

VIA ELECTRONIC SUBMISSION

November 16, 2023

The Honorable Gina Raimondo
Secretary
U.S. Department of Commerce
1401 Constitution Ave NW
Washington, DC 20230

RE: NTIA–2023–0008 “Initiative to Protect Youth Mental Health, Safety & Privacy Online”

Dear Secretary Raimondo:

The Bipartisan Policy Center (BPC) appreciates the opportunity to address the “Initiative to Protect Youth Mental Health, Safety & Privacy,” in response to the request for comment from the National Telecommunications and Information Administration (NTIA) within the United States Department of Commerce.

BPC is a nonprofit organization founded in 2007 to combine the best of ideas from both parties to promote health, security, and opportunity for all Americans. Through our recommendations, BPC’s Health Program strives to develop bipartisan policies across a variety of health issues that improve the nation’s health outcomes, reduce rising health care costs, improve equity in health services, and make quality health care available, affordable, and accessible for all.

Amid growing concerns about the deteriorating mental health and substance use among children, BPC will launch a Youth Mental Health and Substance Use Task Force in January 2024. This task force will spearhead the development of a national strategy to combat the current youth mental health and substance use crisis, offering recommendations around safe and secure social media use.

BPC applauds the NTIA for its efforts to prevent and mitigate adverse health effects stemming from use of online platforms by minors while preserving benefits such platforms have on minors’ health and wellbeing. The creation of the U.S. Task Force on Kids Online Health and Safety signifies a pivotal moment as the administration takes strides to develop a national approach for ensuring the online safety of children.

Our comments reflect BPC’s extensive work in behavioral health and technology policy. Our work has focused on enhancing the [capacity of primary care providers](#) to deliver behavioral health services (including in [rural communities](#)), to address the opioid crisis, promoting [new types](#) of behavioral health professionals, and building a comprehensive [crisis](#)

[response](#) system.^{1,2,3,4,5} Additionally, BPC submitted an [Amicus brief](#) to the Supreme Court regarding Section 230 reform.⁶

BPC's key recommendations for developing federal guidance around social media use for youth include:

- establishing training courses for clinicians to detect behavioral health conditions linked with social media use;
- ensuring data from both technology companies and the federal government are publicly available and reported frequently; and,
- creating federal governance structures to oversee regulations within the technology industry.

Below, you will find BPC's responses to Question #16 Parts A-E, which pertain to developing federal guidance. As NTIA and other members of the U.S. Task Force on Kids Online Health and Safety consider the feasibility of a national approach over a state-by-state one, BPC welcomes the opportunity to provide comments to improve provider training, data transparency, and governance.

Please do not hesitate to contact Gabriel Loud (gloud@bipartisanpolicy.org) to connect with BPC's Health Program and Technology Program staff.

Sincerely,



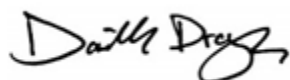
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Background on BPC's Recent Work Related to Youth Behavioral Health and Technology Policy

America's youth are suffering unprecedented strains on their mental health. Today, [more than 40%](#) of teenagers say they struggle with persistent feelings of sadness or hopelessness.⁷ Youth [suicide attempts](#), self-injury, and [drug overdoses](#) are all increasing.^{8,9} These alarming trends cannot be attributed to any single factor, but the lack of acute mental health and substance use treatment options for youth, the rise in social and online media use, and pressures from the COVID-19 pandemic have significantly contributed to these trends.

The pandemic did not spark this crisis but rather exacerbated other stressors for youth, notably social isolation. [Data show](#) a rapid escalation of drug use among youth ages 12 to 19, and that 25% of young adults ages 18 to 25 have a diagnosable substance use disorder.¹⁰ Suicidal ideation has also [spiked](#), with nearly one-third of high school girls and half of LGBTQ+ students seriously considering suicide.¹¹ Uniquely positioned to drive prevention and early detection initiatives, schools, however, require more support to combat the lasting impacts of the pandemic. This is especially critical for youth at risk of involvement in the criminal justice system: [evidence suggests](#) untreated mental illness is the strongest predictor of juvenile justice system involvement.¹²

