

119TH CONGRESS  
2D SESSION

# S. 4210

To authorize the Secretary of Health and Human Services to award grants to establish or expand programs to implement evidence-aligned practices in health care settings for the purpose of reducing the suicide rates of covered individuals, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

MARCH 25, 2026

Mr. SCHATZ (for himself, Mr. BLUMENTHAL, Mr. Kaine, Mr. Booker, Ms. Klobuchar, Mr. Wyden, Ms. Alsbrooks, and Ms. Duckworth) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To authorize the Secretary of Health and Human Services to award grants to establish or expand programs to implement evidence-aligned practices in health care settings for the purpose of reducing the suicide rates of covered individuals, 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 “Child Suicide Preven-  
5       tion Act”.

1 **SEC. 2. GRANT PROGRAM TO ADDRESS YOUTH SUICIDE**  
2 **AND LETHAL MEANS.**

3 (a) IN GENERAL.—Beginning not later than 1 year  
4 after the date of enactment of this Act, the Secretary shall  
5 award grants to eligible entities to establish or expand pro-  
6 grams to implement evidence-aligned practices in health  
7 care settings for the purpose of reducing the suicide rates  
8 of covered individuals.

9 (b) APPLICATION.—An eligible entity seeking a grant  
10 under this section shall submit an application to the Sec-  
11 retary at such time, in such manner, and accompanied by  
12 such information as the Secretary may require.

13 (c) ELIGIBLE ENTITY.—In this section, the term “el-  
14 igible entity” includes—

- 15 (1) a State;
- 16 (2) a State or local health department;
- 17 (3) a professional membership organization that  
18 specializes in health care;
- 19 (4) a hospital that serves covered individuals;
- 20 (5) a nonprofit organization; and
- 21 (6) an institution of higher education.

22 (d) USE OF FUNDS.—An eligible entity that receives  
23 a grant under this section shall use the grant funds to  
24 establish or expand programs to educate or train health  
25 care providers as described in subsection (a), including  
26 education and training on—

1           (1) identification of covered individuals who  
2           may be at a high risk of suicide or self-harm, using  
3           validated, developmentally- and age-appropriate, and  
4           evidence-aligned screening and risk assessment tech-  
5           niques;

6           (2) communication with covered individuals and  
7           the family members or guardians of such individuals  
8           on lethal means safety and injury prevention, includ-  
9           ing the safe storage of firearms;

10          (3) covered risk factors and the relationship of  
11          such factors to suicide and self-harm;

12          (4) suicide prevention and intervention;

13          (5) support strategies for covered individuals  
14          after the occurrence of a suicide or suicide attempt;

15          (6) racial and ethnic disparities with respect to  
16          covered individuals who attempt suicide or self-harm,  
17          disaggregated by the age and gender of covered indi-  
18          viduals;

19          (7) methods and means used by covered individ-  
20          uals to attempt suicide and, with respect to such  
21          methods and means, best practices to ensure the  
22          safety of a covered individual, including safety plans  
23          and plans that address such methods and means;

24          (8) State and Federal laws with respect to the  
25          use and possession of firearms;

1           (9) communication strategies to discuss such  
2       laws with covered individuals and the family mem-  
3       bers or guardians of such individuals; and

4           (10) procedures for referring covered individ-  
5       uals who may be at a high risk of suicide or self-  
6       harm to other health care providers, social services,  
7       or crisis resources.

8       (e) SECURE GUN STORAGE OR SAFETY DEVICES.—

9           (1) IN GENERAL.—An entity receiving a grant  
10      under this section may use not more than 15 per-  
11      cent of the funds received through the grant to make  
12      secure gun storage or safety devices available at re-  
13      duced or no cost to residences with at least one cov-  
14      ered individual.

15          (2) APPLICATION.—If an applicant for a grant  
16      under this section seeks to use the grant as de-  
17      scribed in paragraph (1), the applicant shall include  
18      in its application under subsection (b)—

19           (A) a strategy to make secure gun storage  
20      or safety devices available at reduced or no cost  
21      to residences with at least one covered indi-  
22      vidual; and

23           (B) information about the types of devices  
24      that will be so made available based on a dem-  
25      onstration of available information about the se-

1           cure gun storage or safety device needs of the  
2           community or communities in which such resi-  
3           dences are located.

4           (3) COUNSELING.—A recipient of a grant under  
5           this section that chooses to use a portion of the  
6           grant as described in paragraph (1) shall provide ap-  
7           propriate counseling on the use of secure gun stor-  
8           age or safety devices to one or more individuals at  
9           each residence that receives such a device through  
10          funds made available through such grant.

