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?

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. 3539, the Behavioral Intervention Guidelines Act of 2020. The champions of this legislation, Representatives DREW FERGUSON, MICHAEL BURGESS, JOE KENNEDY, and JIMMY PANETTA, worked together to help provide improved behavioral health prevention tools to schools and colleges across the country, and I applaud them for their bipartisan efforts.

Behavioral intervention teams are multidisciplinary teams that support students' mental health and emotional well-being by detecting patterns, trends, and disturbances in behavior, and by conducting outreach to students who are unable to manage distress in healthy and constructive ways.

These teams are already active in some educational settings, such as the University of California, Los Angeles; Texas A&M University; and Virginia Tech.

H.R. 3539 requires the Substance Abuse and Mental Health Services Administration to develop best practices for schools that have or want to have behavioral intervention teams. These best practices would cover the proper use of these teams and how to intervene and avoid inappropriate use of mental health assessments and law enforcement.

These best practices would then be required to be posted publicly on the Department of Health and Human Services website, and HHS would help to provide technical assistance to entities implementing these best practices.

As we have heard, Mr. Speaker, three in four children aged 3–17 with depression also have anxiety. Anxiety and depression are two top mental health concerns among college students as well. Unfortunately, recent data found that over 80 percent of young people with mental health needs did not receive the care they needed.

Young people in crisis should be able to access the care they need or be able to find support from peers who can direct them toward appropriate services, and this bill helps bridge that gap.

Again, I want to thank the Democrats and Republicans on my committee, including Ranking Member WALDEN, for working together to put this legislation in shape, and I urge my colleagues to support the bill.

Mr. Speaker, 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 strong support of H.R. 3539, the Behavioral Intervention Guidelines Act, introduced by Representatives FERGUSON, BURGESS, KENNEDY, and PANETTA.

This important bill authorizes the Substance Abuse and Mental Health Services Administration to develop best practices for establishing and using behavioral intervention teams in elementary schools, secondary schools, and institutions of higher education.

Behavioral intervention teams are multidisciplinary teams that support students' mental health and wellness by identifying students experiencing stress, anxiety, or other behavioral disturbances, and conducting intervention and outreach to these students to help manage risk. These teams are already active in some educational institutions such as Texas Tech University and the University of California, Los Angeles.

By acting in a proactive manner to assist students and to connect them with needed resources, behavioral intervention teams help schools create a safe environment for their students and improve mental health outcomes in young people.

I urge support of this legislation.

Mr. Speaker, I yield such time as he may consume to the gentleman from Georgia (Mr. FERGUSON), the deputy whip of the House on the Republican side of the aisle, one of the authors of this important legislation.

Mr. FERGUSON. Mr. Speaker, I would like to thank the chairman and the ranking member for this opportunity, and I rise to support H.R. 3539.

Every American wants to live in a safe community, and children deserve to be able to go to safe schools. But all too often, that safety has been ruined by violence to self or others.

The Behavioral Intervention Guidelines, or BIG, Act combats this mental health epidemic head-on by providing local communities and school systems with the tools they need to help identify those most in need.

All across the country, schools like Columbus State University in my home State of Georgia and Texas Tech in Lubbock, Texas, have implemented behavioral intervention programs following the 2008 tragedy at Virginia Tech.

Dr. Chip Reese at Columbus State University and other university leaders, like Dr. Billy Phillips at Texas Tech, report that, as a result of these programs, they have seen universities' culture change and are helping to get at-risk students back on the right track.

This important legislation would foster this approach by providing Federal guidance in the form of best practices. Once established, these best practices will be disseminated on the HHS website, and HHS would provide technical assistance for elementary, secondary, and higher education institutions that are looking to create their own behavioral health intervention teams.

Now more than ever, our students should have the proper resources and a supportive community around them to benefit their mental health. I strongly urge my colleagues to support this important piece of legislation.

Mr. PALLONE. Mr. Speaker, I reserve the balance of my time.

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

I thank my colleague for his work on this important legislation.

I want to turn now and use the remainder of the time to recognize the fact that we all work hard on our legislation, but it doesn't get all the way here and all the way through without terrific staff. We are blessed on the Energy and Commerce Committee by having really terrific staff, from top to bottom.

But today, I especially want to recognize and thank Mike Bloomquist, my staff director at the Energy and Commerce Committee. He has served as staff director of the Energy and Commerce Committee Republicans both during the 115th Congress and the 116th Congress.

He previously served as committee deputy staff director, general counsel, deputy general counsel, and then as general counsel to the 2011 Joint Select Committee on Deficit Reduction. He has spent time in private law practice, at the Committee on Science, and in the Office of the Solicitor at the U.S. Department of the Interior.

He has been an invaluable leader of the Energy and Commerce Committee staff. He is a trusted counselor. He is a sought-after mentor and a go-to resource for staff and Members alike, both on and off the committee.

He will be leaving us at the end of this month to pursue private-sector endeavors. But I just want to say, he has been a real friend to me, a real counselor to me, and an incredibly solid leader for our team. He has helped us shepherd major legislation through the House, which has undoubtedly improved the lives of Americans, through his time as a public servant.

I think we all wish him the very best in his new endeavor and are thankful to his wife, Christie, and their three daughters for lending us their dad so often on nights and weekends and for phone calls, text messages, and more phone calls from me, day and night.

He has just been terrific to work with. We wish him Godspeed in his next endeavor.

Mr. Speaker, I reserve the balance of my time.

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

I don't have any additional speakers, but I do want also to praise Mike Bloomquist.

He is now the Republican staff director, but he has had several tours with the committee. He worked on some major legislation in the committee. I think of 21st Century Cures, robocalls, and, even today, getting the cyber bills passed, which was not an easy task, as you know, Mike.

I know that our Ranking Member WALDEN mentioned your family. I don't know how your family puts up with any of the things we do because I know the many hours that you have to spend. So, again, thank your family for sharing you.

I wish you well in your future endeavors as well.

Mr. Speaker, I reserve the balance of my time.

Mr. WALDEN. Mr. Speaker, I yield myself the balance of my time.

I would just conclude my remarks by, again, speaking in favor of the underlying legislation, but also thanking Mike and his team for doing such a great job throughout this Congress and the preceding one to help all of us come together and solve the Nation's problems to the best of our ability. They really are a talented team, and we have been fortunate to have Mike at the helm.

Mr. Speaker, I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I urge support for the legislation, 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. 3539, 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.

□ 1630

CREATING HOPE REAUTHORIZATION ACT

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4439) to amend the Federal Food, Drug, and Cosmetic Act to make permanent the authority of the Secretary of Health and Human Services to issue priority review vouchers to encourage treatments for rare pediatric diseases, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4439

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 ''Creating Hope Reauthorization Act''.

SEC. 2. EXTENSION OF AUTHORITY TO ISSUE PRIORITY REVIEW VOUCHERS TO ENCOURAGE TREATMENTS FOR RARE PEDIATRIC DISEASES.

Section 529(b)(5) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360ff(b)(5)) is amended—

(1) by striking ''December 11, 2020'' each place it appears and inserting ''September 30, 2024''; and

(2) in subparagraph (B), by striking ''December 11, 2022'' and inserting ''September 30, 2026''.

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. 4439.

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.

Mr. Speaker, H.R. 4439 would extend the pediatric rare disease priority review voucher program at the Food and Drug Administration. This priority review voucher, or PRV, was originally created in 2012 with the intent to create an incentive for drug manufacturers to develop therapies for rare pediatric diseases that affect neonates, infants, children, and adolescents.

The program requires FDA to award a PRV to the sponsor of an application that receives approval as a drug or biologic to treat a rare pediatric disease. Since the program's creation, 22 of these PRVs have been awarded, with five awards in 2019.

Now, I have long been a supporter of increased research and development of treatments for rare diseases, and I am proud that our committee was able to come to consensus on a reasonable extension of this program. Nevertheless, some observers of this program have shown our committee evidence that the PRV program has not provided the incentive value intended by Congress when it was first enacted.

This program was supposed to incentivize new development of pediatric products that would not otherwise have occurred. However, the Government Accountability Office reviewed the program and concluded that the agency could not find definitive evidence that the program is incentivizing pediatric drug development. Additionally, FDA has said that PRVs drain agency resources away from the agency's public health mission and have a negative impact on the morale of agency staff.

For these reasons, I could not support a permanent reauthorization of the program. But I recognize that many pharmaceutical developers have argued that the PRV provides an incentive for drug development, with one going so far as to say that the PRV was a pivotal consideration for making investments. I worked with Representatives BUTTERFIELD, the bill's sponsor, and Ranking Member WALDEN, as well, to support a reauthorization of the program for 4 years.

Mr. Speaker, the Energy and Commerce Committee will continue to provide oversight to examine the effectiveness of this program and its effect on FDA resources. The committee will also carefully scrutinize it with hopes that it serves its intended purpose and leads to new treatments and cures for rare pediatric diseases.

With this hope, Mr. Speaker, I ask Members to support this bipartisan bill. I urge the Senate to swiftly take action on H.R. 4439, 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. 4439, the Creating Hope Reauthorization Act, introduced by our colleagues, Representative BUTTERFIELD and Representative MCCAUL. This bill extends the pediatric priority review voucher program for an additional 4 years.

This program, which has had bipartisan support since it was first created in 2012 with the passage of the Food and Drug Administration Safety and Innovation Act, aims to incentivize the development of therapies to treat rare pediatric diseases.

The pediatric PRV program has already proven successful in encouraging innovation. In fact, 22 therapies have been approved for the treatment of 18 rare pediatric diseases since its inception. However, we still have a long way to go. Nearly 95 percent of all rare diseases do not have an FDA-approved treatment, leaving many patients with no options.

This long-term reauthorization of the program will provide certainty to those currently developing or considering investment in innovative therapies to treat rare pediatric diseases.

Bipartisan bills that encourage biomedical innovation like the one we are considering today mean continued hope for children and their families that, one day, there will be a treatment and that there will be a cure.

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

Mr. PALLONE. I have no additional speakers, and I reserve the balance of my time, Mr. Speaker.

Mr. WALDEN. Mr. Speaker, I yield 3 minutes to the gentleman from Florida (Mr. BILIRAKIS).

Mr. BILIRAKIS. Mr. Speaker, I rise today in support of H.R. 4439, the Creating Hope Reauthorization Act.

Tragically, pediatric cancer remains the number one disease that leads to the death of American children. While survival rates have improved for some types of pediatric cancers, thousands of children are lost to cancer each year, and many more encounter life-threatening complications relating to harsh chemotherapies.

Children have significantly fewer treatment options than adults, Mr. Speaker, and oftentimes must rely on treatment regimens developed for adults because pediatric-specific treatments simply do not exist. Unfortunately, as the popular healthcare adage goes, children are not little adults.

Despite their significant need, pharmaceutical companies have had trouble developing treatments for pediatric cancer and rare diseases because of the small population and high cost of bringing these specific treatments to market.

FDA's priority review voucher program has proven to be a boon to incentivizing the development of therapies to treat rare pediatric diseases. While progress has been made in the development of pediatric therapies—in fact, 22 therapies have been approved