

ENHANCING MENTAL HEALTH AND SUICIDE
 PREVENTION THROUGH CAMPUS PLANNING ACT

JUNE 23, 2022.—Committed to the Committee of the Whole House on the State of
 the Union and ordered to be printed

Mr. SCOTT of Virginia, from the Committee on Education and
 Labor, submitted the following

R E P O R T

[To accompany H.R. 5407]

[Including cost estimate of the Congressional Budget Office]

The Committee on Education and Labor, to whom was referred the bill (H.R. 5407) to amend the Higher Education Act of 1965 to promote comprehensive campus mental health and suicide prevention plans, and for other purposes, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

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The amendment is as follows:
 Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Enhancing Mental Health and Suicide Prevention Through Campus Planning Act”.

SEC. 2. ENCOURAGING CAMPUS COMPREHENSIVE MENTAL HEALTH AND SUICIDE PREVENTION PLANS.

Part L of title VIII of the Higher Education Act of 1965 (20 U.S.C. 11611 et seq.) is amended—

- (1) by redesignating section 826 as section 827; and
- (2) by inserting after section 825 the following new section:

“SEC. 826. ENCOURAGING CAMPUS COMPREHENSIVE MENTAL HEALTH AND SUICIDE PREVENTION PLANS.

“(a) IN GENERAL.—The Secretary shall make efforts to encourage institutions of higher education to develop and implement evidence-based comprehensive campus mental health and suicide prevention plans. Such efforts—

“(1) shall be conducted in coordination with the Secretary of Health and Human Services (acting through the Assistant Secretary for Mental Health and Substance Use);

“(2) shall align with—

“(A) the efforts and approaches recommended by the Suicide Prevention Resource Center;

“(B) the programs authorized under section 9032 of the 21st Century Cures Act (42 U.S.C. 290bb–36b note; Public Law 114–255), the amendments made by section 9031 of such Act to section 520E–2 of the Public Health Service Act (42 U.S.C. 290bb–36b), and the amendment made by section 9033 of such Act to part D of title V of the Public Health Service Act (42 U.S.C. 290dd et seq.); and

“(C) the programs authorized under the Garrett Lee Smith Memorial Act (42 U.S.C. 201 note; Public Law 108–355);

“(3) shall take into consideration existing Federal and State efforts to address mental health and suicide prevention at institutions of higher education; and

“(4) may be carried out in collaboration with nonprofit organizations, community-based organizations that partner with institutions of higher education, and other experts and stakeholders in the field of campus mental health and suicide prevention.

“(b) REPORTS.—The Secretary shall report to the Committee on Education and Labor of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate on the efforts of the Secretary carried out under this section—

“(1) not later than one year after the date of enactment of the Enhancing Mental Health and Suicide Prevention Through Campus Planning Act; and

“(2) three years after the date of enactment of such Act.

“(c) CONSTRUCTION.—Nothing in this section shall be construed as creating new statutory requirements for institutions of higher education or granting the Secretary new regulatory authority.”.

PURPOSE AND SUMMARY

The purpose of H.R. 5407, the bipartisan *Enhancing Mental Health and Suicide Prevention Through Campus Planning Act*, is to encourage institutions of higher education (IHEs) to develop a comprehensive mental health and suicide prevention plan to better support college students. H.R. 5407 directs the Secretary of Education (Secretary), in coordination with the Secretary of Health and Human Services (HHS), to make efforts to encourage IHEs to develop and implement comprehensive campus mental health and suicide prevention plans. These plans must align with approaches recommended by the Suicide Prevention Resource Center, programs authorized under section 9032 of the *21st Century Cures Act*, programs authorized under the *Garrett Lee Smith Memorial Act*, and other existing federal and state efforts to address mental health. The legislation also requires the Secretary to report to the House Committee on Education and Labor and the Senate Committee on Health, Education, Labor and Pensions on the efforts carried out under the bill.

