

116TH CONGRESS
2D SESSION

S. 4824

To amend the Public Health Service Act to expand the capacity of the suicide prevention lifeline and mental health crisis centers.

IN THE SENATE OF THE UNITED STATES

OCTOBER 21 (legislative day, OCTOBER 19), 2020

Mr. CORNYN (for himself, Mr. BENNET, Ms. ERNST, and Mr. JONES) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to expand the capacity of the suicide prevention lifeline and mental health crisis centers.

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 and Crisis Out-
5 reach Prevention Enhancement Act”.

1 **SEC. 2. EXPANDING CAPACITY OF THE SUICIDE PREVEN-**
2 **TION LIFELINE AND MENTAL HEALTH CRISIS**
3 **CENTERS.**

4 Section 520E–3 of the Public Health Service Act (42
5 U.S.C. 290bb–36e) is amended—

6 (1) in subsection (b)—

7 (A) in paragraph (1)—

8 (i) by inserting “supporting and” be-
9 fore “coordinating”; and

10 (ii) by inserting “mental health” be-
11 fore “crisis intervention services”;

12 (B) by redesignating paragraphs (2) and
13 (3) as paragraphs (3) and (4), respectively;

14 (C) by inserting after paragraph (1), the
15 following:

16 “(2) increasing the capacity of the program and
17 crisis centers participating in the network to provide
18 suicide prevention and mental health crisis interven-
19 tion services to individuals seeking help;”;

20 (D) in paragraph (3), as redesignated by
21 subparagraph (B), by striking “and” after the
22 semicolon;

23 (E) in paragraph (4), as redesignated by
24 subparagraph (B), by striking the period at the
25 end and inserting a semicolon; and

1 (F) by inserting after paragraph (4), as re-
2 designated by subparagraph (B), the following:

3 “(5) improving awareness of the program for
4 suicide prevention and mental health crisis interven-
5 tion services, including by conducting an awareness
6 campaign and ongoing outreach to the public; and

7 “(6) establishing, standardizing, and maintain-
8 ing data collection and reports on racial, ethnic, geo-
9 graphic, socioeconomic, and other health disparities
10 to understand disparities in access to the program
11 and among individuals who are seeking help.”; and

12 (2) in subsection (c), by striking “\$7,198,000
13 for each of fiscal years 2018 through 2022” and in-
14 serting “\$20,000,000 for each of fiscal years 2021
15 through 2025”.

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