

Union Calendar No. 417

116TH CONGRESS
2^D SESSION

H. R. 4564

[Report No. 116-517]

To amend the Public Health Service Act to ensure the provision of high-quality service through the Suicide Prevention Lifeline, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 27, 2019

Mr. KATKO (for himself, Mr. BEYER, and Mrs. NAPOLITANO) introduced the following bill; which was referred to the Committee on Energy and Commerce

SEPTEMBER 18, 2020

Additional sponsors: Mr. MCADAMS, Mr. MOULTON, Ms. SLOTKIN, Ms. SPANBERGER, Mr. STEWART, Ms. FINKENAUER, Mr. HARDER of California, Mr. STIVERS, Ms. NORTON, Mr. BALDERSON, Mr. TRONE, Mr. SOTO, and Mr. DELGADO

SEPTEMBER 18, 2020

Reported from the Committee on Energy and Commerce; committed to the Committee of the Whole House on the State of the Union and ordered to be printed

A BILL

To amend the Public Health Service Act to ensure the provision of high-quality service through the Suicide Prevention Lifeline, 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 “Suicide Prevention
5 Lifeline Improvement Act of 2019”.

6 **SEC. 2. SUICIDE PREVENTION LIFELINE.**

7 (a) PLAN.—Section 520E–3 of the Public Health
8 Service Act (42 U.S.C. 290bb–36c) is amended—

9 (1) by redesignating subsection (c) as sub-
10 subsection (e); and

11 (2) by inserting after subsection (b) the fol-
12 lowing:

13 “(c) PLAN.—

14 “(1) IN GENERAL.—For purposes of maintain-
15 ing the suicide prevention hotline under subsection
16 (b)(2), the Secretary shall develop and implement a
17 plan to ensure the provision of high-quality service.

18 “(2) CONTENTS.—The plan required by para-
19 graph (1) shall include the following:

20 “(A) Quality assurance provisions, includ-
21 ing—

22 “(i) clearly defined and measurable
23 performance indicators and objectives to
24 improve the responsiveness and perform-

1 ance of the hotline, including at backup
2 call centers; and

3 “(ii) quantifiable timeframes to track
4 the progress of the hotline in meeting such
5 performance indicators and objectives.

6 “(B) Standards that crisis centers and
7 backup centers must meet—

8 “(i) to participate in the network
9 under subsection (b)(1); and

10 “(ii) to ensure that each telephone
11 call, online chat message, and other com-
12 munication received by the hotline, includ-
13 ing at backup call centers, is answered in
14 a timely manner by a person, consistent
15 with the guidance established by the Amer-
16 ican Association of Suicidology or other
17 guidance determined by the Secretary to be
18 appropriate.

19 “(C) Guidelines for crisis centers and
20 backup centers to implement evidence-based
21 practices including with respect to followup and
22 referral to other health and social services re-
23 sources.

24 “(D) Guidelines to ensure that resources
25 are available and distributed to individuals

1 using the hotline who are not personally in a
2 time of crisis but know of someone who is.

3 “(E) Guidelines to carry out periodic test-
4 ing of the hotline, including at crisis centers
5 and backup centers, during each fiscal year to
6 identify and correct any problems in a timely
7 manner.

8 “(F) Guidelines to operate in consultation
9 with the State department of health, local gov-
10 ernments, Indian tribes, and tribal organiza-
11 tions.

12 “(3) INITIAL PLAN; UPDATES.—The Secretary
13 shall—

14 “(A) not later than 6 months after the
15 date of enactment of the Suicide Prevention
16 Lifeline Improvement Act of 2019, complete de-
17 velopment of the initial version of the plan re-
18 quired by paragraph (1), begin implementation
19 of such plan, and make such plan publicly avail-
20 able; and

21 “(B) periodically thereafter, update such
22 plan and make the updated plan publicly avail-
23 able.”.

24 (b) TRANSMISSION OF DATA TO CDC.—Section
25 520E–3 of the Public Health Service Act (42 U.S.C.

1 290bb–36c) is amended by inserting after subsection (c)
2 of such section, as added by subsection (a) of this section,
3 the following:

4 “(d) TRANSMISSION OF DATA TO CDC.—The Sec-
5 retary shall formalize and strengthen agreements between
6 the National Suicide Prevention Lifeline program and the
7 Centers for Disease Control and Prevention to transmit
8 any necessary epidemiological data from the program to
9 the Centers, including local call center data, to assist the
10 Centers in suicide prevention efforts.”.

11 (e) AUTHORIZATION OF APPROPRIATIONS.—Sub-
12 section (e) of section 520E–3 of the Public Health Service
13 Act (42 U.S.C. 290bb–36c) is amended to read as follows:

14 “(e) AUTHORIZATION OF APPROPRIATIONS.—

15 “(1) IN GENERAL.—To carry out this section,
16 there are authorized to be appropriated \$50,000,000
17 for each of fiscal years 2020 through 2022.

