

PUBLIC LAW 108-355—OCT. 21, 2004

GARRETT LEE SMITH MEMORIAL ACT

Public Law 108–355
108th Congress

An Act

Oct. 21, 2004
[S. 2634]

To amend the Public Health Service Act to support the planning, implementation, and evaluation of organized activities involving statewide youth suicide early intervention and prevention strategies, to authorize grants to institutions of higher education to reduce student mental and behavioral health problems, and for other purposes.

Garrett Lee
Smith
Memorial Act.
42 USC 201 note.

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 “Garrett Lee Smith Memorial Act”.

42 USC
290bb–36 note.

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) More children and young adults die from suicide each year than from cancer, heart disease, AIDS, birth defects, stroke, and chronic lung disease combined.

(2) Over 4,000 children and young adults tragically take their lives every year, making suicide the third overall cause of death between the ages of 10 and 24. According to the Centers for Disease Control and Prevention, suicide is the third overall cause of death among college-age students.

(3) According to the National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention, children and young adults accounted for 15 percent of all suicides completed in 2000.

(4) From 1952 to 1995, the rate of suicide in children and young adults tripled.

(5) From 1980 to 1997, the rate of suicide among young adults ages 15 to 19 increased 11 percent.

(6) From 1980 to 1997, the rate of suicide among children ages 10 to 14 increased 109 percent.

(7) According to the National Center of Health Statistics, suicide rates among Native Americans range from 1.5 to 3 times the national average for other groups, with young people ages 15 to 34 making up 64 percent of all suicides.

(8) Congress has recognized that youth suicide is a public health tragedy linked to underlying mental health problems and that youth suicide early intervention and prevention activities are national priorities.

(9) Youth suicide early intervention and prevention have been listed as urgent public health priorities by the President’s New Freedom Commission in Mental Health (2002), the Institute of Medicine’s Reducing Suicide: A National Imperative

(2002), the National Strategy for Suicide Prevention: Goals and Objectives for Action (2001), and the Surgeon General's Call to Action To Prevent Suicide (1999).

(10) Many States have already developed comprehensive statewide youth suicide early intervention and prevention strategies that seek to provide effective early intervention and prevention services.

(11) In a recent report, a startling 85 percent of college counseling centers revealed an increase in the number of students they see with psychological problems. Furthermore, the American College Health Association found that 61 percent of college students reported feeling hopeless, 45 percent said they felt so depressed they could barely function, and 9 percent felt suicidal.

(12) There is clear evidence of an increased incidence of depression among college students. According to a survey described in the Chronicle of Higher Education (February 1, 2002), depression among freshmen has nearly doubled (from 8.2 percent to 16.3 percent). Without treatment, researchers recently noted that "depressed adolescents are at risk for school failure, social isolation, promiscuity, self-medication with drugs and alcohol, and suicide—now the third leading cause of death among 10–24 year olds."

(13) Researchers who conducted the study "Changes in Counseling Center Client Problems Across 13 Years" (1989–2001) at Kansas State University stated that "students are experiencing more stress, more anxiety, more depression than they were a decade ago." (The Chronicle of Higher Education, February 14, 2003).

(14) According to the 2001 National Household Survey on Drug Abuse, 20 percent of full-time undergraduate college students use illicit drugs.

(15) The 2001 National Household Survey on Drug Abuse also reported that 18.4 percent of adults aged 18 to 24 are dependent on or abusing illicit drugs or alcohol. In addition, the study found that "serious mental illness is highly correlated with substance dependence or abuse. Among adults with serious mental illness in 2001, 20.3 percent were dependent on or abused alcohol or illicit drugs, while the rate among adults without serious mental illness was only 6.3 percent."

(16) A 2003 Gallagher's Survey of Counseling Center Directors found that 81 percent were concerned about the increasing number of students with more serious psychological problems, 67 percent reported a need for more psychiatric services, and 63 percent reported problems with growing demand for services without an appropriate increase in resources.

(17) The International Association of Counseling Services accreditation standards recommend 1 counselor per 1,000 to 1,500 students. According to the 2003 Gallagher's Survey of Counseling Center Directors, the ratio of counselors to students is as high as 1 counselor per 2,400 students at institutions of higher education with more than 15,000 students.

SEC. 3. AMENDMENTS TO PUBLIC HEALTH SERVICE ACT.

