

Calendar No. 128

117TH CONGRESS
1ST SESSION

S. 2425

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 SENATE OF THE UNITED STATES

JULY 21, 2021

Mr. REED (for himself, Mr. MORAN, Mr. LUJÁN, and Ms. MURKOWSKI) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

SEPTEMBER 21, 2021

Reported by Mrs. MURRAY, with an amendment

[Strike out all after the enacting clause and insert the part printed in italic]

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”.

1 **SEC. 2. SUICIDE PREVENTION LIFELINE.**

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

4 (1) by redesignating subsection (e) as sub-
5 section (e); and

6 (2) by inserting after subsection (b) the fol-
7 lowing:

8 “(e) ~~PLAN.~~—

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

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

15 “(A) Quality assurance provisions, includ-
16 ing—

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

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

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

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

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

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

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

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

1 “(F) Guidelines to operate in consultation
2 with the State department of health, local gov-
3 ernments, Indian tribes, and tribal organiza-
4 tions:

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

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

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

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

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

1 any necessary epidemiological data from the program to
 2 the Centers for Disease Control and Prevention, including
 3 local call center data, to assist the Centers in suicide pre-
 4 vention efforts.”.

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

8 “(e) AUTHORIZATION OF APPROPRIATIONS.—

9 “(1) IN GENERAL.—To carry out this section,
 10 there are authorized to be appropriated
 11 \$113,600,000 for each of fiscal years 2022 through
 12 2024.

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

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

18 (a) PILOT PROGRAM.—

19 (1) IN GENERAL.—The Secretary of Health and
 20 Human Services, acting through the Assistant Sec-
 21 retary for Mental Health and Substance Use, shall
 22 carry out a pilot program to research, analyze, and
 23 employ various technologies and platforms of com-
 24 munication (including social media platforms,
 25 texting platforms, and email platforms) for suicide

1 prevention in addition to the telephone and online
2 chat service provided by the Suicide Prevention Life-
3 line.

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

8 (b) REPORT.—Not later than 2 years after the date
9 on which the pilot program under subsection (a) com-
10 mences, the Secretary of Health and Human Services, act-
11 ing through the Assistant Secretary for Mental Health
12 and Substance Use, shall submit to Congress a report on
13 the pilot program. With respect to each platform of com-
14 munication employed pursuant to the pilot program, the
15 report shall include—

16 (1) a full description of the program;

17 (2) the number of individuals served by the pro-
18 gram;

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

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

23 (5) any other information the Secretary deter-
24 mines appropriate.

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

2 Not later than 2 years after the Secretary of Health
3 and Human Services begins implementation of the plan
4 required by section 520E-3(e) of the Public Health Serv-
5 ice Act, as added by section 2(a)(2) of this Act, the Sec-
6 retary shall—

7 (1) complete a study on—

8 (A) the implementation of such plan, in-
9 cluding the progress towards meeting the objec-
10 tives identified pursuant to paragraph (2)(A)(i)
11 of such section 520E-3(e) by the timeframes
12 identified pursuant to paragraph (2)(A)(ii) of
13 such section 520E-3(e); and

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

21 (2) submit a report to Congress on the results
22 of such study, including recommendations on wheth-
23 er additional legislation or appropriations are need-
24 ed.

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

2 (a) IN GENERAL.—Not later than 2 years after the
 3 Secretary of Health and Human Services begins imple-
 4 mentation of the plan required by section ~~520E-3(e)~~ of
 5 the Public Health Service Act, as added by section 2(a)(2)
 6 of this Act, the Comptroller General of the United States
 7 shall—

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

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

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

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

16 (2) operation shortcomings of the Suicide Pre-
 17 vention Lifeline;

18 (3) geographic coverage of each crisis call cen-
 19 ter;

20 (4) the call answer rate of each crisis call cen-
 21 ter;

