We also saw this during the pandemic with a spike in suicide deaths for first responders. For example, who can forget the story of Dr. Lorna Breen, an emergency room physician in New York, who dedicated herself to fighting the pandemic, but then tragically died from suicide after experiencing extreme burnout?

To counter these unnecessary deaths, we need to provide more resources to our providers on the front lines of emergency departments across the country. It is particularly important that we focus on those with limited resources, including Critical Access Hospitals, facilities serving Native Americans, and emergency departments in communities with high rates of suicide.

Resources for healthcare providers in the emergency department are important since they are often in the position of providing for patients at the highest risk for suicide with approximately 10 percent of emergency department patients presenting for treatment of suicidal ideations. Unfortunately, almost 40 percent of patients visiting an emergency department following a suicide attempt will go on to reattempt suicide within a year.

Madam Speaker, this bill will assist emergency departments by providing better training to emergency healthcare providers, establishing policies to improve identification and treatment of individuals at risk for suicide, employing additional behavioral health professionals, and improving access to care for patients.

I thank Representatives BILIRAKIS and SOTO and their staff for their tireless effort on this bill. Again, bipartisan.

Madam Speaker, suicide deaths are a preventable tragedy that negatively impact families and loved ones and rob us of young people in the prime of their lives. So whatever we can do to prevent this is going to be so important.

Madam Speaker, I urge my colleagues to support H.R. 1324, 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. 1324, the Effective Suicide Screening and Assessment in the Emergency Department Act of 2021, introduced by Representatives BILIRAKIS, SOTO, and BURGESS.

This legislation will authorize the grant program to improve the identification, screening, assessment, and treatment of patients in emergency departments who are at risk for suicide.

Consideration of this bill could not come at a more pressing time. The COVID–19 pandemic and resulting economic downturn have impacted the mental health of many Americans. Due to the pandemic, tens of thousands of additional Americans have died from suicide or substance misuse.

Emergency departments are key locations to intervene and assist those who may be contemplating suicide. Past research has identified one in every eight emergency department visits in the United States were related to a mental health or substance use disorder.

By creating grants for emergency departments to develop policies for screening those at risk of suicide, and enhancing their post-discharge care coordination, this bill will improve our frontline providers' ability to intervene when someone is in crisis, ultimately reducing deaths from despair during this difficult time.

Madam Speaker, I reserve the balance of my time.

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

Mr. GUTHRIE. Madam Speaker, I yield 4 minutes to the gentleman from Florida (Mr. BILIRAKIS), my friend.

Mr. BILIRAKIS. Madam Speaker, this is a real problem in this country. We have a mental health crisis, and, collectively, these bills address that. So I thank the chairman and the ranking member for bringing these bills to the floor. Let's get them through today, and then passed in the Senate and have the President sign because it will make a real difference in the lives of these people who are suffering with mental illness.

Madam Speaker, our Nation remains in the midst of a suicide crisis. Over the past several decades, the suicide rate has risen sharply, increasing by 31 percent since 2001, making suicide the 10th leading cause of death, and claiming an estimated 47,000 lives annually.

A 2016 study found that 11 percent of all emergency department patients exhibited suicidal ideation. However, only 3 percent of those patients were diagnosed by current screening tools. Furthermore, about 70 percent of patients who leave the emergency department after a suicide attempt never attend their first outpatient follow-up appointment. This is just reality, and we have got to do something about this.

The Effective Suicide Screening and Assessment in the Emergency Department Act creates a voluntary HHS grant program to assist emergency departments in developing protocols for identifying, assessing, and treating individuals at risk for suicide with preference given to either critical access hospitals or hospitals located in a geographic area with a suicide risk that is higher than the national average rate.

Grants last for 2 years and grantees must submit a report annually on their efforts to improve the identification, assessment, and discharge policies for individuals who are at risk for suicide. This proactive approach is vital because emergency departments often are the first—and, sadly, too often the only—point of contact within the healthcare system for those most at risk for suicide.

Madam Speaker, I appreciate, again, the bipartisan support of my colleague, and I worked on this with Congressman SOTO.

Madam Speaker, I urge my colleagues to pass H.R. 1324, the Effective Suicide Screening and Assessment in the Emergency Department Act, to further equip our health providers to recognize and assist these patients in crisis.

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

Mr. GUTHRIE. Madam Speaker, I am prepared to close, and I would just say that these series of bills is so important in dealing with the suicide and prevention, in preventing this tragic epidemic from becoming a pandemic as well.