(a) YOUTH INTERAGENCY RESEARCH, TRAINING, AND TECHNICAL ASSISTANCE CENTERS.—Section 520C of the Public Health Service Act (42 U.S.C. 290bb-34) is amended—

(1) in subsection (a)—

(A) by striking “Health, shall award grants” and inserting “Health—

“(1) shall award grants”;

(B) by striking the period at the end and inserting “; and”; and

(C) by adding at the end the following:

“(2) shall award a competitive grant to 1 additional research, training, and technical assistance center to carry out the activities described in subsection (d).”;

(2) in subsection (c), in the matter preceding paragraph (1), by striking “grant or contract under subsection (a)” and inserting “grant or contract under subsection (a)(1)”;

(3) in subsection (d)—

(A) by striking “APPROPRIATIONS.—For the purpose of carrying out this section” and inserting “APPROPRIATIONS.—“(1) For the purpose of awarding grants or contracts under subsection (a)(1)”;

(B) by adding at the end the following:

“(2) For the purpose of awarding a grant under subsection (a)(2), there are authorized to be appropriated \$3,000,000 for fiscal year 2005, \$4,000,000 for fiscal year 2006, and \$5,000,000 for fiscal year 2007.”;

(4) by redesignating subsection (d) as subsection (e); and

(5) by inserting after subsection (c) the following:

“(d) ADDITIONAL CENTER.—The additional research, training, and technical assistance center established under subsection (a)(2) shall provide appropriate information, training, and technical assistance to States, political subdivisions of a State, Federally recognized Indian tribes, tribal organizations, institutions of higher education, public organizations, or private nonprofit organizations for—

“(1) the development or continuation of statewide or tribal youth suicide early intervention and prevention strategies;

“(2) ensuring the surveillance of youth suicide early intervention and prevention strategies;

“(3) studying the costs and effectiveness of statewide youth suicide early intervention and prevention strategies in order to provide information concerning relevant issues of importance to State, tribal, and national policymakers;

“(4) further identifying and understanding causes and associated risk factors for youth suicide;

“(5) analyzing the efficacy of new and existing youth suicide early intervention techniques and technology;

“(6) ensuring the surveillance of suicidal behaviors and nonfatal suicidal attempts;

“(7) studying the effectiveness of State-sponsored statewide and tribal youth suicide early intervention and prevention strategies on the overall wellness and health promotion strategies related to suicide attempts;

“(8) promoting the sharing of data regarding youth suicide with Federal agencies involved with youth suicide early intervention and prevention, and State-sponsored statewide or tribal youth suicide early intervention and prevention strategies for the purpose of identifying previously unknown mental health causes and associated risk factors for suicide in youth;

Appropriation
authorization.

“(9) evaluating and disseminating outcomes and best practices of mental and behavioral health services at institutions of higher education; and

“(10) other activities determined appropriate by the Secretary.”.

(b) SUICIDE PREVENTION FOR YOUTH.—Title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is amended—

(1) in section 520E (42 U.S.C. 290bb-36)—

(A) in the section heading by striking “CHILDREN AND ADOLESCENTS” and inserting “YOUTH”;

(B) by striking subsection (a) and inserting the following:

“(a) IN GENERAL.—The Secretary shall award grants or cooperative agreements to public organizations, private nonprofit organizations, political subdivisions, consortia of political subdivisions, consortia of States, or Federally recognized Indian tribes or tribal organizations to design early intervention and prevention strategies that will complement the State-sponsored statewide or tribal youth suicide early intervention and prevention strategies developed pursuant to section 520E.”;

Contracts.

(C) in subsection (b), by striking all after “coordinated” and inserting “with the relevant Department of Health and Human Services agencies and suicide working groups.”;

(D) in subsection (c)—

(i) in the matter preceding paragraph (1), by striking “A State” and all that follows through “desiring” and inserting “A public organization, private nonprofit organization, political subdivision, consortium of political subdivisions, consortium of States, or federally recognized Indian tribe or tribal organization desiring”;

(ii) by redesignating paragraphs (1) through (9) as paragraphs (2) through (10), respectively;

(iii) by inserting before paragraph (2) (as so redesignated) the following:

“(1)(A) comply with the State-sponsored statewide early intervention and prevention strategy as developed under section 520E; and

“(B) in the case of a consortium of States, receive the support of all States involved.”;

(iv) in paragraph (2) (as so redesignated), by striking “children and adolescents” and inserting “youth”;

(v) in paragraph (3) (as so redesignated), by striking “best evidence-based.”;

