-
16 search programs that studied the earliest stages of
17 psychotic illness, namely—

18 (A) the North American Prodrome Longi-
19 tudinal Study (NAPLS); and

20 (B) the Recovery After an Initial Schizo-
21 phrenia Episode (RAISE) initiative.

22 **SEC. 3. YOUTH MENTAL HEALTH RESEARCH NETWORK.**

23 (a) YOUTH MENTAL HEALTH RESEARCH NET-
24 WORK.—

1 (1) NETWORK.—The Director of the National
2 Institutes of Health may provide for the establish-
3 ment of a Youth Mental Health Research Network
4 for the conduct or support of—

5 (A) youth mental health research; and

6 (B) youth mental health intervention serv-
7 ices.

8 (2) COLLABORATION BY INSTITUTES AND CEN-
9 TERS.—The Director of NIH shall carry out this
10 Act acting—

11 (A) through the Director of the National
12 Institute of Mental Health; and

13 (B) in collaboration with other appropriate
14 national research institutes and national centers
15 that carry out activities involving youth mental
16 health research.

17 (3) MENTAL HEALTH RESEARCH.—

18 (A) IN GENERAL.—In carrying out para-
19 graph (1), the Director of NIH may award co-
20 operative agreements, grants, and contracts to
21 State, local, and tribal governments and private
22 nonprofit entities for—

23 (i) conducting, or entering into con-
24 sortia with other entities to conduct—

1 (I) basic, clinical, behavioral, or
2 translational research to meet unmet
3 needs for youth mental health re-
4 search; or

5 (II) training for researchers in
6 youth mental health research tech-
7 niques;

8 (ii) providing, or partnering with non-
9 research institutions or community-based
10 groups with existing connections to youth
11 to provide, youth mental health interven-
12 tion services; and

13 (iii) collaborating with the National
14 Institute of Mental Health to make use of,
15 and build on, the scientific findings and
16 clinical techniques of the Institute's earlier
17 programs, studies, and demonstration
18 projects.

19 (B) RESEARCH.—The Director of NIH
20 shall ensure that—

21 (i) each recipient of an award under
22 subparagraph (A)(i) conducts or supports
23 at least one category of research described
24 in subparagraph (A)(i)(I) and collectively

1 such recipients conduct or support all such
2 categories of research; and

3 (ii) one or more such recipients pro-
4 vide training described in subparagraph
5 (A)(i)(II).

6 (C) NUMBER OF AWARD RECIPIENTS.—
7 The Director of NIH may make awards under
8 this paragraph for not more than 70 entities.

9 (D) SUPPLEMENT, NOT SUPPLANT.—Any
10 support received by an entity under subpara-
11 graph (A) shall be used to supplement, and not
12 supplant, other public or private support for ac-
13 tivities authorized to be supported under this
14 paragraph.

15 (E) DURATION OF SUPPORT.—Support of
16 an entity under subparagraph (A) may be for a
17 period of not to exceed 5 years. Such period
18 may be extended by the Director of NIH for
19 additional periods of not more than 5 years.

20 (4) COORDINATION.—The Director of NIH
21 shall—

22 (A) as appropriate, provide for the coordi-
23 nation of activities (including the exchange of
24 information and regular communication) among

1 the recipients of awards under this subsection;
2 and

3 (B) require the periodic preparation and
4 submission to the Director of reports on the ac-
5 tivities of each such recipient.

6 (b) INTERVENTION SERVICES FOR, AND RESEARCH
7 ON, SEVERE MENTAL ILLNESS.—

8 (1) IN GENERAL.—In making awards under
9 subsection (a)(3), the Director of NIH shall ensure
10 that an appropriate number of such awards are
11 awarded to entities that agree to—

12 (A) focus primarily on the early detection
13 and intervention of severe mental illness in
14 young people;

15 (B) conduct or coordinate one or more
16 multisite clinical trials of therapies for, or ap-
17 proaches to, the prevention, diagnosis, or treat-
18 ment of early severe mental illness in a commu-
19 nity setting;

20 (C) rapidly and efficiently disseminate sci-
21 entific findings resulting from such trials; and

22 (D) adhere to the guidelines, protocols,
23 and practices used in the North American Pro-
24 drome Longitudinal Study (NAPLS) and the

1 Recovery After an Initial Schizophrenia Episode
2 (RAISE) initiative.

3 (2) DATA COORDINATING CENTER.—

4 (A) ESTABLISHMENT.—In connection with
5 awards to entities described in paragraph (1),
6 the Director of NIH shall establish a data co-
7 ordinating center for the following purposes:

8 (i) To distribute the scientific findings
9 referred to in paragraph (1)(C).

10 (ii) To provide assistance in the de-
11 sign and conduct of collaborative research
12 projects and the management, analysis,
13 and storage of data associated with such
14 projects.

15 (iii) To organize and conduct multisite
16 monitoring activities.

17 (iv) To provide assistance to the Cen-
18 ters for Disease Control and Prevention in
19 the establishment of patient registries.

20 (B) REPORTING.—The Director of NIH
21 shall—

22 (i) require the data coordinating cen-
23 ter established under subparagraph (A) to
24 provide regular reports to the Director of
25 NIH on research conducted by entities de-

1 scribed in paragraph (1), including infor-
2 mation on enrollment in clinical trials and
3 the allocation of resources with respect to
4 such research; and

5 (ii) as appropriate, incorporate infor-
6 mation reported under clause (i) into the
7 Director’s biennial reports under section
8 403 of the Public Health Service Act (42
9 U.S.C. 283).

10 (c) DEFINITIONS.—In this Act, the terms “Director
11 of NIH”, “national center”, and “national research insti-
12 tute” have the meanings given to such terms in section
13 401 of the Public Health Service Act (42 U.S.C. 281).

14 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry
15 out this Act, there is authorized to be appropriated
16 \$25,000,000 for each of fiscal years 2016 through 2020.

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