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:

"SEC. 520J–1. SECURING APPROPRIATE FOLLOW-ON CARE FOR ACUTE MENTAL HEALTH ILLNESS AFTER AN EMERGENCY DEPARTMENT ENCOUNTER.

''(a) IN GENERAL.—The Secretary may award grants on a competitive basis to qualifying health providers 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.

''(b) ELIGIBLE GRANT RECIPIENTS.—In this section, the term 'qualifying health provider' means a health care facility licensed under applicable law that—

''(1) has an emergency department;

''(2) is staffed by medical personnel (such as emergency physicians, psychiatrists, psychiatric registered nurses, mental health technicians, clinical social workers, psychologists, and therapists) capable of providing treatment focused on stabilizing acute mental health conditions and assisting patients to access resources to continue treatment in the least restrictive appropriate setting; and

''(3) has arrangements in place with other providers of care that can provide a full range of medically appropriate, evidence-based services for the treatment of acute mental health episodes.

''(c) USE OF FUNDS.—A qualifying health provider receiving funds under this section shall use such funds to create, support, or expand programs or projects intended to assist individuals who are treated at the provider's emergency department for acute mental health episodes and to expeditiously transition such individuals to an appropriate facility or setting for follow-on care. Such use of funds may support the following:

''(1) Expediting placement in appropriate facilities through activities such as expanded coordination with regional service providers, assessment, peer navigators, bed availability tracking and management, transfer protocol development, networking infrastructure development, and transportation services.

''(2) Increasing the supply of inpatient psychiatric beds and alternative care settings such as regional emergency psychiatric facilities.

''(3) Use of alternative approaches to providing psychiatric care in the emergency department setting, including through telepsychiatric support and other remote psychiatric consultation, implementation of peak period crisis clinics, or creation of psychiatric emergency service units.

''(4) Use of approaches that include proactive followup such as telephone check-ins, telemedicine, or other technology-based outreach to individuals during the period of transition.

''(5) Such other activities as are determined by the Secretary to be appropriate, consistent with subsection (a).

''(d) APPLICATION.—A qualifying health provider 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 need for acute mental health services in the provider's service area.

''(2) A description of the existing efforts of the provider to meet the need for acute mental health services in the service area, and identified gaps in the provision of such services.

''(3) A description of the proposed use of funds to meet the need and gaps identified pursuant to paragraph (2).

''(4) A description of how the provider will coordinate efforts with Federal, State, local, and private entities within the service area.

''(5) A description of program objectives, how the objectives are proposed to be met, and how the provider will evaluate outcomes relative to objectives.

''(e) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated $15,000,000 for each of fiscal years 2022 through 2026.''.

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.

□ 1515

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. 1205.

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. 1205, the Improving Mental Health Access from the Emergency Department Act.

I would like to begin by recognizing a member of our committee, Representative RUIZ, and his staff for their work on this important legislation. As an emergency room physician himself, Dr. RUIZ knows firsthand the needs of both the medical professional and patients in the ER.

Among those increasing needs is support for mental health services. Research has shown that one in every eight emergency department visits in the U.S. is related to a mental health issue. And since 2009, mental health emergency room visits have substantially increased, most of which is driven by adolescents and young adults. This is especially concerning given the recent report from the Government Accountability Office that found emergency department visits for suicide attempts from mid-March to mid-October 2020 were up 26 percent from 2019.

Now, this bill would help to provide increased access to care for people who report to an emergency department for acute mental health episodes. Under the bill, the Secretary of Health and Human Services is authorized to award grants to support innovative approaches for providing follow-on care for individuals treated in the emergency department for acute mental health issues. This includes increasing the number of inpatient psychiatric beds and alternative care settings, supporting a patient's transition to appropriate mental health services, or the use of tele-psychiatric support or other remote psychiatric consultation methods.