(vi) in paragraph (4) (as so redesignated), by striking “primary” and all that follows and inserting “general, mental, and behavioral health services, and substance abuse services.”;

(vii) in paragraph (5) (as so redesignated), by striking “children and” and all that follows and inserting “youth including the school systems, educational institutions, juvenile justice system, substance abuse programs, mental health programs, foster care systems, and community child and youth support organizations.”;

(viii) by striking paragraph (8) (as so redesignated) and inserting the following:
 “(8) offer access to services and care to youth with diverse linguistic and cultural backgrounds;”; and
 (ix) by striking paragraph (9) (as so redesignated) and inserting the following:
 “(9) conduct annual self-evaluations of outcomes and activities, including consulting with interested families and advocacy organizations;”;

(E) by striking subsection (d) and inserting the following:
 “(d) USE OF FUNDS.—Amounts provided under a grant or cooperative agreement under this section shall be used to supplement, and not supplant, Federal and non-Federal funds available for carrying out the activities described in this section. Applicants shall provide financial information to demonstrate compliance with this section.”;

(F) in subsection (e)—

(i) by striking “, contract,”; and

(ii) by inserting after “Secretary that the” the following: “application complies with the State-sponsored statewide early intervention and prevention strategy as developed under section 520E and the”;

(G) in subsection (f), by striking “, contracts,”;

(H) in subsection (g)—

(i) by striking “A State” and all that follows through “organization receiving” and inserting “A public organization, private nonprofit organization, political subdivision, consortium of political subdivisions, consortium of States, or Federally recognized Indian tribe or tribal organization receiving”; and

(ii) by striking “, contract,” each place such term appears;

(I) in subsection (h), by striking “, contracts,”;

(J) in subsection (i)—

(i) by striking “A State” and all that follows through “organization receiving” and inserting “A public organization, private nonprofit organization, political subdivision, consortium of political subdivisions, consortium of States, or Federally recognized Indian tribe or tribal organization receiving”; and

(ii) by striking “, contract,”;

(K) in subsection (k), by striking “5 years” and inserting “3 years”;

(L) in subsection (l)—

(i) in paragraph (2), by striking “21” and inserting “24”; and

(ii) in paragraph (3), by striking “which might have been”;

(M) in subsection (m)—

(i) by striking “APPROPRIATION.—” and all that follows through “For” in paragraph (1) and inserting “APPROPRIATION.—For”; and

(ii) by striking paragraph (2);

(N) by redesignating subsection (m) as subsection (n);
 and

(O) by inserting after subsection (l) the following:

“(m) DEFINITIONS.—In this section, the terms ‘early intervention’, ‘educational institution’, ‘institution of higher education’, ‘prevention’, ‘school’, and ‘youth’ have the meanings given to those terms in section 520E.”; and

(2) by redesignating section 520E as section 520E-1.

42 USC
290bb-36,
290bb-36a.

(c) YOUTH SUICIDE AND EARLY INTERVENTION AND PREVENTION STRATEGIES.—Title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is amended by inserting before section 520E-1 (as redesignated by subsection (b)) the following:

“SEC. 520E. YOUTH SUICIDE EARLY INTERVENTION AND PREVENTION STRATEGIES.

42 USC
290bb-36.

“(a) IN GENERAL.—The Secretary, acting through the Administrator of the Substance Abuse and Mental Health Services Administration, shall award grants or cooperative agreements to eligible entities to—

Contracts.

“(1) develop and implement State-sponsored statewide or tribal youth suicide early intervention and prevention strategies in schools, educational institutions, juvenile justice systems, substance abuse programs, mental health programs, foster care systems, and other child and youth support organizations;

“(2) support public organizations and private nonprofit organizations actively involved in State-sponsored statewide or tribal youth suicide early intervention and prevention strategies and in the development and continuation of State-sponsored statewide youth suicide early intervention and prevention strategies;

“(3) provide grants to institutions of higher education to coordinate the implementation of State-sponsored statewide or tribal youth suicide early intervention and prevention strategies;

“(4) collect and analyze data on State-sponsored statewide or tribal youth suicide early intervention and prevention services that can be used to monitor the effectiveness of such services and for research, technical assistance, and policy development; and

“(5) assist eligible entities, through State-sponsored statewide or tribal youth suicide early intervention and prevention strategies, in achieving targets for youth suicide reductions under title V of the Social Security Act.

