

117TH CONGRESS  
1ST SESSION

# H. R. 2981

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## AN ACT

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,*

1 **SECTION 1. SHORT TITLE.**

2       This Act may be cited as the “Suicide Prevention  
3 Lifeline Improvement Act of 2021”.

4 **SEC. 2. SUICIDE PREVENTION LIFELINE.**

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

7           (1) by redesignating subsection (c) as sub-  
8 section (e); and

9           (2) by inserting after subsection (b) the fol-  
10 lowing:

11       “(c) PLAN.—

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

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

18           “(A) Quality assurance provisions, includ-  
19 ing—

20           “(i) clearly defined and measurable  
21 performance indicators and objectives to  
22 improve the responsiveness and perform-  
23 ance of the hotline, including at backup  
24 call centers; and

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

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

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

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

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

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

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

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

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

12 “(A) not later than 6 months after the  
13 date of enactment of the Suicide Prevention  
14 Lifeline Improvement Act of 2021, complete de-  
15 velopment of the initial version of the plan re-  
16 quired by paragraph (1), begin implementation  
17 of such plan, and make such plan publicly avail-  
18 able; and

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

22 (b) TRANSMISSION OF DATA TO CDC.—Section  
23 520E–3 of the Public Health Service Act (42 U.S.C.  
24 290bb–36c) is amended by inserting after subsection (c)

1 of such section, as added by subsection (a) of this section,  
2 the following:

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

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

13 “(e) AUTHORIZATION OF APPROPRIATIONS.—

14 “(1) IN GENERAL.—To carry out this section,  
15 there are authorized to be appropriated \$50,000,000  
16 for each of fiscal years 2022 through 2024.

17 “(2) ALLOCATION.—Of the amount authorized  
18 to be appropriated by paragraph (1) for each of fis-  
19 cal years 2022 through 2024, at least 80 percent  
20 shall be made available to crisis centers.”.

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

22 (a) PILOT PROGRAM.—

23 (1) IN GENERAL.—The Secretary of Health and  
24 Human Services, acting through the Assistant Sec-  
25 retary for Mental Health and Substance Use, shall

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

8 (2) AUTHORIZATION OF APPROPRIATIONS.—To  
9 carry out paragraph (1), there is authorized to be  
10 appropriated \$5,000,000 for the period of fiscal  
11 years 2022 and 2023.

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

20 (1) a full description of the program;

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

23 (3) the average wait time for each individual to  
24 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(c) 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–36c).

Passed the House of Representatives May 12, 2021.

Attest:

*Clerk.*



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