

117TH CONGRESS  
1ST SESSION

# H. R. 2955

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.

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## IN THE HOUSE OF REPRESENTATIVES

MAY 4, 2021

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

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## 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 317U of such Act (42 U.S.C.  
5 247b–23) the following:

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

8 “(a) IN GENERAL.—The Secretary shall award  
9 grants to State, local, Tribal, and territorial public health  
10 departments for the expansion of surveillance of self-harm.

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

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

19 “(2) informing prevention programming for  
20 identified at-risk populations; and

21 “(3) conducting or supporting research.

22 “(c) DISAGGREGATION OF DATA.—The Secretary  
23 shall provide for the data collected through surveillance  
24 of self-harm under subsection (b) to be disaggregated by  
25 the following categories:

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

1 “(2) Data on suicidal ideation.

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

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

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

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

11 “(1) located in a State with an age-adjusted  
12 rate of nonfatal suicidal behavior that is above the  
13 national rate of nonfatal suicidal behavior, as deter-  
14 mined by the Director of the Centers for Disease  
15 Control and Prevention;

16 “(2) serving an Indian Tribe (as defined in sec-  
17 tion 4 of the Indian Self-Determination and Edu-  
18 cation Assistance Act) with an age-adjusted rate of  
19 nonfatal suicidal behavior that is above the national  
20 rate of nonfatal suicidal behavior, as determined  
21 through appropriate mechanisms determined by the  
22 Secretary in consultation with Indian Tribes; or

23 “(3) located in a State with a high rate of cov-  
24 erage of statewide (or Tribal) emergency department

1 visits, as determined by the Director of the Centers  
2 for Disease Control and Prevention.

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

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

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

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

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

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

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

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

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

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

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

23 “(j) REPORT.—

24 “(1) SUBMISSION.—Not later than 3 years  
25 after the date of enactment of this Act, the Sec-

1       retary shall evaluate the suicide and self-harm  
2       syndromic surveillance systems at the Federal,  
3       State, and local levels and submit a report to Con-  
4       gress on the data collected under subsections (b) and  
5       (c) in a manner that prevents the disclosure of indi-  
6       vidually identifiable information, at a minimum, con-  
7       sistent with all applicable privacy laws and regula-  
8       tions.

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

12               “(A) challenges and gaps in data collection  
13      and reporting;

14               “(B) recommendations to address such  
15      gaps and challenges; and

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

19               “(k) AUTHORIZATION OF APPROPRIATIONS.—To  
20      carry out this section, there are authorized to be appro-  
21      priated \$20,000,000 for each of fiscal years 2022 through  
22      2026.”.

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 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 pro-  
16 gram or protocol to better prevent suicide attempts  
17 among hospital patients after discharge, which may  
18 include—

19 “(A) screening patients for self-harm and  
20 suicide in accordance with the standards of  
21 practice described in subsection (e)(1) and  
22 standards of care established by appropriate  
23 medical and 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 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.—Not later than  
20 2 years after the date of the enactment of the Sui-  
21 cide Prevention Act, and biennially thereafter, the  
22 Secretary shall submit to the Committee on Health,  
23 Education, Labor and Pensions of the Senate and  
24 the Committee on Energy and Commerce of the

1       House of Representatives a report on the grant pro-  
2       gram under this section, including—

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

5               “(B) an evaluation of the program by the  
6       Secretary.

7       “(g) AUTHORIZATION OF APPROPRIATIONS.—To  
8       carry out this section, there are authorized to be appro-  
9       priated \$30,000,000 for each of fiscal years 2022 through  
10      2026.”.

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