11          (f) TECHNICAL ASSISTANCE.—The Secretary shall  
12          provide technical assistance to recipients of grants under  
13          this section and health care providers on best practices  
14          in implementing programs to educate or train health care  
15          providers on evidence-aligned practices for the purpose of  
16          reducing the suicide rates of covered individuals.

17          (g) REPORT.—

18                (1) BY GRANTEES.—

19                    (A) SUBMISSION.—Each eligible entity  
20                    that receives a grant under this section shall  
21                    submit, on an annual basis through fiscal year  
22                    2030, a report to the Secretary on the activities  
23                    carried out through the grant.

24                    (B) PUBLIC AVAILABILITY.—The Secretary  
25                    shall make each report submitted under sub-

1 paragraph (A) publicly available on the website  
2 of the Department of Health and Human Serv-  
3 ices.

4 (2) BY SECRETARY.—Not later than the end of  
5 fiscal year 2030, the Secretary shall submit a report  
6 to Congress that includes—

7 (A) a summary of the reports submitted to  
8 the Secretary pursuant to paragraph (1); and

9 (B) recommendations with respect to the  
10 implementation of evidence-aligned practices in  
11 health care settings to reduce the suicide rates  
12 of covered individuals.

13 (h) AUTHORIZATION OF APPROPRIATIONS.—There is  
14 authorized to be appropriated to carry out this section  
15 \$20,000,000 for the period of fiscal years 2027 through  
16 2030.

17 **SEC. 3. GRANT PROGRAM TO DEVELOP AND INTEGRATE**  
18 **SUICIDE PREVENTION AND LETHAL MEANS**  
19 **SAFETY CURRICULA.**

20 (a) IN GENERAL.—Beginning not later than 1 year  
21 after the date of enactment of this Act, the Secretary shall  
22 award grants to eligible schools to develop and integrate  
23 in the curricula and continuing education programs of  
24 such schools the content described in subsection (d).

1 (b) APPLICATION.—An eligible school seeking a grant  
2 under this section shall submit an application to the Sec-  
3 retary at such time, in such manner, and accompanied by  
4 such information as the Secretary may require.

5 (c) PARTNERSHIP.—In carrying out activities  
6 through a grant under this section, an eligible school may  
7 develop a partnership with—

8 (1) a local health department;

9 (2) any professional associations as the Sec-  
10 retary determines appropriate;

11 (3) a nonprofit organization; and

12 (4) an institution of higher education.

13 (d) CURRICULA CONTENT.—The content to be devel-  
14 oped and integrated pursuant to subsection (a) shall ad-  
15 dress each of the following:

16 (1) Lethal means safety and injury prevention,  
17 including—

18 (A) safe storage of a firearm and ammuni-  
19 tion; and

20 (B) State and Federal laws that apply to  
21 the use and possession of a firearm.

22 (2) Best practices that are evidence-aligned and  
23 culturally appropriate with respect to communicating  
24 with patients and the families of patients about le-  
25 thal means safety and injury prevention.

1           (3) Evidence-aligned strategies with respect to  
 2           suicide prevention, intervention, and support to indi-  
 3           viduals after the occurrence of a suicide or suicide  
 4           attempt, with an emphasis on—

5                   (A) covered individuals; and

6                   (B) individuals at a high risk of suicide.

7           (4) Validated, developmentally and age-appro-  
 8           priate, and evidence-aligned screening and risk as-  
 9           sessment techniques with respect to suicide and the  
 10          use of a firearm.

11          (5) Strategies to identify covered risk factors.

12          (6) Methods or means used by a covered indi-  
 13          vidual to attempt suicide and, with respect to such  
 14          methods or means, best practices to ensure the safe-  
 15          ty of a covered individual, including safety plans and  
 16          plans that address such methods and means.

17          (e) TECHNICAL ASSISTANCE.—The Secretary shall  
 18          provide—

19               (1) to eligible schools, technical assistance in  
 20               applying for a grant under this section; and

21               (2) to eligible schools receiving grants under  
 22               this section, technical assistance in carrying out the  
 23               activities funded through the grants.

24          (f) REPORT.—

25               (1) BY GRANTEES.—



1           (A) SUBMISSION.—Each eligible school  
 2           that receives a grant under this section shall  
 3           submit, on an annual basis through fiscal year  
 4           2030, a report to the Secretary on the activities  
 5           carried out through the grant.

6           (B) PUBLIC AVAILABILITY.—The Secretary  
 7           shall make each report submitted under sub-  
 8           paragraph (A) publicly available on the website  
 9           of the Department of Health and Human Serv-  
 10          ices.

