

CAMPAIGN TO PREVENT SUICIDE ACT

SEPTEMBER 18, 2020.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. PALLONE, from the Committee on Energy and Commerce,
submitted the following

R E P O R T

[To accompany H.R. 4585]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 4585) to require the Director of the Centers for Disease Control and Prevention to conduct a national suicide prevention media campaign, and for other purposes, having considered the same, reports favorably thereon with amendments and recommends that the bill as amended do pass.

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The amendments are as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Campaign to Prevent Suicide Act”.

SEC. 2. NATIONAL SUICIDE PREVENTION LIFELINE.

Section 520E–3(b)(2) of the Public Health Service Act (42 U.S.C. 290bb–36c(b)(2)) is amended by inserting after “suicide prevention hotline” the following: “, which, beginning not later than one year after the date of the enactment of the Campaign to Prevent Suicide Act, shall be a 3-digit nationwide toll-free telephone number,”.

SEC. 3. NATIONAL SUICIDE PREVENTION MEDIA CAMPAIGN.**(a) NATIONAL SUICIDE PREVENTION MEDIA CAMPAIGN.—**

(1) **IN GENERAL.**—Not later than the date that is three years after the date of the enactment of this Act, the Secretary of Health and Human Services (referred to in this section as the “Secretary”), in coordination with the Assistant Secretary for Mental Health and Substance Use (referred to in this section as the “Assistant Secretary”) and the Director of the Centers for Disease Control and Prevention (referred to in this section as the “Director”), shall conduct a national suicide prevention media campaign (referred to in this section as the “national media campaign”), in accordance with the requirements of this section, for purposes of—

- (A) preventing suicide in the United States;
- (B) educating families, friends, and communities on how to address suicide and suicidal thoughts, including when to encourage individuals with suicidal risk to seek help; and
- (C) increasing awareness of suicide prevention resources of the Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration (including the suicide prevention hotline maintained under section 520E–3 of the Public Health Service Act (42 U.S.C. 290bb–36c)), any suicide prevention mobile application of the Centers for Disease Control and Prevention or the Substance Abuse Mental Health Services Administration, and other support resources determined appropriate by the Secretary.

(2) **ADDITIONAL CONSULTATION.**—In addition to coordinating with the Assistant Secretary and the Director under this section, the Secretary shall consult with, as appropriate, State, local, Tribal, and territorial health departments, primary health care providers, hospitals with emergency departments, mental and behavioral health services providers, crisis response services providers, first responders, suicide prevention and mental health professionals, patient advocacy groups, survivors of suicide attempts, and representatives of television and social media platforms in planning the national media campaign to be conducted under paragraph (1).

(b) TARGET AUDIENCES.—

(1) **TAILORING ADVERTISEMENTS AND OTHER COMMUNICATIONS.**—In conducting the national media campaign under subsection (a)(1), the Secretary may tailor culturally competent advertisements and other communications of the campaign across all available media for a target audience (such as a particular geographic location or demographic) across the lifespan.

(2) **TARGETING CERTAIN LOCAL AREAS.**—The Secretary shall, to the maximum extent practicable, use amounts made available under subsection (f) for media that targets individuals in local areas with higher suicide rates.

(c) USE OF FUNDS.—**(1) REQUIRED USES.—**

(A) **IN GENERAL.**—The Secretary shall, to the extent reasonably feasible with the funds made available under subsection (f), carry out the following, with respect to the national media campaign:

- (i) The purchase of advertising time and space, including the strategic planning for, and accounting of, any such purchase.
- (ii) Creative services and talent costs.
- (iii) Advertising production costs.
- (iv) Testing and evaluation of advertising.
- (v) Evaluation of the effectiveness of the national media campaign.
- (vi) Operational and management expenses.
- (vii) The creation of an educational toolkit for television and social media platforms to use in discussing suicide and raising awareness about how to prevent suicide.

(B) SPECIFIC REQUIREMENTS.—

(i) **TESTING AND EVALUATION OF ADVERTISING.**—In testing and evaluating advertising under subparagraph (A)(iv), the Secretary shall test all advertisements after use in the national media campaign to evaluate the extent to which such advertisements have been effective in carrying out the purposes of the national media campaign.

(ii) EVALUATION OF EFFECTIVENESS OF NATIONAL MEDIA CAMPAIGN.—In evaluating the effectiveness of the national media campaign under subparagraph (A)(v), the Secretary shall take into account—

(I) the number of unique calls that are made to the suicide prevention hotline maintained under section 520E–3 of the Public Health Service Act (42 U.S.C. 290bb–36c) and assess whether there are any State and regional variations with respect to the capacity to answer such calls;

(II) the number of unique encounters with suicide prevention and support resources of the Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration and assess engagement with such suicide prevention and support resources;

(III) whether the national media campaign has contributed to increased awareness that suicidal individuals should be engaged, rather than ignored; and

(IV) such other measures of evaluation as the Secretary determines are appropriate.

