

SUICIDE PREVENTION LIFELINE IMPROVEMENT ACT OF
2019

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. 4564]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 4564) to amend the Public Health Service Act to ensure the provision of high-quality service through the Suicide Prevention Lifeline, and for other purposes, having considered the same, reports favorably thereon without amendment and recommends that the bill do pass.

CONTENTS

	Page
I. Purpose and Summary	1
II. Background and Need for the Legislation	2
III. Committee Hearings	3
IV. Committee Consideration	3
V. Committee Votes	4
VI. Oversight Findings	4
VII. New Budget Authority, Entitlement Authority, and Tax Expenditures	4
VIII. Federal Mandates Statement	4
IX. Statement of General Performance Goals and Objectives	4
X. Duplication of Federal Programs	4
XI. Committee Cost Estimate	4
XII. Earmarks, Limited Tax Benefits, and Limited Tariff Benefits	5
XIII. Advisory Committee Statement	5
XIV. Applicability to Legislative Branch	5
XV. Section-by-Section Analysis of the Legislation	5
XVI. Changes in Existing Law Made by the Bill, as Reported	6

I. PURPOSE AND SUMMARY

H.R. 4564, the “Suicide Prevention Lifeline Improvement Act of 2019”, was introduced by Representatives John Katko (R-NY), Donald S. Beyer, Jr. (D-VA), and Grace F. Napolitano (D-CA), on

September 27, 2019. This bill would provide additional support for the Suicide Prevention Lifeline program, a national network of local crisis centers that provide support to individuals contemplating suicide, by increasing the authorized funding level to \$50 million for each of fiscal years 2020 through 2022. The current authorization is \$7.198 million each fiscal year. The bill also directs the U.S. Department of Health and Human Services (HHS) to establish a plan for maintaining the program, including sharing certain data with the Centers for Disease Control and Prevention (CDC). In addition, the bill includes a pilot program to research, analyze, and employ various innovative technologies and platforms for suicide prevention and reports on the use and progress of the pilot. Further, H.R. 4565 requires the Secretary of the Department of Health and Human Services (the Secretary) to report on implementation of the plan within two years of enactment, including studying the implementation of the plan and options to expand data gathering from calls, as well as results of the study and any further recommendations. Finally, the Comptroller General is required to submit a study on the Suicide Prevention Lifeline program, the characteristics of the calls made to the program, implementation of the plan to improve service, and any legislative or administrative recommendations.

II. BACKGROUND AND NEED FOR LEGISLATION

Data shared by the CDC document a steady increase in suicide rates in recent years.¹ Since 2008, suicide has ranked as the tenth leading cause of death in the United States.² In 2018, suicide claimed the lives of more than 48,000 Americans.³ While the causes of suicide are complicated, it is often preventable.

The National Suicide Prevention Lifeline (Lifeline) is a network of local crisis centers in the United States that provides free and confidential support 24 hours a day, seven days a week to individuals contemplating suicide or in emotional distress.⁴ The Lifeline is currently a network of 170 crisis centers linked by a toll-free telephone number.⁵ Calls to the number are routed to the closest certified local crisis center, which span the Nation. Calls are answered by trained counselors who assess callers for suicidal risk, provide crisis counseling, crisis intervention, engage emergency services when necessary, and offer referrals to mental health and/or substance use services.⁶

A 2019 report by the Substance Abuse and Mental Health Services Administration (SAMHSA) on the Lifeline stated that its greatest challenge to the effectiveness of the program is its capacity to respond rapidly to the steadily increasing call volume.⁷ The in-

¹National Center for Health Statistics, *Increase in Suicide Mortality in the United States, 1999–2018* (April 2020).

²*Id.*

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

⁴National Suicide Prevention Line (<https://suicidepreventionlifeline.org/>) (accessed September 10, 2020)

⁵National Suicide Prevention Line, *About* (<https://suicidepreventionlifeline.org/about/>) (accessed September 10, 2020).

