

118TH CONGRESS
2D SESSION

S. 4614

To direct the Secretary of Health and Human Services and the Secretary of Education to coordinate and distribute educational materials and resources regarding artificial intelligence and social media platform impact, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JUNE 20, 2024

Mr. MARKEY 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 and the Secretary of Education to coordinate and distribute educational materials and resources regarding artificial intelligence and social media platform impact, 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 “Social Media and AI
5 Resiliency Toolkits in Schools Act” or the “SMART in
6 Schools Act”.

1 **SEC. 2. DEFINITIONS.**

2 In this Act:

3 (1) ESEA DEFINITIONS.—The terms “elemen-
4 tary school”, “evidence-based”, “local educational
5 agency”, “paraprofessional”, “parent”, “secondary
6 school”, “specialized instructional support per-
7 sonnel”, and “State educational agency” have the
8 meanings given the terms in section 8101 of the Ele-
9 mentary and Secondary Education Act of 1965 (20
10 U.S.C. 7801).

11 (2) BUREAU-FUNDED SCHOOL.—The term “Bu-
12 reau-funded school” has the meaning given the term
13 in section 1141 of the Education Amendments of
14 1978 (25 U.S.C. 2021).

15 (3) DEPARTMENTS.—The term “Departments”
16 means the Department of Education and the De-
17 partment of Health and Human Services.

18 (4) DIGITAL CITIZENSHIP.—The term “digital
19 citizenship” means the ability to—

20 (A) safely, responsibly, and ethically use
21 communication technologies and digital infor-
22 mation technology tools and platforms;

23 (B) create and share media content using
24 principles of social and civic responsibility and
25 with awareness of the legal and ethical issues
26 involved; and

1 (C) participate in the political, economic,
2 social, and cultural aspects of life related to
3 technology, communications, and the digital
4 world by consuming and creating digital con-
5 tent, including media.

6 (5) DIGITAL RESILIENCE.—The term “digital
7 resilience” means the ability to recognize, manage,
8 and recover from online risks.

9 (6) EDUCATOR.—The term “educator” means
10 an early childhood educator, teacher, or paraprofes-
11 sional, serving students.

12 (7) GENDER IDENTITY.—The term “gender
13 identity” means the gender-related identity, appear-
14 ance, mannerism, or other gender-related char-
15 acteristic of an individual, regardless of the des-
16 igned sex at birth of the individual.

17 (8) HEALTH CARE PROVIDER SERVING PEDI-
18 ATRIC PATIENTS.—The term “health care provider
19 serving pediatric patients” means a health care pro-
20 vider who serves children, including a family medi-
21 cine physician, pediatrician, child and adolescent
22 psychiatrist, mental health provider, or behavioral
23 health provider.

24 (9) LABOR ORGANIZATION.—The term “labor
25 organization” has the meaning given the term in

1 section 2 of the National Labor Relations Act (29
2 U.S.C. 152).

3 (10) SCHOOL OR EDUCATIONAL AGENCY ADMIN-
4 ISTRATOR.—

5 (A) IN GENERAL.—The term “school or
6 educational agency administrator” means an in-
7 dividual who is a principal, other school leader,
8 superintendent, or other employee or officer of
9 an elementary school or secondary school, local
10 educational agency, State educational agency,
11 or other entity operating an elementary school
12 or secondary school.

13 (B) EXCEPTION.—The term “school or
14 educational agency administrator” does not in-
15 clude an individual solely due to the individual’s
16 service as a member of a public board of edu-
17 cation or other public authority legally con-
18 stituted within a State for either administrative
19 control or direction of, or to perform a service
20 function for, public elementary schools or sec-
21 ondary schools.

22 (11) SECRETARIES.—The term “Secretaries”
23 means the Secretary of Health and Human Services
24 and the Secretary of Education, acting jointly or
25 acting jointly through their designees.

1 (12) SEXUAL ORIENTATION.—The term “sexual
2 orientation” means how a person identifies in terms
3 of their emotional, romantic, or sexual attraction,
4 and includes identification as straight, heterosexual,
5 gay, lesbian, or bisexual, among other terms.

6 (13) STUDENT.—The term “student” means a
7 student in any of grades kindergarten through grade
8 12.