COMMITTEE ACTION

116TH CONGRESS

On September 12, 2019, Rep. Susan Wild (D-PA-07) introduced H.R. 4327, the *Enhancing Mental Health and Suicide Prevention Through Campus Planning Act*, with Reps. Mike Quigley (D-IL-05), Brian Fitzpatrick (R-PA-01), David Trone (D-MD-06), Madeleine Dean (D-PA-04), Raúl Grijalva (D-AZ-03), Jamie Raskin (D-MD-08), Henry Cuellar (D-TX-28), Kathleen Rice (D-NY-04), Theodore Deutch (D-FL-22), and Seth Moulton (D-MA-06). The bill was referred solely to the Committee on Education and Labor.

On October 15, 2019, Chairman Robert C. “Bobby” Scott (D-VA-03) introduced H.R. 4674, the *College Affordability Act* (CAA), a bill to reauthorize the *Higher Education Act of 1965*. On October 29, 2019, Committee met in legislative session to markup CAA. At that markup, an Amendment in the Nature of a Substitute (ANS) was offered to H.R. 4674, which included H.R. 4327. The Committee voted to report CAA to the House favorably with the ANS and other approved amendments by a vote of 28-22.

117TH CONGRESS

On March 17, 2021, the Subcommittee on Higher Education and Workforce Investment (“HEWI Subcommittee”) held a hearing entitled “*Rising to the Challenge: The Future of Higher Education Post COVID-19*” examining the impact of COVID-19 on IHEs and students while highlighting the need for additional Administrative and Congressional action to support IHEs and their students. The Subcommittee heard testimony from: Eloy Ortiz Oakley, Chancellor, California Community Colleges, Sacramento, CA; Daniel Zibel, Vice President, Chief Counsel, and Co-Founder, National Student Legal Defense Network, Washington, D.C.; Lindsey Burke, Director of the Center for Education Policy, Heritage Foundation, Washington, D.C.; and Keith Thornton, Jr., student, Florida International University, Miami, FL.

On April 15, 2021, the Subcommittee on Health, Employment, Labor, and Pensions (“HELP Subcommittee”) held a hearing titled “*Meeting the Moment: Improving Access to Behavioral and Mental Health Care*” to examine barriers to access for behavioral health care, particularly limited coverage of mental health and substance use disorder treatment and the importance of mental health parity laws. The Subcommittee heard testimony from: Dr. Brian Smedley, Chief of Psychology in the Public Interest, American Psychological Association, Washington, D.C.; Dr. Christine Yu Moutier, Chief Medical Officer, American Foundation for Suicide Prevention, New York, NY; Mr. James Gelfand, Senior Vice President, Health Policy, The ERISA Industry Committee, Washington, D.C.; and Dr. Meiram Bendat, Founder, Psych-Appeal, Santa Barbara, CA.

On June 24, 2021, the Committee held a hearing titled “*Examining the Policies and Priorities of the U.S. Department of Education*” to discuss the U.S. Department of Education’s budget request for Fiscal Year 2022. The Committee heard testimony from Dr. Miguel Cardona, U.S. Secretary of Education. Discussion during the hearing included the subject of suicide on college campuses.

On September 28, 2021, Rep. Susan Wild (D-PA-07) introduced H.R. 5407, the *Enhancing Mental Health and Suicide Prevention*

Through Campus Planning Act, with Reps. Fred Keller (R–PA–12), Haley Stevens (D–MI–11), Mary Gay Scanlon (D–PA–05), Lucille Roybal-Allard (D–CA–40), Josh Harder (D–CA–10), and Mark DeSaulnier (D–CA–11) joining Reps. Fitzpatrick, Raskin, Trone, Grijalva, and Moulton as original cosponsors. The bill was referred solely to the Committee on Education and Labor. The legislation has broad support from advocates and organizations.¹

On May 18, 2022, the Committee considered H.R. 5407 in legislative session and reported it favorably, as amended to the House of Representatives by a voice vote.

