

data found that over 80 percent of young people with mental health needs did not receive the care that 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. This bill helps bridge that gap.

The champions of this legislation, Representatives FERGUSON, PETERS, BURGESS, and PANETTA, worked together to help provide these behavioral health prevention tools to schools and colleges around the country, and I applaud them for their bipartisan effort.

Madam Speaker, I urge my colleagues to support this 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 strong support of H.R. 2877, the Behavioral Intervention Guidelines Act of 2021 introduced by Representatives FERGUSON, BURGESS, PETERS, 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 settings, such as Texas Tech and the University of California, Los Angeles.

By acting in a proactive manner to assist students and 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.

Madam Speaker, I yield 4 minutes to the gentleman from Georgia (Mr. FERGUSON).

Mr. FERGUSON. Madam Speaker, I rise today in strong support of H.R. 2877, the BIG Act.

Without question, we have all seen how the mental health issues in America have been growing, and they have been exacerbated by the COVID-19 pandemic. The urgency to address this crisis has become more dire as we are seeing how fear, anxiety, financial problems, and particularly isolation have compounded these issues. We see this across the board but particularly with our young people.

We must tackle these issues head-on, and that is why I am honored to support the BIG Act.

This straightforward bill works to provide local communities and educational systems with the tools that they need to help identify mental health needs before it is too late.

As a healthcare provider, I can tell my colleagues that early intervention is vitally important, and putting teams together that recognize the needs and see the problems with students before it is too late is important. The last thing that we want to see our students go through is the process of dropping out of school because of issues or problems with behavior or with their classmates. Most importantly, we never want to see them do harm to themselves or to others.

This bill provides the resources and the best practices from around the country in one site where school districts and different organizations can come together to put together the programs that will work best for them.

Congress must step up to confront this challenge, but doing so successfully will require input from an awful lot of people. That is what this bill does.

This is a bipartisan, bicameral bill. It has widespread support from places like Texas A&M; as you mentioned, the University of California; and in my home district, Columbus State University. It has the support of mental health organizations, mental health providers, and other individuals across this country.

Together, we can and should increase the mental health well-being of our fellow Americans.

National Mental Health Awareness Month is going on, and it is so important that we act to improve access across our country to high-quality, evidence-based mental healthcare services. That is why I ask my colleagues to join in supporting the BIG Act.

Mr. GUTHRIE. Madam Speaker, what we have talked about is that this creates a safe environment for students. I think all Americans want a safer environment for all of our students and to improve the mental health outcomes of young people.

Madam Speaker, that is what this bill focuses on, and I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, I urge support for this bill. This is just another tool to help provide behavioral services—in this case, to schools and colleges around the country. I think it deserves our support.

Madam Speaker, 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. 2877.

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. PALLONE. 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.

BIPARTISAN SOLUTION TO CYCLICAL VIOLENCE ACT OF 2021

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1260) to amend the Public Health Service Act to establish a grant program supporting trauma center violence intervention and violence prevention programs, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1260

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 “Bipartisan Solution to Cyclical Violence Act of 2021”.

SEC. 2. GRANT PROGRAM SUPPORTING TRAUMA CENTER VIOLENCE INTERVENTION AND VIOLENCE PREVENTION PROGRAMS.

Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended by adding at the end the following new section:

“SEC. 399V-7. GRANT PROGRAM SUPPORTING TRAUMA CENTER VIOLENCE INTERVENTION AND VIOLENCE PREVENTION PROGRAMS.

“(a) AUTHORITY ESTABLISHED.—

“(1) IN GENERAL.—The Secretary shall award grants to eligible entities to establish or expand violence intervention or prevention programs for services and research designed to reduce the incidence of reinjury and reincarceration caused by intentional violent trauma, excluding intimate partner violence.

“(2) FIRST AWARD.—Not later than 9 months after the date of enactment of this section, the Secretary shall make the first award under paragraph (1).

“(3) GRANT DURATION.—Each grant awarded under paragraph (1) shall be for a period of three years.

“(4) GRANT AMOUNT.—The total amount of each grant awarded under paragraph (1) for the 3-year grant period shall be not less than \$250,000 and not more than \$500,000.

“(5) SUPPLEMENT NOT SUPPLANT.—A grant awarded under paragraph (1) to an eligible entity with an existing program described in paragraph (1) shall be used to supplement, and not supplant, any other funds provided to such entity for such program.

“(b) ELIGIBLE ENTITIES.—To be eligible to receive a grant under subsection (a)(1), an entity shall—

“(1) either be—

“(A) a State-designated trauma center, or a trauma center verified by the American College of Surgeons, that conducts or seeks to conduct a violence intervention or violence prevention program; or

“(B) a nonprofit entity that conducts or seeks to conduct a program described in subparagraph (A) in cooperation with a trauma center described in such subparagraph;

“(2) serve a community in which at least 100 incidents of intentional violent trauma occur annually; and

“(3) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

“(c) SELECTION OF GRANT RECIPIENTS.—

“(1) GEOGRAPHIC DIVERSITY.—In selecting grant recipients under subsection (a)(1), the Secretary shall ensure that collectively grantees represent a diversity of geographic areas.

“(2) PRIORITY.—In selecting grant recipients under subsection (a)(1), the Secretary

shall prioritize applicants that serve one or more communities with high absolute numbers or high rates of intentional violent trauma.

