

**AMENDMENT TO THE AMENDMENT IN THE
NATURE OF A SUBSTITUTE
TO THE COMMITTEE PRINT FOR SUBTITLE J
OFFERED BY MR. BILIRAKIS OF FLORIDA**

Amend section 31063—

- (1) by inserting “(a)” before “In addition”;
- (2) by striking “\$75,000,000” and inserting “\$50,000,000”; and
- (3) by adding at the end the following:

1 (b) IN GENERAL.—In addition to amounts otherwise
2 available, there is appropriated to the Secretary for fiscal
3 year 2022, out of any money in the Treasury not otherwise
4 appropriated, \$25,000,000, to remain available until ex-
5 pended, to establish a program (in this section referred
6 to as the “Program”) to improve the identification, assess-
7 ment, and treatment of patients in emergency depart-
8 ments who are at risk for suicide, including by—

- 9 (1) developing policies and procedures for iden-
10 tifying and assessing individuals who are at risk of
11 suicide; and
- 12 (2) enhancing the coordination of care for such
13 individuals after discharge.

14 (c) GRANT ESTABLISHMENT AND PARTICIPATION.—

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

5 (2) ELIGIBILITY.—To be eligible for a grant
6 under subsection (b), a health care site shall—

7 (A) submit an application to the Secretary
8 at such time, in such manner, and containing
9 such information as the Secretary may specify;

10 (B) be a hospital (as defined in section
11 1861(e) of the Social Security Act);

12 (C) have an emergency department; and

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

17 (3) PREFERENCE.—In awarding grants under
18 subsection (b), the Secretary may give preference to
19 eligible health care sites described in paragraph (2)
20 that meet at least one of the following criteria:

21 (A) The eligible health care site is a crit-
22 ical access hospital (as defined in section
23 1861(mm)(1) of the Social Security Act).

1 (B) The eligible health care site is a sole
2 community hospital (as defined in section
3 1886(d)(5)(D)(iii) of the Social Security Act).

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

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

18 (d) PERIOD OF GRANT.—A grant awarded to an eligi-
19 ble health care site under subsection (b) shall be for a
20 period of at least 2 years.

21 (e) GRANT USES.—

22 (1) REQUIRED USES.—A grant awarded under
23 subsection (b) to an eligible health care site shall be
24 used for the following purposes:

1 (A) To train emergency department health
2 care professionals to identify, assess, and treat
3 patients who are at risk of suicide.

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

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

15 (2) ADDITIONAL PERMISSIBLE USES.—In addi-
16 tion to the required uses listed in paragraph (1), a
17 grant awarded under subsection (b) to an eligible
18 health care site may be used for any of the following
19 purposes:

20 (A) To hire emergency department psychi-
21 atrists, psychologists, nurse practitioners, coun-
22 selors, therapists, or other licensed health care
23 and behavioral health professionals specializing
24 in the treatment of individuals at risk of sui-
25 cide.

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

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

10 (D) To offer consultation with and referral
11 to other supportive services that provide evi-
12 dence-based treatment and recovery for individ-
13 uals who are at risk of suicide.

14 (f) REPORTING REQUIREMENTS.—

15 (1) REPORTS BY GRANTEEES.—Each eligible
16 health care site receiving a grant under subsection
17 (b) shall submit to the Secretary an annual report
18 for each year for which the grant is received on the
19 progress of the program funded through the grant.
20 Each such report shall include information on—

21 (A) the number of individuals screened in
22 the site's emergency department for being at
23 risk of suicide;

24 (B) the number of individuals identified in
25 the site's emergency department as being—

1 (i) survivors of an attempted suicide;

2 or

3 (ii) are at risk of suicide;

4 (C) the number of individuals who are
5 identified in the site's emergency department as
6 being at risk of suicide by a health care or be-
7 havioral health professional hired pursuant to
8 subsection (e)(2)(A);

9 (D) the number of individuals referred by
10 the site's emergency department to other treat-
11 ment facilities, the types of such other facilities,
12 and the number of such individuals admitted to
13 such other facilities pursuant to such referrals;

14 (E) the effectiveness of programs and ac-
15 tivities funded through the grant in preventing
16 suicides and suicide attempts; and

17 (F) any other relevant additional data re-
18 garding the programs and activities funded
19 through the grant.

20 (2) REPORT BY SECRETARY.—Not later than
21 one year after the end of fiscal year 2025, the Sec-
22 retary shall submit to Congress a report that in-
23 cludes—

24 (A) findings on the Program;

1 (B) overall patient outcomes achieved
2 through the Program;

3 (C) an evaluation of the effectiveness of
4 having a trained health care or behavioral
5 health professional onsite to identify, assess,
6 and treat patients who are at risk of suicide;
7 and

8 (D) a compilation of policies, procedures,
9 and best practices established, developed, or im-
10 plemented by grantees under this section.