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

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

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

1 (8) the implementation of the plan under sec-
 2 tion ~~520E-3(e)~~ of the Public Health Service Act, as
 3 added by section 2(a) of this Act, including the
 4 progress towards meeting the objectives identified
 5 pursuant to paragraph (2)(A)(i) of such section
 6 ~~520E-3(e)~~ by the timeframes identified pursuant to
 7 paragraph (2)(A)(ii) of such section ~~520E-3(e)~~; and

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

10 (A) the number of calls or chats the Life-
 11 line receives from individuals speaking a foreign
 12 language;

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

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

18 (c) **RECOMMENDATIONS.**—The report required by
 19 subsection (a) shall include recommendations for improv-
 20 ing the Suicide Prevention Lifeline, including rec-
 21 ommendations for legislative and administrative actions.

22 **SEC. 6. DEFINITION.**

23 In this Act, the term “Suicide Prevention Lifeline”
 24 means the suicide prevention hotline maintained pursuant

1 to section ~~520E-3~~ of the Public Health Service Act (42
2 U.S.C. ~~290bb-36e~~).

3 **SECTION 1. SHORT TITLE.**

4 *This Act may be cited as the “Suicide Prevention Life-*
5 *line Improvement Act of 2021”.*

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

7 (a) *ACTIVITIES.*—Section ~~520E-3(b)~~ of the Public
8 *Health Service Act (42 U.S.C. ~~290bb-36c(b)~~) is amended—*

9 (1) *in paragraph (1)—*

10 (A) *by inserting “supporting and” before*
11 *“coordinating”; and*

12 (B) *by striking “crisis intervention serv-*
13 *ices” and inserting “mental health crisis inter-*
14 *vention services, including appropriate follow-up*
15 *services,”;*

16 (2) *in paragraph (2), by striking “; and” and*
17 *inserting a semicolon;*

18 (3) *in paragraph (3), by striking the period and*
19 *inserting a semicolon; and*

20 (4) *by adding at the end the following:*

21 “(4) *improving awareness of the program for*
22 *suicide prevention and mental health crisis interven-*
23 *tion services, including by conducting an awareness*
24 *initiative and ongoing outreach to the public; and*

1 “(5) *improving the collection and analysis of de-*
2 *mographic information, in a manner that protects*
3 *personal privacy, consistent with applicable Federal*
4 *and State privacy laws, in order to understand dis-*
5 *parities in access to the program among individuals*
6 *who are seeking help.”.*

7 **(b) PLAN.**—*Section 520E–3 of the Public Health Serv-*
8 *ice Act (42 U.S.C. 290bb–36c) is amended—*

9 (1) *by redesignating subsection (c) as subsection*
10 *(e); and*

11 (2) *by inserting after subsection (b) the fol-*
12 *lowing:*

13 “(c) **PLAN.**—

14 “(1) **IN GENERAL.**—*For purposes of supporting*
15 *the crisis centers under subsection (b)(1) and main-*
16 *taining the suicide prevention hotline under sub-*
17 *section (b)(2), the Secretary shall develop and imple-*
18 *ment a plan to ensure the provision of high-quality*
19 *services.*

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

22 “(A) *Program evaluation, including per-*
23 *formance measures to assess progress toward the*
24 *goals and objectives of the program and to im-*

1 *prove the responsiveness and performance of the*
2 *hotline, including at backup call centers.*

3 “(B) *Requirements that crisis centers and*
4 *backup centers must meet—*

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

7 “(ii) *to ensure that each telephone call*
8 *and applicable other communication re-*
9 *ceived by the hotline, including at backup*
10 *call centers, is answered in a timely man-*
11 *ner, consistent with evidence-based guidance*
12 *or other guidance or best practices, as ap-*
13 *propriate.*

14 “(C) *Specific recommendations and strate-*
15 *gies for implementing evidence-based practices,*
16 *including with respect to follow-up and commu-*
17 *nicating the availability of resources in the com-*
18 *munity for individuals in need.*