18 “(2) ALLOCATION.—Of the amount authorized
19 to be appropriated by paragraph (1) for each of fis-
20 cal years 2020 through 2022, at least 80 percent
21 shall be made available to crisis centers.”.

22 **SEC. 3. PILOT PROGRAM ON INNOVATIVE TECHNOLOGIES.**

23 (a) PILOT PROGRAM.—

24 (1) IN GENERAL.—The Secretary of Health and
25 Human Services, acting through the Assistant Sec-

1 retary for Mental Health and Substance Use, shall
2 carry out a pilot program to research, analyze, and
3 employ various technologies and platforms of com-
4 munication (including social media platforms,
5 texting platforms, and email platforms) for suicide
6 prevention in addition to the telephone and online
7 chat service provided by the Suicide Prevention Life-
8 line.

9 (2) AUTHORIZATION OF APPROPRIATIONS.—To
10 carry out paragraph (1), there is authorized to be
11 appropriated \$5,000,000 for the period of fiscal
12 years 2020 and 2021.

13 (b) REPORT.—Not later than 24 months after the
14 date on which the pilot program under subsection (a) com-
15 mences, the Secretary of Health and Human Services, act-
16 ing through the Assistant Secretary for Mental Health
17 and Substance Use, shall submit to the Congress a report
18 on the pilot program. With respect to each platform of
19 communication employed pursuant to the pilot program,
20 the report shall include—

21 (1) a full description of the program;

22 (2) the number of individuals served by the pro-
23 gram;

24 (3) the average wait time for each individual to
25 receive a response;

1 (4) the cost of the program, including the cost
2 per individual served; and

3 (5) any other information the Secretary deter-
4 mines appropriate.

5 **SEC. 4. HHS STUDY AND REPORT.**

6 Not later than 24 months after the Secretary of
7 Health and Human Services begins implementation of the
8 plan required by section 520E–3(c) of the Public Health
9 Service Act, as added by section 2(a)(2) of this Act, the
10 Secretary shall—

11 (1) complete a study on—

12 (A) the implementation of such plan, in-
13 cluding the progress towards meeting the objec-
14 tives identified pursuant to paragraph (2)(A)(i)
15 of such section 520E–3(c) by the timeframes
16 identified pursuant to paragraph (2)(A)(ii) of
17 such section 520E–3(c); and

18 (B) in consultation with the Director of
19 the Centers for Disease Control and Prevention,
20 options to expand data gathering from calls to
21 the Suicide Prevention Lifeline in order to bet-
22 ter track aspects of usage such as repeat calls,
23 consistent with applicable Federal and State
24 privacy laws; and

1 (2) submit a report to the Congress on the re-
2 sults of such study, including recommendations on
3 whether additional legislation or appropriations are
4 needed.

5 **SEC. 5. GAO STUDY AND REPORT.**

6 (a) IN GENERAL.—Not later than 24 months after
7 the Secretary of Health and Human Services begins imple-
8 mentation of the plan required by section 520E–3(e) of
9 the Public Health Service Act, as added by section 2(a)(2)
10 of this Act, the Comptroller General of the United States
11 shall—

12 (1) complete a study on the Suicide Prevention
13 Lifeline; and

14 (2) submit a report to the Congress on the re-
15 sults of such study.

16 (b) ISSUES TO BE STUDIED.—The study required by
17 subsection (a) shall address—

18 (1) the feasibility of geolocating callers to direct
19 calls to the nearest crisis center;

20 (2) operation shortcomings of the Suicide Pre-
21 vention Lifeline;

22 (3) geographic coverage of each crisis call cen-
23 ter;

24 (4) the call answer rate of each crisis call cen-
25 ter;

1 (5) the call wait time of each crisis call center;

2 (6) the hours of operation of each crisis call
3 center;

4 (7) funding avenues of each crisis call center;

5 (8) the implementation of the plan under sec-
6 tion 520E–3(c) of the Public Health Service Act, as
7 added by section 2(a) of this Act, including the
8 progress towards meeting the objectives identified
9 pursuant to paragraph (2)(A)(i) of such section
10 520E–3(c) by the timeframes identified pursuant to
11 paragraph (2)(A)(ii) of such section 520E–3(c); and

12 (9) service to individuals requesting a foreign
13 language speaker, including—

14 (A) the number of calls or chats the Life-
15 line receives from individuals speaking a foreign
16 language;

17 (B) the capacity of the Lifeline to handle
18 these calls or chats; and

19 (C) the number of crisis centers with the
20 capacity to serve foreign language speakers, in
21 house.

22 (c) RECOMMENDATIONS.—The report required by
23 subsection (a) shall include recommendations for improv-
24 ing the Suicide Prevention Lifeline, including rec-
25 ommendations for legislative and administrative actions.

1 **SEC. 6. DEFINITION.**

2 In this Act, the term “Suicide Prevention Lifeline”
3 means the suicide prevention hotline maintained pursuant
4 to section 520E–3 of the Public Health Service Act (42
5 U.S.C. 290bb–36e).

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