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116TH CONGRESS
2^D SESSION

H. R. 5619

[Report No. 116-]

To authorize a pilot program to expand and intensify surveillance of self-harm in partnership with State and local public health departments, to establish a grant program to provide self-harm and suicide prevention services in hospital emergency departments, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 15, 2020

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

JULY --, 2020

Reported with an amendment, committed to the Committee of the Whole
House on the State of the Union, and ordered to be printed

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

[For text of introduced bill, see copy of bill as introduced on January 15, 2020]

A BILL

To authorize a pilot program to expand and intensify surveillance of self-harm in partnership with State and local public health departments, to establish a grant program to provide self-harm and suicide prevention services in hospital emergency departments, 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 Act”.*

5 **SEC. 2. SYNDROMIC SURVEILLANCE OF SELF-HARM BEHAV-**
6 **IORS PROGRAM.**

7 *Title III of the Public Health Service Act is amended*
8 *by inserting after section 317U of such Act (42 U.S.C.*
9 *247b–23) the following:*

10 **“SEC. 317V. SYNDROMIC SURVEILLANCE OF SELF-HARM BE-**
11 **HAVIORS PROGRAM.**

12 *“(a) IN GENERAL.—The Secretary shall award grants*
13 *to State, local, Tribal, and territorial public health depart-*
14 *ments for the expansion of surveillance of self-harm.*

15 *“(b) DATA SHARING BY GRANTEES.—As a condition*
16 *of receipt of such grant under subsection (a), each grantee*
17 *shall agree to share with the Centers for Disease Control*
18 *and Prevention in real time, to the extent feasible and as*
19 *specified in the grant agreement, data on suicides and self-*
20 *harm for purposes of—*

21 *“(1) tracking and monitoring self-harm to in-*
22 *form response activities to suicide clusters;*

23 *“(2) informing prevention programming for*
24 *identified at-risk populations; and*

25 *“(3) conducting or supporting research.*

1 “(c) *DISAGGREGATION OF DATA.*—*The Secretary shall*
2 *provide for the data collected through surveillance of self-*
3 *harm under subsection (b) to be disaggregated by the fol-*
4 *lowing categories:*

5 “(1) *Nonfatal self-harm data of any intent.*

6 “(2) *Data on suicidal ideation.*

7 “(3) *Data on self-harm where there is no evi-*
8 *dence, whether implicit or explicit, of suicidal intent.*

9 “(4) *Data on self-harm where there is evidence,*
10 *whether implicit or explicit, of suicidal intent.*

11 “(5) *Data on self-harm where suicidal intent is*
12 *unclear based on the available evidence.*

13 “(d) *PRIORITY.*—*In making awards under subsection*
14 *(a), the Secretary shall give priority to eligible entities that*
15 *are—*

16 “(1) *located in a State with an age-adjusted rate*
17 *of nonfatal suicidal behavior that is above the na-*
18 *tional rate of nonfatal suicidal behavior, as deter-*
19 *mined by the Director of the Centers for Disease Con-*
20 *trol and Prevention;*

21 “(2) *servicing an Indian Tribe (as defined in sec-*
22 *tion 4 of the Indian Self-Determination and Edu-*
23 *cation Assistance Act) with an age-adjusted rate of*
24 *nonfatal suicidal behavior that is above the national*
25 *rate of nonfatal suicidal behavior, as determined*

1 *through appropriate mechanisms determined by the*
2 *Secretary in consultation with Indian Tribes; or*

3 “(3) *located in a State with a high rate of cov-*
4 *erage of statewide (or Tribal) emergency department*
5 *visits, as determined by the Director of the Centers for*
6 *Disease Control and Prevention.*

7 “(e) *GEOGRAPHIC DISTRIBUTION.—In making grants*
8 *under this section, the Secretary shall make an effort to en-*
9 *sure geographic distribution, taking into account the unique*
10 *needs of rural communities, including—*

11 “(1) *communities with an incidence of individ-*
12 *uals with serious mental illness, demonstrated suicid-*
13 *al ideation or behavior, or suicide rates that are*
14 *above the national average, as determined by the As-*
15 *stant Secretary for Mental Health and Substance*
16 *Use;*

