''(A) each such provider and individual driver is not excluded from participation in any Federal health care program (as defined in section 1128B(f)) and is not listed on the exclusion list of the Inspector General of the Department of Health and Human Services;

''(B) each such individual driver has a valid driver's license;

''(C) each such provider has in place a process to address any violation of a State drug law; and

''(D) each such provider has in place a process to disclose to the State Medicaid program the driving history, including any traffic violations, of each such individual driver employed by such provider, including any traffic violations.''.

(B) EFFECTIVE DATE.—

(i) IN GENERAL.—Except as provided in clause (ii), the amendments made by subparagraph (A) shall take effect on the date of the enactment of this Act and shall apply to services furnished on or after the date that is one year after the date of the enactment of this Act.

(ii) EXCEPTION IF STATE LEGISLATION REQUIRED.—In the case of a State plan for medical assistance under title XIX of the Social Security Act which the Secretary of Health and Human Services determines requires State legislation (other than legislation appropriating funds) in order for the plan to meet the additional requirement imposed by the amendments made by subparagraph (A), the State plan shall not be regarded as failing to comply with the requirements of such title solely on the basis of its failure to meet this additional requirement before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of the enactment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of such session shall be deemed to be a separate regular session of the State legislature.

(5) ANALYSIS OF T–MSIS DATA.—Not later than one year after the date of the enactment of this Act, the Secretary of Health and Human Services, through the Centers for Medicare & Medicaid Services, shall analyze, and submit to Congress a report on, the nation-wide data set under the Transformed Medicaid Statistical Information System to identify recommendations relating to coverage under the Medicaid program under title XIX of the Social Security Act of nonemergency transportation to medically necessary services.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Michigan (Mrs. DINGELL) and the gentleman from Montana (Mr. GIANFORTE) each will control 20 minutes.

The Chair recognizes the gentlewoman from Michigan.

GENERAL LEAVE

Mrs. DINGELL. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 3935.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Michigan?

There was no objection.

Mrs. DINGELL. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in support of H.R. 3935, Protecting Patients Transportation to Care Act. This legislation will add nonemergency medical transportation services for individuals without other means of transportation to the list of benefits required by law under Medicaid.

NEMT, N-E-M-T, benefits have been a mandatory Medicaid benefit by regulation since the program's beginning in 1966, and the benefits are clear. Transportation is one of the most common barriers to care for low-income patients, and reliable transportation to and from medical appointments is a cornerstone of healthcare access.

NEMT provides over 100 million rides to Medicaid beneficiaries each year, and this lifeline is critical to patients with chronic conditions like kidney disease or diabetes.

Additionally, it allows seniors and Americans to remain in their homes and continue to live independently.

The NEMT benefit is especially critical to beneficiaries seeking care during this current public health crisis, which has placed additional burdens and barriers to care.

The Protecting Patients Transportation to Care Act will codify this benefit and maintain robust program integrity protections.

In addition to safeguarding the lifesaving NEMT benefit, the legislation is scored as having no cost by the Congressional Budget Office.

I would like to thank Representatives CARTER, CÁRDENAS, GRAVES and BISHOP of Georgia for leading this bipartisan effort and urge my colleagues to support its passage.

I reserve the balance of my time.

□ 1815

Mr. GIANFORTE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H.R. 3935, the Protecting Patients Transportation to Care Act, introduced by Representatives CARTER and CÁRDENAS, and Representatives GRAVES and BISHOP of Georgia.

This legislation would require Medicaid to cover nonemergency medical transportation, or NEMT. This can help rural Medicaid patients get to dialysis, preventive care, and substance abuse treatment.

Covering this transport can ensure these patients get the care they need, improving outcomes and reducing the need for expensive emergency room visits and hospitalizations.

In my home State of Montana, it can take 2 hours or more to get to a specialist. This important legislation will help ensure rural patients have the ability to get to their providers.

H.R. 3935 would also require States to ensure that NEMT providers are not on the excluded providers list; that each individual driver has a valid driver's license; and that providers report and address violations of State law, including traffic violations.

It would require the Comptroller General to conduct a study on coverages of NEMT by State Medicaid programs, including the policies and program integrity measures in place to prevent waste, fraud, and abuse.

Finally, the bill would require the Secretary to analyze any NEMT data and report to Congress on his or her findings within one year of the date of enactment.

The legislation also requires State Medicaid programs to develop a utilization management process for the benefit.

Madam Speaker, I urge adoption of this important legislation, and I yield back the balance of my time.