“(b) ELIGIBLE ENTITY.—

“(1) DEFINITION.—In this section, the term ‘eligible entity’ means—

“(A) a State;

“(B) a public organization or private nonprofit organization designated by a State to develop or direct the State-sponsored statewide youth suicide early intervention and prevention strategy; or

“(C) a Federally recognized Indian tribe or tribal organization (as defined in the Indian Self-Determination and Education Assistance Act) or an urban Indian organization (as defined in the Indian Health Care Improvement Act) that is actively involved in the development and continuation of a tribal youth suicide early intervention and prevention strategy.

“(2) LIMITATION.—In carrying out this section, the Secretary shall ensure that each State is awarded only 1 grant or cooperative agreement under this section. For purposes of the preceding sentence, a State shall be considered to have been awarded a grant or cooperative agreement if the eligible entity involved is the State or an entity designated by the State under paragraph (1)(B). Nothing in this paragraph shall be construed to apply to entities described in paragraph (1)(C).

“(c) PREFERENCE.—In providing assistance under a grant or cooperative agreement under this section, an eligible entity shall give preference to public organizations, private nonprofit organizations, political subdivisions, institutions of higher education, and tribal organizations actively involved with the State-sponsored statewide or tribal youth suicide early intervention and prevention strategy that—

“(1) provide early intervention and assessment services, including screening programs, to youth who are at risk for mental or emotional disorders that may lead to a suicide attempt, and that are integrated with school systems, educational institutions, juvenile justice systems, substance abuse programs, mental health programs, foster care systems, and other child and youth support organizations;

“(2) demonstrate collaboration among early intervention and prevention services or certify that entities will engage in future collaboration;

“(3) employ or include in their applications a commitment to evaluate youth suicide early intervention and prevention practices and strategies adapted to the local community;

“(4) provide timely referrals for appropriate community-based mental health care and treatment of youth who are at risk for suicide in child-serving settings and agencies;

“(5) provide immediate support and information resources to families of youth who are at risk for suicide;

“(6) offer access to services and care to youth with diverse linguistic and cultural backgrounds;

“(7) offer appropriate postsuicide intervention services, care, and information to families, friends, schools, educational institutions, juvenile justice systems, substance abuse programs, mental health programs, foster care systems, and other child and youth support organizations of youth who recently completed suicide;

“(8) offer continuous and up-to-date information and awareness campaigns that target parents, family members, child care professionals, community care providers, and the general public and highlight the risk factors associated with youth suicide and the life-saving help and care available from early intervention and prevention services;

“(9) ensure that information and awareness campaigns on youth suicide risk factors, and early intervention and prevention services, use effective communication mechanisms that are targeted to and reach youth, families, schools, educational institutions, and youth organizations;

“(10) provide a timely response system to ensure that child-serving professionals and providers are properly trained in youth suicide early intervention and prevention strategies and that child-serving professionals and providers involved in early

intervention and prevention services are properly trained in effectively identifying youth who are at risk for suicide;

“(11) provide continuous training activities for child care professionals and community care providers on the latest youth suicide early intervention and prevention services practices and strategies;

“(12) conduct annual self-evaluations of outcomes and activities, including consulting with interested families and advocacy organizations;

“(13) provide services in areas or regions with rates of youth suicide that exceed the national average as determined by the Centers for Disease Control and Prevention; and

“(14) obtain informed written consent from a parent or legal guardian of an at-risk child before involving the child in a youth suicide early intervention and prevention program.

“(d) REQUIREMENT FOR DIRECT SERVICES.—Not less than 85 percent of grant funds received under this section shall be used to provide direct services, of which not less than 5 percent shall be used for activities authorized under subsection (a)(3).

“(e) COORDINATION AND COLLABORATION.—

“(1) IN GENERAL.—In carrying out this section, the Secretary shall collaborate with relevant Federal agencies and suicide working groups responsible for early intervention and prevention services relating to youth suicide.

“(2) CONSULTATION.—In carrying out this section, the Secretary shall consult with—

“(A) State and local agencies, including agencies responsible for early intervention and prevention services under title XIX of the Social Security Act, the State Children’s Health Insurance Program under title XXI of the Social Security Act, and programs funded by grants under title V of the Social Security Act;

“(B) local and national organizations that serve youth at risk for suicide and their families;

“(C) relevant national medical and other health and education specialty organizations;

“(D) youth who are at risk for suicide, who have survived suicide attempts, or who are currently receiving care from early intervention services;

“(E) families and friends of youth who are at risk for suicide, who have survived suicide attempts, who are currently receiving care from early intervention and prevention services, or who have completed suicide;

“(F) qualified professionals who possess the specialized knowledge, skills, experience, and relevant attributes needed to serve youth at risk for suicide and their families; and

“(G) third-party payers, managed care organizations, and related commercial industries.

“(3) POLICY DEVELOPMENT.—In carrying out this section, the Secretary shall—

“(A) coordinate and collaborate on policy development at the Federal level with the relevant Department of Health and Human Services agencies and suicide working groups; and

“(B) consult on policy development at the Federal level with the private sector, including consumer, medical, suicide prevention advocacy groups, and other health and education professional-based organizations, with respect to State-sponsored statewide or tribal youth suicide early intervention and prevention strategies.

“(f) **RULE OF CONSTRUCTION; RELIGIOUS AND MORAL ACCOMMODATION.**—Nothing in this section shall be construed to require suicide assessment, early intervention, or treatment services for youth whose parents or legal guardians object based on the parents’ or legal guardians’ religious beliefs or moral objections.

“(g) **EVALUATIONS AND REPORT.**—

“(1) **EVALUATIONS BY ELIGIBLE ENTITIES.**—Not later than 18 months after receiving a grant or cooperative agreement under this section, an eligible entity shall submit to the Secretary the results of an evaluation to be conducted by the entity concerning the effectiveness of the activities carried out under the grant or agreement.

“(2) **REPORT.**—Not later than 2 years after the date of enactment of this section, the Secretary shall submit to the appropriate committees of Congress a report concerning the results of—

“(A) the evaluations conducted under paragraph (1);

and

“(B) an evaluation conducted by the Secretary to analyze the effectiveness and efficacy of the activities conducted with grants, collaborations, and consultations under this section.

“(h) **RULE OF CONSTRUCTION; STUDENT MEDICATION.**—Nothing in this section or section 520E-1 shall be construed to allow school personnel to require that a student obtain any medication as a condition of attending school or receiving services.

“(i) **PROHIBITION.**—Funds appropriated to carry out this section, section 520C, section 520E-1, or section 520E-2 shall not be used to pay for or refer for abortion.

“(j) **PARENTAL CONSENT.**—States and entities receiving funding under this section and section 520E-1 shall obtain prior written, informed consent from the child’s parent or legal guardian for assessment services, school-sponsored programs, and treatment involving medication related to youth suicide conducted in elementary and secondary schools. The requirement of the preceding sentence does not apply in the following cases:

“(1) In an emergency, where it is necessary to protect the immediate health and safety of the student or other students.

“(2) Other instances, as defined by the State, where parental consent cannot reasonably be obtained.

“(k) **RELATION TO EDUCATION PROVISIONS.**—Nothing in this section or section 520E-1 shall be construed to supersede section 444 of the General Education Provisions Act, including the requirement of prior parental consent for the disclosure of any education records. Nothing in this section or section 520E-1 shall be construed to modify or affect parental notification requirements for programs authorized under the Elementary and Secondary Education Act of 1965 (as amended by the No Child Left Behind Act of 2001; Public Law 107-110).

“(l) **DEFINITIONS.**—In this section:

“(1) EARLY INTERVENTION.—The term ‘early intervention’ means a strategy or approach that is intended to prevent an outcome or to alter the course of an existing condition.

“(2) EDUCATIONAL INSTITUTION; INSTITUTION OF HIGHER EDUCATION; SCHOOL.—The term—

“(A) ‘educational institution’ means a school or institution of higher education;

“(B) ‘institution of higher education’ has the meaning given such term in section 101 of the Higher Education Act of 1965; and

“(C) ‘school’ means an elementary or secondary school (as such terms are defined in section 9101 of the Elementary and Secondary Education Act of 1965).

“(3) PREVENTION.—The term ‘prevention’ means a strategy or approach that reduces the likelihood or risk of onset, or delays the onset, of adverse health problems that have been known to lead to suicide.

“(4) YOUTH.—The term ‘youth’ means individuals who are between 10 and 24 years of age.

“(m) AUTHORIZATION OF APPROPRIATIONS.—

“(1) IN GENERAL.—For the purpose of carrying out this section, there are authorized to be appropriated \$7,000,000 for fiscal year 2005, \$18,000,000 for fiscal year 2006, and \$30,000,000 for fiscal year 2007.

“(2) PREFERENCE.—If less than \$3,500,000 is appropriated for any fiscal year to carry out this section, in awarding grants and cooperative agreements under this section during the fiscal year, the Secretary shall give preference to States that have rates of suicide that significantly exceed the national average as determined by the Centers for Disease Control and Prevention.”.

(d) MENTAL AND BEHAVIORAL HEALTH SERVICES ON CAMPUS.—Title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is amended by inserting after section 520E-1 (as redesignated by subsection (b)) the following:

“SEC. 520E-2. MENTAL AND BEHAVIORAL HEALTH SERVICES ON CAMPUS.

42 USC
290bb-36b.

“(a) IN GENERAL.—The Secretary, acting through the Director of the Center for Mental Health Services, in consultation with the Secretary of Education, may award grants on a competitive basis to institutions of higher education to enhance services for students with mental and behavioral health problems that can lead to school failure, such as depression, substance abuse, and suicide attempts, so that students will successfully complete their studies.

“(b) USE OF FUNDS.—The Secretary may not make a grant to an institution of higher education under this section unless the institution agrees to use the grant only for—

“(1) educational seminars;

“(2) the operation of hot lines;

“(3) preparation of informational material;

“(4) preparation of educational materials for families of students to increase awareness of potential mental and behavioral health issues of students enrolled at the institution of higher education;

“(5) training programs for students and campus personnel to respond effectively to students with mental and behavioral health problems that can lead to school failure, such as depression, substance abuse, and suicide attempts; or

“(6) the creation of a networking infrastructure to link colleges and universities that do not have mental health services with health care providers who can treat mental and behavioral health problems.

“(c) ELIGIBLE GRANT RECIPIENTS.—Any institution of higher education receiving a grant under this section may carry out activities under the grant through—

“(1) college counseling centers;

“(2) college and university psychological service centers;

“(3) mental health centers;

“(4) psychology training clinics; or

“(5) institution of higher education supported, evidence-based, mental health and substance abuse programs.

“(d) APPLICATION.—An institution of higher education desiring a grant under this section shall prepare and submit an application to the Secretary at such time and in such manner as the Secretary may require. At a minimum, the application shall include the following:

“(1) A description of identified mental and behavioral health needs of students at the institution of higher education.

“(2) A description of Federal, State, local, private, and institutional resources currently available to address the needs described in paragraph (1) at the institution of higher education.

“(3) A description of the outreach strategies of the institution of higher education for promoting access to services, including a proposed plan for reaching those students most in need of mental health services.

“(4) A plan to evaluate program outcomes, including a description of the proposed use of funds, the program objectives, and how the objectives will be met.

Reports.

“(5) An assurance that the institution will submit a report to the Secretary each fiscal year on the activities carried out with the grant and the results achieved through those activities.

“(e) REQUIREMENT OF MATCHING FUNDS.—

“(1) IN GENERAL.—The Secretary may make a grant under this section to an institution of higher education only if the institution agrees to make available (directly or through donations from public or private entities) non-Federal contributions in an amount that is not less than \$1 for each \$1 of Federal funds provided in the grant, toward the costs of activities carried out with the grant (as described in subsection (b)) and other activities by the institution to reduce student mental and behavioral health problems.

“(2) DETERMINATION OF AMOUNT CONTRIBUTED.—Non-Federal contributions required under paragraph (1) may be in cash or in kind. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

“(3) WAIVER.—The Secretary may waive the requirement established in paragraph (1) with respect to an institution

of higher education if the Secretary determines that extraordinary need at the institution justifies the waiver.

“(f) REPORTS.—For each fiscal year that grants are awarded under this section, the Secretary shall conduct a study on the results of the grants and submit to the Congress a report on such results that includes the following:

“(1) An evaluation of the grant program outcomes, including a summary of activities carried out with the grant and the results achieved through those activities.

“(2) Recommendations on how to improve access to mental and behavioral health services at institutions of higher education, including efforts to reduce the incidence of suicide and substance abuse.

“(g) DEFINITION.—In this section, the term ‘institution of higher education’ has the meaning given such term in section 101 of the Higher Education Act of 1965.

“(h) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated \$5,000,000 for fiscal year 2005, \$5,000,000 for fiscal year 2006, and \$5,000,000 for fiscal year 2007.”.

Approved October 21, 2004.

LEGISLATIVE HISTORY—S. 2634:

CONGRESSIONAL RECORD, Vol. 150 (2004):

July 8, considered and passed Senate.

Sept. 8, considered in House.

Sept. 9, considered and passed House, amended. Senate concurred in House amendment.