17 “(2) *communities with a shortage of prevention*
18 *and treatment services, as determined by the Assist-*
19 *ant Secretary for Mental Health and Substance Use*
20 *and the Administrator of the Health Resources and*
21 *Services Administration; and*

22 “(3) *other appropriate community-level factors*
23 *and social determinants of health such as income, em-*
24 *ployment, and education.*

1 “(f) *PERIOD OF PARTICIPATION.*—*To be selected as a*
2 *grant recipient under this section, a State, local, Tribal,*
3 *or territorial public health department shall agree to par-*
4 *ticipate in the program for a period of not less than 4 years.*

5 “(g) *TECHNICAL ASSISTANCE.*—*The Secretary shall*
6 *provide technical assistance and training to grantees for*
7 *collecting and sharing the data under subsection (b).*

8 “(h) *DATA SHARING BY HHS.*—*Subject to subsection*
9 *(b), the Secretary shall, with respect to data on self-harm*
10 *that is collected pursuant to this section, share and inte-*
11 *grate such data through—*

12 “(1) *the National Syndromic Surveillance Pro-*
13 *gram’s Early Notification of Community Epidemics*
14 *(ESSENCE) platform (or any successor platform);*

15 “(2) *the National Violent Death Reporting Sys-*
16 *tem, as appropriate; or*

17 “(3) *another appropriate surveillance program,*
18 *including such a program that collects data on sui-*
19 *cides and self-harm among special populations, such*
20 *as members of the military and veterans.*

21 “(i) *RULE OF CONSTRUCTION REGARDING APPLICA-*
22 *BILITY OF PRIVACY PROTECTIONS.*—*Nothing in this section*
23 *shall be construed to limit or alter the application of Fed-*
24 *eral or State law relating to the privacy of information to*

1 *data or information that is collected or created under this*
2 *section.*

3 “(j) *REPORT.—*

4 “(1) *SUBMISSION.—Not later than 3 years after*
5 *the date of enactment of this Act, the Secretary shall*
6 *evaluate the suicide and self-harm syndromic surveil-*
7 *lance systems at the Federal, State, and local levels*
8 *and submit a report to Congress on the data collected*
9 *under subsections (b) and (c) in a manner that pre-*
10 *vents the disclosure of individually identifiable infor-*
11 *mation, at a minimum, consistent with all applicable*
12 *privacy laws and regulations.*

13 “(2) *CONTENTS.—In addition to the data col-*
14 *lected under subsections (b) and (c), the report under*
15 *paragraph (1) shall include—*

16 “(A) *challenges and gaps in data collection*
17 *and reporting;*

18 “(B) *recommendations to address such gaps*
19 *and challenges; and*

20 “(C) *a description of any public health re-*
21 *sponses initiated at the Federal, State, or local*
22 *level in response to the data collected.*

23 “(k) *AUTHORIZATION OF APPROPRIATIONS.—To carry*
24 *out this section, there are authorized to be appropriated*
25 *\$20,000,000 for each of fiscal years 2021 through 2025.”.*

1 **SEC. 3. GRANTS TO PROVIDE SELF-HARM AND SUICIDE PRE-**
2 **VENTION SERVICES.**

3 *Part B of title V of the Public Health Service Act (42*
4 *U.S.C. 290aa et seq.) is amended by adding at the end the*
5 *following:*

6 **“SEC. 520N. GRANTS TO PROVIDE SELF-HARM AND SUICIDE**
7 **PREVENTION SERVICES.**

8 *“(a) IN GENERAL.—The Secretary of Health and*
9 *Human Services shall award grants to hospital emergency*
10 *departments to provide self-harm and suicide prevention*
11 *services.*

12 *“(b) ACTIVITIES SUPPORTED.—*

13 *“(1) IN GENERAL.—A hospital emergency de-*
14 *partment awarded a grant under subsection (a) shall*
15 *use amounts under the grant to implement a program*
16 *or protocol to better prevent suicide attempts among*
17 *hospital patients after discharge, which may in-*
18 *clude—*