The Committee considered the following amendments to H.R. 5407:

- Rep. Wild offered an amendment in the nature of a substitute that:
 - Added a reference to evidence-based programs to ensure IHEs implement strong comprehensive plans;
 - Broadened the reference to the Suicide Prevention Resource Center to allow for a wider range of resources to be considered when creating campus plans;
 - Encouraged the Secretary to align guidance for campus plans with existing state programs, in addition to existing federal programs;
 - Encouraged the Secretary to collaborate with community-based organizations to develop recommendations for colleges; and
 - Made several technical, conforming, and perfecting changes.

COMMITTEE VIEWS

MENTAL HEALTH ON COLLEGE CAMPUSES

The Committee considered H.R. 5407 at a time when issues surrounding mental health are at the forefront of conversations about health care delivery in America. The Committee has held numerous hearings over the last two Congresses addressing one aspect or another of mental health care. The widespread challenges in mental health care were articulately stated during a 2021 HELP Subcommittee hearing titled “Meeting the Moment: Improving Access to Behavioral and Mental Health Care”. Dr. Christine Moutier, Chief Medical Officer of the American Foundation for Suicide Prevention (AFSP), summarized the overall state of the system when she stated:

¹As of the filing of this report, H.R. 5407 was supported by: is supported by: The Jed Foundation; the Association on Higher Education and Disability; American Foundation for Suicide Prevention; The American Association of Suicidology; March for Our Lives; The Trevor Project; The American Psychological Association; Active Minds; The National Federation of Families; The National Alliance to Advance Adolescent Health; The Global Alliance for Behavioral Health and Social Justice; The National Association of State Mental Health Program Directors; The Anxiety & Depression Association of America; NIRSA: Leaders in Collegiate Recreation; The Association on Higher Education and Disability (AHEAD); The Jason Foundation; The Depression and Bipolar Support Alliance; NAADAC, The Association for Addiction Professionals; The National Association for Behavioral Intervention and Threat Assessment (NABITA); Education Development Center; NASPA: Student Affairs Administrators in Higher Education; International OCD Foundation; The National Association of Pediatric Nurse Practitioners; The National League for Nursing; RI International, Inc.; The Kennedy Forum; American Association for Psychoanalysis in Clinical Social Work; The Crisis Residential Association; The Association for Behavioral Health and Wellness; Inseparable; and The Association of College & University Housing Officers–International (ACUHO–I).

The big picture is that we have had a broken system when it comes to accessing mental health care. There has been stigma internal and external, cultural barriers, but now that that is going down, I believe that is one of the reasons we see help-seeking so much more on the rise. But the access to care has not been there to meet it.²

In particular, college student mental health has become a growing concern. A recent report found that 60 percent of students met criteria for one or more mental health problems, representing a 50 percent increase over the last decade.³ In 2020, a study from the Healthy Minds Network at the University of Michigan revealed that 39 percent of undergraduate and graduate students from 36 colleges and universities experienced some form of depression during the 2019–2020 school year.⁴ According to the American College Health Association’s Spring 2021 National College Health Assessment, 61.3 percent of college students experiencing depression reported that their mental health negatively impacted their academic performance.⁵ The Centers for Disease Control and Prevention (CDC) has also reported an 87 percent increase in suicide attempts since 2007 among girls and young women⁶ and suicide is a leading cause of death for young adults ages 10–23.⁷

With the increase in mental health problems in college students, unfortunately recent data shows mental health has worsened among all student groups surveyed.⁸ As students grapple with these challenges, it is important that institutions and communities better understand their student populations specific challenges to offer the most effective comprehensive mental health and suicide prevention plans.

MENTAL HEALTH IMPACT OF COVID–19

The COVID–19 pandemic increased mental health challenges among young adults. Since the start of the pandemic, campus counseling centers have responded to an increased demand for student mental health services with limited funding, staff, and resources.⁹ In a campus-wide survey conducted by The Pennsylvania State University, about 94 percent of students seeking mental health services reported that COVID–19 has negatively impacted at least one aspect of life, with mental health (72 percent), motivation or

² *Meeting the Moment: Improving Access to Behavioral and Mental Health Care Before the Subcomm. on Health, Education, Labor & Pensions of the H. Comm. on Education & Labor*, 117th Cong. (Apr. 15, 2021).