Mrs. DINGELL. Madam Speaker, I, too, urge adoption of this important piece of legislation to remove barriers so people are able to go to the doctor, and I urge my colleagues to support this bill.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Michigan (Mrs. DINGELL) that the House suspend the rules and pass the bill, H.R. 3935, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

HELPING EMERGENCY RESPONDERS OVERCOME ACT

Mrs. DINGELL. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1646) to require the Secretary of Health and Human Services to improve the detection, prevention, and treatment of mental health issues among public safety officers, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1646

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Helping Emergency Responders Overcome Act'' or the ''HERO Act''.

SEC. 2. DATA SYSTEM TO CAPTURE NATIONAL PUBLIC SAFETY OFFICER SUICIDE INCIDENCE.

The Public Health Service Act is amended by inserting before section 318 of such Act (42 U.S.C. 247c) the following:

''SEC. 317W. DATA SYSTEM TO CAPTURE NATIONAL PUBLIC SAFETY OFFICER SUICIDE INCIDENCE.

''(a) IN GENERAL.—The Secretary, in coordination with the Director of the Centers for Disease Control and Prevention and other agencies as the Secretary determines appropriate, shall—

''(1) develop and maintain a data system, to be known as the Public Safety Officer Suicide Reporting System, for the purposes of—

''(A) collecting data on the suicide incidence among public safety officers; and

''(B) facilitating the study of successful interventions to reduce suicide among public safety officers; and

''(2) integrate such system into the National Violent Death Reporting System, so long as the Secretary determines such integration to be consistent with the purposes described in paragraph (1).

''(b) DATA COLLECTION.—In collecting data for the Public Safety Officer Suicide Reporting System, the Secretary shall, at a minimum, collect the following information:

''(1) The total number of suicides in the United States among all public safety officers in a given calendar year.

''(2) Suicide rates for public safety officers in a given calendar year, disaggregated by—

''(A) age and gender of the public safety officer;

''(B) State;

''(C) occupation; including both the individual's role in their public safety agency and their primary occupation in the case of volunteer public safety officers;

''(D) where available, the status of the public safety officer as volunteer, paid-on-call, or career; and

''(E) status of the public safety officer as active or retired.

''(c) CONSULTATION DURING DEVELOPMENT.—In developing the Public Safety Officer Suicide Reporting System, the Secretary shall consult with non-Federal experts to determine the best means to collect data regarding suicide incidence in a safe, sensitive, anonymous, and effective manner. Such non-Federal experts shall include, as appropriate, the following:

''(1) Public health experts with experience in developing and maintaining suicide registries.

''(2) Organizations that track suicide among public safety officers.

''(3) Mental health experts with experience in studying suicide and other profession-related traumatic stress.

''(4) Clinicians with experience in diagnosing and treating mental health issues.

''(5) Active and retired volunteer, paid-on-call, and career public safety officers.

''(6) Relevant national police, and fire and emergency medical services, organizations.

''(d) DATA PRIVACY AND SECURITY.—In developing and maintaining the Public Safety Officer Suicide Reporting System, the Secretary shall ensure that all applicable Federal privacy and security protections are followed to ensure that—

''(1) the confidentiality and anonymity of suicide victims and their families are protected, including so as to ensure that data cannot be used to deny benefits; and

''(2) data is sufficiently secure to prevent unauthorized access.

''(e) REPORTING.—

''(1) ANNUAL REPORT.—Not later than 2 years after the date of enactment of the Helping Emergency Responders Overcome Act, and biannually thereafter, the Secretary shall submit a report to the Congress on the suicide incidence among public safety officers. Each such report shall—

''(A) include the number and rate of such suicide incidence, disaggregated by age, gender, and State of employment;

''(B) identify characteristics and contributing circumstances for suicide among public safety officers;

''(C) disaggregate rates of suicide by—

''(i) occupation;

''(ii) status as volunteer, paid-on-call, or career; and

''(iii) status as active or retired;

''(D) include recommendations for further study regarding the suicide incidence among public safety officers;

''(E) specify in detail, if found, any obstacles in collecting suicide rates for volunteers and include recommended improvements to overcome such obstacles;

''(F) identify options for interventions to reduce suicide among public safety officers; and

''(G) describe procedures to ensure the confidentiality and anonymity of suicide victims and their families, as described in subsection (d)(1).

''(2) PUBLIC AVAILABILITY.—Upon the submission of each report to the Congress under paragraph (1), the Secretary shall make the full report publicly available on the website of the Centers for Disease Control and Prevention.