19 *“(A) screening patients for self-harm and*
20 *suicide in accordance with the standards of prac-*
21 *tice described in subsection (e)(1) and standards*
22 *of care established by appropriate medical and*
23 *advocacy organizations;*

24 *“(B) providing patients short-term self-*
25 *harm and suicide prevention services in accord-*

1 *ance with the results of the screenings described*
2 *in subparagraph (A); and*

3 “(C) *referring patients, as appropriate, to a*
4 *health care facility or provider for purposes of*
5 *receiving long-term self-harm and suicide pre-*
6 *vention services, and providing any additional*
7 *follow up services and care identified as appro-*
8 *priate as a result of the screenings and short-*
9 *term self-harm and suicide prevention services*
10 *described in subparagraphs (A) and (B).*

11 “(2) *USE OF FUNDS TO HIRE AND TRAIN*
12 *STAFF.—Amounts awarded under subsection (a) may*
13 *be used to hire clinical social workers, mental and be-*
14 *havioral health care professionals, and support staff*
15 *as appropriate, and to train existing staff and newly*
16 *hired staff to carry out the activities described in*
17 *paragraph (1).*

18 “(c) *GRANT TERMS.—A grant awarded under sub-*
19 *section (a)—*

20 “(1) *shall be for a period of 3 years; and*

21 “(2) *may be renewed subject to the requirements*
22 *of this section.*

23 “(d) *APPLICATIONS.—A hospital emergency depart-*
24 *ment seeking a grant under subsection (a) shall submit an*
25 *application to the Secretary at such time, in such manner,*

1 *and accompanied by such information as the Secretary*
2 *may require.*

3 “(e) *STANDARDS OF PRACTICE.*—

4 “(1) *IN GENERAL.*—*Not later than 180 days*
5 *after the date of the enactment of this section, the Sec-*
6 *retary shall develop standards of practice for screen-*
7 *ing patients for self-harm and suicide for purposes of*
8 *carrying out subsection (b)(1)(C).*

9 “(2) *CONSULTATION.*—*The Secretary shall de-*
10 *velop the standards of practice described in para-*
11 *graph (1) in consultation with individuals and enti-*
12 *ties with expertise in self-harm and suicide preven-*
13 *tion, including public, private, and non-profit enti-*
14 *ties.*

15 “(f) *REPORTING.*—

16 “(1) *REPORTS TO THE SECRETARY.*—

17 “(A) *IN GENERAL.*—*A hospital emergency*
18 *department awarded a grant under subsection*
19 *(a) shall, at least quarterly for the duration of*
20 *the grant, submit to the Secretary a report eval-*
21 *uating the activities supported by the grant.*

22 “(B) *MATTERS TO BE INCLUDED.*—*The re-*
23 *port required under subparagraph (A) shall in-*
24 *clude—*

25 “(i) *the number of patients receiving—*

1 “(I) screenings carried out at the
2 hospital emergency department;

3 “(II) short-term self-harm and
4 suicide prevention services at the hos-
5 pital emergency department; and

6 “(III) referrals to health care fa-
7 cilities for the purposes of receiving
8 long-term self-harm and suicide pre-
9 vention;

10 “(ii) information on the adherence of
11 the hospital emergency department to the
12 standards of practice described in subsection
13 (f)(1); and

14 “(iii) other information as the Sec-
15 retary determines appropriate to evaluate
16 the use of grant funds.

17 “(2) *REPORTS TO CONGRESS.*—Not later than 2
18 years after the date of the enactment of the Suicide
19 Prevention Act, and biennially thereafter, the Sec-
20 retary shall submit to the Committee on Health, Edu-
21 cation, Labor and Pensions of the Senate and the
22 Committee on Energy and Commerce of the House of
23 Representatives a report on the grant program under
24 this section, including—

1 “(A) a summary of reports received by the
2 Secretary under paragraph (1); and

3 “(B) an evaluation of the program by the
4 Secretary.

5 “(g) AUTHORIZATION OF APPROPRIATIONS.—To carry
6 out this section, there are authorized to be appropriated
7 \$30,000,000 for each of fiscal years 2021 through 2025.”.