19 “(D) *Criteria for carrying out periodic test-*
20 *ing of the hotline during each fiscal year, includ-*
21 *ing at crisis centers and backup centers, to iden-*
22 *tify and address any problems in a timely man-*
23 *ner.*

24 “(3) *CONSULTATION.—In developing require-*
25 *ments under paragraph (2)(B), the Secretary shall*

1 *consult with State departments of health, local gov-*
2 *ernments, Indian Tribes, and Tribal organizations.*

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

5 “(A) *not later than 1 year after the date of*
6 *enactment of the Suicide Prevention Lifeline Im-*
7 *provement Act of 2021, complete development of*
8 *the initial plan under paragraph (1) and make*
9 *such plan publicly available; and*

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

13 (c) *DATA TO ASSIST STATE AND LOCAL AGENCIES.—*
14 *Section 520E–3 of the Public Health Service Act (42 U.S.C.*
15 *290bb-36c) is amended by inserting after subsection (c) of*
16 *such section, as added by subsection (b) of this section, the*
17 *following:*

18 “(d) *DATA TO ASSIST STATE AND LOCAL SUICIDE*
19 *PREVENTION ACTIVITIES.—The Secretary shall ensure that*
20 *the aggregated information collected and any applicable*
21 *analyses conducted under subsection (b)(5), including from*
22 *local call centers, as applicable, are made available in a*
23 *useable format to State and local agencies in order to in-*
24 *form suicide prevention activities.”.*

1 (d) *AUTHORIZATION OF APPROPRIATIONS.*—Sub-
2 section (e) of section 520E–3 of the Public Health Service
3 Act (42 U.S.C. 290bb–36c), as redesignated by subsection
4 (b)(1), is amended by striking “\$7,198,000 for each of fiscal
5 years 2018 through 2022” and inserting “such sums as may
6 be necessary for each of fiscal years 2023 through 2027”.

7 **SEC. 3. HHS REPORT.**

8 Not later than 2 years after the Secretary of Health
9 and Human Services submits the plan under subsection
10 (c)(1) of section 520E–3 of the Public Health Service Act,
11 as added by section 2(b)(2) of this Act, the Secretary shall
12 submit a report to Congress on the progress made on meet-
13 ing the objectives identified pursuant to subsection
14 (c)(2)(A)(i) of such section 520E–3 and recommendations
15 on improving the program, including improvements to en-
16 hance data collection and usage.

17 **SEC. 4. GAO STUDY AND REPORT.**

18 (a) *IN GENERAL.*—Not later than 2 years after the
19 Secretary of Health and Human Services begins implemen-
20 tation of the plan required by section 520E–3(c)(1) of the
21 Public Health Service Act, as added by section 2(b)(2) of
22 this Act, the Comptroller General of the United States shall
23 complete a study on the Suicide Prevention Lifeline and
24 submit a report to Congress on the results of such study.

1 (b) *CONTENT.*—*The study required by subsection (a)*
2 *shall include what is known about—*

3 (1) *the feasibility of routing calls to the Suicide*
4 *Prevention Lifeline to the nearest appropriate crisis*
5 *center based on the physical location of the contact;*

6 (2) *capacity of the Suicide Prevention Lifeline;*

7 (3) *State and regional variation with respect to*
8 *access to crisis call centers described in section 520E–*
9 *3(b)(1) of the Public Health Service Act (42 U.S.C.*
10 *290bb–36c(b)(1)), including wait times, answer times,*
11 *hours of operation, and funding sources;*

12 (4) *the implementation of the plan under section*
13 *520E–3(c) of the Public Health Service Act, as added*
14 *by section 2(b)(2) of this Act, including the progress*
15 *toward meeting the objectives in such plan; and*

16 (5) *capacity of the Suicide Prevention Lifeline to*
17 *handle calls from individuals with limited English*
18 *proficiency.*

19 **SEC. 5. DEFINITION.**

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

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