which to revise and extend their remarks and include extraneous material on H.R. 1475.

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

There was no objection.

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

Madam Speaker, I rise today in support of H.R. 1475, the Pursuing Equity in Mental Health Act.

We have long known that people of color experience inequities in healthcare in the United States. While we have made progress to close these gaps in recent years, including with the passage of the Affordable Care Act, people of color in America continue to experience inequities in care and worse health outcomes compared to White Americans.

These long-term trends are rooted in several social determinants that are often driven by structural discrimination and institutionalized racism, which has created systemic health inequity. The tragic result of these long-term trends is that people of color are more likely to suffer from underlying health conditions; have a much harder time getting access to care; and when they do, they are far more likely to experience bias, discrimination, and poor health outcomes.

The Congressional Black Caucus' Emergency Task Force on Black Youth Suicide and Mental Health reiterated these points in a report last Congress that raised concern about the increasing rates of suicide and mental health trends among Black children.

The bill before us today, H.R. 1475, is aimed specifically at addressing equity in mental health. It is a comprehensive approach to address increasing suicide rates and mental health disorders amongst Black youth. The bill would invest resources into better understanding racial and ethnic minority mental health disparities, improve outreach and support for racial and ethnic minorities, and expand provider support for students of color entering the mental health workforce.

Madam Speaker, I am hopeful that this bill will help reduce the inequities in mental health.

Before I conclude, I would like to thank my colleague, Representative BONNIE WATSON COLEMAN, and her staff for leading this important legislation. She, of course, is in the district immediately next to me and a longtime supporter of these causes. So this is a bill that is significant, and I do want to thank the Congresswoman for being the sponsor.

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

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

Madam Speaker, I rise today in support of H.R. 1475, the Pursuing Equity in Mental Health Act, sponsored by Representative WATSON COLEMAN.

This important bill helps address suicide and mental illness in youth from minority and underserved communities.

Despite improvements in health quality, disparities in mental healthcare persist. The Agency for Healthcare Research and Quality has reported that racial and ethnic minority groups in the U.S. are less likely to have access to mental health services, less likely to use community mental health services, more likely to use emergency departments, and more likely to receive lower quality care.

Poor mental healthcare access and quality ultimately contribute to poor outcomes, including suicide among these populations. These issues are especially acute in minority youth populations.

This bill would help address these disparities by authorizing grants targeted at high-poverty communities for culturally and linguistically appropriate mental health services, supporting mental health disparities research, studying the impact of smartphones and social media on adolescents, and reauthorizing the Minority Fellowship Program to support more students of color entering the mental health workforce.

Madam Speaker, I urge a ''yes'' vote for this important initiative, and I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, first, let me say that Congresswoman BONNIE WATSON COLEMAN has, for years both here and in the State legislature and beyond, gone after issues that many of us have neglected or been unwilling to address. Maybe because they are controversial or whatever. She is always out there looking to help those people who are distressed or don't have someone to look out for them.

Madam Speaker, I yield such time as she may consume to the gentlewoman from New Jersey (Mrs. WATSON COLEMAN).

Mrs. WATSON COLEMAN. Madam Speaker, I thank my colleague from New Jersey for those kind words, and I thank my colleague from the other side of the aisle for supporting what I think is a very important piece of legislation.

Madam Speaker, I rise today to call on all of my colleagues to support the Pursuing Equity in Mental Health Act.

Over the last several years, data has indicated an alarming increase in the suicide rates for Black children and teenagers, while a recent study has shown that suicide intervention programs—while successful among White, Asian, and Hispanic children—have done little to help African-American and Native-American youth.

Two years ago, I launched the Emergency Task Force on Black Youth Suicide and Mental Health, sponsored by the Congressional Black Caucus. The task force's report that inspired this bill is an urgent call to action.

Regardless of race, gender, and socioeconomic status, every individual should have access to mental health resources and treatment.

This bipartisan bill will provide much-needed grants for culturally competent mental health services, increase funding for the Minority Fellowship Program, and direct research and resources at Federal departments and agencies. I basically am echoing what my colleagues have already shared with you.

We must pursue this equity in mental health because the systems we have in place simply do not address the mental health needs of all communities.

