

119TH CONGRESS  
2D SESSION

# H. R. 8989

To amend the Public Health Service Act to direct the Secretary of Health and Human Services to carry out demonstration programs to develop, implement, and evaluate evidence-based strategies to prevent suicide among children and adolescents, and for other purposes.

---

## IN THE HOUSE OF REPRESENTATIVES

MAY 21, 2026

Ms. PETERSEN (for herself and Mr. YAKYM) introduced the following bill;  
which was referred to the Committee on Energy and Commerce

---

## A BILL

To amend the Public Health Service Act to direct the Secretary of Health and Human Services to carry out demonstration programs to develop, implement, and evaluate evidence-based strategies to prevent suicide among children and adolescents, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Evidence-Based Youth  
5 Suicide Prevention Act of 2026”.

6 **SEC. 2. FINDINGS.**

7 Congress finds that—

1 (1) suicide is the second-leading cause of death  
2 among children and adolescents, and schools are  
3 often the first place warning signs emerge;

4 (2) in 2023, the Centers for Disease Control  
5 and Prevention found that, of the high school stu-  
6 dents nationwide—

7 (A) 40 percent had reported persistent  
8 feelings of sadness or hopelessness;

9 (B) 18 percent had experienced major de-  
10 pression; and

11 (C) 10 percent had attempted suicide; and

12 (3) school districts face an urgent need to ac-  
13 tively manage mental health crises, yet communities  
14 still lack access to clear, comparable evidence on  
15 which approaches are proven to reduce suicide at-  
16 tempts and deaths when implemented at scale.

17 **SEC. 3. YOUTH SUICIDE PREVENTION PROGRAM.**

18 Title V of the Public Health Service Act (42 U.S.C.  
19 290aa et seq.) is amended by inserting after section 520C  
20 (42 U.S.C. 290bb–34) the following new section:

21 **“SEC. 520D. YOUTH SUICIDE PREVENTION PROGRAM.**

22 “(a) IN GENERAL.—The Secretary shall, directly or  
23 through grants, contracts, or cooperative agreements with  
24 eligible entities, carry out demonstration programs to de-

1 velop, implement, and evaluate evidence-based strategies  
2 to prevent suicide among children and adolescents.

3 “(b) SETTINGS.—A demonstration program carried  
4 out under this section shall—

5 “(1) prioritize implementation in schools, other  
6 educational institutions, and other child- and youth-  
7 support settings; and

8 “(2) require coordination with State, Tribal,  
9 and local educational agencies and public health or-  
10 ganizations.

11 “(c) ELIGIBLE ENTITY.—In this section, the term  
12 ‘eligible entity’ means—

13 “(1) a State;

14 “(2) a State educational agency or local edu-  
15 cational agency (as such terms are defined in section  
16 8101 of the Elementary and Secondary Education  
17 Act of 1965);

18 “(3) a public organization or private nonprofit  
19 organization designated by a State or Indian Tribe  
20 (as defined in section 4 of the Indian Self-Deter-  
21 mination and Education Assistance Act); or

22 “(4) an institution of higher education (as de-  
23 fined in section 1010 of the Higher Education Act  
24 of 1965).

1 “(d) ACTIVITIES.—Activities under this section may  
2 include—

3 “(1) piloting, implementing, and scaling of evi-  
4 dence-based suicide prevention programs in elemen-  
5 tary and secondary schools;

6 “(2) evaluation of existing suicide prevention  
7 protocols, practices, and strategies used by schools,  
8 health systems, and community-based organizations,  
9 including assessments of effectiveness, implementa-  
10 tion, and outcomes; and

11 “(3) such other activities as the Secretary de-  
12 termines appropriate to study the prevention of sui-  
13 cide among children and adolescents.

14 “(e) TECHNICAL ASSISTANCE.—The Secretary shall  
15 provide technical assistance to recipients of assistance  
16 under this section, including assistance related to outcome  
17 identification, data collection, evaluation design, and re-  
18 porting.

19 “(f) EVIDENCE-BASED PROGRAMS.—

20 “(1) IN GENERAL.—In this section, the term  
21 ‘evidence-based’ means, when used with respect to a  
22 program, an intervention—

23 “(A) that—

24 “(i) demonstrates a statistically sig-  
25 nificant and sustained positive impact on

1 relevant outcomes in a real-world or com-  
2 munity setting, based on the totality of  
3 available evidence; or

4 “(ii) describes how an intervention is  
5 implemented in practice and informs its  
6 replication or scaling; and

7 “(B) is supported by strong evidence, mod-  
8 erate evidence, or promising evidence.

