

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, CARDENAS, 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.

The Clerk read the title of the bill.
The text of the bill is as follows:

H.R. 4585

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 “Campaign to Prevent Suicide Act”.

SEC. 2. NATIONAL SUICIDE PREVENTION LIFELINE.

Section 520E-3(b)(2) of the Public Health Service Act (42 U.S.C. 290bb-36c(b)(2)) is amended by inserting after “suicide prevention hotline” the following: “, which, beginning not later than one year after the date of the enactment of the Campaign to Prevent Suicide Act, shall be a 3-digit nationwide toll-free telephone number.”.

SEC. 3. NATIONAL SUICIDE PREVENTION MEDIA CAMPAIGN.

(a) NATIONAL SUICIDE PREVENTION MEDIA CAMPAIGN.—

(1) IN GENERAL.—Not later than the date that is three years after the date of the enactment of this Act, the Secretary of Health and Human Services (referred to in this section as the “Secretary”), in coordination with the Assistant Secretary for Mental Health and Substance Use (referred to in this section as the “Assistant Secretary”) and the Director of the Centers for Disease Control and Prevention (referred to in this section as the “Director”), shall conduct a national suicide prevention media campaign (referred to in this section as the “national media campaign”), in accordance with the requirements of this section, for purposes of—

(A) preventing suicide in the United States;

(B) educating families, friends, and communities on how to address suicide and suicidal thoughts, including when to encourage individuals with suicidal risk to seek help; and

(C) increasing awareness of suicide prevention resources of the Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration (including the suicide prevention hotline maintained under section 520E-3 of the Public Health Service Act (42 U.S.C. 290bb-36c)), any suicide prevention mobile application of the Centers for Disease Control and Prevention or the Substance Abuse Mental Health Services Administration, and other support resources determined appropriate by the Secretary.

(2) ADDITIONAL CONSULTATION.—In addition to coordinating with the Assistant Secretary and the Director under this section, the Secretary shall consult with, as appropriate, State, local, Tribal, and territorial health departments, primary health care providers, hospitals with emergency departments, mental and behavioral health services providers, crisis response services providers, first responders, suicide prevention and mental health professionals, patient advocacy groups, survivors of suicide attempts, and representatives of television and social media platforms in planning the national media campaign to be conducted under paragraph (1).

(b) TARGET AUDIENCES.—

(1) TAILORING ADVERTISEMENTS AND OTHER COMMUNICATIONS.—In conducting the national media campaign under subsection (a)(1), the Secretary may tailor culturally competent advertisements and other communications of the campaign across all available media for a target audience (such as a particular geographic location or demographic) across the lifespan.

(2) TARGETING CERTAIN LOCAL AREAS.—The Secretary shall, to the maximum extent

practicable, use amounts made available under subsection (f) for media that targets individuals in local areas with higher suicide rates.

(c) USE OF FUNDS.—

(1) REQUIRED USES.—

(A) IN GENERAL.—The Secretary shall, to the extent reasonably feasible with the funds made available under subsection (f), carry out the following, with respect to the national media campaign:

(i) The purchase of advertising time and space, including the strategic planning for, and accounting of, any such purchase.

(ii) Creative services and talent costs.

(iii) Advertising production costs.

(iv) Testing and evaluation of advertising.

(v) Evaluation of the effectiveness of the national media campaign.

(vi) Operational and management expenses.

(vii) The creation of an educational toolkit for television and social media platforms to use in discussing suicide and raising awareness about how to prevent suicide.

(B) SPECIFIC REQUIREMENTS.—

(i) TESTING AND EVALUATION OF ADVERTISING.—In testing and evaluating advertising under subparagraph (A)(iv), the Secretary shall test all advertisements after use in the national media campaign to evaluate the extent to which such advertisements have been effective in carrying out the purposes of the national media campaign.

(ii) EVALUATION OF EFFECTIVENESS OF NATIONAL MEDIA CAMPAIGN.—In evaluating the effectiveness of the national media campaign under subparagraph (A)(v), the Secretary shall take into account—

(I) the number of unique calls that are made to the suicide prevention hotline maintained under section 520E-3 of the Public Health Service Act (42 U.S.C. 290bb-36c) and assess whether there are any State and regional variations with respect to the capacity to answer such calls;

(II) the number of unique encounters with suicide prevention and support resources of the Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration and assess engagement with such suicide prevention and support resources;

(III) whether the national media campaign has contributed to increased awareness that suicidal individuals should be engaged, rather than ignored; and

(IV) such other measures of evaluation as the Secretary determines are appropriate.

(2) OPTIONAL USES.—The Secretary may use amounts made available under subsection (f) for the following, with respect to the national media campaign:

(A) Partnerships with professional and civic groups, community-based organizations, including faith-based organizations, and Government or Tribal organizations that the Secretary determines have experience in suicide prevention, including the Substance Abuse and Mental Health Services Administration and the Centers for Disease Control and Prevention.

(B) Entertainment industry outreach, interactive outreach, media projects and activities, public information, news media outreach, outreach through television programs, and corporate sponsorship and participation.

(d) PROHIBITIONS.—None of the amounts made available under subsection (f) may be obligated or expended for any of the following:

(1) To supplant current suicide prevention campaigns.

(2) For partisan political purposes, or to express advocacy in support of or to defeat any clearly identified candidate, clearly identified ballot initiative, or clearly identified legislative or regulatory proposal.

(e) REPORT TO CONGRESS.—Not later than 18 months after implementation of the national media campaign has begun, the Secretary, in coordination with the Assistant Secretary and the Director, shall, with respect to the first year of the national media campaign, submit to Congress a report that describes—

(1) the strategy of the national media campaign and whether specific objectives of such campaign were accomplished, including whether such campaign impacted the number of calls made to lifeline crisis centers and the capacity of such centers to manage such calls;

(2) steps taken to ensure that the national media campaign operates in an effective and efficient manner consistent with the overall strategy and focus of the national media campaign;

(3) plans to purchase advertising time and space;

(4) policies and practices implemented to ensure that Federal funds are used responsibly to purchase advertising time and space and eliminate the potential for waste, fraud, and abuse; and

(5) all contracts entered into with a corporation, a partnership, or an individual working on behalf of the national media campaign.

(f) AUTHORIZATION OF APPROPRIATIONS.—For purposes of carrying out this section, there is authorized to be appropriated \$10,000,000 for each of fiscal years 2021 through 2025.

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 may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 4585.

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. 4585, the Campaign to Prevent Suicide Act. This legislation will further facilitate access to existing Federal resources on suicide prevention by creating a national suicide prevention media campaign to help raise awareness of the lifeline as well as advertise the new 988 number when it becomes available.

Additionally, the Campaign to Prevent Suicide Act will also provide guidance to TV and social media companies on how effectively to communicate about suicide prevention through the creation of a media and best practices tool kit.

Given the significant mental health impacts of the COVID-19 pandemic, ensuring that Americans have access to the support they need during these trying times is more important than ever. With multiple studies pointing to the pandemic's significant impact on mental health, including a fourfold increase in depression reported by the

CDC this summer, we cannot lose sight of this longstanding public health issue.

I appreciate Representatives BEYER's and GIANFORTE's work on this legislation, which will provide resources for outreach on suicide prevention during a time when it is needed more than ever. We need to lift the stigma from people talking about this. It happens in every family and in every place.

Madam Speaker, I urge my colleagues to support passage of this bill, and 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. 4585, the Campaign to Prevent Suicide Act introduced by Representative BEYER and me. I want to thank my friend, DON BEYER, for leading the effort on the bill.

Our bill directs the Centers for Disease Control and Prevention, as well as the Substance Abuse and Mental Health Services Administration, to conduct a national suicide prevention education campaign. This includes advertising the new 988 number for the National Suicide Prevention Lifeline.

The measure also encourages individuals to engage people showing signs of suicidal behavior to provide them with the support that they need.

We introduced this legislation to complement the efforts of both the legislation to designate 988 as the suicide hotline and Mr. KATKO's legislation to ensure funding to implement the designation. These bills are badly needed by a nation working to emerge from an unprecedented health and economic crisis.

Madam Speaker, I ask my colleagues to come together here today and advance these bills, and I reserve the balance of my time.

Mrs. DINGELL. Madam Speaker, I yield such time as he may consume to the gentleman from Virginia (Mr. BEYER).

Mr. BEYER. Madam Speaker, today, I rise to urge my colleagues to support the bipartisan bill, H.R. 4585, the Campaign to Prevent Suicide Act, that I introduced with my friend, GREG GIANFORTE.

September is Suicide Prevention Awareness Month, and for that very reason, this bill couldn't be more important. Suicide is the 10th leading cause of death in the United States and the second leading cause of death for 15- to 34-year-olds. Overall suicide rates increased 35 percent from 1999 through 2018.

Suicide can be prevented, but unfortunately, it is still a taboo topic for much of American society. The stigma against discussing suicide and seeking help is a significant barrier to prevention. It is one of those things where if suicide happened in a family, then no one would ever talk about it.

It is important to tackle this head-on. I can't tell you how many times I bring this up at an event—it is some-

thing that I have been working on with good friends like GREG—and there is this discomfort. People look away; they shuffle their feet; and some people slip out of the back of the room. Yet, every time at the end of the event people will come up and say: Thank you so much for talking about that. I lost my aunt. I lost my brother.

Nobody talks about it. A change in social norms from a culture of avoidance to a culture of engagement is needed in order to ensure that those who need help can actually seek it.

The United States Air Force has developed a similar initiative tailored to the Air Force in order to change the culture surrounding suicide, and researchers found that it is associated with a 33 percent drop in the relative risk reduction in suicide. This reflects the importance of engaging, but the second piece is knowing how to do it.

The Federal Communications Commission has the new 988 number we all talked about, but of course, we have to tell people about it, which is why it is so time sensitive.

The Campaign to Prevent Suicide would, number one, act to change the culture around suicide so Americans know to intervene rather than to ignore. Again, when I was growing up, you were not supposed to say, "Debbie, are you feeling suicidal?" because you might give her the idea to do it. Now, we say, "Debbie, do you feel like hurting yourself?" or, "Do you want to kill yourself?"

I was so thrilled when I went to the emergency room last year. I got something in my eye. I just had something said in my eye, and the first thing they said is: Do you feel like killing yourself?

I thanked the nurse, and I thanked the doctor for making sure that I was okay.

Of course, it will be an awareness campaign for the new 988 number, but also it will educate media and social media because the world has changed. Today, often it will be a Facebook post or a tweet or an Instagram that might be the first hint that somebody is thinking about killing themselves.

We are dealing with a suicide epidemic made worse during the pandemic because the very stress of the pandemic exacerbated it for all of us. With 200,000 dead who are in the news all the time, we have a death anxiety that mostly only people in battle have. So, this is really, really important.

Madam Speaker, I urge my colleagues to support this good bipartisan bill to save lives and to save the enormous burden of grief that families feel.

Mr. GIANFORTE. Madam Speaker, in closing, I just want to thank my friend, DON BEYER, again for his partnership on this and his real leadership.

This is an important piece of legislation, Madam Speaker. I urge my colleagues to adopt it today, and I yield back the balance of my time.

Mrs. DINGELL. Madam Speaker, I want to thank both of my colleagues for their leadership on this issue and

for the willingness to talk about it publicly because we do need for people to acknowledge that it is a normal feeling, and it is okay. I have seen it in my own family and wish that we had been willing to talk about it before it had been too late.

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. 4585, as amended.

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

The title of the bill was amended so as to read: "A bill to require the Secretary of Health and Human Services to conduct a national suicide prevention media campaign, and for other purposes."

A motion to reconsider was laid on the table.

SUICIDE PREVENTION ACT

Mrs. DINGELL. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 5619) 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, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5619

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 Act".

SEC. 2. SYNDROMIC SURVEILLANCE OF SELF-HARM BEHAVIORS PROGRAM.

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

"SEC. 317V. SYNDROMIC SURVEILLANCE OF SELF-HARM BEHAVIORS PROGRAM.

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

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

"(1) tracking and monitoring self-harm to inform response activities to suicide clusters;

"(2) informing prevention programming for identified at-risk populations; and

"(3) conducting or supporting research.

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

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

"(2) Data on suicidal ideation.