Madam Speaker, emergency departments can sometimes feel like a stressful place, especially for people in crisis. However, they are often the last remaining safety net in many communities. We know that follow-up care for people with mental illnesses is linked to fewer repeat emergency room visits and improved mental and physical health. So let's do our part to support the emergency room staff and patients in need by passing this bill today.

Madam Speaker, again, I urge my colleagues to support H.R. 1205, 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. 1205, Improving Mental Health Access from the Emergency Department Act of 2021, sponsored by Representative RUIZ.

This bill authorizes the Substance Abuse and Mental Health Services Administration to award grants to emergency departments for the purpose of supporting follow-up services to patients that present in the emergency department in mental health crisis.

According to SAMHSA's National Guidelines for Behavioral Health Crisis Care, there is a disconnect in the provision of follow-up services regarding what comes next for patients experiencing a mental health crisis in the emergency department.

If a patient comes in with appendicitis, the emergency room physician can call a surgeon. If the patient has a rash, the emergency department has a roster of dermatologists in clinics; and, in many cases, the physician can even make an appointment for the patient. These partnerships don't always exist for mental health illness.

By authorizing grants to support programs that help those treated at emergency departments expeditiously transition to follow-on care, this bill will remove barriers to care for those experiencing an acute mental health crisis, reduce stigma, and ultimately save lives.

Madam Speaker, one of the great things I have learned being a Member of the House of Representatives is that we have 435 people from all walks of life and they bring all their life experiences to us and create some important legislation.

Dr. RUIZ is an emergency room physician. He knows this firsthand. We are colleagues on the Committee on Energy and Commerce. I know he is passionate about it because it does save lives if we get people the assistance they need.

Madam Speaker, I urge my colleagues to vote for this bill, and I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, again, we are trying with these series of bills today to address mental and behavioral health problems, and this one deals with the emergency room. So that is very important, and I would urge my colleagues to support it on a bipartisan basis.

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. 1205.

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.

EFFECTIVE SUICIDE SCREENING AND ASSESSMENT IN THE EMERGENCY DEPARTMENT ACT OF 2021

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1324) to amend the Public Health Service Act to establish a program to improve the identification, assessment, and treatment of patients in hospital emergency departments who are at risk of suicide, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1324

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 ''Effective Suicide Screening and Assessment in the Emergency Department Act of 2021''.

SEC. 2. PROGRAM TO IMPROVE THE CARE PROVIDED TO PATIENTS IN THE EMERGENCY DEPARTMENT WHO ARE AT RISK OF SUICIDE.

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. PROGRAM TO IMPROVE THE CARE PROVIDED TO PATIENTS IN THE EMERGENCY DEPARTMENT WHO ARE AT RISK OF SUICIDE.

''(a) IN GENERAL.—The Secretary shall establish a program (in this Act referred to as the 'Program') to improve the identification, assessment, and treatment of patients in emergency departments who are at risk for suicide, including by—

''(1) developing policies and procedures for identifying and assessing individuals who are at risk of suicide; and

''(2) enhancing the coordination of care for such individuals after discharge.

''(b) GRANT ESTABLISHMENT AND PARTICIPATION.—

''(1) IN GENERAL.—In carrying out the Program, the Secretary shall award grants on a competitive basis to not more than 40 eligible health care sites described in paragraph (2).

''(2) ELIGIBILITY.—To be eligible for a grant under this section, a health care site shall—

''(A) submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may specify;

''(B) be a hospital (as defined in section 1861(e) of the Social Security Act);

''(C) have an emergency department; and

''(D) deploy onsite health care or social service professionals to help connect and integrate patients who are at risk of suicide with treatment and mental health support services.

''(3) PREFERENCE.—In awarding grants under this section, the Secretary may give preference to eligible health care sites described in paragraph (2) that meet at least one of the following criteria:

''(A) The eligible health care site is a critical access hospital (as defined in section 1861(mm)(1) of the Social Security Act).

''(B) The eligible health care site is a sole community hospital (as defined in section 1886(d)(5)(D)(iii) of the Social Security Act).

