

## Union Calendar No.

116<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 4861

[Report No. 116-]

To amend the Public Health Service Act to establish a program to improve the identification, assessment, and treatment of patients in the emergency department who are at risk of suicide, and for other purposes.

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### IN THE HOUSE OF REPRESENTATIVES

OCTOBER 28, 2019

Mr. BILIRAKIS (for himself and Mr. ENGEL) introduced the following bill;  
which was referred to the Committee on Energy and Commerce

SEPTEMBER --, 2020

Committed to the Committee of the Whole House on the State of the Union,  
and ordered to be printed

# **A BILL**

To amend the Public Health Service Act to establish a program to improve the identification, assessment, and treatment of patients in the emergency department who are at risk of suicide, 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 “Effective Suicide  
5 Screening and Assessment in the Emergency Department  
6 Act of 2019”.

7 **SEC. 2. PROGRAM TO IMPROVE THE CARE PROVIDED TO**  
8 **PATIENTS IN THE EMERGENCY DEPARTMENT**  
9 **WHO ARE AT RISK OF SUICIDE.**

10 Part P of title III of the Public Health Service Act  
11 (42 U.S.C. 280g et seq.) is amended by adding at the end  
12 the following new section:

13 **“SEC. 399V-7. PROGRAM TO IMPROVE THE CARE PROVIDED**  
14 **TO PATIENTS IN THE EMERGENCY DEPART-**  
15 **MENT WHO ARE AT RISK OF SUICIDE.**

16 “(a) IN GENERAL.—The Secretary shall establish a  
17 program (in this Act referred to as the ‘Program’) to im-  
18 prove the identification, assessment, and treatment of pa-  
19 tients in emergency departments who are at risk for sui-  
20 cide, including by—

21 “(1) developing policies and procedures for  
22 identifying and assessing individuals who are at risk  
23 of suicide; and

24 “(2) enhancing the coordination of care for  
25 such individuals after discharge.

1       “(b) GRANT ESTABLISHMENT AND PARTICIPA-  
2 TION.—

3           “(1) IN GENERAL.—In carrying out the Pro-  
4 gram, the Secretary shall award grants on a com-  
5 petitive basis to not more than 40 eligible health  
6 care sites described in paragraph (2).

7           “(2) ELIGIBILITY.—To be eligible for a grant  
8 under this section, a health care site shall—

9           “(A) submit an application to the Sec-  
10 retary at such time, in such manner, and con-  
11 taining such information as the Secretary may  
12 specify;

13           “(B) be a hospital (as defined in section  
14 1861(e) of the Social Security Act);

15           “(C) have an emergency department; and

16           “(D) deploy onsite health care or social  
17 service professionals to help connect and inte-  
18 grate patients who are at risk of suicide with  
19 treatment and mental health support services.

20           “(3) PREFERENCE.—In awarding grants under  
21 this section, the Secretary may give preference to eli-  
22 gible health care sites described in paragraph (2)  
23 that meet at least one of the following criteria:

1           “(A) The eligible health care site is a crit-  
2           ical access hospital (as defined in section  
3           1861(mm)(1) of the Social Security Act).

4           “(B) The eligible health care site is a sole  
5           community hospital (as defined in section  
6           1886(d)(5)(D)(iii) of the Social Security Act).

7           “(C) The eligible health care site is oper-  
8           ated by the Indian Health Service, by an Indian  
9           tribe or tribal organization (as such terms are  
10          defined in section 4 of the Indian Self-Deter-  
11          mination and Education Assistance Act), or by  
12          an urban Indian organization (as defined in  
13          section 4 of the Indian Health Care Improve-  
14          ment Act).

15          “(D) The eligible health care site is located  
16          in a geographic area with a suicide rate that is  
17          higher than the national rate, as determined by  
18          the Secretary based on the most recent data  
19          from the Centers for Disease Control and Pre-  
20          vention.

21          “(e) PERIOD OF GRANT.—A grant awarded to an eli-  
22          gible health care site under this section shall be for a pe-  
23          riod of at least 2 years.