9 (14) TOOLKIT.—The term “toolkit” means a
10 collection of materials and resources to inform re-
11 sponsible use of artificial intelligence and social
12 media platforms.

13 (15) TRIBAL EDUCATIONAL AGENCY.—The
14 term “Tribal educational agency” has the meaning
15 given the term (without regard to capitalization) in
16 section 6132(b) of the Elementary and Secondary
17 Education Act of 1965 (20 U.S.C. 7452).

18 **SEC. 3. JOINT DEVELOPMENT OF EDUCATIONAL TOOLKIT**
19 **ON ARTIFICIAL INTELLIGENCE AND SOCIAL**
20 **MEDIA PLATFORM IMPACT, RESPONSIBLE**
21 **USES OF THESE TECHNOLOGIES, AND THE**
22 **IMPACT ON YOUTH MENTAL HEALTH.**

23 (a) DEVELOPMENT OF TOOLKITS.—

1 (1) IN GENERAL.—Beginning not later than 1
2 year after the date of enactment of this Act, the
3 Secretaries shall—

4 (A) develop, and update on a biennial
5 basis, including with reference to any existing
6 resources, toolkits to facilitate greater aware-
7 ness of, and ability to respond to, the impact of
8 artificial intelligence and social media platforms
9 on students, in accordance with subsections (b)
10 through (d); and

11 (B) not less frequently than once a year,
12 disseminate such toolkits to school or edu-
13 cational agency administrators, educators, spe-
14 cialized instructional support personnel, health
15 care providers serving pediatric patients, stu-
16 dents, parents, guardians, and caregivers in ac-
17 cordance with subsection (e).

18 (2) CONSULTATION AND CONSIDERATIONS.—In
19 developing the educational materials and resources
20 described in paragraph (1), the Secretaries shall—

21 (A) consult with—

22 (i) students, parents, guardians, and
23 caregivers;

24 (ii) relevant subject-matter experts;

1 (iii) labor organizations representing
2 educators, health care providers serving pe-
3 diatric patients, and specialized instruc-
4 tional support personnel;

5 (iv) professional organizations rep-
6 resenting educators, health care providers
7 serving pediatric patients, and specialized
8 instructional support personnel;

9 (v) health care providers serving pedi-
10 atric patients;

11 (vi) specialized instructional support
12 personnel and educators;

13 (vii) youth-serving or community-
14 based youth-oriented organizations; and

15 (viii) school or educational agency ad-
16 ministrators; and

17 (B) consider evidence-based recommenda-
18 tions from other groups as determined nec-
19 essary by the Secretaries.

20 (b) TOOLKITS AUDIENCES.—In order to carry out
21 subsection (a), the Secretaries shall create different tool-
22 kits tailored for each of the following audiences:

23 (1) Students.

24 (2) Educators.

25 (3) Specialized instructional support personnel.

1 (4) Health care providers serving pediatric pa-
2 tients.

3 (5) Parents, guardians, and caregivers.

4 (6) School or educational agency administra-
5 tors.

6 (7) Additional audiences, as the Secretaries de-
7 termine necessary.

8 (c) TENETS FOR EDUCATIONAL RESOURCES.—The
9 information provided in the toolkits described in sub-
10 section (a) shall be—

11 (1) in an easily accessible and understandable
12 format;

13 (2) evidence-based; and

14 (3) culturally appropriate and in a manner that
15 is inclusive of race, ethnicity, language spoken, dis-
16 ability, geographic location, gender identity, and sex-
17 ual orientation.

18 (d) CONTENTS OF EDUCATIONAL RESOURCES.—

19 (1) IN GENERAL.—The toolkits described in
20 subsection (a) shall be designed to—

21 (A) strengthen digital resilience and im-
22 prove the ability to recognize, manage, recover
23 from, and avoid perpetuating online risks (such
24 as harassment, excessive use, discrimination,
25 and other impacts to mental health) with re-

1 spect to youth mental health concerns due to
2 artificial intelligence and social media platform
3 use;

4 (B) provide information and instruction re-
5 garding healthy and responsible use cases of ar-
6 tificial intelligence and social media platform
7 technologies and examples of responsible and
8 healthy use of such technologies; and

9 (C) provide evidence-based education to the
10 relevant audience regarding—

11 (i) artificial intelligence and social
12 media platform education, including pri-
13 vacy concerns;

14 (ii) the mental health implications and
15 risk factors of excessive, irresponsible,
16 maladaptive, or otherwise unhealthy use
17 for students; and

18 (iii) methods that the audience can
19 use to seek help for a student with respect
20 to excessive, irresponsible, maladaptive, or
21 otherwise unhealthy artificial intelligence
22 or social media platform use.

