

116TH CONGRESS
2D SESSION

S. 3198

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 SENATE OF THE UNITED STATES

JANUARY 15, 2020

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

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
5 Act”.

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

3 Title III of the Public Health Service Act is amended
4 by inserting after section 317T of such Act (42 U.S.C.
5 247b–22) the following:

6 **“SEC. 317U. SYNDROMIC SURVEILLANCE OF SELF-HARM BE-**
7 **HAVIORS PROGRAM.**

8 “(a) IN GENERAL.—The Secretary, acting through
9 the Director of the Centers for Disease Control and Pre-
10 vention, shall award grants to State, local, Tribal, and ter-
11 ritorial public health departments for the expansion of sur-
12 veillance of self-harm.

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

19 “(1) tracking and monitoring self-harm to in-
20 form response activities to suicide clusters;

21 “(2) informing prevention programming for
22 identified at-risk populations; and

23 “(3) conducting or supporting research.

24 “(c) DISAGGREGATION OF DATA.—The Secretary
25 shall provide for the data collected through surveillance

1 of self-harm under subsection (b) to be disaggregated by
2 the following categories:

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

4 “(2) Data on suicidal ideation.

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

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

9 “(5) Data on self-harm where suicidal intent is
10 unclear based on the available evidence.

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

14 “(1) located in a State with an age-adjusted
15 rate of suicide death that is above the national sui-
16 cide mortality rate, as determined by the Director of
17 the Centers for Disease Control and Prevention;

18 “(2) serving an Indian Tribe (as defined in sec-
19 tion 4 of the Indian Self-Determination and Edu-
20 cation Assistance Act) with an age-adjusted rate of
21 suicide deaths that is above the national suicide
22 mortality rate, as determined through appropriate
23 mechanisms determined by the Secretary in con-
24 sultation with Indian Tribes; or

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

5 “(e) GEOGRAPHIC DISTRIBUTION.—In making
6 grants under this section, the Secretary shall make an ef-
7 fort to ensure geographic distribution, taking into account
8 the unique needs of rural communities, including—

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

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

20 “(3) other appropriate community-level factors
21 and social determinants of health such as income,
22 employment, and education.

23 “(f) PERIOD OF PARTICIPATION.—To be selected as
24 a grant recipient under this section, a State, local, Tribal,
25 or territorial public health department shall agree to par-

1 ticipate in the program for a period of not less than 2
2 years.

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

6 “(h) DATA SHARING BY HHS.—Subject to sub-
7 section (b), the Secretary shall, with respect to data on
8 self-harm that is collected pursuant to this section, share
9 and integrate such data through—

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

13 “(2) the National Violent Death Reporting Sys-
14 tem, as appropriate; or

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

19 “(i) RULE OF CONSTRUCTION REGARDING APPLICA-
20 BILITY OF PRIVACY PROTECTIONS.—Nothing in this sec-
21 tion shall be construed to limit or alter the application
22 of Federal or State law relating to the privacy of informa-
23 tion to data or information that is collected or created
24 under this section.

25 “(j) REPORT.—

1 “(1) SUBMISSION.—Not later than 3 years
2 after the date of enactment of this Act, the Sec-
3 retary shall evaluate the suicide and self-harm
4 syndromic surveillance systems at the Federal,
5 State, and local levels and submit a report to Con-
6 gress on the data collected under subsections (b) and
7 (c) in a manner that prevents the disclosure of indi-
8 vidually identifiable information, at a minimum, con-
9 sistent with all applicable privacy laws and regula-
10 tions.

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

14 “(A) challenges and gaps in data collection
15 and reporting;

16 “(B) recommendations to address such
17 gaps and challenges; and

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

21 “(k) AUTHORIZATION OF APPROPRIATIONS.—To
22 carry out this section, there are authorized to be appro-
23 priated \$10,000,000 for each of fiscal years 2021 through
24 2025.”.

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

3 Part B of title V of the Public Health Service Act
4 (42 U.S.C. 290aa et seq.) is amended by adding at the
5 end the 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, acting through the Assistant Secretary
10 for Mental Health and Substance Use, shall award grants
11 to hospital emergency departments to provide self-harm
12 and suicide prevention services.

13 “(b) ACTIVITIES SUPPORTED.—

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

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

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

1 ance with the results of the screenings de-
2 scribed in subparagraph (A); and

3 “(C) referring patients, as appropriate, to
4 a 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)
13 may be used to hire clinical social workers, mental
14 and behavioral health care professionals, and sup-
15 port staff as appropriate, and to train existing staff
16 and newly hired staff to carry out the activities de-
17 scribed in 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 require-
22 ments of this section.

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

1 ner, and accompanied by such information as the Sec-
2 retary 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
6 Secretary shall develop standards of practice for
7 screening patients for self-harm and suicide for pur-
8 poses of 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
21 evaluating the activities supported by the grant.

22 “(B) MATTERS TO BE INCLUDED.—The
23 report required under subparagraph (A) shall
24 include—

1 “(i) the number of patients receiv-
2 ing—

3 “(I) screenings carried out at the
4 hospital emergency department;

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

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

12 “(ii) information on the adherence of
13 the hospital emergency department to the
14 standards of practice described in sub-
15 section (f)(1); and

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

19 “(2) REPORTS TO CONGRESS AND IN THE DE-
20 PARTMENT OF HEALTH AND HUMAN SERVICES.—

21 Not later than 2 years after the date of the enact-
22 ment of the Suicide Prevention Act, and biennially
23 thereafter, the Secretary shall submit to the Com-
24 mittee on Health, Education, Labor, and Pensions
25 of the Senate, the Committee on Energy and Com-

1 merce of the House of Representatives, and the sub-
2 components of the Department of Health and
3 Human Services described in paragraph (3) a report
4 on the grant program under this section, including—

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

7 “(B) an evaluation of the program by the
8 Secretary.

9 “(3) REPORTING IN THE DEPARTMENT OF
10 HEALTH AND HUMAN SERVICES.—The subcompo-
11 nents of the Department of Health and Human
12 Services described in paragraph (2) are the Centers
13 for Disease Control and Prevention and the National
14 Institute of Mental Health.

15 “(g) AUTHORIZATION OF APPROPRIATIONS.—To
16 carry out this section, there are authorized to be appro-
17 priated \$30,000,000 for each of fiscal years 2021 through
18 2025.”.

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