11          (2) BY SECRETARY.—Not later than the end of  
 12          fiscal year 2030, the Secretary shall submit a report  
 13          to Congress that includes—

14               (A) a summary of the reports submitted to  
 15               the Secretary pursuant to paragraph (1); and

16               (B) recommendations for curricula on sui-  
 17               cide prevention.

18          (g) ELIGIBLE SCHOOL DEFINED.—In this section,  
 19          the term “eligible school” means—

20               (1) an accredited medical school;

21               (2) an accredited school of nursing;

22               (3) an accredited school with a—

23                     (A) physician assistant education program;

24                     (B) graduate or undergraduate program in  
 25                     mental or behavioral health; or

1 (C) residency or fellowship program in  
2 health care; and

3 (4) any other accredited school that specializes  
4 in health education, as determined by the Secretary,  
5 including for continuing education programs.

6 (h) AUTHORIZATION OF APPROPRIATIONS.—There is  
7 authorized to be appropriated to carry out this section  
8 \$10,000,000 for the period of fiscal years 2027 through  
9 2030.

10 **SEC. 4. INFORMATIONAL WEBSITE.**

11 (a) DEVELOPMENT.—Not later than 1 year after the  
12 date of enactment of this Act, the Secretary shall develop  
13 and maintain a website to inform covered individuals, the  
14 family members or guardians of such individuals, schools  
15 that educate health care providers, and health care pro-  
16 viders on best practices with respect to suicide prevention  
17 and the use of firearms in suicide attempts by covered in-  
18 dividuals.

19 (b) UPDATE.—The Secretary shall update the infor-  
20 mation on the website developed under subsection (a)  
21 based on the reports submitted pursuant to sections 2(g)  
22 and 3(f).

23 (c) CONSULTATION.—In developing the website under  
24 subsection (a), the Secretary shall consult with—

- 1           (1) the individuals and entities referred to in
- 2           such subsection;
- 3           (2) nonprofit organizations;
- 4           (3) such professional associations as the Sec-
- 5           retary determines appropriate;
- 6           (4) local health departments;
- 7           (5) hospitals that serve covered individuals;
- 8           (6) institutions of higher education;
- 9           (7) the Department of Veterans Affairs;
- 10          (8) Federal firearms license dealers and in-
- 11          structors; and
- 12          (9) other individuals or entities, as determined
- 13          by the Secretary.

14 **SEC. 5. DEFINITIONS.**

15       In this Act:

16           (1) COVERED INDIVIDUAL.—The term “covered

17           individual” means an individual who has not at-

18           tained 26 years of age.

19           (2) COVERED RISK FACTORS.—The term “cov-

20           ered risk factors” means factors that increase the

21           risk of suicide or self-harm with respect to a covered

22           individual, including the following:

23                   (A) Alcohol abuse or other substance use

24                   disorder.

25                   (B) Sexual or physical abuse.

1 (C) A diagnosis of a psychiatric condition  
 2 associated with an increased risk of suicide or  
 3 self-harm.

4 (D) Being lesbian, gay, bisexual,  
 5 transgender, or queer.

6 (E) Being from a racial or ethnic group  
 7 with a high rate of suicide or self-harm.

8 (F) Previous attempts of suicide or self-  
 9 harm.

10 (G) Other factors for which scientific evi-  
 11 dence supports a link to an increased risk of  
 12 suicide or self-harm, including family factors  
 13 and bullying.

14 (3) INSTITUTION OF HIGHER EDUCATION.—The  
 15 term “institution of higher education” has the  
 16 meaning given such term in section 101 of the High-  
 17 er Education Act of 1965 (20 U.S.C. 1001).

18 (4) SECRETARY.—The term “Secretary” means  
 19 the Secretary of Health and Human Services.

20 (5) SECURE GUN STORAGE OR SAFETY DE-  
 21 VICE.—The term “secure gun storage or safety de-  
 22 vice” has the meaning given to such term in sub-  
 23 paragraphs (A) and (B) of section 921(a)(34) of  
 24 title 18, United States Code.

25 (6) STATE.—The term “State” means—

1 (A) each of the 50 States;

2 (B) the District of Columbia and any terri-  
3 tory or possession of the United States;

4 (C) Indian tribes and tribal organizations  
5 (as such terms are defined in section 4 of the  
6 Indian Self-Determination and Education As-  
7 sistance Act (25 U.S.C. 5304));

8 (D) Urban Indian organizations (as such  
9 term is defined in section 4 of the Indian  
10 Health Care Improvement Act (25 U.S.C.  
11 1603)); and

12 (E) Native Hawaiian organizations and  
13 Native Hawaiian health care systems (as such  
14 terms are defined in section 12 of the Native  
15 Hawaiian Health Care Improvement Act (42  
16 U.S.C. 11711)).

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