

117TH CONGRESS  
1ST SESSION

# H. R. 5750

To amend the Public Health Service Act to authorize certain grants (for youth suicide early intervention and prevention strategies) to be used for school personnel in elementary and secondary schools and students in secondary schools to receive student suicide awareness and prevention training, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

OCTOBER 27, 2021

Mr. CLEAVER (for himself, Mr. MCGOVERN, Mrs. MCBATH, Mr. FITZPATRICK, Mr. BUTTERFIELD, Mr. MEEKS, Mr. COHEN, Mr. CORREA, Mr. CROW, Mr. JOHNSON of Georgia, Ms. PINGREE, Ms. ADAMS, Mrs. HAYES, Mr. GONZALEZ of Ohio, Ms. JACKSON LEE, and Ms. BASS) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and Labor, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To amend the Public Health Service Act to authorize certain grants (for youth suicide early intervention and prevention strategies) to be used for school personnel in elementary and secondary schools and students in secondary schools to receive student suicide awareness and prevention training, 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,*

1 **SECTION 1. SHORT TITLE.**

2       This Act may be cited as the “Cady Housh and  
3 Gemesha Thomas Student Suicide Prevention Act of  
4 2021”.

5 **SEC. 2. FINDINGS.**

6       Congress finds the following:

7           (1) In the last 12 years, suicide has been on the  
8 increase, moving up to the second leading cause of  
9 death for young people between the ages of 10 and  
10 34 with about 157,000 youth treated at emergency  
11 departments for self-inflicted injuries. Between 2007  
12 and 2018, the national suicide rate among persons  
13 ages 1 to 24 increased 57.4 percent.

14           (2) According to the 2019 Youth Risk Behav-  
15 iors Survey of the Centers for Disease Control and  
16 Prevention, 18.8 percent of high school students re-  
17 ported seriously considering suicide, and 8.9 percent  
18 reporting attempting to take their lives during that  
19 period.

20           (3) Eighty percent of students show warning  
21 signs before attempting suicide.

22           (4) Prevention and awareness training will  
23 equip individuals to become aware of the warning  
24 signs of suicide, identify students in crisis, and pro-  
25 vide resources for help.

1           (5) Research shows that inquiring about suicide  
2       ideation, or discussing suicide in terms of recog-  
3       nizing risk factors and prevention methods—

4           (A) does not increase the chance of suicide;  
5       and

6           (B) in fact, can lower the risk of suicide.

7           (6) Sexual minority youth (LGBTQ) are almost  
8       five times more likely to have attempted suicide com-  
9       pared to their heterosexual peers. In addition, 40  
10      percent of LGBTQ youth seriously considered at-  
11      tempting suicide in the past 12 months, with more  
12      than half of transgender and nonbinary youth hav-  
13      ing seriously considered suicide.

14 **SEC. 3. SENSE OF CONGRESS.**

15       It is the sense of the Congress that—

16           (1) student suicide awareness, prevention train-  
17      ing, and response materials should be available to all  
18      school personnel, including administrative personnel,  
19      teachers, counselors, and other school leaders;

20           (2) States should give autonomy to each local  
21      educational agency to—

22           (A) adopt a policy with respect to student  
23      suicide awareness and prevention; and

24           (B) work collaboratively with local organi-  
25      zations, youth mental health experts, health

1 care providers, and the Secretary of Health and  
2 Human Services to implement training for  
3 school personnel and students, including by  
4 sharing and disseminating—

5 (i) training materials and resources;

6 and

7 (ii) information that is evidence-in-  
8 formed or promising on student suicide  
9 prevention;

10 (3) the Secretary of Health and Human Serv-  
11 ices should identify the highest unmet needs, specifi-  
12 cally with at-risk student populations, such as—

13 (A) minority students;

14 (B) LGBTQ+ identifying students;

15 (C) students living with mental health con-  
16 ditions;

17 (D) students living with substance use dis-  
18 orders;

19 (E) students who have engaged in self-  
20 harm or have attempted suicide; and

21 (F) students experiencing homelessness or  
22 out-of-home settings;

23 (4) schools should offer these services to stu-  
24 dents in grades 9 through 12, with the support of  
25 organizations with demonstrated expertise in cul-

1 tural competency, suicide awareness, response, and  
2 prevention training;

3 (5) students who receive such training should  
4 not be taught to be counselors, but rather should be  
5 educated on how to—

6 (A) recognize signs of suicide and depres-  
7 sion;

8 (B) report these signs to appropriate staff;  
9 and

10 (C) identify sources of care and support;  
11 and

12 (6) schools should utilize school-based mental  
13 health professionals and other community partner-  
14 ships.