''(f) DEFINITION.—In this section, the term 'public safety officer' means—

''(1) a public safety officer as defined in section 1204 of the Omnibus Crime Control and Safe Streets Act of 1968; or

''(2) a public safety telecommunicator as described in detailed occupation 43–5031 in the Standard Occupational Classification Manual of the Office of Management and Budget (2018).

''(g) PROHIBITED USE OF INFORMATION.—Notwithstanding any other provision of law, if an individual is identified as deceased based on information contained in the Public Safety Officer Suicide Reporting System, such information may not be used to deny or rescind life insurance payments or other benefits to a survivor of the deceased individual.''.

SEC. 3. PEER-SUPPORT BEHAVIORAL HEALTH AND WELLNESS PROGRAMS WITHIN FIRE DEPARTMENTS AND EMERGENCY MEDICAL SERVICE AGENCIES.

(a) IN GENERAL.—Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by adding at the end the following:

''SEC. 320B. PEER-SUPPORT BEHAVIORAL HEALTH AND WELLNESS PROGRAMS WITHIN FIRE DEPARTMENTS AND EMERGENCY MEDICAL SERVICE AGENCIES.

''(a) IN GENERAL.—The Secretary shall award grants to eligible entities for the purpose of establishing or enhancing peer-support behavioral health and wellness programs within fire departments and emergency medical services agencies.

''(b) PROGRAM DESCRIPTION.—A peer-support behavioral health and wellness program funded under this section shall—

''(1) use career and volunteer members of fire departments or emergency medical services agencies to serve as peer counselors;

''(2) provide training to members of career, volunteer, and combination fire departments or emergency medical service agencies to serve as such peer counselors;

''(3) purchase materials to be used exclusively to provide such training; and

''(4) disseminate such information and materials as are necessary to conduct the program.

''(c) DEFINITION.—In this section:

''(1) The term 'eligible entity' means a nonprofit organization with expertise and experience with respect to the health and life safety of members of fire and emergency medical services agencies.

''(2) The term 'member'—

''(A) with respect to an emergency medical services agency, means an employee, regardless of rank or whether the employee receives compensation (as defined in section 1204(7) of the Omnibus Crime Control and Safe Streets Act of 1968); and

''(B) with respect to a fire department, means any employee, regardless of rank or whether the employee receives compensation, of a Federal, State, Tribal, or local fire department who is responsible for responding to calls for emergency service.''.

(b) TECHNICAL CORRECTION.—Effective as if included in the enactment of the Children's Health Act of 2000 (Public Law 106–310), the amendment instruction in section 1603 of such Act is amended by striking ''Part B of the Public Health Service Act'' and inserting ''Part B of title III of the Public Health Service Act''.

SEC. 4. HEALTH CARE PROVIDER BEHAVIORAL HEALTH AND WELLNESS PROGRAMS.

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.), as amended by section 3, is further amended by adding at the end the following:

''SEC. 320C. HEALTH CARE PROVIDER BEHAVIORAL HEALTH AND WELLNESS PROGRAMS.

''(a) IN GENERAL.—The Secretary shall award grants to eligible entities for the purpose of establishing or enhancing behavioral health and wellness programs for health care providers.

''(b) PROGRAM DESCRIPTION.—A behavioral health and wellness program funded under this section shall—

''(1) provide confidential support services for health care providers to help handle stressful or traumatic patient-related events, including counseling services and wellness seminars;

''(2) provide training to health care providers to serve as peer counselors to other health care providers;

''(3) purchase materials to be used exclusively to provide such training; and

''(4) disseminate such information and materials as are necessary to conduct such training and provide such peer counseling.

''(c) DEFINITIONS.—In this section, the term 'eligible entity' means a hospital, including a critical access hospital (as defined in section 1861(mm)(1) of the Social Security Act) or a disproportionate share hospital (as defined under section 1923(a)(1)(A) of such Act), a Federally-qualified health center (as defined in section 1905(1)(2)(B) of such Act), or any other health care facility.''.

SEC. 5. DEVELOPMENT OF RESOURCES FOR EDUCATING MENTAL HEALTH PROFESSIONALS ABOUT TREATING FIRE FIGHTERS AND EMERGENCY MEDICAL SERVICES PERSONNEL.