(2) OPTIONAL USES.—The Secretary may use amounts made available under subsection (f) for the following, with respect to the national media campaign:

(A) Partnerships with professional and civic groups, community-based organizations, including faith-based organizations, and Government or Tribal organizations that the Secretary determines have experience in suicide prevention, including the Substance Abuse and Mental Health Services Administration and the Centers for Disease Control and Prevention.

(B) Entertainment industry outreach, interactive outreach, media projects and activities, public information, news media outreach, outreach through television programs, and corporate sponsorship and participation.

(d) PROHIBITIONS.—None of the amounts made available under subsection (f) may be obligated or expended for any of the following:

(1) To supplant current suicide prevention campaigns.

(2) For partisan political purposes, or to express advocacy in support of or to defeat any clearly identified candidate, clearly identified ballot initiative, or clearly identified legislative or regulatory proposal.

(e) REPORT TO CONGRESS.—Not later than 18 months after implementation of the national media campaign has begun, the Secretary, in coordination with the Assistant Secretary and the Director, shall, with respect to the first year of the national media campaign, submit to Congress a report that describes—

(1) the strategy of the national media campaign and whether specific objectives of such campaign were accomplished, including whether such campaign impacted the number of calls made to lifeline crisis centers and the capacity of such centers to manage such calls;

(2) steps taken to ensure that the national media campaign operates in an effective and efficient manner consistent with the overall strategy and focus of the national media campaign;

(3) plans to purchase advertising time and space;

(4) policies and practices implemented to ensure that Federal funds are used responsibly to purchase advertising time and space and eliminate the potential for waste, fraud, and abuse; and

(5) all contracts entered into with a corporation, a partnership, or an individual working on behalf of the national media campaign.

(f) AUTHORIZATION OF APPROPRIATIONS.—For purposes of carrying out this section, there is authorized to be appropriated \$10,000,000 for each of fiscal years 2020 through 2024.

Amend the title so as to read:

A bill to require the Secretary of Health and Human Services to conduct a national suicide prevention media campaign, and for other purposes.

I. PURPOSE AND SUMMARY

H.R. 4585, the “Campaign to Prevent Suicide Act”, was introduced on October 1, 2019, by Representatives Donald S. Beyer, Jr. (D–VA) and Greg Gianforte (R–MT). H.R. 4585 would direct the Secretary of Health and Human Services (Secretary), in coordination with the Assistant Secretary for Mental Health and Substance

Use (Assistant Secretary) and the Director of the Centers for Disease Control and Prevention (CDC), to carry out a national suicide prevention media campaign to advertise the new three-digit number for the National Suicide Prevention Lifeline, raise awareness for suicide prevention resources, and cultivate a more effective discourse on how to prevent suicide. The bill would also provide guidance to TV and social media companies on how to talk about suicide by creating a best practices toolkit.

II. BACKGROUND AND NEED FOR LEGISLATION

According to recent data, suicide is the tenth leading cause of death in the United States.¹ In 2018, 10.7 million adults seriously contemplated suicide, 3.3 million of whom made suicide plans, and 1.4 million made a nonfatal suicide attempt.² Although suicide rates vary by age group, it is the second leading cause of death in people between the ages of 10–34 and the fourth leading cause of death among people aged 35–54.³ Suicide rates among youth in Black communities are also on the rise.⁴

The coronavirus disease of 2019 (COVID–19) public health emergency has triggered distress for many Americans, such as experiencing the loss of family, friends, or community members, along with the loss of employment, insurance, and other supports. Research suggests that adverse effects of the pandemic on people with mental health conditions may be exacerbated by physical distancing, self-isolation, and fear.⁵ More broadly, close to half of Americans say that their mental health has been negatively affected due to worry and stress over the virus.⁶ Despite over 10 million Americans seriously considering suicide, many people do not know what resources exist or how to seek help.⁷

On July 17, 2020, the Federal Communications Commission (FCC) announced that it would move forward and establish “988” as the new nationwide 3-digit number for the National Suicide Prevention Lifeline.⁸ This “911 for the brain” is aimed at making it easier for Americans to get help when in crisis. While this change to an easy-to-remember number is helpful, an FCC report identified the importance of an extensive public awareness campaign to publicize the new number.⁹ The North American Numbering Council, which is cited within the FCC report, says “[a] national edu-

¹National Center for Health Statistics, *Leading Causes of Death Reports, 1981–2018* (accessed September 10, 2020).

²Substance Abuse and Mental Health Services Administration. *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health (2019)* (www.samhsa.gov/data/sites/default/files/cbhsqreports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf).lk

³National Center for Health Statistics, *Leading Causes of Death Reports, 1981–2018* (accessed September 10, 2020).