15 **SEC. 4. STUDENT SUICIDE AWARENESS AND PREVENTION**  
16 **TRAINING.**

17 (a) **ADDITIONAL AUTHORIZED USE OF GRANT**  
18 **FUNDS.**—Section 520E(a) of the Public Health Service  
19 Act (42 U.S.C. 290bb–36(a)) is amended—

20 (1) in paragraph (4), by striking “and” at the  
21 end;

22 (2) in paragraph (5), by striking the period at  
23 the end and inserting “; and”; and

24 (3) by adding at the end the following:

1 “(6) establish and implement a statewide policy  
 2 requiring school personnel in elementary and sec-  
 3 ondary schools and students in secondary schools to  
 4 complete student emotional well-being, mental  
 5 health, and suicide awareness and prevention train-  
 6 ing in accordance with subsection (d).”.

7 (b) TRAINING REQUIREMENTS.—Section 520E of the  
 8 Public Health Service Act (42 U.S.C. 290bb–36(a)), as  
 9 amended by subsection (a), is further amended—

10 (1) by redesignating subsections (d) through  
 11 (m) as subsections (e) through (n), respectively; and

12 (2) by inserting after subsection (c) the fol-  
 13 lowing:

14 “(d) REQUIREMENTS FOR STUDENT SUICIDE  
 15 AWARENESS AND TRAINING PROGRAMS.—

16 “(1) IN GENERAL.—As a condition on receipt of  
 17 funds under subsection (a)(6), an applicant shall  
 18 agree to use the funds to establish or implement a  
 19 statewide policy—

20 “(A) requiring school personnel in elemen-  
 21 tary and secondary schools and students in sec-  
 22 ondary schools to complete student emotional  
 23 well-being, mental health, and suicide awareness  
 24 and prevention training that—

1 “(i) includes at least one classroom  
2 session each school year;

3 “(ii) is evidence-informed; and

4 “(iii) includes training on—

5 “(I) the warning signs of, and  
6 elevated risk factors for, poor emo-  
7 tional well-being, mental health issues,  
8 and suicide of oneself and of others;

9 “(II) suggested responses to such  
10 warning signs;

11 “(III) further suicide awareness  
12 and prevention resources; and

13 “(IV) the method and manner of  
14 making an appropriate referral to a  
15 school-based mental health services  
16 provider; and

17 “(B) requiring, with respect to such school  
18 personnel, that such training include training  
19 on—

20 “(i) cultural competency and intersec-  
21 tionality sensitivity; and

22 “(ii) an overview of applicable Fed-  
23 eral, State, and local law concerning re-  
24 porting requirements.

1           “(2) DEFINITIONS.—As used in subsection  
2           (a)(6) and this subsection:

3                   “(A) The term ‘evidence-informed’ means  
4           informed by practices that—

5                           “(i) use the best available research  
6                           and practice knowledge to guide program  
7                           design and implementation;

8                           “(ii) allow for innovation while incor-  
9                           porating the lessons learned from the exist-  
10                          ing research literature; and

11                          “(iii) are responsive to families’ cul-  
12                          tural backgrounds, community values, and  
13                          individual preferences.

14                   “(B) The term ‘school-based mental health  
15           services provider’ includes a State-licensed or  
16           State-certified school counselor, school psycholo-  
17           gist, school social worker, or other State-li-  
18           censed or certified mental health professional  
19           qualified under State law to provide mental  
20           health services to children and adolescents.

21                   “(C) The term ‘school personnel’ means—

22                           “(i) principals or other heads of a  
23                           school; other professional instructional  
24                           staff (such as staff involved in curriculum  
25                           development, staff development, or oper-



ating library, media, and computer centers); specialized instructional support personnel such as school counselors, school social workers, and school psychologists; and other qualified professional personnel, such as school nurses, speech language pathologists, and school librarians, involved in providing assessment, diagnosis, counseling, and educational, therapeutic, and other necessary services; and

“(ii) other school employees and contractors who interact with students, including bus drivers, cafeteria workers, coaches, janitorial staff, and after-school program employees.”.

(c) FUNDING.—Subsection (n) of section 520E of the Public Health Service Act (42 U.S.C. 290bb–36), as redesignated by subsection (b)(2), is amended—

(1) by striking “For the purpose” and inserting the following:

“(1) IN GENERAL.—For the purpose”;

(2) by striking “2022” and inserting “2028”;

and

(3) by adding at the end the following:

1           “(2) ALLOCATION.—Of the amounts made  
2       available to carry out this section for a fiscal year,  
3       not less than 15 percent of such amounts shall be  
4       used for grants or cooperative agreements to carry  
5       out subsection (a)(6) (to establish and implement a  
6       statewide policy requiring school personnel in ele-  
7       mentary and secondary schools and students in sec-  
8       ondary schools to complete student emotional well-  
9       being, mental health, and suicide awareness and pre-  
10      vention training).”.

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