116TH CONGRESS
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HOUSE OF REPRESENTATIVES
REPORT
116–543

# EFFECTIVE SUICIDE SCREENING AND ASSESSMENT IN THE EMERGENCY DEPARTMENT ACT OF 2019

SEPTEMBER 29, 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. 4861]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 4861) 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, having considered the same, reports favorably thereon without amendment and recommends that the bill do pass.

CONTENTS



## I. PURPOSE AND SUMMARY

H.R. 4861, the "Effective Suicide Screening and Assessment in the Emergency Department Act of 2019", introduced on October 28,

2019, by Representatives Gus M. Bilirakis (R–FL) and Eliot L. Engel (D–NY), would create a grant program to improve the identification, assessment, and treatment of patients in emergency departments who are at risk for suicide by developing policies and procedures for identifying and assessing individuals who are at risk of suicide and enhancing the coordination of care for such individuals after discharge.

## II. Background and Need for the Legislation

Data from 2018 show that 47.6 million American adults had a mental illness in the past year, while 11.4 million adults had a serious mental illness (SMI).[1] Research also showed that an estimated 7.7 million children have a mental disorder.[2]

Currently, substantial barriers to treatment exist for people with mental health conditions. Of those with mental health conditions, only slightly more than 43 percent say they have received treatment.[3] For adults with SMI, 64.1 percent said they had received care.[4] Overall, 11.2 million adults with mental conditions and 5.1 million adults with SMI said they had an unmet mental health treatment need in 2018.[5]

Past research found that one in every eight emergency department visits in the United States is related to a mental health or substance use disorder.[6] A recent study by the University of Southern California Schaeffer Center found that emergency room visits for mental-health concerns have substantially increased since 2009, most of which were driven by adolescents and young adults.[7]

H.R. 4861 would improve the identification, assessment, and treatment of patients in emergency departments who are at risk for suicide. Under the bill, the Secretary of Health and Human Services (the Secretary) is authorized to award grants aimed at supporting personnel and policies to improve suicide screening services and care in emergency rooms.

## 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. 4861:

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," to consider H.R. 4861, the "Effective Suicide Screening and Assessment in the Emergency Department Act of 2019", and 21 other bills. The Subcommittee received testimony from the following witnesses:

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[1] *Id.*

[2] Whitney DG, Peterson MD. US National and State-Level Prevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children. *JAMA Pediatr.* (2019) (pubmed.ncbi.nlm.nih.gov/30742204/).

[3] U.S. Department of Health and Human Services, *Mental Health Myths and Fact* (www.mentalhealth.gov) (accessed June 6, 2020).

[4] *Id.*

[5] *Id.*

[6] Moore BJ (IBM Watson Health), Stocks C (AHRQ), Owens PL (AHRQ). *Trends in Emergency Department Visits*, 2006–2014. HCUP Statistical Brief #227. (September 2017).

[7] Genevieve Santillanes et al., National trends in mental health-related emergency department visits by children and adults, 2009–2015, American Journal of Emergency Medicine. (December 20, 2019).

- 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
- Arriana Gross, National Youth Advisory Board Member, Sandy Hook Promise Students Against Violence Everywhere (SAVE) Promise Club

## IV. Committee Consideration

Representatives Bilirakis (R–FL) and Engel (D–NY) introduced H.R. 4861, the "Effective Suicide Screening and Assessment in the Emergency Department Act of 2019", on October 28, 2019, and the bill was referred to the Committee on Energy and Commerce. H.R. 4861 was then referred to the Subcommittee on Health on October 29, 2019. A virtual legislative hearing was held on the bill on July 30, 2020.

On September 9, 2020, H.R. 4861 was discharged from further consideration by the Subcommittee on Health as it was called up for markup by the full Committee on Energy and Commerce. The full Committee met in virtual open markup session on September 9, 2020, pursuant to notice, to consider H.R. 4861. There were no amendments offered to H.R. 4861. Upon conclusion of consideration of the bill, the full Committee agreed to a motion on final passage by Mr. Pallone, Chairman of the Committee, to order H.R. 4861 reported favorably to the House, without amendment, by a voice vote, 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 to report legislation and amendments thereto. The Committee advises that there were no record votes taken on H.R. 4861, 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 establish a grant program at the U.S. Department of Health and Human Services to improve the identification, assessment, and treatment of patients in the emergency department who are at risk of suicide, and for other purposes.

## X. Duplication of Federal Programs

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 4861 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. 4861 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 "Effective Suicide Screening and Assessment in the Emergency Department Act of 2019".

*Sec. 2. Program to improve the care provided to patients in the emergency department who are at risk of suicide*

Section 2 amends the Public Health Service Act to authorize the Secretary to establish a program to improve the identification, assessment, and treatment of patients in emergency departments who are at risk for suicide.

Activities in this program include developing policies and procedures for identifying and assessing individuals who are at risk of suicide and enhancing the coordination of care for those individuals after discharge. Grants are limited to not more than 40 eligible health care sites, which are defined as hospitals with an emergency department that deploys onsite health care or social services professionals to connect at risk patients with mental health services.

In awarding grants, the Secretary may give preference to critical access hospitals, sole community hospitals, entities operated by the Indian Health Service or an Indian Tribe or Tribal organization, or entities located in geographic areas with suicide rates higher than the national average. Grants in this program are awarded for at least two years.