³ Sarah Ketchen Lipson et al., *Trends in college student mental health and help-seeking by race/ethnicity: Findings from the national healthy minds study, 2013–20*, *Journal of Affective Disorders* (2022), <https://doi.org/10.1016/j.jad.2022.03.038>.

⁴ The Healthy Minds Network for Research on Adolescent and Young Adult Mental Health, Univ. of Mich. & Bos. Univ., *The Healthy Minds Study: Fall 2020 Data Report 5* (Feb. 2021), <https://healthymindsnetwork.org/wp-content/uploads/2021/02/HMS-Fall-2020-National-Data-Report.pdf>.

⁵ AM. COLL. HEALTH ASS’N, NATIONAL COLLEGE HEALTH ASSESSMENT REFERENCE GROUP EXECUTIVE SUMMARY 6, (Spring 2021), https://www.acha.org/documents/ncha/NCHA-III_SPRING-2021_REFERENCE_GROUP_EXECUTIVE_SUMMARY_updated.pdf.

⁶ Matthew F. Garnett et al., Ctrs. for Disease Control & Prevention, *Suicide Mortality in the United States, 2000–2020*, NCHS Data Brief, no 433 (2022), <https://www.cdc.gov/nchs/data/databriefs/db433.pdf>.

⁷ See Ctrs. for Disease Control & Prevention, *Preventing Suicide Factsheet*, Apr. 2022, <https://www.cdc.gov/suicide/pdf/NCIPC-Suicide-FactSheet.pdf>.

⁸ See *Id.* at 3

⁹ Melissa Ezarik, *Students Struggle but Don’t Seek Colleges’ Help*, INSIDE HIGHER ED, Apr. 14, 2021, <https://www.insidehighered.com/news/2021/04/14/students-struggling-not-seeking-campus-mental-health-support>.

focus (68 percent), loneliness or isolation (67 percent), and academics (66 percent) given as the most frequently affected areas.¹⁰ Even as student need for quality mental health care continues to increase, lack of access to resources often remains the primary barrier to receiving care for students on campus.¹¹

ENSURING INSTITUTIONS OF HIGHER EDUCATION ARE READY TO MEET
THE MENTAL HEALTH NEEDS OF STUDENTS

H.R. 5407 addresses the challenges of student mental health by encouraging IHEs to employ a broad range of services to meet the mental health needs of students. Specifically, the legislation directs the Department of Education (Department) to encourage IHEs to develop and implement evidence-based comprehensive campus mental health and suicide prevention plans. It encourages the Department and IHEs to work in conjunction with existing state agencies, non-profit organizations, and stakeholders to develop these programs.

The legislation also directs the Department to align guidance for campus mental health and suicide prevention plans with guidance from the Suicide Prevention Resource Center (SPRC), as well as programs within the *21st Century Cures Act and Garrett Lee Smith Memorial Act*, and any other existing state and federal programs relating to mental health and suicide prevention. Specifically, the SPRC is a federally supported resource center designed to advance the implementation of evidence-based suicide prevention strategies.¹²

Additionally, H.R. 5407 encourages IHEs to incorporate recommended activities from the *21st Century Cures Act* into their mental health and suicide prevention plans. Section 9031 of the *21st Century Cures Act* authorizes grants for IHEs to educate students, families, and staff on suicide prevention, mental and substance use disorders, and stigma reduction.¹³ H.R. 5407 encourages IHEs to align services they provide with the uses of funds for grants under section 9031, including providing outreach services, operating hotlines, developing education sessions and screenings for students and faculty, providing prevention and treatment services to students, creating infrastructure to connect IHEs with mental health care providers, and developing other evidence-based best practices.¹⁴