In response to the urgent mental health and substance use needs nationwide, BPC has released a series of reports, each with recommendations focused on expanding access to behavioral health care. Though these reports do not explicitly focus on youth behavioral health concerns, they aim to address disparities, including those faced by rural communities and people of color, that are also reflected in America's youth. In 2020, BPC convened the Behavioral Health Integration Task Force. The task force released a set of recommendations in our March 2021 report, [Tackling America's Mental Health and Addiction Crisis Through Primary Care Integration](#), to enhance behavioral health integration through value-based integrated care, workforce, and technology across communities.¹³ Prior to the launch of the 988 program, BPC released recommendations in our June 2022 report, [Answering the Call – 988: A New Vision for Crisis Response](#), for building a comprehensive crisis response system.¹⁴ Part of this report focused on state-level implementation, including youth-focused services. Finally, in response to record-high drug overdose deaths and federal opioid-related spending, BPC convened an Opioid Crisis Task Force to produce a set of recommendations focused on optimizing federal spending. The task force released its recommendations in our 2022 report, [Combating the Opioid Crisis: "Smarter Spending" to Enhance the Federal Response](#), which, in part, focuses on opportunities to improve resources available for children and families.¹⁵

As the rates of both mental health conditions and overdoses in America's youth increased during the pandemic, officials have turned their attention toward the impacts of social media use. The U.S. surgeon general, in issuing an advisory on [teen social media use](#), highlighted the

dramatic increase in youths' social media consumption from 3.8 hours per day before the pandemic to 7.7 hours afterward.¹⁶ The advisory cautions against potential links between social media and depression, anxiety, and self-harm among youths, while acknowledging the platforms' potential to enhance social connectedness, especially for marginalized adolescents. Policymakers must minimize the negative effects of social media while preserving the potential benefits.

To do so, policymakers need to establish equitable and actionable federal legislation concerning youth social media use. Currently, social media companies operate under a disparate framework of state laws. Some states—[Arkansas](#), [California](#), [Louisiana](#), [Texas](#), and [Utah](#)—have already enacted legislation targeting social media use among teens.^{17,18,19,20,21} However, these state laws have encountered opposition, with technology companies filing lawsuits against the legislation in [Texas](#), [Arkansas](#), and [California](#).^{22,23,24}

Congress introduced two bills that would establish a federal policy framework to address social media usage and privacy among minors: the [Kids Online Safety Act \(KOSA\)](#) and the [Children and Teens' Online Privacy Protection Act \(COPPA 2.0\)](#).^{25,26} Under KOSA, the Federal Trade Commission (FTC) and state attorneys general would have the authority to enforce any violations of the bill, including mandating that covered platforms prevent and mitigate certain types of harmful content, such as those related to eating disorders, suicide, substance use, and others. COPPA 2.0 builds upon the existing law, the Children's Online Privacy Protection Act (COPPA), by prohibiting technology companies from collecting personal information from users between 13 and 16 without their consent and establishing bans on targeted advertising. While these bills serve as a foundational framework for federal legislation, civil liberties² groups have noted [risks](#) to First Amendment protections for social media companies and young people, as well as privacy concerns for certain communities of youth.²⁷

BPC has explored these areas through our technology policy work and conducted extensive research on the policy [intersection](#) of artificial intelligence, data privacy, and content moderation, including [Section 230 reform](#), [social media algorithms](#), and [age assurance technologies](#).^{28,29,30,31}

The creation of the interagency U.S. Task Force on Kids Online Health and Safety comes at a pivotal moment. While BPC has not officially issued recommendations about youth mental health and social media use, our comments below reflect previous BPC recommendations.

BPC's response below is limited to Question #16 Parts A-E.

Part A – What guidance, if any, might assist parents, guardians, caregivers and others in protecting the health, safety, and privacy of minors who use online platforms, including possible tools, their usage and potential drawbacks?

BPC supports the NTIA’s aim to develop guidance that assists parents, guardians, and caregivers. Existing evidence generally favors a higher level parental involvement.^{32,33} However, the limited parental control features, which predominantly focus on technology utilization (e.g., time limits, filtering/blocking content), raise concerns about the potential privacy reduction for minors.³⁴ Even though evidence supports parental involvement, policymakers need to be mindful of striking the appropriate balance, avoiding overly restrictive, or “authoritarian” involvement that can have damaging effects.^{35,36} Researchers have noted that designing parental controls differently could incorporate a teen-centered approach with integrated, adaptive, and collaborative self-regulation tools.^{37,38}