24          “(d) GRANT USES.—

1           “(1) REQUIRED USES.—A grant awarded under  
2 this section to an eligible health care site shall be  
3 used for the following purposes:

4           “(A) To train emergency department  
5 health care professionals to identify, assess, and  
6 treat patients who are at risk of suicide.

7           “(B) To establish and implement policies  
8 and procedures for emergency departments to  
9 improve the identification, assessment and  
10 treatment of individuals who are at risk of sui-  
11 cide.

12           “(C) To establish and implement policies  
13 and procedures with respect to care coordina-  
14 tion, integrated care models, or referral to evi-  
15 dence-based treatment to be used upon the dis-  
16 charge from the emergency department of pa-  
17 tients who are at risk of suicide.

18           “(2) ADDITIONAL PERMISSIBLE USES.—In ad-  
19 dition to the required uses listed in paragraph (1),  
20 a grant awarded under this section to an eligible  
21 health care site may be used for any of the following  
22 purposes:

23           “(A) To hire emergency department psy-  
24 chiatrists, psychologists, nurse practitioners,  
25 counselors, therapists, or other licensed health

1 care and behavioral health professionals special-  
2 izing in the treatment of individuals at risk of  
3 suicide.

4 “(B) To develop and implement best prac-  
5 tices for the follow-up care and long-term treat-  
6 ment of individuals who are at risk of suicide.

7 “(C) To increase the availability of and ac-  
8 cess to evidence-based treatment for individuals  
9 who are at risk of suicide, including through  
10 telehealth services and strategies to reduce the  
11 boarding of these patients in emergency depart-  
12 ments.

13 “(D) To offer consultation with and refer-  
14 ral to other supportive services that provide evi-  
15 dence-based treatment and recovery for individ-  
16 uals who are at risk of suicide.

17 “(e) REPORTING REQUIREMENTS.—

18 “(1) REPORTS BY GRANTEES.—Each eligible  
19 health care site receiving a grant under this section  
20 shall submit to the Secretary an annual report for  
21 each year for which the grant is received on the  
22 progress of the program funded through the grant.  
23 Each such report shall include information on—

1           “(A) the number of individuals screened in  
2 the site’s emergency department for being at  
3 risk of suicide;

4           “(B) the number of individuals identified  
5 in the site’s emergency department as being—

6                   “(i) survivors of an attempted suicide;

7                   or

8                   “(ii) are at risk of suicide;

9           “(C) the number of individuals who are  
10 identified in the site’s emergency department as  
11 being at risk of suicide by a health care or be-  
12 havioral health professional hired pursuant to  
13 subsection (d)(2)(A);

14           “(D) the number of individuals referred by  
15 the site’s emergency department to other treat-  
16 ment facilities, the types of such other facilities,  
17 and the number of such individuals admitted to  
18 such other facilities pursuant to such referrals;

19           “(E) the effectiveness of programs and ac-  
20 tivities funded through the grant in preventing  
21 suicides and suicide attempts; and

22           “(F) any other relevant additional data re-  
23 garding the programs and activities funded  
24 through the grant.



1           “(2) REPORT BY SECRETARY.—Not less than  
2           one year after the end of fiscal year 2024, the Sec-  
3           retary shall submit to Congress a report that in-  
4           cludes—

5                   “(A) findings on the Program;

6                   “(B) overall patient outcomes achieved  
7           through the Program;

8                   “(C) an evaluation of the effectiveness of  
9           having a trained health care or behavioral  
10          health professional onsite to identify, assess,  
11          and treat patients who are at risk of suicide;  
12          and

13                  “(D) a compilation of policies, procedures,  
14          and best practices established, developed, or im-  
15          plemented by grantees under this section.

16          “(f) AUTHORIZATION OF APPROPRIATIONS.—There  
17          is authorized to be appropriated to carry out this section  
18          \$20,000,000 for the period of fiscal years 2020 through  
19          2024.”.