Similarly, H.R. 5407 encourages IHEs to incorporate related activities from the *Garrett Lee Smith Memorial Act* into their campus plans. The *Garrett Lee Smith Memorial Act* awards competitive

¹⁰Center for Collegiate Mental Health, The Pennsylvania State University, *Part 1 of 5: COVID-19 Impact on College Student Mental Health* (Feb. 2, 2021), https://ccmh.psu.edu/index.php?option=com_dailyplanetblog&view=entry&year=2021&month=02&day=01&id=9:part-1-of-5-covid-19-s-impact-on-college-student-mental-health.

¹¹Wenhua Lu et al., *Examination of Young US Adults' Reasons for Not Seeking Mental Health Care for Depression, 2011-2019*, JAMA NETWORKOPEN (2022), <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2792128>.

¹²The University of Oklahoma Health Sciences Center, *About SPRC*, SPRC (June 7, 2022, 11:00 AM), <https://www.sprc.org/about-sprc>.

¹³42 U.S.C. § 290bb-36b.

¹⁴*Id.* The *Garret Lee Smith Memorial Act*, Pub. L. 108-355, created 42 U.S.C. § 290bb-36b, authorizing the grant program for IHEs to improve mental health service delivery. The *21st Century Cures Act*, Pub. L. 114-255, amended section 290bb-36b, amending the six allowable uses of funds authorized in Pub. L. 108-355 and introducing six more. As these two acts are not coterminous, the Committee expects the Secretary to look to both laws, and to 42 U.S.C. § 290bb-36b generally in determining which activities related to mental health service delivery on college campuses to encourage IHEs to undertake.

grants to IHEs to enhance mental health services for students with mental health problems such as depression, substance misuse, and suicide attempts. This law highlights best practices for addressing mental health including hosting educational seminars, operating hotlines, preparing informational material for students and families, conducting education sessions for students and faculty, and creating infrastructure to connect IHEs without mental health services to mental health care providers.¹⁵ By leveraging existing resources and programs H.R. 5407 seeks not to duplicate existing federal initiatives but instead focus and ensure worthwhile information on suicide prevention and mental health services are making it to the IHEs that need it.

While colleges that serve first-time full-time students in a residential setting are often the assumed paradigm when discussing service delivery on college campuses, the Committee fully realizes the majority of college students today do not fit that mold.¹⁶ A college student today is just as likely facing stressors like finances, basic needs, and family responsibilities as stressors associated with late adolescence.¹⁷ Similarly, support for college student mental health will look different on an urban residential campus than it may at a rural commuter campus. H.R. 5407 addresses this by not stipulating what a plan to address mental health on each campus should look like; the Committee expects each school to develop evidence-based plans that are reflective of their student bodies and campuses.

CONCLUSION

Student mental health is an increasingly important issue for institutions of higher education. H.R. 5407, the *Enhancing Mental Health and Suicide Prevention Through Campus Planning Act* provides institutions the guidance and information they need to address student mental health issues effectively.

SECTION-BY-SECTION ANALYSIS

Sec. 1. Short title

This section states that the title of the bill is the *Enhancing Mental Health and Suicide Prevention Through Campus Planning Act*.

Sec. 2. Encouraging campus comprehensive mental health and suicide prevention plans

This section directs the Secretary of Education to make efforts to encourage institutions of higher education to develop and implement comprehensive mental health and suicide prevention plans. It also directs the Secretary to collaborate with the Secretary of Health and Human Services and align efforts with existing evidence-based approaches from the Suicide Prevention Resource Center, programs within the *21st Century Cures Act* and the *Garrett*

¹⁵*Id.*

¹⁶CTR. FOR L. & SOC. POL'Y, YESTERDAY'S NON-TRADITIONAL STUDENT IS TODAY'S TRADITIONAL STUDENT, (January 14, 2015), <https://www.clasp.org/sites/default/files/public/resources-and-publications/publication-1/CPES-Nontraditional-students-pdf.pdf>.