As the gap widens between digital natives and their caregivers, research underscores the need for improved digital and media literacy among parents and caregivers.³⁹ The limited online experience of parents may contribute to more stringent parental controls.^{40,41} Research suggests that training parents on “digital citizenship”—a concept that includes digital access, etiquette, and safety—can be beneficial.⁴² Parents may also expect schools to address topics such as general media use, “cybermobbing,” and fact-checking.⁴³ Schools, particularly in their interactions with parents, may play a role in establishing expectations regarding computer use and internet access.⁴⁴

Health care professionals, with their unique position, can identify social media-related issues early in adolescents. According to 2019 data from the Department of Health and Human Services (HHS), teens constitute [12.8% \(42 million people\) of the U.S. population](#).⁴⁵ Despite challenges in meeting the behavioral health care needs of America’s youth, 2022 CDC data show that [94% of individuals under 18](#) have had a doctor visit within the past year.⁴⁶ Clinicians currently possess limited -media literacy, with only 2.6% reporting regular instruction on internet safety for adolescents.⁴⁷ Still, given their extensive reach, health care professionals working with adolescents could benefit from regular training. As technologies evolve, health care professionals would benefit from understanding both the positive and negative consequences of social media use on adolescent development.⁴⁸ Moreover, health care providers can educate youth and their caregivers about the impacts of social media use and help them determine a path forward.

BPC urges the NTIA and other members of the U.S. Task Force on Kids Online Health and Safety to consider developing training protocols for health care professionals around the youth mental health impacts of social media use.

BPC’s [2021 report](#) training primary care providers to integrate behavioral health and primary care services.⁴⁹ NTIA can work with its HHS counterparts to develop a related training program for pediatricians and primary care providers focused on:

- understanding the risks and benefits of social media use to mental health in adolescents, including how to recognize early signs of mental health issues and social media addiction;

- becoming familiar with changes in and new types of technology; and
- working with families and caregivers to encourage youth to develop safe online habits.

BPC's [2023 report](#) on behavioral health integration in rural areas recommended training primary care providers around prescribing addiction treatment.⁵⁰ In this recommendation, existing primary care providers would receive continuing education units (CEUs) for completion, while higher education institutions (e.g., medical schools) can incorporate training into their requirements.

The NTIA and other members of the U.S. Task Force on Kids Online Health and Safety should explore offering CEUs for current health care professionals and working with higher education institutions to include safe social media training in their curricula. This approach would empower health care providers to recognize and social media-related mental health risks. Similarly, BPC included recommendations for incentives (e.g., increased reimbursement for integration codes, such as for the Collaborative Care Model) to sustain the skills acquired during training. **BPC urges the NTIA and other members of the U.S. Task Force on Kids Online Health and Safety to consider similar incentives to encourage appropriate screenings for youth.**

Part B – What type of guidance, if any, might be offered to social media or other online platforms either generally or to specific categories of such?

Some products allow minors to choose parental control settings or sensitive content controls. However, safety and privacy by default implies that a product or service released to the public defaults to the safest design features.⁵¹ Younger individuals are more susceptible to social comparison and pressures, and popularity metrics (e.g., “like” and “follower” counts) on online platforms, which reinforces these tendencies. Evidence shows that features like endless scrolling and autoplay, when combined with popularity metrics, are addictive, as the positive feedback can have effects on the brain.⁵²

One [paper](#) aiming to provide guidance for both policymakers and developers explored the implementation of the United Kingdom’s Information Commissioner’s Office’s 15 risk management criteria. The paper revealed that some criteria—such as “transparency,” “default settings,” “nudge techniques,” and “profiling”—all had clear instructions.⁵³ In contrast, criteria such as “best interests of the child,” were unclear and varied in implementation across platforms.⁵⁴ Policymakers in the U.S. may consider clarifying such criteria to ensure consistency in age-appropriate features across platforms.

Age-based privacy and content moderation strategies rely on the use of [age-assurance technologies](#), each accompanied by its own tradeoffs.⁵⁵ [Proponents](#) of age assurance requirements convey that declaring, estimating, or verifying age can help limit young people’s

exposure to harmful content and interactions.⁵⁶ [Opponents](#) of age assurance requirements [stress](#) that these requirements can limit the benefits of free expression from online anonymity and curtail access to valuable information.^{57,58} Age assurance technologies can also create data privacy risks by requiring additional data processing, though specific privacy risks vary depending on the technological age assurance solutions deployed and the website or platform operator's data governance practices. Platforms may consider implementing risk-based impact assessments to test new features before their launch.

