

116TH CONGRESS
1ST SESSION

S. 3006

To amend the Public Health Service Act to establish a program to improve the identification, assessment, and treatment of patients in the emergency department who are at risk of suicide, and for other purposes.

IN THE SENATE OF THE UNITED STATES

DECEMBER 10, 2019

Ms. MURKOWSKI (for herself, Mr. JONES, Mr. KING, and Mr. GARDNER) 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 establish a program to improve the identification, assessment, and treatment of patients in the emergency department who are at risk of suicide, 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 “Effective Suicide
5 Screening and Assessment in the Emergency Department
6 Act of 2019”.

1 **SEC. 2. PROGRAM TO IMPROVE THE CARE PROVIDED TO**
2 **PATIENTS IN THE EMERGENCY DEPARTMENT**
3 **WHO ARE AT RISK OF SUICIDE.**

4 Part P of title III of the Public Health Service Act
5 (42 U.S.C. 280g et seq.) is amended by adding at the end
6 the following new section:

7 **“SEC. 399V-7. PROGRAM TO IMPROVE THE CARE PROVIDED**
8 **TO PATIENTS IN THE EMERGENCY DEPART-**
9 **MENT WHO ARE AT RISK OF SUICIDE.**

10 “(a) IN GENERAL.—The Secretary shall establish a
11 program (in this Act referred to as the ‘Program’) to im-
12 prove the identification, assessment, and treatment of pa-
13 tients in emergency departments who are at risk for sui-
14 cide, including by—

15 “(1) developing policies and procedures for
16 identifying and assessing individuals who are at risk
17 of suicide; and

18 “(2) enhancing the coordination of care for
19 such individuals after discharge.

20 “(b) GRANT ESTABLISHMENT AND PARTICIPA-
21 TION.—

22 “(1) IN GENERAL.—In carrying out the Pro-
23 gram, the Secretary shall award grants on a com-
24 petitive basis to not more than 40 eligible health
25 care sites described in paragraph (2).

1 “(2) ELIGIBILITY.—To be eligible for a grant
2 under this section, a health care site shall—

3 “(A) submit an application to the Sec-
4 retary at such time, in such manner, and con-
5 taining such information as the Secretary may
6 specify;

7 “(B) be a hospital (as defined in section
8 1861(e) of the Social Security Act);

9 “(C) have an emergency department; and

10 “(D) deploy onsite health care or social
11 service professionals to help connect and inte-
12 grate patients who are at risk of suicide with
13 treatment and mental health support services.

14 “(3) PREFERENCE.—In awarding grants under
15 this section, the Secretary may give preference to eli-
16 gible health care sites described in paragraph (2)
17 that meet at least one of the following criteria:

18 “(A) The eligible health care site is a crit-
19 ical access hospital (as defined in section
20 1861(mm)(1) of the Social Security Act).

21 “(B) The eligible health care site is a sole
22 community hospital (as defined in section
23 1886(d)(5)(D)(iii) of the Social Security Act).

24 “(C) The eligible health care site is oper-
25 ated by the Indian Health Service, by an Indian

1 Tribe or Tribal organization (as such terms are
2 defined in section 4 of the Indian Self-Deter-
3 mination and Education Assistance Act), or by
4 an urban Indian organization (as defined in
5 section 4 of the Indian Health Care Improve-
6 ment Act).

7 “(D) The eligible health care site is located
8 in a geographic area with a suicide rate that is
9 higher than the national rate, as determined by
10 the Secretary based on the most recent data
11 from the Centers for Disease Control and Pre-
12 vention.

13 “(c) PERIOD OF GRANT.—A grant awarded to an eli-
14 gible health care site under this section shall be for a pe-
15 riod of at least 2 years.

16 “(d) GRANT USES.—

17 “(1) REQUIRED USES.—A grant awarded under
18 this section to an eligible health care site shall be
19 used for the following purposes:

20 “(A) To train emergency department
21 health care professionals to identify, assess, and
22 treat patients who are at risk of suicide.

23 “(B) To establish and implement policies
24 and procedures for emergency departments to
25 improve the identification, assessment, and

1 treatment of individuals who are at risk of sui-
2 cide.

3 “(C) To establish and implement policies
4 and procedures with respect to care coordina-
5 tion, integrated care models, or referral to evi-
6 dence-based treatment to be used upon the dis-
7 charge from the emergency department of pa-
8 tients who are at risk of suicide.

9 “(2) ADDITIONAL PERMISSIBLE USES.—In ad-
10 dition to the required uses listed in paragraph (1),
11 a grant awarded under this section to an eligible
12 health care site may be used for any of the following
13 purposes:

14 “(A) To hire emergency department psy-
15 chiatrists, psychologists, nurse practitioners,
16 counselors, therapists, or other licensed health
17 care and behavioral health professionals special-
18 izing in the treatment of individuals at risk of
19 suicide.

20 “(B) To develop and implement best prac-
21 tices for the follow-up care and long-term treat-
22 ment of individuals who are at risk of suicide.

23 “(C) To increase the availability of, and
24 access to, evidence-based treatment for individ-
25 uals who are at risk of suicide, including

1 through telehealth services and strategies to re-
2 duce the boarding of these patients in emer-
3 gency departments.

4 “(D) To offer consultation with and refer-
5 ral to other supportive services that provide evi-
6 dence-based treatment and recovery for individ-
7 uals who are at risk of suicide.

8 “(e) REPORTING REQUIREMENTS.—

9 “(1) REPORTS BY GRANTEES.—Each eligible
10 health care site receiving a grant under this section
11 shall submit to the Secretary an annual report for
12 each year for which the grant is received on the
13 progress of the program funded through the grant.
14 Each such report shall include information on—

15 “(A) the number of individuals screened in
16 the site’s emergency department for being at
17 risk of suicide;

18 “(B) the number of individuals identified
19 in the site’s emergency department as being—

20 “(i) survivors of an attempted suicide;

21 or

22 “(ii) are at risk of suicide;

23 “(C) the number of individuals who are
24 identified in the site’s emergency department as
25 being at risk of suicide by a health care or be-

1 behavioral health professional hired pursuant to
2 subsection (d)(2)(A);

3 “(D) the number of individuals referred by
4 the site’s emergency department to other treat-
5 ment facilities, the types of such other facilities,
6 and the number of such individuals admitted to
7 such other facilities pursuant to such referrals;

8 “(E) the effectiveness of programs and ac-
9 tivities funded through the grant in preventing
10 suicides and suicide attempts; and

11 “(F) any other relevant additional data re-
12 garding the programs and activities funded
13 through the grant.

14 “(2) REPORT BY SECRETARY.—Not later than
15 one year after the end of fiscal year 2024, the Sec-
16 retary shall submit to Congress a report that in-
17 cludes—

18 “(A) findings on the Program;

19 “(B) overall patient outcomes achieved
20 through the Program;

21 “(C) an evaluation of the effectiveness of
22 having a trained health care or behavioral
23 health professional onsite to identify, assess,
24 and treat patients who are at risk of suicide;
25 and

1 “(D) a compilation of policies, procedures,
2 and best practices established, developed, or im-
3 plemented by grantees under this section.

4 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
5 is authorized to be appropriated to carry out this section
6 \$20,000,000 for the period of fiscal years 2020 through
7 2024.”.

○