23 (2) GROUP-SPECIFIC CONTENT REQUIRE-
24 MENTS.—The toolkits described in subsection (a) for

1 each audience described in subsection (b) shall meet
2 the following requirements:

3 (A) STUDENTS.—Such toolkits for stu-
4 dents shall—

5 (i) provide accessible explanations, dif-
6 ferentiated for various grade-levels, for
7 how artificial intelligence and social media
8 platforms function;

9 (ii) provide skills to identify genera-
10 tive artificial intelligence and the use of
11 such technologies in “human-like” or
12 “companion” chatbots, and information on
13 how to interact with such artificial intel-
14 ligence responsibly;

15 (iii) inform students of indicators that
16 the students are interacting with artificial
17 intelligence and algorithms while using the
18 internet and social media platform applica-
19 tions, including, as age appropriate—

20 (I) information about attention-
21 diverting and disguised algorithmic
22 techniques like dark patterns; and

23 (II) information regarding, and
24 examples of, the effects of bad train-
25 ing or incomplete datasets on perpet-

- 1 uating existing inequities, including
2 incorrect and negative outputs of arti-
3 ficial intelligence such as halluci-
4 nations, deep fakes, and false infor-
5 mation;
- 6 (iv) inform students of their rights on-
7 line, both on social media platform applica-
8 tions and with regard to artificial intel-
9 ligence;
- 10 (v) teach digital resilience;
- 11 (vi) teach digital citizenship and the
12 skills necessary to reduce online risks from
13 the user end;
- 14 (vii) teach students to recognize exces-
15 sive, irresponsible, maladaptive, or other-
16 wise unhealthy use of social media plat-
17 forms and how to initiate a conversation
18 about such use or how to seek help from
19 an adult; and
- 20 (viii) provide information on unique
21 impacts for students based on race, lan-
22 guage spoken, disability, geographic loca-
23 tion, gender identity, and sexual orienta-
24 tion.

1 (B) EDUCATORS.—Such materials and re-
2 sources for educators shall—

3 (i) define and provide an appropriate
4 knowledge base of artificial intelligence
5 systems and social media platforms, in-
6 cluding information regarding contexts and
7 instances where technologies and functions
8 that rely on artificial intelligence are in
9 use;

10 (ii) provide additional, specific infor-
11 mation on—

12 (I) the ways in which students
13 are uniquely vulnerable to generative
14 artificial intelligence and “human-
15 like” or “companion” chatbots and
16 other high-risk applications of artifi-
17 cial intelligence;

18 (II) specific risks for different
19 age groups of students; and

20 (III) data privacy and manage-
21 ment, including technologies that rely
22 on artificial intelligence to—

23 (aa) surveil students;

1 (bb) track students' aca-
2 demic outcomes and engagement;
3 and

4 (cc) monitor students' online
5 activities;

6 (iii) provide information on the bene-
7 fits of responsible use and strategies to en-
8 courage responsible use of artificial intel-
9 ligence and social media platforms, includ-
10 ing practical examples of how to teach and
11 engage students to understand responsible
12 use which may include professional devel-
13 opment and training opportunities in addi-
14 tion to the information provided in the
15 toolkit;

16 (iv) provide information on the ways
17 in which artificial intelligence and social
18 media platform use outside of the class-
19 room impacts student academic achieve-
20 ment, well-being, and mental health, and
21 school climate;

22 (v) inform how to recognize excessive,
23 irresponsible, maladaptive, or otherwise
24 unhealthy use of social media platforms in
25 the educator's age group of students;

1 (vi) provide information on available
2 resources educators can inform a student
3 of if the educator identifies—