Researchers are also exploring opportunities to leverage social media platforms as health promotion tools. Interventions aimed at addressing mental health conditions through these platforms appear to be both feasible and acceptable among youth exhibiting symptoms of mental health conditions.⁵⁹ Although these interventions require long-term evaluation, they hold promise in effectively addressing mental health symptoms, mitigating associated harms linked to the platforms, and tackling social inequities.^{60,61}

Ultimately, many parents and caregivers, as well as the general public, may benefit from digital literacy training, a support that technology companies can actively contribute to. Digital platforms could improve transparency around their decision-making processes by publishing and clarifying their community guidelines, trust and safety policies, terms of service, terms and conditions, codes of conduct, and content moderation policies.⁶²

Importantly, companies can foster digital literacy through transparency reports, whereby they openly publish reports with information such as risk assessments, prevention and enforcement measures, algorithm usage, trust and safety resource allocation, and other factors. To structure these reports, technology companies can leverage existing tools, with the [Santa Clara Principles 2.0](#) being one such tool.⁶³ This framework aims to obtain meaningful transparency and accountability concerning the practices of online platforms' practices, especially with respect to content moderation.

BPC urges the U.S. Task Force on Kids Online Health and Safety to make data more actionable and accessible to the public. In BPC's 2022 Opioid Crisis Task Force [report](#), we recommended that HHS direct its agencies to collect a meaningful set of core metrics to consistently track behavioral health indicators and health care service delivery.⁶⁴ BPC also recommended aggregating the data on core metrics and making them available in a public dashboard. HHS Protect, originally created for the COVID-19 pandemic, is a dashboard example.

Part C – What are the benefits or downsides of the U.S. government offering such guidance, and which agencies or offices within the government are best positioned to do so?

There are several key benefits of federal guidance to states, with one of the most critical being encouraging coordinated and synchronized efforts. States and local entities operate more effectively when there is a clear federal framework that allows them to compliment and

supplement as needed. Federal guidance on social media use and youth mental health would enable state and local entities to engage with parents, companies, and other key institutions (e.g., health care systems, schools). The guidance could outline reporting structures, establish data collection processes, and define roles and responsibilities. Consistent data reporting nationwide yields more complete and robust data sets, which can help bring evidence-based interventions to scale. Another notable benefit of coordination and consistency through federal guidance is its potential to ensure equitable access to information and care for marginalized populations.

Nevertheless, federal guidance does have its constraints. Importantly, state-level differences in regulations, infrastructure, and overall resource availability result in differing capacities to implement federal guidance. State-level policies related to social media showcase this divergence; while guidance can help narrow the gap between enacted policies, states with drastically different laws or no laws at all may encounter challenges in implementing federal guidance. Thus, agencies may require additional resources to provide technical support to states. Similarly, the federal government faces limitations due to distinctions between state and federal areas of jurisdiction.

Despite these limitations, federal guidance can offer a meaningful path for regulating social media use and addressing youth mental health. Collaborative guidance can be valuable in facilitating coordination across the federal government on various aspects of social media use and youth mental health. For example, agencies within the Department of Health and Human Services (HHS) can issue guidance to address elements of the youth mental health crisis. These agencies would include the Substance Abuse and Mental Health Services Administration (SAMHSA), the Centers for Medicare & Medicaid Services (CMS), the National Institutes of Health (NIH), and the Food and Drug Administration (FDA). Other agencies outside of HHS, such as the Federal Trade Commission (FTC), the Department of Justice (DOJ), and the Department of Commerce (including NTIA and the National Institute of Standards and Technology [NIST]), are well-positioned to address social media usage.

In previous reports, **BPC has recommended creating or modifying clearly defined federal interagency partnerships to address complex issues that cut across sectors.** For example, BPC recommend adding SAMHSA into an interagency partnership called the Federal Interagency Committee on EMS for emergency medical services (EMS) in our [report](#) on behavioral health crisis response. This addition, given SAMHSA's oversight of the 988 program, would better equip EMS personnel to handle behavioral health crises.⁶⁵ BPC supports such partnerships but is also aware of some of the leadership challenges of an interagency group as compared with designating a single agency to oversee regulation of the technology industry.