⁶National Suicide Prevention Lifeline, *Our Crisis Centers* (<https://suicidepreventionlifeline.org/our-crisis-centers/>) (accessed September 10, 2020).

⁷Federal Communications Commission, *Report on the National Suicide Hotline Improvement Act of 2018* (August 14, 2019).

creased visibility of the Lifeline number through social media, the internet, and the media has helped drive its use. SAMHSA call volume shows that 545,851 calls were answered by the Lifeline in 2008.⁸ In 2018, the number of answered calls grew to 2,205,487.⁹ The Federal Communication Commission’s recent decision to designate 988 as the 3-digit number for the Lifeline is projected to increase its use as well.

The Commission’s recent decision to designate 988 as the 3-digit number for the Lifeline is projected to increase its use as well.¹⁰

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. 4564:

On June 30, 2020, the Subcommittee on Health held a legislative hearing entitled, “High Anxiety and Stress: Legislation to Improve Mental Health During Crisis.” The hearing focused on H.R. 4564, the “Suicide Prevention Lifeline Improvement Act of 2019” 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.

IV. COMMITTEE CONSIDERATION

H.R. 4564, the “Suicide Prevention Lifeline Improvement Act of 2019”, was introduced by Representatives Katko (R–NY), Beyer (D–VA), and Napolitano (D–CA), on September 27, 2019, and was referred to the Committee on Energy and Commerce. The bill was then referred to the Subcommittee on Health on September 30, 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 as the bill was called up for markup, pursuant to notice, by the full Committee on Energy and Commerce. No amendments were offered to the bill during its consideration. The full Committee subsequently agreed to a motion on final passage offered by Mr. Pallone, Chairman of the committee, to order H.R. 4564 reported favorably to the House, without amendment, by a voice vote, a quorum being present.

⁸*Id.*

⁹*Id.*

¹⁰Federal Communications Commission, *FCC Designates 988 for the National Suicide Prevention Lifeline* (July 16, 2020) (press release).

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 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 on 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 amend the Public Health Service Act to improve the provision of high-quality service through the Suicide Prevention Lifeline.

X. DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 4564 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. 4564 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 “Suicide Prevention Lifeline Improvement Act of 2019”.

Sec. 2. Suicide prevention line

Subsection (a) of section 2 amends the Public Health Service Act to require the Secretary of the Department of Health and Human Services (the Secretary) to develop and implement a plan to ensure high-quality service. Such plan shall include quality assurance provisions, including clearly defined and measurable performance indicators and objectives to improve responsiveness and performance of the hotline, quantifiable timeframes to track the progress of the hotline in meeting such performance indicators and objectives; standards crisis centers and backup centers must meet for purposes of participation and to ensure timely responses to outreach consistent with guidance established by the American Association of Suicidology or other guidance determined by the Secretary; and guidelines for crisis centers to implement evidence-based practices, to ensure resources are available and distributed to individuals using the program, to carry out periodic testing of the program, and to operate in consultation with State, local, and Indian tribal entities. The Secretary must complete the development of the plan and begin implementation not later than six months after enactment of this Act, and to periodically update such plan afterwards and make such plan available publicly.

Subsection (b) of section 2 directs the Secretary to share any necessary epidemiological data with the Centers for Disease Control and Prevention (CDC).

Subsection (c) of section 2 authorizes \$50 million for each of fiscal years 2020 through 2022 and requires at least 80 percent of funds be made available for crisis centers.

Sec. 3. Pilot program on innovative technologies

Subsection (a) of section 3 authorizes the Secretary, acting through the Assistant Secretary for Mental Health and Substance Use, to carry out a pilot program to research, analyze, and employ

various technologies and communication platforms for suicide prevention. Currently, the Suicide Prevention Lifeline operates via telephone and an online chat. This pilot is authorized at \$5 million for fiscal years 2020 and 2021.

