

117TH CONGRESS
1ST SESSION

H. R. 2981

To amend the Public Health Service Act to ensure the provision of high-quality service through the Suicide Prevention Lifeline, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 4, 2021

Mr. KATKO (for himself, Mrs. NAPOLITANO, and Mr. BEYER) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

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,*

3 **SECTION 1. SHORT TITLE.**

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

6 **SEC. 2. SUICIDE PREVENTION LIFELINE.**

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

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

3 (2) by inserting after subsection (b) the fol-
4 lowing:

5 “(c) PLAN.—

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

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

12 “(A) Quality assurance provisions, includ-
13 ing—

14 “(i) clearly defined and measurable
15 performance indicators and objectives to
16 improve the responsiveness and perform-
17 ance of the hotline, including at backup
18 call centers; and

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

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

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

1 “(ii) to ensure that each telephone
2 call, online chat message, and other com-
3 munication received by the hotline, includ-
4 ing at backup call centers, is answered in
5 a timely manner by a person, consistent
6 with the guidance established by the Amer-
7 ican Association of Suicidology or other
8 guidance determined by the Secretary to be
9 appropriate.

10 “(C) Guidelines for crisis centers and
11 backup centers to implement evidence-based
12 practices including with respect to followup and
13 referral to other health and social services re-
14 sources.

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

19 “(E) Guidelines to carry out periodic test-
20 ing of the hotline, including at crisis centers
21 and backup centers, during each fiscal year to
22 identify and correct any problems in a timely
23 manner.

24 “(F) Guidelines to operate in consultation
25 with the State department of health, local gov-

1 ernments, Indian tribes, and tribal organiza-
2 tions.

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

5 “(A) not later than 6 months after the
6 date of enactment of the Suicide Prevention
7 Lifeline Improvement Act of 2021, complete de-
8 velopment of the initial version of the plan re-
9 quired by paragraph (1), begin implementation
10 of such plan, and make such plan publicly avail-
11 able; and

12 “(B) periodically thereafter, update such
13 plan and make the updated plan publicly avail-
14 able.”.

15 (b) TRANSMISSION OF DATA TO CDC.—Section
16 520E–3 of the Public Health Service Act (42 U.S.C.
17 290bb–36c) is amended by inserting after subsection (c)
18 of such section, as added by subsection (a) of this section,
19 the following:

20 “(d) TRANSMISSION OF DATA TO CDC.—The Sec-
21 retary shall formalize and strengthen agreements between
22 the National Suicide Prevention Lifeline program and the
23 Centers for Disease Control and Prevention to transmit
24 any necessary epidemiological data from the program to

1 the Centers, including local call center data, to assist the
2 Centers in suicide prevention efforts.”.

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

6 “(e) AUTHORIZATION OF APPROPRIATIONS.—

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

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

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

15 (a) PILOT PROGRAM.—

16 (1) IN GENERAL.—The Secretary of Health and
17 Human Services, acting through the Assistant Sec-
18 retary for Mental Health and Substance Use, shall
19 carry out a pilot program to research, analyze, and
20 employ various technologies and platforms of com-
21 munication (including social media platforms,
22 texting platforms, and email platforms) for suicide
23 prevention in addition to the telephone and online
24 chat service provided by the Suicide Prevention Life-
25 line.

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

5 (b) REPORT.—Not later than 24 months after the
6 date on which the pilot program under subsection (a) com-
7 mences, the Secretary of Health and Human Services, act-
8 ing through the Assistant Secretary for Mental Health
9 and Substance Use, shall submit to the Congress a report
10 on the pilot program. With respect to each platform of
11 communication employed pursuant to the pilot program,
12 the report shall include—

13 (1) a full description of the program;

14 (2) the number of individuals served by the pro-
15 gram;

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

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

20 (5) any other information the Secretary deter-
21 mines appropriate.

22 **SEC. 4. HHS STUDY AND REPORT.**

23 Not later than 24 months after the Secretary of
24 Health and Human Services begins implementation of the
25 plan required by section 520E–3(c) of the Public Health

1 Service Act, as added by section 2(a)(2) of this Act, the
2 Secretary shall—

3 (1) complete a study on—

4 (A) the implementation of such plan, in-
5 cluding the progress towards meeting the objec-
6 tives identified pursuant to paragraph (2)(A)(i)
7 of such section 520E–3(c) by the timeframes
8 identified pursuant to paragraph (2)(A)(ii) of
9 such section 520E–3(c); and

10 (B) in consultation with the Director of
11 the Centers for Disease Control and Prevention,
12 options to expand data gathering from calls to
13 the Suicide Prevention Lifeline in order to bet-
14 ter track aspects of usage such as repeat calls,
15 consistent with applicable Federal and State
16 privacy laws; and

17 (2) submit a report to the Congress on the re-
18 sults of such study, including recommendations on
19 whether additional legislation or appropriations are
20 needed.

21 **SEC. 5. GAO STUDY AND REPORT.**

22 (a) IN GENERAL.—Not later than 24 months after
23 the Secretary of Health and Human Services begins imple-
24 mentation of the plan required by section 520E–3(c) of
25 the Public Health Service Act, as added by section 2(a)(2)

1 of this Act, the Comptroller General of the United States
2 shall—

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

5 (2) submit a report to the Congress on the re-
6 sults of such study.

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

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

11 (2) operation shortcomings of the Suicide Pre-
12 vention Lifeline;

13 (3) geographic coverage of each crisis call cen-
14 ter;

15 (4) the call answer rate of each crisis call cen-
16 ter;

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

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

20 (7) funding avenues of each crisis call center;

21 (8) the implementation of the plan under sec-
22 tion 520E–3(c) of the Public Health Service Act, as
23 added by section 2(a) of this Act, including the
24 progress towards meeting the objectives identified
25 pursuant to paragraph (2)(A)(i) of such section

1 520E–3(c) by the timeframes identified pursuant to
2 paragraph (2)(A)(ii) of such section 520E–3(c); and

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

5 (A) the number of calls or chats the Life-
6 line receives from individuals speaking a foreign
7 language;

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

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

13 (c) RECOMMENDATIONS.—The report required by
14 subsection (a) shall include recommendations for improv-
15 ing the Suicide Prevention Lifeline, including rec-
16 ommendations for legislative and administrative actions.

17 **SEC. 6. DEFINITION.**

18 In this Act, the term “Suicide Prevention Lifeline”
19 means the suicide prevention hotline maintained pursuant
20 to section 520E–3 of the Public Health Service Act (42
21 U.S.C. 290bb–36e).

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