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

Mr. PALLONE. Madam Speaker, I also urge support for this bill. Again, this is dealing with trying to alert potential problems or potential for suicide in the emergency department, a very important part of this package.

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. 1324.

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.

□ 1530

HELPING EMERGENCY RESPONDERS OVERCOME ACT

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1480) to require the Secretary of Health and Human Services to improve the detection, prevention, and treatment of mental health issues among public safety officers, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1480

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 ''Helping Emergency Responders Overcome Act'' or the ''HERO Act''.

SEC. 2. DATA SYSTEM TO CAPTURE NATIONAL PUBLIC SAFETY OFFICER SUICIDE INCIDENCE.

The Public Health Service Act is amended by inserting before section 318 of such Act (42 U.S.C. 247c) the following:

''SEC. 317V. DATA SYSTEM TO CAPTURE NATIONAL PUBLIC SAFETY OFFICER SUICIDE INCIDENCE.

''(a) IN GENERAL.—The Secretary, in coordination with the Director of the Centers for Disease Control and Prevention and other

agencies as the Secretary determines appropriate, may—

''(1) develop and maintain a data system, to be known as the Public Safety Officer Suicide Reporting System, for the purposes of—

''(A) collecting data on the suicide incidence among public safety officers; and

''(B) facilitating the study of successful interventions to reduce suicide among public safety officers; and

''(2) integrate such system into the National Violent Death Reporting System, so long as the Secretary determines such integration to be consistent with the purposes described in paragraph (1).

''(b) DATA COLLECTION.—In collecting data for the Public Safety Officer Suicide Reporting System, the Secretary shall, at a minimum, collect the following information:

''(1) The total number of suicides in the United States among all public safety officers in a given calendar year.

''(2) Suicide rates for public safety officers in a given calendar year, disaggregated by—

''(A) age and gender of the public safety officer;

''(B) State;

''(C) occupation; including both the individual's role in their public safety agency and their primary occupation in the case of volunteer public safety officers;

''(D) where available, the status of the public safety officer as volunteer, paid-on-call, or career; and

''(E) status of the public safety officer as active or retired.

''(c) CONSULTATION DURING DEVELOPMENT.—In developing the Public Safety Officer Suicide Reporting System, the Secretary shall consult with non-Federal experts to determine the best means to collect data regarding suicide incidence in a safe, sensitive, anonymous, and effective manner. Such non-Federal experts shall include, as appropriate, the following:

''(1) Public health experts with experience in developing and maintaining suicide registries.

''(2) Organizations that track suicide among public safety officers.

''(3) Mental health experts with experience in studying suicide and other profession-related traumatic stress.

''(4) Clinicians with experience in diagnosing and treating mental health issues.

''(5) Active and retired volunteer, paid-on-call, and career public safety officers.

''(6) Relevant national police, and fire and emergency medical services, organizations.

''(d) DATA PRIVACY AND SECURITY.—In developing and maintaining the Public Safety Officer Suicide Reporting System, the Secretary shall ensure that all applicable Federal privacy and security protections are followed to ensure that—

''(1) the confidentiality and anonymity of suicide victims and their families are protected, including so as to ensure that data cannot be used to deny benefits; and

''(2) data is sufficiently secure to prevent unauthorized access.

''(e) REPORTING.—

''(1) ANNUAL REPORT.—Not later than 2 years after the date of enactment of the Helping Emergency Responders Overcome Act, and biannually thereafter, the Secretary shall submit a report to the Congress on the suicide incidence among public safety officers. Each such report shall—

''(A) include the number and rate of such suicide incidence, disaggregated by age, gender, and State of employment;

''(B) identify characteristics and contributing circumstances for suicide among public safety officers;

''(C) disaggregate rates of suicide by—

''(i) occupation;

''(ii) status as volunteer, paid-on-call, or career; and

''(iii) status as active or retired;

''(D) include recommendations for further study regarding the suicide incidence among public safety officers;

''(E) specify in detail, if found, any obstacles in collecting suicide rates for volunteers and include recommended improvements to overcome such obstacles;

''(F) identify options for interventions to reduce suicide among public safety officers; and

''(G) describe procedures to ensure the confidentiality and anonymity of suicide victims and their families, as described in subsection (d)(1).

''(2) PUBLIC AVAILABILITY.—Upon the submission of each report to the Congress under paragraph (1), the Secretary shall make the full report publicly available on the website of the Centers for Disease Control and Prevention.