⁴*We’re losing our kids’: Black youth suicide rate rising far faster than for whites; coronavirus, police violence deepen trauma*, USA Today (June 7, 2020) (www.usatoday.com/story/news/health/2020/06/07/coronavirus-police-violence-boost-risksrising-black-youth-suicide/2300765001/).

⁵Kaiser Family Foundation, *The Implications of COVID–19 for Mental Health and Substance Use (Apr. 21, 2020)* (www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/).

⁶*Id.*

⁷As suicide, addiction death projections soar amid COVID–19, treatment centers struggle to stay alive too, USA Today (June 21, 2020) (www.usatoday.com/story/news/health/2020/06/21/covid-spurs-mental-health-needs-treatmentcenters-go-underfunded/3191251001/).

⁸Federal Communications Commission, *Designating 988 for the National Suicide Prevention Lifeline* (July 17, 2020).

⁹Federal Communications Commission, *Report on the National Suicide Hotline Improvement Act of 2018 (August 14, 2019)*.

cation plan would need to be created to alert consumers of the new 988 abbreviated dialing code.”¹⁰ The Substance Abuse and Mental Health Services Administration (SAMHSA) also noted that “a public education and awareness campaign to publicize the new number would be instrumental in encouraging the use of the new number.”¹¹

III. COMMITTEE HEARINGS

For the purposes of section 103(i) of H. Res. 6 of the 116th Congress, the following hearing was used to develop or consider H.R. 4585:

The Subcommittee on Health held a virtual legislative hearing on June 30, 2020, entitled, “High Anxiety and Stress: Legislation to Improve Mental Health During Crisis.” The hearing focused on H.R. 4585, the “Campaign to Prevent Suicide Act”, and 21 other bills. The Subcommittee received testimony from the following witnesses:

- The Honorable Patrick J. Kennedy, Founder of the Kennedy Forum and former Member of Congress
- Arthur C. Evans, Jr. Ph.D., Chief Executive Officer, American Psychological Association;
- Jeffrey L. Geller, M.D., M.P.H., President, American Psychiatric Association, Professor of Psychiatry and Director of Public Sector Psychiatry at the University of Massachusetts Medical School Worcester Recovery Center and Hospital
- Ms. Arriana Gross, National Youth Advisory Board Member, Sandy Hook Promise Students Against Violence Everywhere (SAVE) Promise Club.

IV. COMMITTEE CONSIDERATION

H.R. 4564, the “Campaign to Prevent Suicide Act”, was introduced by Representatives Beyer (D–VA) and Gianforte (R–MT) on October 1, 2019, and the bill was referred to the Committee on Energy and Commerce. Subsequently, the bill was referred to the Subcommittee on Health on October 2, 2019. On June 30, 2020, the Subcommittee held a legislative hearing on the bill.

On July 15, 2020, the Subcommittee on Health was discharged from further consideration of H.R. 4564 because, pursuant to notice, the bill was called up for markup by the full Committee on Energy and Commerce. During Committee consideration of the bill, an amendment in the nature of a substitute, offered by Mr. Cárdenas of California, was agreed to by a voice vote. At the conclusion of the bill’s consideration, Mr. Pallone, Chairman of the committee, moved that H.R. 4585 be ordered reported favorably to the House, amended. The Pallone motion on final passage was agreed to by a voice vote by the full Committee, a quorum being present.

V. COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list each record vote on the motion

¹⁰*Id.*

¹¹*Id.*

to report legislation and amendments thereto. The Committee advises that there were no record votes taken on H.R. 4564, including the motion for final passage of the bill.

VI. OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII and clause 2(b)(1) of rule X of the Rules of the House of Representatives, the oversight findings and recommendations of the Committee are reflected in the descriptive portion of the report.

VII. NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Pursuant to 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new budget authority, entitlement authority, or tax expenditures or revenues contained in the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

The Committee has requested but not received from the Director of the Congressional Budget Office a statement as to whether this bill contains any new budget authority, spending authority, credit authority, or an increase or decrease in revenues or tax expenditures.

VIII. FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

IX. STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII, the general performance goal or objective of this legislation is to require the Secretary of Health and Human Services to conduct a national suicide prevention media campaign, and for other purposes.

X. DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 4585 is known to be duplicative of another Federal program, including any program that was included in a report to Congress pursuant to section 21 of Public Law 111-139 or the most recent Catalog of Federal Domestic Assistance.

XI. COMMITTEE COST ESTIMATE

Pursuant to clause 3(d)(1) of rule XIII, the Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

XII. EARMARKS, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

Pursuant to clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 4585 contains no earmarks, limited tax benefits, or limited tariff benefits.

XIII. ADVISORY COMMITTEE STATEMENT

No advisory committee within the meaning of section 5(b) of the Federal Advisory Committee Act was created by this legislation.