Madam Speaker, I call upon all of my colleagues to support this important piece of legislation.

Mr. GUTHRIE. Madam Speaker, I yield myself the balance of my time for the purpose of closing.

Madam Speaker, again, this is a very important issue, and I am glad we are here today to address it. We need to address it. My hopes and prayers are, as we move forward with this piece of legislation, we get the help that communities needed.

I support this legislation, and I urge my colleagues to support it.

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

Mr. PALLONE. Madam Speaker, I, too, urge my colleagues to support this very important 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. 1475, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. ROY. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

SUICIDE TRAINING AND AWARENESS NATIONALLY DELIVERED FOR UNIVERSAL PREVENTION ACT OF 2021

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 586) 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.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 586

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 2021'' or the ''STANDUP Act of 2021''.

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 Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

□ 1445

GENERAL LEAVE

Mr. PALLONE. 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. 586.

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

There was no objection.

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

I rise in support of H.R. 586, the Suicide Training and Awareness Nationally Delivered for Universal Prevention Act of 2021, or the STANDUP Act.

For the last decade, suicide has been the second leading cause of death in the United States for young Americans between the ages of 10 and 24. Since 2007, the number of suicides for this group has nearly tripled.

We are witnessing notable disparities within this youth suicide crisis as well. Data tells us that young Black Americans, ages 5 to 12 years old, are twice as likely to die by suicide as compared to their White peers. Suicide rates for American Indian and Alaska Native teenagers between the ages of 15 and 19 are 60 percent higher than the national average for all teenagers. Additionally, among the more than 77,000 youth reporting suicidal ideations, over one-third of them are identified as LGBTQ.

This data makes clear that more must be done to help those struggling. We can and must act now to help equip students and the community around them to identify risk factors, because oftentimes, it is the students who are the true eyes and ears of each campus. We can help provide them with effective tools so they can play an active role in preventing suicide or self-harm.

H.R. 586 would encourage schools to expand evidence-based suicide awareness and prevention training to students. It would also require this training as a condition of receiving funds under the Substance Abuse and Mental Health Services Administration's Project AWARE grant program.

The STANDUP Act, Madam Speaker, 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 shows that training students on suicide prevention makes an impact on student suicide rates and improves a student's willingness to seek help or help a peer. Much of this training is already taking place across thousands of schools nationwide, but STANDUP will help ensure that this good work is expanded to more schools across the country.

For these reasons, I stand up in support of the STANDUP Act. I thank the lead sponsors, Representatives PETERS and BILIRAKIS, and the many bipartisan supporters of this legislation for their work on this critical issue.

Madam Speaker, I urge my colleagues to support this bill. I hope the Senate will act swiftly to pass it after we have taken action. I reserve the balance of my time.

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

Madam Speaker, I rise today in support of H.R. 586, the STANDUP Act of 2021, which was introduced by Representative SCOTT PETERS and includes the support of many Members of the House, including Energy and Commerce Committee colleagues BILIRAKIS, BLUNT ROCHESTER, UPTON, and TONKO.

This legislation helps promote suicide awareness and facilitates prevention training for students and young Americans. 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 pandemic.

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

Through this bill, Project AWARE grantees will 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.

The pandemic has greatly impacted the mental health of all Americans, which is why it is critical that we continue addressing our Nation's challenges in preventing youth suicide and promoting the wellness of all.

I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I have no additional speakers at this time.

I reserve the balance of my time.

Mr. GUTHRIE. Madam Speaker, I yield 3 minutes to the gentleman from Florida (Mr. BILIRAKIS), my good friend.

Mr. BILIRAKIS. Madam Speaker, we have all worked together on this very powerful bill. There is no higher priority than keeping our children safe. I think most people know that.

Since 2010, suicide has been the second leading cause of death for young Americans ages 10 through 24. From 2007 to 2015, the number of children and teens visiting the emergency room for suicide-related injuries doubled. In 2017, 517 Americans, aged 10 through 14, and 6,252, aged 15 through 24, committed suicide. Sadly, some communities in my district are among those with the highest suicide rates in Florida. I represent the Tampa Bay area, Madam Speaker.