Part D – How best can we ensure that such guidance reflects the evolving consensus of experts across relevant fields, including the mental health and medical community, technical

experts, child development experts, parents and caregiver groups, and other stakeholders dedicated to advancing the interests of minors, and so on?

BPC supports NTIA's objective of ensuring that guidance reflects an evolving consensus among experts. Experts, evidence, and perspectives from key stakeholder groups across the political spectrum inform all our reports. BPC's standard process employs qualitative methods, such as expert roundtables and one-on-one stakeholder interviews, to elicit and thoroughly vet policy recommendations. We propose that NTIA could incorporate BPC's consensus-building methodology to encourage information-sharing and cross-sector collaboration, include the youth perspective, and conduct research.

- **Encourage information-sharing and cross-sector collaboration:** BPC strives to ensure that recommendations reflect the perspectives of all key stakeholder groups. NTIA can adapt this process to establish networks/alliances, initiatives, commissions, working groups/task forces, and public-private partnerships to develop actionable regulations. Utilizing insights from these collaborations, NTIA can identify industry best practices, recommendations, standardized risk assessments, and standardized transparency frameworks that encourage a mandatory and enforceable approach to online safety. Establishing standards for the disclosure of platforms' internal processes and content moderation policies could enhance research and accountability. Noteworthy examples of effective cross-sector collaboration include the [Digital Trust and Safety Partnership](#) and the [Council for Responsible Social Media](#).^{66,67} The Digital Trust and Safety Partnership, which aims to promote safe online practices, includes partners such as consumer and user advocates, policymakers, law enforcement, nongovernmental organizations, and industry representatives. Similarly, the Council for Responsible Social Media convenes a bipartisan group of experts to address the negative mental, civic, and public health impacts of social media.
- **Include the youth perspective:** As part of our stakeholder engagement, BPC believes it is critical to include the viewpoints of those directly affected by policy decisions. Given that the impacted community is the youth themselves, NTIA could explore avenues to engage youth while formulating guidance in conjunction with other agencies. One approach to engage youth is through a national survey, such as those administered by [Pew Research Center](#), that focuses on potential solutions. Using the survey results could help identify federal levers.⁶⁸ Such a survey would provide insights into how proposed provisions might impact youth and give them opportunities to help shape, clarify, and build upon NTIA's proposals.
- **Conduct research:** BPC conducts research through primary analyses and surveys. NTIA can engage regulators to ensure funds are available for researching safe and secure social media use for America's youth. Congress has introduced several bills

that could boost research capacity across the federal government. [The Platform Accountability and Transparency Act \(PATA\)](#) is a bipartisan bill that would require online platforms to proactively provide information (e.g., a comprehensive library of advertisers, statistics about content moderation, data about viral content, platforms' ranking and recommendation algorithms) to researchers and the public.⁶⁹

Part E – How best can the U.S. government encourage compliance with any guidance issued to advance minors' health, safety, and/or privacy online?

BPC supports NTIA's goal of ensuring that platforms actively follow practices to advance online safety for minors. As highlighted Part B above, a significant aspect of compliance revolves around data reporting. **BPC supports consistent, publicly available data to inform policymakers and the public.** One option for NTIA to consider regarding reporting is the inclusion of a standardized transparency reporting index and required transparency reports from technology companies.

Data can provide insights into areas for improving compliance. One study conducted scans across the internet and compiled a list of child-directed websites.⁷⁰ These scans revealed that over a quarter of child-directed websites contain targeted advertisements, with many linked to age-inappropriate content (e.g., advertisements with sexually explicit imagery, that promote weight loss, etc.). These findings illustrate a trend of noncompliance with existing privacy regulation in the U.S., the U.K., and the European Union.⁷¹

NTIA can also provide regulatory guidance. For example, Section 230(c)2 has a "good faith" moderation—often referred to as the Good Samaritan exemption—that could be better defined. This provision allows platforms to police their sites for illegal and "otherwise objectionable" content, even if the content promotes terrorism, cyberbullying, or self-harm. NTIA can play a role in defining parameters around compliance with Section 230(c)2 and establishing processes (e.g., enforcement practices) to assist companies stay compliant with their own terms of service.

Closing

BPC appreciates the opportunity to submit comments related to the NTIA's request for information. BPC will continue to work with stakeholders and policymakers to evaluate the impact of youth mental health and social media use. We look forward to submitting further comments and recommendations related to the mental health of our nation's youth.

Endnotes

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