XIV. APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

XV. SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 designates that the short title may be cited as the “Campaign to Prevent Suicide Act”.

Sec. 2. National suicide prevention lifeline

Section 2 amends the Public Health Service Act to specify that the suicide prevention hotline shall be a 3-digit nationwide toll-free telephone number not later than one year after the enactment of this Act.

Sec. 3. National suicide prevention media campaign

Subsection (a) of section 3 directs the Secretary of Health and Human Services (the Secretary), with the Assistant Secretary for Mental Health and Substance Use and the CDC Director, to conduct a national suicide prevention media campaign for the purposes of preventing suicide in the United States; educating families, friends, and communities on how to address suicide and encourage individuals with suicidal risk to seek help; and increasing awareness of Federally supported suicide prevention resources, including the suicide prevention hotline, any suicide prevention mobile applications, and any other support resources determined appropriate by the Secretary. In planning the national campaign, the Secretary is directed to consult with State, local, Tribal, territorial health departments, primary health care providers, hospitals with emergency departments, mental and behavioral health services providers, crisis response services providers, first responders, suicide prevention and mental health professionals, patient advocacy groups, survivors of suicide attempts, and representatives of television and social media platforms.

Subsection (b) of section 3 provides the Secretary with the authority to tailor culturally competent advertisements and other communications of the campaign across all available media for target audiences, such as those in a particular geographic location or demographic, across the lifespan. To the maximum extent practicable, the Secretary shall use funding provided under this Act for

media that targets individuals in local areas with higher suicide rates.

Subsection (c) of section 3 authorizes the use of funds to purchase advertising time and space, including planning costs; creative services and talent costs; advertising production costs; testing and evaluation; operational and management expenses; and costs associated with the creation of an educational toolkit for television and social media platforms for raising awareness about suicide and suicide prevention. In testing and evaluating advertisements, the Secretary shall test all national media campaign advertisements to evaluate the extent to which such advertisements were effective, taking into account the number of unique calls made to the suicide prevention hotline and State and regional capacity variations; the number of unique encounters and engagement with Federally supported suicide prevention and support resources; and whether the national media campaign contributed to increased awareness; in addition to any other relevant evaluation measures. Subsection (c) also permits funding to be used for partnerships with professional and civic groups, community-based organizations, including faith-based organizations, and Government or Tribal organizations that have experience in suicide prevention. Such partnerships can also include outreach to the entertainment industry, public information groups, television media, news media, and corporate sponsors.

Subsection (d) of section 3 clarifies that funding authorized under this Act may not be used to supplant current suicide prevention campaigns, for partisan political purposes, or to express advocacy in support of or defeat of any identified candidate, ballot initiative, legislative or regulatory proposal.

Subsection (e) of section 3 requires that no later than 18 months after implementation of the national media campaign, the Secretary, in coordination with the Assistant Secretary and CDC Director, shall submit a report to Congress describing the strategy of the national media campaign and whether specific objectives of such campaign were accomplished, including whether such campaign affected the number of calls made to lifeline crisis centers and the capacity of such centers to manage calls; steps taken to ensure the effectiveness and efficiency of national media campaign; plans to purchase advertising time and space; policies and practices implemented to ensure that Federal funds are used responsibly to eliminate the potential for waste, fraud, and abuse; and all contracts entered into with a corporation, partnership, or an individual for purposes of the national media campaign.

Subsection (f) of section 3 authorizes \$10 million for each of fiscal years 2021 through 2025.

XVI. CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (new matter is printed in italics and existing law in which no change is proposed is shown in roman):

PUBLIC HEALTH SERVICE ACT

* * * * *

TITLE V—SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

* * * * *

PART B—CENTERS AND PROGRAMS

* * * * *

Subpart 3—Center for Mental Health Services

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SEC. 520E-3. NATIONAL SUICIDE PREVENTION LIFELINE PROGRAM.

(a) IN GENERAL.—The Secretary, acting through the Assistant Secretary, shall maintain the National Suicide Prevention Lifeline program (referred to in this section as the “program”), authorized under section 520A and in effect prior to the date of enactment of the Helping Families in Mental Health Crisis Reform Act of 2016.

(b) ACTIVITIES.—In maintaining the program, the activities of the Secretary shall include—

(1) coordinating a network of crisis centers across the United States for providing suicide prevention and crisis intervention services to individuals seeking help at any time, day or night;

(2) maintaining a suicide prevention hotline, *which, beginning not later than one year after the date of the enactment of the Campaign to Prevent Suicide Act, shall be a 3-digit nationwide toll-free telephone number*, to link callers to local emergency, mental health, and social services resources; and

(3) consulting with the Secretary of Veterans Affairs to ensure that veterans calling the suicide prevention hotline have access to a specialized veterans’ suicide prevention hotline.

(c) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated \$7,198,000 for each of fiscal years 2018 through 2022.

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