

urge adoption, and I yield back the balance of my time.

Mrs. DINGELL. Madam Speaker, once more we thank our Nation's first responders for all they are doing for us, and I urge my colleagues to support them by supporting this legislation.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Michigan (Mrs. DINGELL) that the House suspend the rules and pass the bill, H.R. 1646, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

SUICIDE PREVENTION LIFELINE IMPROVEMENT ACT OF 2020

Mrs. DINGELL. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 4564) to amend the Public Health Service Act to ensure the provision of high-quality service through the Suicide Prevention Lifeline, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4564

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Suicide Prevention Lifeline Improvement Act of 2020".

SEC. 2. SUICIDE PREVENTION LIFELINE.

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

(1) by redesignating subsection (c) as subsection (e); and

(2) by inserting after subsection (b) the following:

“(c) PLAN.—

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

“(2) CONTENTS.—The plan required by paragraph (1) shall include the following:

“(A) Quality assurance provisions, including—

“(i) clearly defined and measurable performance indicators and objectives to improve the responsiveness and performance of the hotline, including at backup call centers; and

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

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

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

“(ii) to ensure that each telephone call, on-line chat message, and other communication received by the hotline, including at backup call centers, is answered in a timely manner by a person, consistent with the guidance established by the American Association of Suicidology or other guidance determined by the Secretary to be appropriate.

“(C) Guidelines for crisis centers and backup centers to implement evidence-based practices including with respect to followup and referral to other health and social services resources.

“(D) Guidelines to ensure that resources are available and distributed to individuals using the hotline who are not personally in a time of crisis but know of someone who is.

“(E) Guidelines to carry out periodic testing of the hotline, including at crisis centers and backup centers, during each fiscal year to identify and correct any problems in a timely manner.

“(F) Guidelines to operate in consultation with the State department of health, local governments, Indian tribes, and tribal organizations.

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

“(A) not later than 6 months after the date of enactment of the Suicide Prevention Lifeline Improvement Act of 2020, complete development of the initial version of the plan required by paragraph (1), begin implementation of such plan, and make such plan publicly available; and

“(B) periodically thereafter, update such plan and make the updated plan publicly available.”.

(b) TRANSMISSION OF DATA TO CDC.—Section 520E-3 of the Public Health Service Act (42 U.S.C. 290bb-36c) is amended by inserting after subsection (c) of such section, as added by subsection (a) of this section, the following:

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

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

“(e) AUTHORIZATION OF APPROPRIATIONS.—

“(1) IN GENERAL.—To carry out this section, there are authorized to be appropriated \$50,000,000 for each of fiscal years 2021 through 2023.

“(2) ALLOCATION.—Of the amount authorized to be appropriated by paragraph (1) for each of fiscal years 2021 through 2023, at least 80 percent shall be made available to crisis centers.”.

SEC. 3. PILOT PROGRAM ON INNOVATIVE TECHNOLOGIES.

(a) PILOT PROGRAM.—

(1) IN GENERAL.—The Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, shall carry out a pilot program to research, analyze, and employ various technologies and platforms of communication (including social media platforms, texting platforms, and email platforms) for suicide prevention in addition to the telephone and online chat service provided by the Suicide Prevention Lifeline.

(2) AUTHORIZATION OF APPROPRIATIONS.—To carry out paragraph (1), there is authorized to be appropriated \$5,000,000 for the period of fiscal years 2021 and 2022.

(b) REPORT.—Not later than 24 months after the date on which the pilot program under subsection (a) commences, the Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, shall submit to the Congress a report on the pilot program. With respect to each platform of communication employed pursuant to the pilot program, the report shall include—

(1) a full description of the program;

(2) the number of individuals served by the program;

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

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

(5) any other information the Secretary determines appropriate.

SEC. 4. HHS STUDY AND REPORT.

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

(1) complete a study on—

(A) the implementation of such plan, including the progress towards meeting the objectives identified pursuant to paragraph (2)(A)(i) of such section 520E-3(c) by the timeframes identified pursuant to paragraph (2)(A)(ii) of such section 520E-3(c); and

(B) in consultation with the Director of the Centers for Disease Control and Prevention, options to expand data gathering from calls to the Suicide Prevention Lifeline in order to better track aspects of usage such as repeat calls, consistent with applicable Federal and State privacy laws; and

(2) submit a report to the Congress on the results of such study, including recommendations on whether additional legislation or appropriations are needed.

SEC. 5. GAO STUDY AND REPORT.

(a) IN GENERAL.—Not later than 24 months after the Secretary of Health and Human Services begins implementation of the plan required by section 520E-3(c) of the Public Health Service Act, as added by section 2(a)(2) of this Act, the Comptroller General of the United States shall—

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

(2) submit a report to the Congress on the results of such study.

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

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

(2) operation shortcomings of the Suicide Prevention Lifeline;

(3) geographic coverage of each crisis call center;

(4) the call answer rate of each crisis call center;

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

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

(7) funding avenues of each crisis call center;

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

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

(A) the number of calls or chats the Lifeline receives from individuals speaking a foreign language;

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

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

(c) RECOMMENDATIONS.—The report required by subsection (a) shall include recommendations for improving the Suicide Prevention Lifeline, including recommendations for legislative and administrative actions.

SEC. 6. DEFINITION.

In this Act, the term "Suicide Prevention Lifeline" means the suicide prevention hotline maintained pursuant to section 520E-3 of the Public Health Service Act (42 U.S.C. 290bb-36c).

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from

Michigan (Mrs. DINGELL) and the gentleman from Montana (Mr. GIANFORTE) each will control 20 minutes.

The Chair recognizes the gentlewoman from Michigan.

GENERAL LEAVE

Mrs. DINGELL. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 4564.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Michigan?