9 “(2) STRONG EVIDENCE.—In paragraph (1),  
10 the term ‘strong evidence’ means an intervention  
11 that—

12 “(A) meets the criteria described in para-  
13 graph (1)(A) through not fewer than—

14 “(i) 2 well-designed and well-imple-  
15 mented experimental studies;

16 “(ii) 1 large, multi-site randomized  
17 controlled trial; or

18 “(iii) at the discretion of the Sec-  
19 retary, 1 or more quasi-experimental stud-  
20 ies that meet rigorous standards for causal  
21 inference and are widely accepted in peer-  
22 reviewed literature; and

23 “(B) has demonstrated effectiveness in a  
24 population or setting similar to the population

1 or setting in which the intervention is proposed  
2 to be implemented.

3 “(3) MODERATE EVIDENCE.—In paragraph (1),  
4 the term ‘moderate evidence’ means an intervention  
5 that—

6 “(A) meets the criteria described in para-  
7 graph (1)(A) through—

8 “(i) not fewer than 1 well-designed  
9 and well-implemented experimental study;  
10 or

11 “(ii) 1 quasi-experimental study capa-  
12 ble of establishing a causal relationship be-  
13 tween the intervention and the relevant  
14 outcomes; and

15 “(B) has demonstrated effectiveness in a  
16 population or setting similar to the population  
17 or setting in which the intervention is proposed  
18 to be implemented, to the extent practicable.

19 “(4) PROMISING EVIDENCE.—In paragraph (1),  
20 the term ‘promising evidence’ means an intervention  
21 that—

22 “(A) is informed by relevant theory, prior  
23 research, or evidence-informed practice; and

1           “(B) is accompanied by a plan for rigorous  
2           evaluation to determine the effectiveness of the  
3           intervention.

4           “(5) INTERPRETATION.—For purposes of this  
5           section, the term ‘evidence-based’ shall be inter-  
6           preted by the Secretary, to the extent feasible, to  
7           pursue alignment with similar definitions of the term  
8           ‘evidence-based’ issued by the Department of Health  
9           and Human Services and other Federal definitions  
10          governing mental health programs.

11          “(g) PRIORITIZATION OF EVIDENCE.—The Secretary  
12          shall—

13                 “(1) allocate funding made available under this  
14                 section based on the strength of evidence supporting  
15                 a proposed intervention, consistent with the defini-  
16                 tion of the term ‘evidence-based’ in subsection (f);  
17                 and

18                 “(2) prioritize such funding for interventions  
19                 supported by higher levels of evidence, while also re-  
20                 serving a portion of funds to support promising and  
21                 innovative approaches that are accompanied by rig-  
22                 orous evaluation plans.

23          “(h) IDENTIFYING AND MONITORING OUTCOMES.—  
24          In carrying out this section, the Secretary shall identify

1 and monitor outcome measures that reflect both mental  
2 health outcomes and broader student success, including—

3 “(1) student mental health and safety out-  
4 comes, such as suicide attempts, suicidal ideation,  
5 crisis interventions, and help-seeking behaviors;

6 “(2) academic outcomes, including grades and  
7 academic achievement;

8 “(3) social-emotional learning indicators, such  
9 as student well-being, resilience, and school connect-  
10 edness;

11 “(4) student engagement indicators, including  
12 attendance and enrollment;

13 “(5) access and reach metrics, including the  
14 number and characteristics of students served; and

15 “(6) implementation metrics, including staff  
16 participation and training completion.

17 “(i) COMMUNITY ENGAGEMENT.—In carrying out  
18 this section, the Secretary shall meet community engage-  
19 ment requirements, including in any notice of funding op-  
20 portunity issued pursuant to this section, in accordance  
21 with section 200.202 of title 2, Code of Federal Regula-  
22 tions (or any successor regulation), to ensure that dem-  
23 onstration programs under this section are developed in  
24 consultation with the communities benefitting from or im-  
25 pacted by the programs.

1       “(j) FEDERAL PROGRAM EVALUATION STAND-  
2 ARDS.—The Secretary shall ensure that evaluations of the  
3 program carried out under this section are conducted in  
4 accordance with the Federal program evaluation stand-  
5 ards set forth by the Office of Management and Budget  
6 in OMB Memorandum M–20–12, dated March 10, 2020  
7 (or any successor standards).

8       “(k) REPORTS TO CONGRESS.—Not later than 90  
9 days after the date of enactment of this section, and annu-  
10 ally thereafter during the term of the program, the Sec-  
11 retary shall submit to Congress a report on the results  
12 of the activities carried out under this section, including  
13 a summary of evaluation findings, implementation lessons,  
14 and implications for future Federal investments in school-  
15 based youth suicide prevention.

16       “(l) AUTHORIZATION OF APPROPRIATIONS.—There  
17 are authorized to be appropriated to carry out this section  
18 such sums as may be necessary for each of the fiscal years  
19 2027 through 2032.”.

○