(a) IN GENERAL.—The Administrator of the United States Fire Administration, in consultation with the Secretary of Health and Human Services, shall develop and make publicly available resources that may be used by the Federal Government and other entities to educate mental health professionals about—

(1) the culture of Federal, State, Tribal, and local career, volunteer, and combination fire departments and emergency medical services agencies;

(2) the different stressors experienced by firefighters and emergency medical services personnel, supervisory firefighters and emergency medical services personnel, and chief officers of fire departments and emergency medical services agencies;

(3) challenges encountered by retired firefighters and emergency medical services personnel; and

(4) evidence-based therapies for mental health issues common to firefighters and emergency medical services personnel within such departments and agencies.

(b) CONSULTATION.—In developing resources under subsection (a), the Administrator of the United States Fire Administration and the Secretary of Health and Human Services shall consult with national fire and emergency medical services organizations.

(c) DEFINITIONS.—In this section:

(1) The term ''firefighter'' means any employee, regardless of rank or whether the employee receives compensation, of a Federal, State, Tribal, or local fire department who is responsible for responding to calls for emergency service.

(2) The term ''emergency medical services personnel'' means any employee, regardless of rank or whether the employee receives compensation, as defined in section 1204(7) of the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. 10284(7)).

(3) The term ''chief officer'' means any individual who is responsible for the overall operation of a fire department or an emergency medical services agency, irrespective

of whether such individual also serves as a firefighter or emergency medical services personnel.

SEC. 6. BEST PRACTICES AND OTHER RESOURCES FOR ADDRESSING POSTTRAUMATIC STRESS DISORDER IN PUBLIC SAFETY OFFICERS.

(a) DEVELOPMENT; UPDATES.—The Secretary of Health and Human Services shall—

(1) develop and assemble evidence-based best practices and other resources to identify, prevent, and treat posttraumatic stress disorder and co-occurring disorders in public safety officers; and

(2) reassess and update, as the Secretary determines necessary, such best practices and resources, including based upon the options for interventions to reduce suicide among public safety officers identified in the annual reports required by section 317W(e)(1)(F) of the Public Health Service Act, as added by section 2 of this Act.

(b) CONSULTATION.—In developing, assembling, and updating the best practices and resources under subsection (a), the Secretary of Health and Human Services shall consult with, at a minimum, the following:

(1) Public health experts.

(2) Mental health experts with experience in studying suicide and other profession-related traumatic stress.

(3) Clinicians with experience in diagnosing and treating mental health issues.

(4) Relevant national police, fire, and emergency medical services organizations.

(c) AVAILABILITY.—The Secretary of Health and Human Services shall make the best practices and resources under subsection (a) available to Federal, State, and local fire, law enforcement, and emergency medical services agencies.

(d) FEDERAL TRAINING AND DEVELOPMENT PROGRAMS.—The Secretary of Health and Human Services shall work with Federal departments and agencies, including the United States Fire Administration, to incorporate education and training on the best practices and resources under subsection (a) into Federal training and development programs for public safety officers.

(e) DEFINITION.—In this section, the term ''public safety officer'' means—

(1) a public safety officer as defined in section 1204 of the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. 10284); or

(2) a public safety telecommunicator as described in detailed occupation 43–5031 in the Standard Occupational Classification Manual of the Office of Management and Budget (2018).

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Michigan (Mrs. DINGELL) and the gentleman from Montana (Mr. GIANFORTE) each will control 20 minutes.

The Chair recognizes the gentlewoman from Michigan.

GENERAL LEAVE

Mrs. DINGELL. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 1646.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Michigan?

There was no objection.

Mrs. DINGELL. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in support of H.R. 1646, the Helping Emergency Responders Overcome, or HERO Act of 2019.

We have seen the extraordinary actions of America's first responders in recent months in helping to keep our Nation safe. From the courage and the bravery of firefighters in Western States as they confront an unprecedented fire season, to public safety and paramedics responding to hurricanes on the Gulf Coast, to the frontline health workers fighting COVID–19, we all owe them a tremendous debt of gratitude.

This includes supporting the mental health needs of these individuals. Exposure to stressful, life-threatening situations, and traumatic events can impact one's mental health.

Unfortunately, we see this impact every day with first responders facing higher rates of suicide and other mental health issues. However, we still lack data on the full scope of the problem, as well as treatment strategies to address the unique stresses that our Nation's first responders face.

The HERO Act would create a National Public Safety Officer Suicide Reporting System to help us better understand the prevalence of these tragedies within the public safety officer community regardless of their employer.

It would also establish a grant program for peer support, behavioral health, and wellness programs within fire departments and EMS agencies.