There was no objection.

Mrs. DINGELL. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in support of H.R. 4564, the Suicide Prevention Lifeline Improvement Act of 2020. This legislation will provide additional resources and authority for the National Suicide Prevention Lifeline, ensuring that it will have the infrastructure necessary to meet both current needs and the increased volume of outreach expected when the 988 number is formally adopted.

The National Suicide Prevention Lifeline currently expects 12 million calls over the next 4 years, equivalent to the total number of calls from 2005 to 2017.

Given this increased demand, the current authorization level of approximately \$7.2 million per year is insufficient to meet expected need for the lifeline's critical services for those in crisis.

This legislation increases the authorization for the lifeline to \$50 million each year through fiscal year 2022, allowing it to effectively manage the increased call volume while reducing wait times.

Additionally, the Suicide Prevention Lifeline Improvement Act will create a new pilot program to deploy innovative technologies through social media, texting, and other platforms, connecting Americans where they are to the lifeline.

It will also establish a plan for maintaining the lifeline program and provide additional study and recommendations from HHS on ways to further strengthen access to this program.

I thank and appreciate Representatives KATKO, BEYER, and NAPOLITANO for their leadership in offering this legislation, and continuing to push for reforms to strengthen the National Suicide Prevention Lifeline.

Madam Speaker, I urge my colleagues to support this bipartisan effort to strengthen access to this critical resource for Americans in crisis.

I reserve the balance of my time.

Mr. GIANFORTE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H.R. 4564, the Suicide Prevention Lifeline Improvement Act, introduced by Representatives KATKO, CÁRDENAS, and Representatives GRAVES and BISHOP from Georgia.

This legislation will increase the authorization of the National Suicide Prevention Lifeline program to \$50 million each year through fiscal year 2022.

This bill ensures funding is available for the continued operation of the suicide hotline. When an individual in crisis calls the suicide hotline, they can't get a busy signal. This is crucial, again, in this time of economic distress and social isolation.

I know we will also consider several other pieces of legislation, including designating 988 as the extension for the national suicide hotline.

With more individuals in crisis, more calls will come. We must increase awareness of this critical resource and make it easier to remember the number.

We must make sure the national suicide hotline is prepared to deal with those in crisis. This issue has been one of my top priorities in Congress, and I am glad we have been able to work together to get this done.

Madam Speaker, I urge my colleagues to support this important bipartisan legislation, and I reserve the balance of my time.

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Mrs. DINGELL. Madam Speaker, I yield such time as he may consume to the distinguished gentleman from Virginia (Mr. BEYER), who has helped champion this bill.

Mr. BEYER. Madam Speaker, I too rise to ask my colleagues to support the Suicide Prevention Lifeline Improvement Act led by my colleague, Mr. KATKO.

This is a bill that the Mental Health Caucus co-chairs, Mr. KATKO and Mrs. NAPOLITANO, and I have been working on for several years.

Two years ago, I spent a long afternoon at the local suicide lifeline in northern Virginia. It was fascinating; it was important; and I learned a great deal. Number one, I learned that an awful lot of young people want to do texts rather than phone calls, and they didn't have that capability. I learned that they were in desperate need of more staff. I learned that they needed more volunteers, and when I said that I would like to be a volunteer, I learned that it took four long weekends, then you had to commit to 40 hours of training, and then you had to commit to at least one 4- or 5-hour shift per week for the next year.

I also found that it had a remarkable success rate. They said they had talked to something like 3,000 people the previous year.

I asked: "How many had been lost?" Two out of 3,000.

But I also found out that they have wait times sometimes up to 60 minutes just to get on a call. A crisis can't afford to wait 60 minutes, and that is why we developed this legislation to give the lifeline the resources it needs and the quick answering times it has to have to be successful.

We also built in oversight capability so it can be more effectively reviewed

and improved. It has to constantly evolve.

The work is certainly even more important now that we know about the new 988 designation by the FCC. We have heard a lot about that this afternoon because we know there is going to be a lot higher demand.

One of the things I have done the last couple of years at every event is I say: Okay, everybody here raise their hand who knows the suicide lifeline number.

No one raises their hand ever. But that will be different. In fact, I am very confident that, within a few years, the 988 will go international, and it will be the standard all over the world.

It is especially important now during the pandemic. I just looked it up while we were waiting that a survey this July—2 months ago—found that 36 percent of young people 18 to 29 years old are experiencing clinical depression.

Madam Speaker, 48,000 Americans died by their own hand in 2018. We can't save every life, but the Suicide Prevention Lifeline is remarkably successful in helping people through that singular moment of despair in their lives.

Madam Speaker, I want to thank my colleagues again. It has been bipartisan, and it has been very important. Good friends like Mr. GIANFORTE, Mr. KATKO, FRANK PALLONE, and ANNA ESHOO helped us through, and my dear friend DEBBIE DINGELL led here today. I thank them for prioritizing these mental health supports when we need it most.

Mr. GIANFORTE. Madam Speaker, in closing, this is a critical issue in Montana. We have one of the highest suicide rates in the country, and making these services available is critical.

Madam Speaker, I urge my colleagues to support the bill, and I yield back the balance of my time.

Mrs. DINGELL. Madam Speaker, during these unprecedented times, we need to ensure that we are putting the resources into those that need them.

Madam Speaker, I urge my colleagues to support this legislation, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Michigan (Mrs. DINGELL) that the House suspend the rules and pass the bill, H.R. 4564, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

CAMPAIGN TO PREVENT SUICIDE ACT

Mrs. DINGELL. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 4585) to require the Director of the Centers for Disease Control and Prevention to conduct a national suicide prevention media campaign, and for other purposes, as amended.