“(3) HEALTH PROFESSIONAL SHORTAGE AREAS.—

“(A) ENCOURAGEMENT.—The Secretary shall encourage entities described in paragraphs (1) and (2) that are located in or serve a health professional shortage area to apply for grants under subsection (a)(1).

“(B) DEFINITION.—In subparagraph (A), the term ‘health professional shortage area’ means a health professional shortage area designated under section 332.

“(d) REPORTS.—

“(1) REPORTS TO SECRETARY.—

“(A) IN GENERAL.—An entity that receives a grant under subsection (a)(1) shall submit reports on the use of the grant funds to the Secretary, including progress reports, as required by the Secretary. Such reports shall include—

“(i) any findings of the program established, or expanded, by the entity through the grant; and

“(ii) if applicable, the manner in which the entity has incorporated such findings in the violence intervention or violence prevention program conducted by such entity.

“(B) OPTION FOR JOINT REPORT.—To the extent feasible and appropriate, an entity that receives a grant under subsection (a)(1) may elect to coordinate with one or more other entities that have received such a grant to submit a joint report that meets the requirements of subparagraph (A).

“(2) REPORT TO CONGRESS.—Not later than six years after the date of enactment of the Bipartisan Solution to Cyclical Violence Act of 2021, the Secretary shall submit to Congress a report—

“(A) on any findings resulting from reports submitted to the Secretary under paragraph (1);

“(B) on best practices developed by the Secretary under subsection (e); and

“(C) with recommendations for legislative action relating to intentional violent trauma prevention that the Secretary determines appropriate.

“(e) BEST PRACTICES.—Not later than six years after the date of enactment of the Bipartisan Solution to Cyclical Violence Act of 2021, the Secretary shall—

“(1) develop, and post on a public website of the Department of Health and Human Services, best practices for intentional violent trauma prevention, based on any findings reported to the Secretary under subsection (d)(1); and

“(2) disseminate such best practices to stakeholders, as determined appropriate by the Secretary.

“(f) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated \$10,000,000 for the period of fiscal years 2022 through 2025.”

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.

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. 1260.

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.

Trauma is a pressing public health epidemic. In 2016 alone, trauma accounted for more than 29 million emergency department visits and 39 million physician office visits in the United States.

Tragically, homicide is the leading cause of death for Black males between the ages of 1 and 24 and the second leading cause of death in Hispanic males in the same age group. Regardless of race, of the people who survive a single violent trauma, it is estimated that up to 45 percent will experience a second violent trauma.

This is where H.R. 1260 steps in to provide critical data-driven interventions. The Bipartisan Solution of Cyclical Violence Act directs the Department of Health and Human Services to establish a grant program for specified trauma centers and nonprofits to establish or expand intervention or prevention programs related to intentional violent trauma.

These programs, Madam Speaker, help identify patients at risk of repeat violent injury and connects them with hospital and community-based resources. The bill bridges tragedy with hospital-based violence intervention programs by providing intensive case management to people who have experienced at least one violent trauma. These programs have been shown to successfully reduce injury recidivism and help those at risk for violence live safer lives.

I commend my colleagues, Representatives RUPPERSBERGER and KINZINGER, for spearheading this initiative.

Again, I urge my colleagues to support this important bipartisan 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. 1260, the Bipartisan Solution to Cyclical Violence Act of 2021 introduced by Representative RUPPERSBERGER and fellow Energy and Commerce Committee member KINZINGER.

This important legislation would provide Federal grants to hospitals and trauma centers for intervention services to victims of violent crime.

Violence in America disproportionately impacts urban and underserved communities, where poor social determinants of health can contribute to structural violence.

Hospital-based intervention programs help reduce violence because they reach high-risk individuals recently admitted to a hospital for treatment of a serious violent injury. Hospitalization presents an opportunity when an individual may be open to help to break the cycle of violence by immediate intervention following the violent incident.

By supporting hospital-based violence intervention programs, this bill

will connect at-risk individuals with local resources that address underlying risk factors for violence.

I thank Representatives RUPPERSBERGER and KINZINGER for tackling this challenging issue and for putting forward a meaningful solution to help address violence in our communities.

Madam Speaker, it is important to break the cycle of violence. Having someone in a hospital setting who has just been a victim of violence is a great time to address that.

I think this is the right policy at the right time, and I urge my colleagues to vote for this bill.

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

Mr. PALLONE. Madam Speaker, I also urge my colleagues to support this bill. Again, this one, dealing with intervention for violent traumas, is part of this package today.

Madam Speaker, 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. 1260, 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.

IMPROVING MENTAL HEALTH ACCESS FROM THE EMERGENCY DEPARTMENT ACT OF 2021

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1205) to authorize the Secretary of Health and Human Services, acting through the Director of the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration, to award grants to implement innovative approaches to securing prompt access to appropriate follow-on care for individuals who experience an acute mental health episode and present for care in an emergency department, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1205

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 “Improving Mental Health Access from the Emergency Department Act of 2021”.

SEC. 2. SECURING APPROPRIATE FOLLOW-ON CARE FOR ACUTE MENTAL HEALTH ILLNESS AFTER AN EMERGENCY DEPARTMENT ENCOUNTER.

The Public Health Service Act is amended by inserting after section 520J of such Act (42 U.S.C. 290bb-31) the following new section: