

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 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 GRANTEEES.—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.

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

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

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

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

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

“(2) serving an Indian Tribe (as defined in section 4 of the Indian Self-Determination and Education Assistance Act) with an age-adjusted rate of nonfatal suicidal behavior that is above the national rate of nonfatal suicidal behavior, as determined through appropriate mechanisms determined by the Secretary in consultation with Indian Tribes; or

“(3) located in a State with a high rate of coverage of statewide (or Tribal) emergency department visits, as determined by the Director of the Centers for Disease Control and Prevention.

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

“(1) communities with an incidence of individuals with serious mental illness, demonstrated suicidal ideation or behavior, or suicide rates that are above the national average, as determined by the Assistant Secretary for Mental Health and Substance Use;

“(2) communities with a shortage of prevention and treatment services, as determined by the Assistant Secretary for Mental Health and Substance Use and the Administrator of the Health Resources and Services Administration; and

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

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

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

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

“(1) the National Syndromic Surveillance Program's Early Notification of Community Epidemics (ESSENCE) platform (or any successor platform);

“(2) the National Violent Death Reporting System, as appropriate; or

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

“(i) RULE OF CONSTRUCTION REGARDING APPLICABILITY OF PRIVACY PROTECTIONS.—Nothing in this section shall be construed to limit or alter the application of Federal or State law relating to the privacy of information to data or information that is collected or created under this section.

“(j) REPORT.—

“(1) SUBMISSION.—Not later than 3 years after the date of enactment of this Act, the Secretary shall evaluate the suicide and self-harm syndromic surveillance systems at the Federal, State, and local levels and submit a report to Congress on the data collected under subsections (b) and (c) in a manner that prevents

the disclosure of individually identifiable information, at a minimum, consistent with all applicable privacy laws and regulations.

“(2) CONTENTS.—In addition to the data collected under subsections (b) and (c), the report under paragraph (1) shall include—

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

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

“(C) a description of any public health responses initiated at the Federal, State, or local level in response to the data collected.

“(k) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated \$20,000,000 for each of fiscal years 2021 through 2025.”.

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

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

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

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

“(b) ACTIVITIES SUPPORTED.—

“(1) IN GENERAL.—A hospital emergency department awarded a grant under subsection (a) shall use amounts under the grant to implement a program or protocol to better prevent suicide attempts among hospital patients after discharge, which may include—

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

“(B) providing patients short-term self-harm and suicide prevention services in accordance with the results of the screenings described in subparagraph (A); and

“(C) referring patients, as appropriate, to a health care facility or provider for purposes of receiving long-term self-harm and suicide prevention services, and providing any additional follow up services and care identified as appropriate as a result of the screenings and short-term self-harm and suicide prevention services described in subparagraphs (A) and (B).

“(2) USE OF FUNDS TO HIRE AND TRAIN STAFF.—Amounts awarded under subsection (a) may be used to hire clinical social workers, mental and behavioral health care professionals, and support staff as appropriate, and to train existing staff and newly hired staff to carry out the activities described in paragraph (1).

“(c) GRANT TERMS.—A grant awarded under subsection (a)—

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

“(2) may be renewed subject to the requirements of this section.

“(d) APPLICATIONS.—A hospital emergency department seeking a grant under subsection (a) shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may require.

“(e) STANDARDS OF PRACTICE.—

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

“(2) CONSULTATION.—The Secretary shall develop the standards of practice described in paragraph (1) in consultation with individuals and entities with expertise in self-harm and suicide prevention, including public, private, and non-profit entities.

“(f) REPORTING.—

“(1) REPORTS TO THE SECRETARY.—

“(A) IN GENERAL.—A hospital emergency department awarded a grant under subsection (a) shall, at least quarterly for the duration of the

grant, submit to the Secretary a report evaluating the activities supported by the grant.

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

“(i) the number of patients receiving—

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

“(II) short-term self-harm and suicide prevention services at the hospital emergency department; and

“(III) referrals to health care facilities for the purposes of receiving long-term self-harm and suicide prevention;

“(ii) information on the adherence of the hospital emergency department to the standards of practice described in subsection (f)(1); and

“(iii) other information as the Secretary determines appropriate to evaluate the use of grant funds.

“(2) REPORTS TO CONGRESS.—Not later than 2 years after the date of the enactment of the Suicide Prevention Act, and biennially thereafter, the Secretary shall submit to the Committee on Health, Education, Labor and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the grant program under this section, including—

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

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

“(g) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated \$30,000,000 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 to include extraneous material on H.R. 5619.

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. 5615, the Suicide Prevention Act.

Currently, there is no complete data about suicide attempts or other instances of self-harm in the United States. This fragmented and incomplete reporting hinders our ability to track trends and target suicide prevention resources where they might be the most effective in preventing these tragedies from occurring.

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The Suicide Prevention Act will help strengthen data and reporting on suicide by authorizing funding for the Centers for Disease Control and Prevention to collaborate with State and local health departments to improve the tracking of these incidents. This enhanced data collection will allow for earlier intervention and better understanding of suicide trends, helping to better identify and treat at-risk individuals.

The legislation also creates a SAMHSA grant program to fund self-harm and suicide prevention services in hospital emergency departments. This includes screening at-risk patients, providing services as needed, and referring patients for follow-up care for long-term self-harm and suicide prevention.

Hospital emergency departments are on the front lines of providing critical behavior health services, and these resources will help identify and treat individuals at the highest risk for suicide and self-harm.

Madam Speaker, I appreciate my colleagues, Congressman STEWART and Congresswoman MATSUI, for leading this important legislation, and I urge my colleagues to support its passage.

Madam Speaker, 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. 5619, the Suicide Prevention Act, by Representatives STEWART and MATSUI.

This legislation establishes two grant programs to prevent self-harm and suicide. One would be to help train emergency room personnel in suicide prevention strategies and screening. The bill also establishes a grant program to enhance data collection and sharing to help save lives.

My home State of Montana, unfortunately, has one of the highest suicide rates in the country. I thank my colleagues for bringing forward this important legislation.

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

Mrs. DINGELL. Madam Speaker, the gentleman is absolutely correct at how important a piece of legislation this is. 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. 5619, 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.

SAFEGUARDING THERAPEUTICS ACT

Mrs. DINGELL. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 5663) to amend the Federal Food, Drug, and Cosmetic Act to give authority to the Secretary of Health and Human Services, acting through the Commissioner of Food and Drugs, to destroy counterfeit devices, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5663

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 “Safeguarding Therapeutics Act”.

SEC. 2. AUTHORITY TO DESTROY COUNTERFEIT DEVICES.

(a) IN GENERAL.—Section 801(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 381(a)) is amended—

(1) in the fourth sentence, by inserting “or counterfeit device” after “counterfeit drug”; and

(2) by striking “The Secretary of the Treasury shall cause the destruction of” and all that follows through “liable for costs pursuant to subsection (c).” and inserting the following: “The Secretary of the Treasury shall cause the destruction of any such article refused admission unless such article is exported, under regulations prescribed by the Secretary of the Treasury, within 90 days of the date of notice of such refusal or within such additional time as may be permitted pursuant to such regulations, except that the Secretary of Health and Human Services may destroy, without the opportunity for export, any drug or device refused admission under this section, if such drug or device is valued at an amount that is \$2,500 or less (or such higher amount as the Secretary of the Treasury may set by regulation pursuant to section 498(a)(1) of the Tariff Act of 1930 (19 U.S.C. 1498(a)(1))) and was not brought into compliance as described under subsection (b). The Secretary of Health and Human Services shall issue regulations providing for notice and an opportunity to appear before the Secretary of Health and Human Services and introduce testimony, as described in the first sentence of this subsection, on destruction of a drug or device under the seventh sentence of this subsection. The regulations shall provide that prior to destruction, appropriate due process is available to the owner or consignee seeking to challenge the decision to destroy the drug or device. Where the Secretary of Health and Human Services provides notice and an opportunity to appear and introduce testimony on the destruction of a drug or device, the Secretary of Health and Human Services shall store and, as applicable, dispose of the drug or device after the issuance of the notice, except that the owner and consignee shall remain liable for costs pursuant to subsection (c).”

(b) DEFINITION.—Section 201(h) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321(h)) is amended—

(1) by redesignating subparagraphs (1), (2), and (3) as clauses (A), (B), and (C), respectively; and

(2) after making such redesignations—

(A) by striking “(h) The term” and inserting “(h)(1) The term”; and

(B) by adding at the end the following:

“(2) The term ‘counterfeit device’ means a device which, or the container, packaging, or labeling of which, without authorization, bears a trademark, trade name, or other identifying mark, imprint, or symbol, or any likeness thereof, or is manufactured using a design, of a device manufacturer, packer, or distributor other than the person or persons who in fact manufactured, packed, or distributed such device and which thereby falsely purports or is represented to be the product of, or to have been packed or distributed by, such other device manufacturer, packer, or distributor.

“(3) For purposes of subparagraph (2)—

“(A) the term ‘manufactured’ refers to any of the following activities: manufacture, preparation, propagation, compounding, assembly, or processing; and

“(B) the term ‘manufacturer’ means a person who is engaged in any of the activities listed in clause (A).”

SEC. 3. DETERMINATION OF BUDGETARY EFFECTS.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, shall be determined by reference to the latest statement titled “Budgetary Effects of PAYGO Legislation” for this Act, submitted for printing in the Congressional Record by the Chairman of the House Budget Committee, provided that such statement has been submitted prior to the vote on passage.

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. 5663.

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 strong support of H.R. 5663, the Safeguarding Therapeutics Act.

Madam Speaker, this legislation provides FDA additional authority to take action to protect public health and safety by extending the agency’s administrative destruction authority for counterfeit medical devices, including diagnostic tests and surgical masks, as well as combination products, like vaccines, that may pose a threat to public health.

Given the global marketplace and extended supply chains for complex medical products, counterfeit medical devices are becoming increasingly common, both in the United States and abroad. These counterfeit products pose a significant risk to patient health and safety, and ensuring that FDA has the appropriate authority to take action by seizing and destroying counterfeit medical devices will help safeguard America’s health.

Under current law, counterfeit medical devices and combination products are typically shipped back to the sender because of the limitations in FDA’s existing authority. This allows dangerous counterfeit devices to remain in the supply chain, continuing to represent a significant risk to consumers. The Safeguarding Therapeutics Act is a straightforward, commonsense approach to this issue with bipartisan support that will provide FDA with authority it already possesses with respect to counterfeit drugs.

Given the deficiencies highlighted with certain aspects of the healthcare supply chain throughout the current pandemic, taking action to further