

116TH CONGRESS
2D SESSION

H. R. 5619

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 22, 2020

Received; read twice and referred to the Committee on Health, Education,
Labor, and Pensions

AN ACT

To authorize a pilot program to expand and intensify surveillance of self-harm in partnership with State and local public health departments, to establish a grant program to provide self-harm and suicide prevention services in hospital emergency departments, 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 Act”.

6 **SEC. 2. SYNDROMIC SURVEILLANCE OF SELF-HARM BEHAV-**
7 **IORS PROGRAM.**

8 Title III of the Public Health Service Act is amended
9 by inserting after section 317U of such Act (42 U.S.C.
10 247b–23) the following:

11 **“SEC. 317V. SYNDROMIC SURVEILLANCE OF SELF-HARM BE-**
12 **HAVIORS PROGRAM.**

13 “(a) IN GENERAL.—The Secretary shall award
14 grants to State, local, Tribal, and territorial public health
15 departments for the expansion of surveillance of self-harm.

16 “(b) DATA SHARING BY GRANTEES.—As a condition
17 of receipt of such grant under subsection (a), each grantee
18 shall agree to share with the Centers for Disease Control
19 and Prevention in real time, to the extent feasible and as
20 specified in the grant agreement, data on suicides and self-
21 harm for purposes of—

22 “(1) tracking and monitoring self-harm to in-
23 form response activities to suicide clusters;

24 “(2) informing prevention programming for
25 identified at-risk populations; and

1 “(3) conducting or supporting research.

2 “(c) DISAGGREGATION OF DATA.—The Secretary
3 shall provide for the data collected through surveillance
4 of self-harm under subsection (b) to be disaggregated by
5 the following categories:

6 “(1) Nonfatal self-harm data of any intent.

7 “(2) Data on suicidal ideation.

8 “(3) Data on self-harm where there is no evi-
9 dence, whether implicit or explicit, of suicidal intent.

10 “(4) Data on self-harm where there is evidence,
11 whether implicit or explicit, of suicidal intent.

12 “(5) Data on self-harm where suicidal intent is
13 unclear based on the available evidence.

14 “(d) PRIORITY.—In making awards under subsection
15 (a), the Secretary shall give priority to eligible entities that
16 are—

17 “(1) located in a State with an age-adjusted
18 rate of nonfatal suicidal behavior that is above the
19 national rate of nonfatal suicidal behavior, as deter-
20 mined by the Director of the Centers for Disease
21 Control and Prevention;

22 “(2) serving an Indian Tribe (as defined in sec-
23 tion 4 of the Indian Self-Determination and Edu-
24 cation Assistance Act) with an age-adjusted rate of
25 nonfatal suicidal behavior that is above the national

1 rate of nonfatal suicidal behavior, as determined
2 through appropriate mechanisms determined by the
3 Secretary in consultation with Indian Tribes; or

4 “(3) located in a State with a high rate of cov-
5 erage of statewide (or Tribal) emergency department
6 visits, as determined by the Director of the Centers
7 for Disease Control and Prevention.

8 “(e) GEOGRAPHIC DISTRIBUTION.—In making
9 grants under this section, the Secretary shall make an ef-
10 fort to ensure geographic distribution, taking into account
11 the unique needs of rural communities, including—

12 “(1) communities with an incidence of individ-
13 uals with serious mental illness, demonstrated suici-
14 dal ideation or behavior, or suicide rates that are
15 above the national average, as determined by the As-
16 sistant Secretary for Mental Health and Substance
17 Use;

18 “(2) communities with a shortage of prevention
19 and treatment services, as determined by the Assist-
20 ant Secretary for Mental Health and Substance Use
21 and the Administrator of the Health Resources and
22 Services Administration; and

23 “(3) other appropriate community-level factors
24 and social determinants of health such as income,
25 employment, and education.

1 “(f) PERIOD OF PARTICIPATION.—To be selected as
2 a grant recipient under this section, a State, local, Tribal,
3 or territorial public health department shall agree to par-
4 ticipate in the program for a period of not less than 4
5 years.

6 “(g) TECHNICAL ASSISTANCE.—The Secretary shall
7 provide technical assistance and training to grantees for
8 collecting and sharing the data under subsection (b).

9 “(h) DATA SHARING BY HHS.—Subject to sub-
10 section (b), the Secretary shall, with respect to data on
11 self-harm that is collected pursuant to this section, share
12 and integrate such data through—

13 “(1) the National Syndromic Surveillance Pro-
14 gram’s Early Notification of Community Epidemics
15 (ESSENCE) platform (or any successor platform);

16 “(2) the National Violent Death Reporting Sys-
17 tem, as appropriate; or

18 “(3) another appropriate surveillance program,
19 including such a program that collects data on sui-
20 cides and self-harm among special populations, such
21 as members of the military and veterans.

22 “(i) RULE OF CONSTRUCTION REGARDING APPLICA-
23 BILITY OF PRIVACY PROTECTIONS.—Nothing in this sec-
24 tion shall be construed to limit or alter the application
25 of Federal or State law relating to the privacy of informa-

1 tion to data or information that is collected or created
2 under this section.

3 “(j) REPORT.—

4 “(1) SUBMISSION.—Not later than 3 years
5 after the date of enactment of this Act, the Sec-
6 retary shall evaluate the suicide and self-harm
7 syndromic surveillance systems at the Federal,
8 State, and local levels and submit a report to Con-
9 gress on the data collected under subsections (b) and
10 (c) in a manner that prevents the disclosure of indi-
11 vidually identifiable information, at a minimum, con-
12 sistent with all applicable privacy laws and regula-
13 tions.

