

making suicide the 10th leading cause of death and claiming an estimated 47,000 lives annually.

A 2016 study found that 11 percent of all emergency department patients exhibited suicidal ideation. However, only 3 percent of those patients were diagnosed by current screening tools. Furthermore, about 70 percent of patients who leave the emergency department after a suicide attempt never attend their first outpatient follow-up appointment.

At the same time, emergency departments, which are often the place within our healthcare system that provides care for people who are at risk for suicide, have inconsistent protocols for screening and treating high-risk patients.

For this reason, I introduced with my friend and colleague, a true statesman, Congressman ENGEL, the Effective Suicide Screening and Assessment in the Emergency Department Act.

The bill creates a voluntary HHS program to assist emergency departments in developing protocols for identifying, assessing, and treating individuals at risk for suicide, with preference given to either critical access hospitals or hospitals located in a geographic area with a suicide risk that is higher than the national rate.

Grants last for 2 years, and grantees must submit a report annually on their efforts to improve the identification, assessment, and discharge policies for individuals who are at risk for suicide.

This proactive approach is very vital, because emergency departments are often, again, the first and, sadly, too often, the only point of contact within the healthcare system for those most at risk for suicide, like individuals living with severe mental health conditions or substance use disorders.

With the added physical, mental, emotional, and economic stress this pandemic has inflicted on American lives, there is growing data and a consensus of concern from public health experts and stakeholders that these stressors could lead to even more lives lost to suicide.

Mr. Speaker, I urge my colleagues to pass the Effective Suicide Screening and Assessment in the Emergency Department Act to further equip our health providers to recognize and assist these patients in crisis.

Mr. WALDEN. Mr. Speaker, I have no other speakers on our side of the aisle, and I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I urge support for the bill, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. CUELLAR). The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 4861, 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 TRAINING AND AWARENESS NATIONALLY DELIVERED FOR UNIVERSAL PREVENTION ACT OF 2020

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 7293) to amend the Public Health Service Act to provide best practices on student suicide awareness and prevention training and condition State educational agencies, local educational agencies, and tribal educational agencies receiving funds under section 520A of such Act to establish and implement a school-based student suicide awareness and prevention training policy, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 7293

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 Training and Awareness Nationally Delivered for Universal Prevention Act of 2020" or the "STANDUP Act of 2020".

SEC. 2. STUDENT SUICIDE AWARENESS AND PREVENTION TRAINING.

(a) IN GENERAL.—Title V of the Public Health Service Act is amended by inserting after section 520A of such Act (42 U.S.C. 290bb–32) the following:

"SEC. 520B. STUDENT SUICIDE AWARENESS AND PREVENTION TRAINING POLICIES.

"(a) IN GENERAL.—As a condition on receipt of funds under section 520A, each State educational agency, local educational agency, and Tribal educational agency that receives such funds, directly or through a State or Indian Tribe, for activities to be performed within secondary schools, including the Project AWARE State Education Agency Grant Program, shall—

"(1) establish and implement a school-based student suicide awareness and prevention training policy;

"(2) consult with stakeholders (including principals, teachers, parents, local Tribal officials, and other school leaders) in the development of the policy under subsection (a)(1); and

"(3) collect and report information in accordance with subsection (c).

"(b) SCHOOL-BASED STUDENT SUICIDE AWARENESS AND PREVENTION TRAINING POLICY.—A school-based student suicide awareness and prevention training policy implemented pursuant to subsection (a)—

"(1) shall be evidence-based;

"(2) shall be culturally and linguistically appropriate;

"(3) shall provide evidence-based training to students in grades 6 through 12, in coordination with school-based mental health service providers as defined in section 4102(6) of the Elementary and Secondary Education Act of 1965, if applicable, regarding—

"(A) suicide education and awareness, including warning signs of self-harm or suicidal ideation;

"(B) methods that students can use to seek help for themselves and others; and

"(C) student resources for suicide awareness and prevention;

"(4) shall provide for retraining of such students every school year;

"(5) may last for such period as the State educational agency, local educational agency, or Tribal educational agency involved determines to be appropriate;

"(6) may be implemented through any delivery method, including in-person trainings, digital trainings, or train-the-trainer models; and

"(7) may include discussion of comorbidities or risk factors for suicidal ideation or self-harm, including substance misuse, sexual or physical abuse, mental illness, or other evidence-based comorbidities and risk factors.