¹⁷See e.g., The Aspen Inst. & The Jed Found., IMPROVING MENTAL HEALTH OF STUDENT PARENTS: A FRAMEWORK FOR HIGHER EDUCATION 7–8 (May 2021), https://ascend.aspeninstitute.org/wp-content/uploads/2021/05/MentalHealthFramework_Final.pdf.

Lee Smith Memorial Act, and other existing state and federal programs.

EXPLANATION OF AMENDMENTS

The Amendment in the Nature of a Substitute is explained in the descriptive portions of this report.

APPLICATION OF LAW TO THE LEGISLATIVE BRANCH

Pursuant to section 102(b)(3) of the *Congressional Accountability Act of 1995*, Pub. L. No. 104-1, H.R. 5407 does not apply to terms and conditions of employment or to access to public services or accommodations within the legislative branch.

UNFUNDED MANDATE STATEMENT

Pursuant to Section 423 of the *Congressional Budget and Impoundment Control Act of 1974*, Pub. L. No. 93-344 (as amended by Section 101(a)(2) of the *Unfunded Mandates Reform Act of 1995*, Pub. L. No. 104-4), the Committee adopts as its own the estimate of federal mandates regarding H.R. 5407, as amended, prepared by the Director of the Congressional Budget Office.

EARMARK STATEMENT

In accordance with clause 9 of rule XXI of the Rules of the House of Representatives, H.R. 5407 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as described in clauses 9(e), 9(f), and 9(g) of Rule XXI.

ROLL CALL VOTES

In compliance with clause 3(b) of Rule XIII of the Rules of the House of Representatives, the Committee advises that no roll call votes occurred during the Committee's consideration of H.R. 5407.

STATEMENT OF PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause (3)(c) of rule XIII of the Rules of the House of Representatives, the goal of H.R. 5407 is to encourage institutions of higher education to develop a comprehensive mental health and suicide prevention plan to better support students in college.

DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII of the Rules of the House of Representatives, the Committee states that no provision of H.R. 5407 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 Pub. L. No. 111-139 or the most recent Catalog of Federal Domestic Assistance.

HEARINGS

Pursuant to section clause 3(c)(6) of rule XIII of the Rules of the House of Representatives, the Committee held a Health, Employment, Labor, and Pensions (HELP) Subcommittee hearing entitled "Meeting the Moment: Improving Access to Behavioral and Mental Health Care," which informed the development of H.R. 5407.

STATEMENT OF OVERSIGHT FINDINGS AND RECOMMENDATIONS OF
THE COMMITTEE

In compliance with clause 3(c)(1) of rule XIII and clause 2(b)(1) of rule X of the Rules of the House of Representatives, the Committee's oversight findings and recommendations are reflected in the descriptive portions of this report.

NEW BUDGET AUTHORITY AND CBO COST ESTIMATE

Pursuant to clause 3(c)(2) of rule XIII of the Rules of the House of Representatives and section 308(a) of the *Congressional Budget and Impoundment Control Act of 1974*, and pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives and section 402 of the *Congressional Budget and Impoundment Control Act of 1974*, the Committee has received the following estimate for H.R. 5407 from the Director of the Congressional Budget Office:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, June 15, 2022.

Hon. ROBERT C. (BOBBY) SCOTT,
*Chairman, Committee on Education and Labor,
House of Representatives, Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 5407, the Enhancing Mental Health and Suicide Prevention Through Campus Planning Act.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Leah Koestner.

Sincerely,

PHILLIP L. SWAGEL,
Director.

Enclosure.

H.R. 5407, Enhancing Mental Health and Suicide Prevention Through Campus Planning Act			
As ordered reported by the House Committee on Education and Labor on May 18, 2022			
By Fiscal Year, Millions of Dollars	2022	2022-2027	2022-2032
Direct Spending (Outlays)	0	0	0
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	0	0	0
Spending Subject to Appropriation (Outlays)	*	*	not estimated
Statutory pay-as-you-go procedures apply?	No	Mandate Effects	
Increases on-budget deficits in any of the four consecutive 10-year periods beginning in 2033?	No	Contains intergovernmental mandate?	No
		Contains private-sector mandate?	No
* = between zero and \$500,000.			