14 “(2) CONTENTS.—In addition to the data col-
15 lected under subsections (b) and (c), the report
16 under paragraph (1) shall include—

17 “(A) challenges and gaps in data collection
18 and reporting;

19 “(B) recommendations to address such
20 gaps and challenges; and

21 “(C) a description of any public health re-
22 sponses initiated at the Federal, State, or local
23 level in response to the data collected.

24 “(k) AUTHORIZATION OF APPROPRIATIONS.—To
25 carry out this section, there are authorized to be appro-

1 priated \$20,000,000 for each of fiscal years 2021 through
2 2025.”.

3 **SEC. 3. GRANTS TO PROVIDE SELF-HARM AND SUICIDE**
4 **PREVENTION SERVICES.**

5 Part B of title V of the Public Health Service Act
6 (42 U.S.C. 290aa et seq.) is amended by adding at the
7 end the following:

8 **“SEC. 520N. GRANTS TO PROVIDE SELF-HARM AND SUICIDE**
9 **PREVENTION SERVICES.**

10 “(a) IN GENERAL.—The Secretary of Health and
11 Human Services shall award grants to hospital emergency
12 departments to provide self-harm and suicide prevention
13 services.

14 “(b) ACTIVITIES SUPPORTED.—

15 “(1) IN GENERAL.—A hospital emergency de-
16 partment awarded a grant under subsection (a) shall
17 use amounts under the grant to implement a pro-
18 gram or protocol to better prevent suicide attempts
19 among hospital patients after discharge, which may
20 include—

21 “(A) screening patients for self-harm and
22 suicide in accordance with the standards of
23 practice described in subsection (e)(1) and
24 standards of care established by appropriate
25 medical and advocacy organizations;

1 “(B) providing patients short-term self-
2 harm and suicide prevention services in accord-
3 ance with the results of the screenings de-
4 scribed in subparagraph (A); and

5 “(C) referring patients, as appropriate, to
6 a health care facility or provider for purposes of
7 receiving long-term self-harm and suicide pre-
8 vention services, and providing any additional
9 follow up services and care identified as appro-
10 prium as a result of the screenings and short-
11 term self-harm and suicide prevention services
12 described in subparagraphs (A) and (B).

13 “(2) USE OF FUNDS TO HIRE AND TRAIN
14 STAFF.—Amounts awarded under subsection (a)
15 may be used to hire clinical social workers, mental
16 and behavioral health care professionals, and sup-
17 port staff as appropriate, and to train existing staff
18 and newly hired staff to carry out the activities de-
19 scribed in paragraph (1).

20 “(c) GRANT TERMS.—A grant awarded under sub-
21 section (a)—

22 “(1) shall be for a period of 3 years; and

23 “(2) may be renewed subject to the require-
24 ments of this section.

1 “(d) APPLICATIONS.—A hospital emergency depart-
2 ment seeking a grant under subsection (a) shall submit
3 an application to the Secretary at such time, in such man-
4 ner, and accompanied by such information as the Sec-
5 retary may require.

6 “(e) STANDARDS OF PRACTICE.—

7 “(1) IN GENERAL.—Not later than 180 days
8 after the date of the enactment of this section, the
9 Secretary shall develop standards of practice for
10 screening patients for self-harm and suicide for pur-
11 poses of carrying out subsection (b)(1)(C).

12 “(2) CONSULTATION.—The Secretary shall de-
13 velop the standards of practice described in para-
14 graph (1) in consultation with individuals and enti-
15 ties with expertise in self-harm and suicide preven-
16 tion, including public, private, and non-profit enti-
17 ties.

18 “(f) REPORTING.—

19 “(1) REPORTS TO THE SECRETARY.—

20 “(A) IN GENERAL.—A hospital emergency
21 department awarded a grant under subsection
22 (a) shall, at least quarterly for the duration of
23 the grant, submit to the Secretary a report
24 evaluating the activities supported by the grant.

1 “(B) MATTERS TO BE INCLUDED.—The
2 report required under subparagraph (A) shall
3 include—

4 “(i) the number of patients receiv-
5 ing—

6 “(I) screenings carried out at the
7 hospital emergency department;

8 “(II) short-term self-harm and
9 suicide prevention services at the hos-
10 pital emergency department; and

11 “(III) referrals to health care fa-
12 cilities for the purposes of receiving
13 long-term self-harm and suicide pre-
14 vention;

15 “(ii) information on the adherence of
16 the hospital emergency department to the
17 standards of practice described in sub-
18 section (f)(1); and

19 “(iii) other information as the Sec-
20 retary determines appropriate to evaluate
21 the use of grant funds.

22 “(2) REPORTS TO CONGRESS.—Not later than
23 2 years after the date of the enactment of the Sui-
24 cide Prevention Act, and biennially thereafter, the
25 Secretary shall submit to the Committee on Health,

1 Education, Labor and Pensions of the Senate and
2 the Committee on Energy and Commerce of the
3 House of Representatives a report on the grant pro-
4 gram under this section, including—

5 “(A) a summary of reports received by the
6 Secretary under paragraph (1); and

7 “(B) an evaluation of the program by the
8 Secretary.

9 “(g) AUTHORIZATION OF APPROPRIATIONS.—To
10 carry out this section, there are authorized to be appro-
11 priated \$30,000,000 for each of fiscal years 2021 through
12 2025.”.

Passed the House of Representatives September 21,
2020.

Attest: CHERYL L. JOHNSON,
Clerk.