The legislation also will develop and disseminate resources to educate health professionals about the unique mental health challenges facing our Nation's first responders and evidence-based therapies to address these issues.

I would like to thank AMI BERA for his leadership and thoughtful advocacy on the HERO Act and urge my colleagues to support its passage.

I reserve the balance of my time.

HOUSE OF REPRESENTATIVES, COMMITTEE ON SCIENCE, SPACE, AND TECHNOLOGY,
Washington, DC, September 15, 2020.

Hon. FRANK PALLONE, JR.,
Chairman, Committee on Energy and Commerce, Washington, DC.

DEAR CHAIRMAN PALLONE: I am writing you concerning H.R. 1646, the ''Helping Emergency Responders Overcome Act of 2019,'' which was referred to the Committee on Energy and Commerce and then to the Committee on Science, Space, and Technology (''Science Committee'') on March 8, 2019.

As a result of our consultation, I agree to work cooperatively on H.R. 1646 and in order to expedite consideration of the bill the Science Committee will waive formal consideration of this legislation. However, this is not a waiver of any future jurisdictional claims by the Science Committee over the subject matter contained in H.R. 1646 or similar legislation. I also request that you support my request to name members of the Science Committee to any conference committee to consider this legislation.

Additionally, thank you for your assurances to include a copy of our exchange of letters on this matter in the committee report for H.R. 1646 and in the Congressional Record during floor consideration thereof.

Sincerely,

EDDIE BERNICE JOHNSON,
Chairwoman, Committee on Science, Space, and Technology.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, September 15, 2020.

Hon. EDDIE BERNICE JOHNSON,
Chairwoman, Committee on Science, Space, and Technology,
Washington, DC.

DEAR CHAIRWOMAN JOHNSON: Thank you for consulting with the Committee on Energy and Commerce and agreeing to discharge H.R. 1646, the Helping Emergency Responders Overcome Act of 2019, from further consideration, so that the bill may proceed expeditiously to the House floor.

I agree that your forgoing further action on this measure does not in any way diminish or alter the jurisdiction of your committee or prejudice its jurisdictional prerogatives on this measure or similar legislation in the future. I would support your effort to seek appointment of an appropriate number of conferees from your committee to any House-Senate conference on this legislation.

I will ensure our letters on H.R. 1646 are entered into the Congressional Record during floor consideration of the bill. I appreciate your cooperation regarding this legislation and look forward to continuing to work together as this measure moves through the legislative process.

Sincerely,

FRANK PALLONE, JR.,
Chairman.

Mr. GIANFORTE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H.R. 1646, the Helping Emergency Responders Overcome, or HERO Act, which was introduced by Representative BERA.

This legislation would create a database at the Centers for Disease Control and Prevention to capture public safety officer suicide incidents and study successful interventions.

It would also authorize a grant program for peer support and wellness programs within fire and emergency medical service agencies, as well as for frontline healthcare workers. It also directs the Secretary of Health and Human Services to develop best practices and share resources for addressing post-traumatic stress in public safety officers.

This legislation is incredibly timely. Emergency workers and doctors and nurses are under incredible strain, and many are unable to be with their families due to their efforts to prevent the spread.

Losing those who keep us safe will only make the crisis worse. My home State of Montana, unfortunately, has one of the highest suicide rates in the country.

I do want to recognize all those who supported the Yellowstone Valley Out of the Darkness suicide awareness event over this past weekend in Billings, Montana. I appreciate you making sure others realize they are not alone.

We must ensure that all these heroes across America on the front lines of healthcare and law enforcement and public safety have the support they need to continue working to keep us safe.

Madam Speaker, this is an importantly critical piece of legislation. I

urge adoption, and I yield back the balance of my time.

Mrs. DINGELL. Madam Speaker, once more we thank our Nation's first responders for all they are doing for us, and I urge my colleagues to support them by supporting this legislation.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Michigan (Mrs. DINGELL) that the House suspend the rules and pass the bill, H.R. 1646, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

SUICIDE PREVENTION LIFELINE IMPROVEMENT ACT OF 2020

Mrs. DINGELL. Madam Speaker, I move to suspend the rules and pass 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, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4564

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Suicide Prevention Lifeline Improvement Act of 2020''.

SEC. 2. SUICIDE PREVENTION LIFELINE.

(a) PLAN.—Section 520E–3 of the Public Health Service Act (42 U.S.C. 290bb–36c) is amended—

(1) by redesignating subsection (c) as subsection (e); and

(2) by inserting after subsection (b) the following:

''(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 2020, 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.''.

(b) TRANSMISSION OF DATA TO CDC.—Section 520E–3 of the Public Health Service Act (42 U.S.C. 290bb–36c) is amended by inserting after subsection (c) of such section, as added by subsection (a) of this section, the following:

''(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.—Subsection (e) of section 520E–3 of the Public Health Service Act (42 U.S.C. 290bb–36c) is amended to read as follows:

''(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 2021 through 2023.

''(2) ALLOCATION.—Of the amount authorized to be appropriated by paragraph (1) for each of fiscal years 2021 through 2023, at least 80 percent shall be made available to crisis centers.''.

SEC. 3. PILOT PROGRAM ON INNOVATIVE TECHNOLOGIES.

(a) PILOT PROGRAM.—

(1) IN GENERAL.—The Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, shall carry out a pilot program to research, analyze, and employ various technologies and platforms of communication (including social media platforms, texting platforms, and email platforms) for suicide prevention in addition to the telephone and online chat service provided by the Suicide Prevention Lifeline.

(2) AUTHORIZATION OF APPROPRIATIONS.—To carry out paragraph (1), there is authorized to be appropriated $5,000,000 for the period of fiscal years 2021 and 2022.

(b) REPORT.—Not later than 24 months after the date on which the pilot program under subsection (a) commences, the Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, shall submit to the Congress a report on the pilot program. With respect to each platform of communication employed pursuant to the pilot program, the report shall include—

(1) a full description of the program;

(2) the number of individuals served by the program;

(3) the average wait time for each individual to receive a response;

(4) the cost of the program, including the cost per individual served; and

(5) any other information the Secretary determines appropriate.

SEC. 4. HHS STUDY AND REPORT.

Not later than 24 months after the Secretary of Health and Human Services begins implementation of the plan required by section 520E–3(c) of the Public Health Service Act, as added by section 2(a)(2) of this Act, the Secretary shall—

(1) complete a study on—

(A) the implementation of such plan, including the progress towards meeting the objectives identified pursuant to paragraph (2)(A)(i) of such section 520E–3(c) by the timeframes identified pursuant to paragraph (2)(A)(ii) of such section 520E–3(c); and

(B) in consultation with the Director of the Centers for Disease Control and Prevention, options to expand data gathering from calls to the Suicide Prevention Lifeline in order to better track aspects of usage such as repeat calls, consistent with applicable Federal and State privacy laws; and

(2) submit a report to the Congress on the results of such study, including recommendations on whether additional legislation or appropriations are needed.

SEC. 5. GAO STUDY AND REPORT.

(a) IN GENERAL.—Not later than 24 months after the Secretary of Health and Human Services begins implementation of the plan required by section 520E–3(c) of the Public Health Service Act, as added by section 2(a)(2) of this Act, the Comptroller General of the United States shall—

(1) complete a study on the Suicide Prevention Lifeline; and

(2) submit a report to the Congress on the results of such study.

(b) ISSUES TO BE STUDIED.—The study required by subsection (a) shall address—

(1) the feasibility of geolocating callers to direct calls to the nearest crisis center;

(2) operation shortcomings of the Suicide Prevention Lifeline;

(3) geographic coverage of each crisis call center;

(4) the call answer rate of each crisis call center;

(5) the call wait time of each crisis call center;

(6) the hours of operation of each crisis call center;

(7) funding avenues of each crisis call center;

(8) the implementation of the plan under section 520E–3(c) of the Public Health Service Act, as added by section 2(a) of this Act, including the progress towards meeting the objectives identified pursuant to paragraph (2)(A)(i) of such section 520E–3(c) by the timeframes identified pursuant to paragraph (2)(A)(ii) of such section 520E–3(c); and

(9) service to individuals requesting a foreign language speaker, including—

(A) the number of calls or chats the Lifeline receives from individuals speaking a foreign language;

(B) the capacity of the Lifeline to handle these calls or chats; and

(C) the number of crisis centers with the capacity to serve foreign language speakers, in house.

(c) RECOMMENDATIONS.—The report required by subsection (a) shall include recommendations for improving the Suicide Prevention Lifeline, including recommendations for legislative and administrative actions.

SEC. 6. DEFINITION.

In this Act, the term ''Suicide Prevention Lifeline'' means the suicide prevention hotline maintained pursuant to section 520E–3 of the Public Health Service Act (42 U.S.C. 290bb–36c).

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from