Subsection (b) directs the Secretary to submit a report to Congress on the pilot program not later than 24 months after the date on which the pilot program commences. Such report shall include: a full description of the program; the number of individuals served; the average wait time for response; the cost of the program; and any other information determined to be appropriate.

Sec. 4. HHS study and report

Section 4 directs the Secretary to complete a study on the implementation of the plan included in section 2 not later than 24 months after its implementation. Such plan shall also include options to expand data gathering from calls to the Lifeline program. The results of the study must be submitted to Congress.

Sec. 5. GAO study and report

Subsection (a) of section 5 directs the Comptroller General to complete a study on the Suicide Prevention Lifeline and submit a report to Congress on the results of the study not later than 24 months after the Secretary begins implementation of the plan required under section 2.

Subsection (b) of section 5 requires the study to address: the feasibility of geolocating callers to direct calls to the nearest crisis center; operation shortcomings of the Lifeline; geographic coverage of each crisis call center; answer rate of each crisis call center; the call wait time of each crisis call center; the hours of operation of each crisis call center; funding avenues of each crisis call center; implementation of the Secretary's plan in section 2 of this Act; and service to individuals requesting a foreign language speaker.

Subsection (c) of section 5 requires the report to include recommendations for improving the Lifeline.

Sec. 6. Definition

Section 6 defines the term "Suicide Prevention Lifeline" as the suicide prevention hotline maintained in section 520E 3 of the Public Health Service Act.

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 (existing law proposed to be omitted is enclosed in black brackets, 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

* * * * *

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 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) **PLAN.**—

(1) **IN GENERAL.**—*For purposes of maintaining the suicide prevention hotline under subsection (b)(2), the Secretary shall develop and implement a plan to ensure the provision of high-quality service.*

(2) **CONTENTS.**—*The plan required by paragraph (1) shall include the following:*

(A) **Quality assurance provisions, including—**

(i) *clearly defined and measurable performance indicators and objectives to improve the responsiveness and performance of the hotline, including at backup call centers; and*

(ii) *quantifiable timeframes to track the progress of the hotline in meeting such performance indicators and objectives.*

(B) **Standards that crisis centers and backup centers must meet—**

(i) *to participate in the network under subsection (b)(1); and*

(ii) *to ensure that each telephone call, online chat message, and other communication received by the hotline, including at backup call centers, is answered in a timely manner by a person, consistent with the guidance established by the American Association of Suicidology or other guidance determined by the Secretary to be appropriate.*

(C) **Guidelines for crisis centers and backup centers to implement evidence-based practices including with respect to followup and referral to other health and social services resources.**

(D) Guidelines to ensure that resources are available and distributed to individuals using the hotline who are not personally in a time of crisis but know of someone who is.

(E) Guidelines to carry out periodic testing of the hotline, including at crisis centers and backup centers, during each fiscal year to identify and correct any problems in a timely manner.

(F) Guidelines to operate in consultation with the State department of health, local governments, Indian tribes, and tribal organizations.

(3) INITIAL PLAN; UPDATES.—The Secretary shall—

(A) not later than 6 months after the date of enactment of the Suicide Prevention Lifeline Improvement Act of 2019, complete development of the initial version of the plan required by paragraph (1), begin implementation of such plan, and make such plan publicly available; and

(B) periodically thereafter, update such plan and make the updated plan publicly available.

(d) TRANSMISSION OF DATA TO CDC.—The Secretary shall formalize and strengthen agreements between the National Suicide Prevention Lifeline program and the Centers for Disease Control and Prevention to transmit any necessary epidemiological data from the program to the Centers, including local call center data, to assist the Centers in suicide prevention efforts.

【 (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. 】

(e) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—To carry out this section, there are authorized to be appropriated \$50,000,000 for each of fiscal years 2020 through 2022.

(2) ALLOCATION.—Of the amount authorized to be appropriated by paragraph (1) for each of fiscal years 2020 through 2022, at least 80 percent shall be made available to crisis centers.

* * * * *