4 (I) excessive, irresponsible,
5 maladaptive, or otherwise unhealthy
6 artificial intelligence and social media
7 platform use or content; or

8 (II) the use of these technologies
9 impacting mental health;

10 (vii) engagement strategies with par-
11 ents, guardians, and caregivers to address
12 excessive, irresponsible, maladaptive, or
13 otherwise unhealthy artificial intelligence
14 and social media platform use; and

15 (viii) provide information on unique
16 impacts for students based on race, lan-
17 guage spoken, disability, geographic loca-
18 tion, gender identity, or sexual orientation,
19 including providing guidance for educators
20 on how to present this information to stu-
21 dents.

22 (C) SPECIALIZED INSTRUCTIONAL SUP-
23 PORT PERSONNEL.—Such materials and re-
24 sources for specialized instructional support
25 personnel shall meet the requirements for edu-

1 cators under subparagraph (B) and also in-
2 clude—

3 (i) clinically relevant information on
4 the mental health impacts of excessive, ir-
5 responsible, maladaptive, or otherwise
6 unhealthy artificial intelligence and social
7 media platform use;

8 (ii) more information on available in-
9 school behavioral health or school resources
10 that can be employed to assist in the pre-
11 vention and early intervention of mental
12 health concerns related to artificial intel-
13 ligence and social media platform use;

14 (iii) guidance regarding appropriate
15 and inappropriate use of artificial intel-
16 ligence and social media platforms within
17 schools;

18 (iv) more information on how to have
19 discussions and engage with parents,
20 guardians, and caregivers to promote re-
21 sponsible use of artificial intelligence and
22 social media platforms and to address con-
23 cerns and develop both prevention and
24 intervention plans for students engaged in

1 excessive, irresponsible, maladaptive, or
2 otherwise unhealthy use;

3 (v) information on how to find and
4 connect students to behavioral health re-
5 sources available within the school and the
6 community; and

7 (vi) specific information on commu-
8 nicating with parents, guardians, and care-
9 givers about behavioral health services pro-
10 vided in the school day, including on ob-
11 taining parental consent for therapeutic
12 services.

13 (D) SCHOOL OR EDUCATIONAL AGENCY
14 ADMINISTRATORS.—Such toolkits for school or
15 educational agency administrators shall in-
16 clude—

17 (i) definitions and an appropriate
18 knowledge base of artificial intelligence
19 systems and social media platforms, in-
20 cluding specific information on generative
21 artificial intelligence and “human-like” or
22 “companion” chatbots;

23 (ii) a primer on the ways in which ar-
24 tificial intelligence and social media plat-
25 form use outside of the classroom impact

1 student academic performance, well-being,
2 mental health, and school climate;

3 (iii) information on how to coordinate
4 artificial intelligence and social media plat-
5 form training for school staff and ideas for
6 incorporating artificial intelligence and so-
7 cial media platform education into broader
8 educational goals;

9 (iv) information on responsible stu-
10 dent data privacy and management, includ-
11 ing technologies that rely on artificial intel-
12 ligence to surveil students and such tech-
13 nologies mental health impacts on stu-
14 dents;

15 (v) information on unique impacts for
16 students based on race, language spoken,
17 disability, geographic location, gender iden-
18 tity, and sexual orientation;

19 (vi) guidance on—

20 (I) developing policies for a
21 school, local educational agency, or
22 State educational agency regarding
23 how students and staff engage with
24 artificial intelligence and social media
25 platforms; and

1 (II) incorporating student, par-
 2 ent, guardian, caregiver, and educator
 3 input in those policies; and

4 (vii) guidance on—

5 (I) information to provide to spe-
 6 cialized instructional support per-
 7 sonnel, educators, parents, guardians,
 8 caregivers, and students regarding be-
 9 havioral health resources available
 10 within the school and community; and

11 (II) how to ensure that such in-
 12 formation is easily accessible, action-
 13 able, and publicly available

14 (E) HEALTH CARE PROVIDERS WHO SERVE
 15 PEDIATRIC PATIENTS.—Such materials and re-
 16 sources for health care professionals who serve
 17 pediatric patients shall include—

