

117TH CONGRESS
1ST SESSION

H. R. 1324

AN ACT

To amend the Public Health Service Act to establish a program to improve the identification, assessment, and treatment of patients in hospital emergency departments 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Effective Suicide
3 Screening and Assessment in the Emergency Department
4 Act of 2021”.

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

8 Part P of title III of the Public Health Service Act
9 (42 U.S.C. 280g et seq.) is amended by adding at the end
10 the following new section:

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

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

19 “(1) developing policies and procedures for
20 identifying and assessing individuals who are at risk
21 of suicide; and

22 “(2) enhancing the coordination of care for
23 such individuals after discharge.

24 “(b) GRANT ESTABLISHMENT AND PARTICIPA-
25 TION.—

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

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

7 “(A) submit an application to the Sec-
8 retary at such time, in such manner, and con-
9 taining such information as the Secretary may
10 specify;

11 “(B) be a hospital (as defined in section
12 1861(e) of the Social Security Act);

13 “(C) have an emergency department; and

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

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

22 “(A) The eligible health care site is a crit-
23 ical access hospital (as defined in section
24 1861(mm)(1) of the Social Security Act).

1 “(B) The eligible health care site is a sole
2 community hospital (as defined in section
3 1886(d)(5)(D)(iii) of the Social Security Act).

4 “(C) The eligible health care site is oper-
5 ated by the Indian Health Service, by an Indian
6 Tribe or Tribal organization (as such terms are
7 defined in section 4 of the Indian Self-Deter-
8 mination and Education Assistance Act), or by
9 an urban Indian organization (as defined in
10 section 4 of the Indian Health Care Improve-
11 ment Act).

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

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

21 “(d) GRANT USES.—

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

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

4 “(B) To establish and implement policies
5 and procedures for emergency departments to
6 improve the identification, assessment, and
7 treatment of individuals who are at risk of sui-
8 cide.

9 “(C) To establish and implement policies
10 and procedures with respect to care coordina-
11 tion, integrated care models, or referral to evi-
12 dence-based treatment to be used upon the dis-
13 charge from the emergency department of pa-
14 tients who are at risk of suicide.

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

20 “(A) To hire emergency department psy-
21 chiatrists, psychologists, nurse practitioners,
22 counselors, therapists, or other licensed health
23 care and behavioral health professionals special-
24 izing in the treatment of individuals at risk of
25 suicide.

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

4 “(C) To increase the availability of, and
5 access to, evidence-based treatment for individ-
6 uals who are at risk of suicide, including
7 through telehealth services and strategies to re-
8 duce the boarding of these patients in emer-
9 gency departments.

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

14 “(e) REPORTING REQUIREMENTS.—

15 “(1) REPORTS BY GRANTEES.—Each eligible
16 health care site receiving a grant under this section
17 shall submit to the Secretary an annual report for
18 each year for which the grant is received on the
19 progress of the program funded through the grant.
20 Each such report shall include information on—

21 “(A) the number of individuals screened in
22 the site’s emergency department for being at
23 risk of suicide;

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

1 “(i) survivors of an attempted suicide;

2 or

3 “(ii) are at risk of suicide;

4 “(C) the number of individuals who are
5 identified in the site’s emergency department as
6 being at risk of suicide by a health care or be-
7 havioral health professional hired pursuant to
8 subsection (d)(2)(A);

9 “(D) the number of individuals referred by
10 the site’s emergency department to other treat-
11 ment facilities, the types of such other facilities,
12 and the number of such individuals admitted to
13 such other facilities pursuant to such referrals;

14 “(E) the effectiveness of programs and ac-
15 tivities funded through the grant in preventing
16 suicides and suicide attempts; and

17 “(F) any other relevant additional data re-
18 garding the programs and activities funded
19 through the grant.

20 “(2) REPORT BY SECRETARY.—Not later than
21 1 year after the end of fiscal year 2026, the Sec-
22 retary shall submit to Congress a report that in-
23 cludes—

24 “(A) findings on the Program;

1 “(B) overall patient outcomes achieved
2 through the Program;

3 “(C) an evaluation of the effectiveness of
4 having a trained health care or behavioral
5 health professional onsite to identify, assess,
6 and treat patients who are at risk of suicide;
7 and

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

11 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
12 is authorized to be appropriated to carry out this section
13 \$20,000,000 for the period of fiscal years 2022 through
14 2026.”.

Passed the House of Representatives May 12, 2021.

Attest:

Clerk.

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