''(C) The eligible health care site is operated by the Indian Health Service, by an Indian Tribe or Tribal organization (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act), or by an urban Indian organization (as defined in section 4 of the Indian Health Care Improvement Act).

''(D) The eligible health care site is located in a geographic area with a suicide rate that is higher than the national rate, as determined by the Secretary based on the most recent data from the Centers for Disease Control and Prevention.

''(c) PERIOD OF GRANT.—A grant awarded to an eligible health care site under this section shall be for a period of at least 2 years.

''(d) GRANT USES.—

''(1) REQUIRED USES.—A grant awarded under this section to an eligible health care site shall be used for the following purposes:

''(A) To train emergency department health care professionals to identify, assess, and treat patients who are at risk of suicide.

''(B) To establish and implement policies and procedures for emergency departments to improve the identification, assessment, and treatment of individuals who are at risk of suicide.

''(C) To establish and implement policies and procedures with respect to care coordination, integrated care models, or referral to evidence-based treatment to be used upon the discharge from the emergency department of patients who are at risk of suicide.

''(2) ADDITIONAL PERMISSIBLE USES.—In addition to the required uses listed in paragraph (1), a grant awarded under this section to an eligible health care site may be used for any of the following purposes:

''(A) To hire emergency department psychiatrists, psychologists, nurse practitioners, counselors, therapists, or other licensed health care and behavioral health professionals specializing in the treatment of individuals at risk of suicide.

''(B) To develop and implement best practices for the follow-up care and long-term treatment of individuals who are at risk of suicide.

''(C) To increase the availability of, and access to, evidence-based treatment for individuals who are at risk of suicide, including through telehealth services and strategies to reduce the boarding of these patients in emergency departments.

''(D) To offer consultation with and referral to other supportive services that provide evidence-based treatment and recovery for individuals who are at risk of suicide.

''(e) REPORTING REQUIREMENTS.—

''(1) REPORTS BY GRANTEES.—Each eligible health care site receiving a grant under this section shall submit to the Secretary an annual report for each year for which the grant is received on the progress of the program funded through the grant. Each such report shall include information on—

''(A) the number of individuals screened in the site's emergency department for being at risk of suicide;

''(B) the number of individuals identified in the site's emergency department as being—

''(i) survivors of an attempted suicide; or

''(ii) are at risk of suicide;

''(C) the number of individuals who are identified in the site's emergency department as being at risk of suicide by a health care or behavioral health professional hired pursuant to subsection (d)(2)(A);

''(D) the number of individuals referred by the site's emergency department to other treatment facilities, the types of such other facilities, and the number of such individuals admitted to such other facilities pursuant to such referrals;

''(E) the effectiveness of programs and activities funded through the grant in preventing suicides and suicide attempts; and

''(F) any other relevant additional data regarding the programs and activities funded through the grant.

''(2) REPORT BY SECRETARY.—Not later than one year after the end of fiscal year 2026, the Secretary shall submit to Congress a report that includes—

''(A) findings on the Program;

''(B) overall patient outcomes achieved through the Program;

''(C) an evaluation of the effectiveness of having a trained health care or behavioral health professional onsite to identify, assess, and treat patients who are at risk of suicide; and

''(D) a compilation of policies, procedures, and best practices established, developed, or implemented by grantees under this section.

''(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $20,000,000 for the period of fiscal years 2022 through 2026.''.

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 have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 1324.

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. 1324, the Effective Suicide Screening and Assessment in the Emergency Department Act.

The COVID–19 pandemic has caused tremendous suffering in our country over the past year and has negatively impacted the mental health of so many Americans. In fact, rates of mental health disorders, like depression and anxiety, that may lead to suicide have gone up almost fourfold.

According to the National Centers for Health Statistics, over 44,000 people died from suicide last year. However, these numbers may not fully reflect the deaths that occurred secondary to despair from the pandemic. Suicide is the second leading cause of death for people between the ages of 10 and 34, impacting children and people in the prime of their lives.