"(c) COLLECTION OF INFORMATION AND REPORTING.—Each State educational agency, local educational agency, and Tribal educational agency that receives funds under section 520A shall, with respect to each school served by the agency, collect and report to the Secretary the following information:

"(1) The number of student trainings conducted.

"(2) The number of students trained, disaggregated by age and grade level.

"(3) The number of help-seeking reports made by students after implementation of such policy.

"(d) EVIDENCE-BASED PROGRAM LISTING.—The Secretary of Health and Human Services shall coordinate with the Secretary of Education to make publicly available the policies established by State educational agencies, local educational agencies, and Tribal educational agencies pursuant to this section and the training that is available to students and teams pursuant to such policies, including identification of whether such training is available to trainees at no cost.

"(e) IMPLEMENTATION TIMELINE.—A State educational agency, local educational agency, or Tribal educational agency shall establish and begin implementation of the policies required by subsection (a)(1) not later than the beginning of the third fiscal year following the date of enactment of this section for which the agency receives funds under section 520A.

"(f) DEFINITIONS.—In this section and section 520B–1:

"(1) The term 'evidence-based' has the meaning given to such term in section 8101 of the Elementary and Secondary Education Act of 1965.

"(2) The term 'local educational agency' has the meaning given to such term in section 8101 of the Elementary and Secondary Education Act of 1965.

"(3) The term 'State educational agency' has the meaning given to such term in section 8101 of the Elementary and Secondary Education Act of 1965.

"(4) The term 'Tribal educational agency' has the meaning given to the term 'tribal educational agency' in section 6132 of the Elementary and Secondary Education Act of 1965.

"SEC. 520B–1. BEST PRACTICES FOR STUDENT SUICIDE AWARENESS AND PREVENTION TRAINING.

"The Secretary of Health and Human Services, in consultation with the Secretary of Education and the Bureau of Indian Education, shall—

"(1) publish best practices for school-based student suicide awareness and prevention training, pursuant to section 520B, that are based on—

"(A) evidence-based practices; and

"(B) input from relevant Federal agencies, national organizations, Indian Tribes and Tribal organizations, and related stakeholders;

"(2) publish guidance, based on the best practices under paragraph (1), to provide State educational agencies, local educational agencies, and Tribal educational agencies with information on student suicide awareness and prevention best practices;

"(3) disseminate such best practices to State educational agencies, local educational agencies, and Tribal educational agencies; and

"(4) provide technical assistance to State educational agencies, local educational agencies, and Tribal educational agencies."

SEC. 3. EFFECTIVE DATE.

The amendments made by this Act shall only apply with respect to applications for assistance

under section 520A of the Public Health Service Act (42 U.S.C. 290bb-32) that are submitted after the date of enactment of this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Oregon (Mr. WALDEN) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. 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. 7293.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

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

I rise today in support of H.R. 7293, the Suicide Training and Awareness Nationally Delivered for Universal Prevention Act of 2020, or the STANDUP Act.

As we have heard, suicide is the 10th leading cause of death in the U.S. However, it is the second leading cause of death for young Americans age 10 to 14, which has tripled since 2007.

Unfortunately, the COVID-19 pandemic is already exacerbating these trends. Sandy Hook Promise's 24/7 crisis center, which allows people to identify and help at-risk students, has seen a more than 10 percent increase in suicide tips thus far.

During our hearing on this bill, Arriana Gross, a high school student from Covington, Georgia, testified that: "In our school, a year doesn't go by without a student dying by suicide. I've even known of elementary kids who died by suicide. I am concerned that youth suicide has become so common that my school community and our Nation is stuck in a pattern of mourning and accepting these deaths as something that is normal, instead of seeing them as preventable and tragic."

Again, Mr. Speaker, those are the words of Arriana Gross, a high school student.

Like Arriana, I am concerned.

Despite data that suicide is on the rise, we can act now to help equip students and the communities around them to identify risk factors so they can play an active role in preventing suicide or self-harm.

Now, this bill, H.R. 7293, would encourage schools to expand evidence-based suicide prevention training to students and make public best practices for such training as a condition of receiving funds under the Substance Abuse and Mental Health Services Administration Project AWARE grant program.

The STANDUP Act would also support technical assistance resources for schools and encourage the collection and reporting of data to track implementation of these policies and practices.

Research, Mr. Speaker, shows that training students on suicide prevention makes an impact on student suicide rates and improves the students' willingness to seek help or to help a peer.

Much of this training is already taking place across thousands of schools nationwide, but the STANDUP Act will help ensure that this good work is expanded to more schools across the country.

So for these reasons, Mr. Speaker, I stand up in support of the STANDUP Act. This is good, bipartisan legislation. I thank the lead sponsors, Representatives SCOTT PETERS, GUS BILIRAKIS, TED DEUTCH, BRIAN FITZPATRICK, and their staffs for their work on this critical issue.

Mr. Speaker, I also thank Mr. WALDEN and the committee staff for working with us on this legislation.

Mr. Speaker, I urge my colleagues to support the bill, and I reserve the balance of my time.

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

Mr. Speaker, I rise today in support of H.R. 7293, the Suicide Training and Awareness Nationally Delivered for Universal Prevention, or STANDUP, Act of 2020. It was introduced by our Energy and Commerce Committee colleagues, Representative PETERS, who I know we are going to hear from soon, and Representative BILIRAKIS, who we are also going to hear from.

This legislation addresses a key measure in promoting suicide awareness and prevention training among students and young Americans.

Sadly, for the last decade, suicide has been the second leading cause of death for Americans ages 10 to 24 and the 10th leading cause of overall deaths in the United States.

Tragically, this epidemic has only worsened during the COVID-19 epidemic.

Suicide is preventable, and initiatives that empower students with knowledge of the warning signs and resources for prevention are critical in addressing these trends.

We believe, through this legislation, Project AWARE grantees would be empowered to establish school-based suicide awareness and prevention training programs, which will improve student awareness of mental health issues while connecting at-risk individuals to needed health services.

So as we approach the end of September, our nationally recognized Suicide Prevention Awareness Month, it is critical that we continue addressing our Nation's challenges in preventing youth suicide and promoting the mental health and wellness of all.

Mr. Speaker, I urge support of this legislation, and I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield such time as he may consume to the gentleman from California (Mr. PETERS).

Mr. PETERS. Mr. Speaker, I thank the gentleman for yielding and the chairman for his leadership.

Mr. Speaker, last year, I visited Bernardo Heights Middle School in Rancho Bernardo to meet with students of the school's SAVE Promise Club and the Mental Health Awareness Club.

The kids told me about their efforts to make their peers feel more accepted by creating a culture of kindness and by using their voices to end the stigma surrounding mental health. They explained their work with programs intended to promote inclusivity and to prevent violence by teaching children and adults to identify, intervene, and help those at risk of harming themselves or others.

According to the National Institute of Mental Health, suicide is the second leading cause of death by those 10 to 24 years old, with cases of suicide among Black and other minority youth rapidly rising.

The good news is that adolescent suicide and violence can be prevented if others heed the warning signs.

Seventy percent of those who die by suicide tell someone their plans or demonstrate warning signs ahead of time. Eighty percent of school shooters tell someone their plans ahead of time.

That is why I teamed up with my friend from Florida, Mr. GUS BILIRAKIS, to introduce the bipartisan STANDUP Act.

The Act requires States, schools, and Tribes to implement evidence-based policies to prevent suicides in order to receive Project AWARE grants, which boost youth mental health awareness among schools and communities.

These policies are key to preventing school violence by encouraging early prevention, teaching warning signs, and providing schools with crucial tools to help stop violence before it happens.

Mr. Speaker, I thank Sandy Hook Promise, who helped champion this bill, and for hosting my visit at Bernardo Heights Middle School. Along with them, over 50 student and mental health-focused organizations support this legislation.

Mr. Speaker, I thank all the Bernardo Heights Bobcats, who care so well for each other's mental health. We want to bring that same spirit, their same spirit, to every school in the country.

Mr. Speaker, I urge my colleagues to pass the STANDUP Act to protect our students and enhance school safety.

Go Bobcats.

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Mr. WALDEN. Mr. Speaker, I yield such time as he may consume to the gentleman from Florida (Mr. BILIRAKIS).

Mr. BILIRAKIS. Mr. Speaker, I want to thank the ranking member and the chairman for all of their good work and, of course, Congressman PETERS. This is a great committee, and we get things done, that is for sure.

Mr. Speaker, I rise today in support of H.R. 7293, the Suicide Training and

Awareness Nationally Delivered for Universal Prevention Act, or the STAND-UP Act.

There is no higher priority than keeping our children safe. I think everyone agrees with that. Since 2010, suicide has been the second-leading cause of death for young Americans ages 10–24, unfortunately.

From 2007 to 2015, the number of children and teens visiting emergency rooms for suicide-related injuries doubled. In 2017, 517 Americans aged 10–14, and 6,252 aged 15–24, committed suicide. Sadly, some communities in my district are among those with the highest suicide rates in Florida.

Research has shown that most of these young Americans tell someone that they are contemplating suicide or school violence, and 68 percent of averted violence was stopped because of a student reporting concerns about a threat, plot, or other concerning behavior involving a peer.

The STAND-UP Act encourages States, Tribes, and schools to create policies for student suicide prevention training using SAMHSA-provided best practices, training, and technical assistance.

By providing high-quality screening and prevention training to school staff and peers, threats can be identified before they materialize, and those who are at risk have an opportunity to get the mental health treatment they need and deserve.

I have seen firsthand the power of this particular program through, again, nonprofits, like Sandy Hook Promise. They have been very instrumental in getting this bill done, with their SAVE Promise Club.

My kids have gone to Palm Harbor University. I still have one there, and that is in my district. Mr. Speaker, when properly equipped, students can be empowered to prevent violence in their schools, and I have witnessed the great work that they do in that particular school.

I appreciate the bipartisan work of my colleague, again, Congressman PETERS, and I urge my colleagues to join us in passing this critical piece of legislation to reverse the troubling trend of youth suicide and violence.

We have to get this through the Senate as well and to the President's desk, Mr. Speaker.

Mr. WALDEN. Mr. Speaker, I have no other speakers on my side of the aisle on this legislation. I urge its passage, and I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I also urge passage of the bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 7293, 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.

BEHAVIORAL INTERVENTION GUIDELINES ACT OF 2020

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3539) to amend the Public Health Service Act to direct the Secretary of Health and Human Services to develop best practices for the establishment and use of behavioral intervention teams at schools, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3539

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 “Behavioral Intervention Guidelines Act of 2020”.

SEC. 2. BEST PRACTICES FOR BEHAVIORAL INTERVENTION TEAMS.

The Public Health Service Act is amended by inserting after section 520G of such Act (42 U.S.C. 290bb–38) the following new section:

“SEC. 520H. BEST PRACTICES FOR BEHAVIORAL INTERVENTION TEAMS.

“(a) IN GENERAL.—The Secretary, acting through the Assistant Secretary, shall develop and periodically update—

“(1) best practices to assist elementary schools, secondary schools, and institutions of higher education in establishing and using behavioral intervention teams; and

“(2) a list of evidence-based threat assessment training providers to assist personnel in elementary schools, secondary schools, and institutions of higher education in implementing such best practices, including with respect to training behavioral intervention teams.

“(b) ELEMENTS.—The best practices under subsection (a)(1) shall include guidance on the following:

“(1) How behavioral intervention teams can operate effectively from an evidence-based, objective perspective while protecting the constitutional and civil rights of individuals, including any individual of concern.

“(2) The use of behavioral intervention teams to identify individuals of concern, implement interventions, and manage risk through the framework of the school's or institution's rules or code of conduct, as applicable.

“(3) How behavioral intervention teams can, when assessing an individual of concern—

“(A) seek training on evidence-based, threat-assessment rubrics;

“(B) ensure that such teams—

“(i) have adequately trained, diverse stakeholders with varied expertise; and

“(ii) use cross validation by a wide-range of individual perspectives on the team; and

“(C) use violence risk assessment.

“(4) How behavioral intervention teams can avoid—

“(A) attempting to predict future behavior by the concept of pre-crime;

“(B) inappropriately using a mental health assessment;

“(C) inappropriately limiting or restricting law enforcement's jurisdiction over criminal matters;

“(D) attempting to substitute the behavioral intervention process in place of a criminal process, or impede a criminal process, when an individual of concern's behavior has potential criminal implications;

“(E) endangering an individual's privacy by failing to ensure that all applicable Federal and State privacy laws are fully complied with; or

“(F) creating school-to-prison pipelines.

“(c) CONSULTATION.—In carrying out subsection (a)(1), the Secretary shall consult with—

“(1) the Secretary of Education;

“(2) the Director of the National Threat Assessment Center of the Department of Homeland Security;

“(3) the Attorney General of the United States; and

“(4) as appropriate, relevant stakeholders including—

“(A) teachers and other educators, principals, school administrators, school board members, school psychologists, mental health professionals, and parents of elementary school and secondary school students;

“(B) local law enforcement agencies and campus law enforcement administrators;

“(C) mental health mobile crisis providers;

“(D) child and adolescent psychiatrists; and

“(E) other education and mental health professionals.

“(d) PUBLICATION.—Not later than 2 years after the date of enactment of this section, the Secretary shall publish the best practices under subsection (a)(1) and the list under subsection (a)(2) on a publicly accessible website of the Department of Health and Human Services.

“(e) TECHNICAL ASSISTANCE.—The Secretary shall provide technical assistance to institutions of higher education, elementary schools, and secondary schools to assist such institutions and schools in implementing the best practices under subsection (a).

“(f) DEFINITIONS.—In this section:

“(1) The term ‘behavioral intervention team’ means a team of qualified individuals who—

“(A) are responsible for identifying and assessing individuals of concern; and

“(B) develop and facilitate implementation of evidence-based interventions to mitigate the threat of harm to self or others posed by individuals of concern and address the mental and behavioral health needs of individuals of concern to reduce such threat.

“(2) The terms ‘elementary school’, ‘parent’, and ‘secondary school’ have the meanings given to such terms in section 8101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801).

“(3) The term ‘individual of concern’ means an individual whose behavior indicates a potential threat to self or others.

“(4) The term ‘institution of higher education’ has the meaning given to such term in section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002).

“(5) The term ‘mental health assessment’ means an evaluation, primarily focused on diagnosis, determining the need for involuntary commitment, medication management, and ongoing treatment recommendations.

“(6) The term ‘pre-crime’ means law-enforcement efforts and strategies to deter crime by predicting when and where criminal activity will occur.

“(7) The term ‘violence risk assessment’ refers to a broad determination of the potential risk of violence based on evidence-based literature.”

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Oregon (Mr. WALDEN) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. 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. 3539.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?