18 (i) definitions and an appropriate
 19 knowledge base of artificial intelligence
 20 systems and social media platforms, in-
 21 cluding specific information on generative
 22 artificial intelligence and “human-like” or
 23 “companion” chatbots;

24 (ii) developmentally appropriate exam-
 25 ples of appropriate and conductive use of,

1 and relationships with, artificial intel-
2 ligence and social media platforms;

3 (iii) information on how to recognize
4 excessive, irresponsible, maladaptive, or
5 otherwise unhealthy use of social media
6 platforms in their pediatric patients
7 through conversations with their patients
8 and their patients' parents, guardians, and
9 caregivers, including—

10 (I) examples and explanations re-
11 garding how to begin and navigate
12 those conversations; and

13 (II) information on how to en-
14 gage in a developmentally appropriate
15 way with pediatric patients, parents,
16 guardians, and caregivers about artifi-
17 cial intelligence and social media plat-
18 forms and how to perform mental
19 health screenings during routine vis-
20 its; and

21 (iv) information on how to treat or
22 refer to treatment pediatric patients diag-
23 nosed with mental health issues related to
24 or exacerbated by artificial intelligence and
25 social media platforms;

1 (v) information on unique impacts for
2 pediatric patients based on race, language
3 spoken, disability, geographic location, gen-
4 der identity, and sexual orientation.

5 (F) PARENTS, GUARDIANS, AND CARE-
6 GIVERS.—Such toolkits for parents, guardians,
7 and caregivers shall include—

8 (i) definitions and an appropriate
9 knowledge base of artificial intelligence
10 systems and social media platforms, in-
11 cluding specific information on generative
12 artificial intelligence and “human-like” or
13 “companion” chatbots;

14 (ii) information on what responsible
15 use of artificial intelligence and social
16 media platforms by students looks like at
17 different developmental stages;

18 (iii) information regarding how to rec-
19 ognize excessive, irresponsible,
20 maladaptive, or otherwise unhealthy use of
21 social media platforms;

22 (iv) recommendations on initiating
23 and facilitating a conversation about exces-
24 sive, irresponsible, maladaptive, or other-

1 wise unhealthy artificial intelligence or so-
2 cial media platform use;

3 (v) available resources for parents,
4 guardians, and caregivers who need further
5 assistance, including individuals or organi-
6 zations that may be of service;

7 (vi) a description of how to work with
8 educators and health care professionals
9 who serve pediatric patients to address ex-
10 cessive, irresponsible, maladaptive, or oth-
11 erwise unhealthy artificial intelligence and
12 social media platform use; and

13 (vii) information on unique impacts
14 for students based on race, language spo-
15 ken, disability, geographic location, gender
16 identity, and sexual orientation.

17 (e) DISSEMINATION.—The Secretaries shall create a
18 communications strategy and dissemination plan to dis-
19 seminate the toolkits containing the educational materials
20 and resources required under subsection (a) to all of the
21 audiences described in subsection (b) through the path-
22 ways necessary to reach the audiences, which may in-
23 clude—

24 (1) local educational agencies;

25 (2) schools or education centers;

- 1 (3) Bureau-funded schools;
- 2 (4) State educational agencies;
- 3 (5) Tribal, State, or local health departments;
- 4 (6) after-school programs;
- 5 (7) labor organizations, and professional organi-
6 zations, representing educators, health care pro-
7 viders serving pediatric patients, specialized instruc-
8 tional support personnel, and other groups as deter-
9 mined necessary by the Secretary;
- 10 (8) the foster care system for youth living in
11 congregate care, to provide education to individuals
12 working with foster youth;
- 13 (9) carceral settings supporting juvenile offend-
14 ers;
- 15 (10) Federally qualified health centers and cer-
16 tified community behavioral health clinics, as de-
17 scribed in section 223 of the Protecting Access to
18 Medicare Act of 2014 (42 U.S.C. 1396a note) and
19 rural health centers;
- 20 (11) hospitals; and
- 21 (12) other entities as determined necessary by
22 the Secretaries.

1 (f) AUTHORIZATION OF APPROPRIATIONS.—There is
2 authorized to be appropriated to carry out this section
3 \$2,000,000.

○