Health care sites receiving a grant must use the grant to train emergency department health care professionals to identify, assess, and treat patients at risk of suicide; establish and implement suicide-related identification, assessment, and treatment policies; and establish and implement evidence-based care coordination policies and procedures for discharging at-risk patients. Additional uses of the grant may include hiring emergency department mental health staff; developing and implementing of best practices for follow-up care and long-term treatment for individuals who are at risk of suicide; increasing evidence-based treatment; and providing consultation and referral to other support services.

Grantees are required to submit an annual report to the Secretary that must include the number of individuals: screened, identified as being at-risk of suicide, and referred to other treatment facilities. The report must also include the effectiveness of programs at preventing suicides and suicide attempts, in addition to any other relevant information. The Secretary must submit a report to Congress by the end of fiscal year 2025 on the program's effectiveness, overall patient outcomes, and the policies, procedures, and best practices developed by grantees.

The program is authorized at $20 million for fiscal years 2020 through 2024.

## 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

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TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

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# PART P—ADDITIONAL PROGRAMS

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***SEC. 399V–7. PROGRAM TO IMPROVE THE CARE PROVIDED TO PATIENTS IN THE EMERGENCY DEPARTMENT WHO ARE AT RISK OF SUICIDE.***

*(a) IN GENERAL.—The Secretary shall establish a program (in this Act referred to as the "Program") to improve the identification, assessment, and treatment of patients in emergency departments who are at risk for suicide, including by—*

*(1) developing policies and procedures for identifying and assessing individuals who are at risk of suicide; and*

*(2) enhancing the coordination of care for such individuals after discharge.*

*(b) GRANT ESTABLISHMENT AND PARTICIPATION.—*

*(1) IN GENERAL.—In carrying out the Program, the Secretary shall award grants on a competitive basis to not more than 40 eligible health care sites described in paragraph (2).*

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

*(A) submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may specify;*

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

*(C) have an emergency department; and*

*(D) deploy onsite health care or social service professionals to help connect and integrate patients who are at risk of suicide with treatment and mental health support services.*

*(3) PREFERENCE.—In awarding grants under this section, the Secretary may give preference to eligible health care sites described in paragraph (2) that meet at least one of the following criteria:*

*(A) The eligible health care site is a critical access hospital (as defined in section 1861(mm)(1) of the Social Security Act).*

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

*(C) The eligible health care site is operated by the Indian Health Service, by an Indian tribe or tribal organization (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act), or by an urban Indian organization (as defined in section 4 of the Indian Health Care Improvement Act).*

*(D) The eligible health care site is located in a geographic area with a suicide rate that is higher than the national rate, as determined by the Secretary based on the most recent data from the Centers for Disease Control and Prevention.*

*(c) PERIOD OF GRANT.—A grant awarded to an eligible health care site under this section shall be for a period of at least 2 years.*

*(d) GRANT USES.—*

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

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

*(B) To establish and implement policies and procedures for emergency departments to improve the identification, assessment and treatment of individuals who are at risk of suicide.*

*(C) To establish and implement policies and procedures with respect to care coordination, integrated care models, or referral to evidence-based treatment to be used upon the discharge from the emergency department of patients who are at risk of suicide.*

*(2) ADDITIONAL PERMISSIBLE USES.—In addition to the required uses listed in paragraph (1), a grant awarded under this section to an eligible health care site may be used for any of the following purposes:*

*(A) To hire emergency department psychiatrists, psychologists, nurse practitioners, counselors, therapists, or other licensed health care and behavioral health professionals specializing in the treatment of individuals at risk of suicide.*

*(B) To develop and implement best practices for the follow-up care and long-term treatment of individuals who are at risk of suicide.*

*(C) To increase the availability of and access to evidence-based treatment for individuals who are at risk of suicide, including through telehealth services and strategies to reduce the boarding of these patients in emergency departments.*

*(D) To offer consultation with and referral to other supportive services that provide evidence-based treatment and recovery for individuals who are at risk of suicide.*

*(e) REPORTING REQUIREMENTS.—*

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

*(A) the number of individuals screened in the site's emergency department for being at risk of suicide;*

*(B) the number of individuals identified in the site's emergency department as being—*

*(i) survivors of an attempted suicide; or*

*(ii) are at risk of suicide;*

*(C) the number of individuals who are identified in the site's emergency department as being at risk of suicide by a health care or behavioral health professional hired pursuant to subsection (d)(2)(A);*

*(D) the number of individuals referred by the site's emergency department to other treatment facilities, the types of such other facilities, and the number of such individuals admitted to such other facilities pursuant to such referrals;*

*(E) the effectiveness of programs and activities funded through the grant in preventing suicides and suicide attempts; and*

*(F) any other relevant additional data regarding the programs and activities funded through the grant.*

*(2) REPORT BY SECRETARY.—Not less than one year after the end of fiscal year 2024, the Secretary shall submit to Congress a report that includes—*

*(A) findings on the Program;*

*(B) overall patient outcomes achieved through the Program;*

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

*(D) a compilation of policies, procedures, and best practices established, developed, or implemented by grantees under this section.*

*(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $20,000,000 for the period of fiscal years 2020 through 2024.*

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