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 a student reported concerns about a threat, a plot, or other concerning behavior involving a peer.

H.R. 586, the Suicide Training and Awareness Nationally Delivered for Universal Prevention Act, or the STANDUP Act, encourages States, Tribes, and schools to create policies for student suicide prevention training utilizing 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 sorely need.

I have seen firsthand, Madam Speaker, the power of work like this through nonprofits like Sandy Hook Promise, and SAVE Promise Clubs at my children's school actually at Palm Harbor University High School, which is located in Palm Harbor, Florida, in my district. When properly equipped, students can be empowered to prevent violence in their schools.

I appreciate the bipartisan work of my colleagues, and, of course, we actually sponsored this bill with Congressman PETERS. I also want to thank the chairman for placing the bill on the agenda and working with us.

I urge my colleagues to join us in passing this critical legislation to help reverse the troubling trend of youth suicide and violence.

Mr. GUTHRIE. Madam Speaker, as we were speaking before, this is an important issue. Suicide affects so many people. There are systems, there is the ability to become aware. It can be preventable if people know the right signs to look for. I think the American people absolutely want to work together to make this happen so we can prevent this.

I urge all my colleagues to support this piece of legislation. I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, I urge support on a bipartisan basis for this bill. 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. 586.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. ROY. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

MENTAL HEALTH SERVICES FOR STUDENTS ACT OF 2021

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 721) to amend the Public Health Service Act to revise and extend projects relating to children and to provide access to school-based comprehensive mental health programs, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 721

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 ''Mental Health Services for Students Act of 2021''.

SEC. 2. AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT.

(a) TECHNICAL AMENDMENTS.—The second part G (relating to services provided through religious organizations) of title V of the Public Health Service Act (42 U.S.C. 290kk et seq.) is amended—

(1) by redesignating such part as part J; and

(2) by redesignating sections 581 through 584 as sections 596 through 596C, respectively.

(b) SCHOOL-BASED MENTAL HEALTH AND CHILDREN.—Section 581 of the Public Health Service Act (42 U.S.C. 290hh) (relating to children and violence) is amended to read as follows:

''SEC. 581. SCHOOL-BASED MENTAL HEALTH; CHILDREN AND ADOLESCENTS.

''(a) IN GENERAL.—The Secretary, in consultation with the Secretary of Education, shall, through grants, contracts, or cooperative agreements awarded to eligible entities described in subsection (c), provide comprehensive school-based mental health services and supports to assist children in local communities and schools (including schools funded by the Bureau of Indian Education) dealing with traumatic experiences, grief, bereavement, risk of suicide, and violence. Such services and supports shall be—

''(1) developmentally, linguistically, and culturally appropriate;

''(2) trauma-informed; and

''(3) incorporate positive behavioral interventions and supports.

''(b) ACTIVITIES.—Grants, contracts, or cooperative agreements awarded under subsection (a), shall, as appropriate, be used for—

''(1) implementation of school and community-based mental health programs that—

''(A) build awareness of individual trauma and the intergenerational, continuum of impacts of trauma on populations;

''(B) train appropriate staff to identify, and screen for, signs of trauma exposure, mental health disorders, or risk of suicide; and

''(C) incorporate positive behavioral interventions, family engagement, student treatment, and multigenerational supports to foster the health and development of children, prevent mental health disorders, and ameliorate the impact of trauma;

''(2) technical assistance to local communities with respect to the development of programs described in paragraph (1);

''(3) facilitating community partnerships among families, students, law enforcement agencies, education agencies, mental health and substance use disorder service systems, family-based mental health service systems, child welfare agencies, health care providers (including primary care physicians, mental health professionals, and other professionals who specialize in children's mental health such as child and adolescent psychiatrists), institutions of higher education, faith-based programs, trauma networks, and other community-based systems to address child and adolescent trauma, mental health issues, and violence; and

''(4) establishing mechanisms for children and adolescents to report incidents of violence or plans by other children, adolescents, or adults to commit violence.

''(c) REQUIREMENTS.—

''(1) IN GENERAL.—To be eligible for a grant, contract, or cooperative agreement under subsection (a), an entity shall be a partnership that includes—