H.R. 5407 would direct the Secretary of Education to encourage institutions of higher education to develop and implement comprehensive mental health and suicide prevention plans based on established programs. The bill also would require the Secretary to report to the Congress on activities carried out under this bill.

Using information about the cost of similar reports, CBO estimates that implementing H.R. 5407 would cost less than \$500,000 over the 2022–2027 period. Such spending would be subject to the availability of appropriated funds.

The CBO staff contact for this estimate is Leah Koestner. The estimate was reviewed by H. Samuel Papenfuss, Deputy Director of Budget Analysis.

COMMITTEE COST ESTIMATE

Clause 3(d)(1) of rule XIII of the Rules of the House of Representatives requires an estimate and a comparison of the costs that would be incurred in carrying out H.R. 5407. However, clause 3(d)(2)(B) of that rule provides that this requirement does not apply when the committee has included in its report a timely submitted cost estimate of the bill prepared by the Director of the Congressional Budget Office under section 402 of the *Congressional Budget and Impoundment Control Act of 1974*.

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, H.R. 5407, as reported, are shown as follows:

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):

HIGHER EDUCATION ACT OF 1965

* * * * *

TITLE VIII—ADDITIONAL PROGRAMS

* * * * *

**PART L—STUDENT SAFETY AND CAMPUS
EMERGENCY MANAGEMENT**

* * * * *

**SEC. 826. ENCOURAGING CAMPUS COMPREHENSIVE MENTAL HEALTH
AND SUICIDE PREVENTION PLANS..**

(a) *IN GENERAL.*—*The Secretary shall make efforts to encourage institutions of higher education to develop and implement evidence-*

based comprehensive campus mental health and suicide prevention plans. Such efforts—

(1) shall be conducted in coordination with the Secretary of Health and Human Services (acting through the Assistant Secretary for Mental Health and Substance Use);

(2) shall align with—

(A) the efforts and approaches recommended by the Suicide Prevention Resource Center;

(B) the programs authorized under section 9032 of the 21st Century Cures Act (42 U.S.C. 290bb–36b note; Public Law 114-255), the amendments made by section 9031 of such Act to section 520E–2 of the Public Health Service Act (42 U.S.C. 290bb–36b), and the amendment made by section 9033 of such Act to part D of title V of the Public Health Service Act (42 U.S.C. 290dd et seq.); and

(C) the programs authorized under the Garrett Lee Smith Memorial Act (42 U.S.C. 201 note; Public Law 108–355);

(3) shall take into consideration existing Federal and State efforts to address mental health and suicide prevention at institutions of higher education; and

(4) may be carried out in collaboration with nonprofit organizations, community-based organizations that partner with institutions of higher education, and other experts and stakeholders in the field of campus mental health and suicide prevention.

(b) **REPORTS.**—The Secretary shall report to the Committee on Education and Labor of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate on the efforts of the Secretary carried out under this section—

(1) not later than one year after the date of enactment of the Enhancing Mental Health and Suicide Prevention Through Campus Planning Act; and

(2) three years after the date of enactment of such Act.

(c) **CONSTRUCTION.**—Nothing in this section shall be construed as creating new statutory requirements for institutions of higher education or granting the Secretary new regulatory authority.

SEC. [826.] 827. RULE OF CONSTRUCTION.

Nothing in this part shall be construed—

(1) to provide a private right of action to any person to enforce any provision of this section;

(2) to create a cause of action against any institution of higher education or any employee of the institution for any civil liability; or

(3) to affect section 444 of the General Education Provisions Act (commonly known as the “Family Educational Rights and Privacy Act of 1974”) or the regulations issued under section 264 of the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. 1320d–2note).

* * * * *