''(f) DEFINITION.—In this section, the term 'public safety officer' means—

''(1) a public safety officer as defined in section 1204 of the Omnibus Crime Control and Safe Streets Act of 1968; or

''(2) a public safety telecommunicator as described in detailed occupation 43–5031 in the Standard Occupational Classification Manual of the Office of Management and Budget (2018).

''(g) PROHIBITED USE OF INFORMATION.—Notwithstanding any other provision of law, if an individual is identified as deceased based on information contained in the Public Safety Officer Suicide Reporting System, such information may not be used to deny or rescind life insurance payments or other benefits to a survivor of the deceased individual.''.

SEC. 3. PEER-SUPPORT BEHAVIORAL HEALTH AND WELLNESS PROGRAMS WITHIN FIRE DEPARTMENTS AND EMERGENCY MEDICAL SERVICE AGENCIES.

(a) IN GENERAL.—Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by adding at the end the following:

''SEC. 320C. PEER-SUPPORT BEHAVIORAL HEALTH AND WELLNESS PROGRAMS WITHIN FIRE DEPARTMENTS AND EMERGENCY MEDICAL SERVICE AGENCIES.

''(a) IN GENERAL.—The Secretary may award grants to eligible entities for the purpose of establishing or enhancing peer-support behavioral health and wellness programs within fire departments and emergency medical services agencies.

''(b) PROGRAM DESCRIPTION.—A peer-support behavioral health and wellness program funded under this section shall—

''(1) use career and volunteer members of fire departments or emergency medical services agencies to serve as peer counselors;

''(2) provide training to members of career, volunteer, and combination fire departments or emergency medical service agencies to serve as such peer counselors;

''(3) purchase materials to be used exclusively to provide such training; and

''(4) disseminate such information and materials as are necessary to conduct the program.

''(c) DEFINITION.—In this section:

''(1) The term 'eligible entity' means a nonprofit organization with expertise and experience with respect to the health and life safety of members of fire and emergency medical services agencies.

''(2) The term 'member'—

''(A) with respect to an emergency medical services agency, means an employee, regardless of rank or whether the employee receives compensation (as defined in section 1204(7) of the Omnibus Crime Control and Safe Streets Act of 1968); and

''(B) with respect to a fire department, means any employee, regardless of rank or whether the employee receives compensation, of a Federal, State, Tribal, or local fire department who is responsible for responding to calls for emergency service.''.

(b) TECHNICAL CORRECTION.—Effective as if included in the enactment of the Children's Health Act of 2000 (Public Law 106–310), the amendment instruction in section 1603 of such Act is amended by striking ''Part B of the Public Health Service Act'' and inserting ''Part B of title III of the Public Health Service Act''.

SEC. 4. HEALTH CARE PROVIDER BEHAVIORAL HEALTH AND WELLNESS PROGRAMS.

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.), as amended by section 3, is further amended by adding at the end the following:

''SEC. 320D. HEALTH CARE PROVIDER BEHAVIORAL HEALTH AND WELLNESS PROGRAMS.

''(a) IN GENERAL.—The Secretary may award grants to eligible entities for the purpose of establishing or enhancing behavioral health and wellness programs for health care providers.

''(b) PROGRAM DESCRIPTION.—A behavioral health and wellness program funded under this section shall—

''(1) provide confidential support services for health care providers to help handle stressful or traumatic patient-related events, including counseling services and wellness seminars;

''(2) provide training to health care providers to serve as peer counselors to other health care providers;

''(3) purchase materials to be used exclusively to provide such training; and

''(4) disseminate such information and materials as are necessary to conduct such training and provide such peer counseling.

''(c) DEFINITIONS.—In this section, the term 'eligible entity' means a hospital, including a critical access hospital (as defined in section 1861(mm)(1) of the Social Security Act) or a disproportionate share hospital (as defined under section 1923(a)(1)(A) of such Act), a Federally-qualified health center (as defined in section 1905(1)(2)(B) of such Act), or any other health care facility.''.

SEC. 5. DEVELOPMENT OF RESOURCES FOR EDUCATING MENTAL HEALTH PROFESSIONALS ABOUT TREATING FIRE FIGHTERS AND EMERGENCY MEDICAL SERVICES PERSONNEL.

(a) IN GENERAL.—The Administrator of the United States Fire Administration, in consultation with the Secretary of Health and Human Services, shall develop and make publicly available resources that may be used by the Federal Government and other entities to educate mental health professionals about—

(1) the culture of Federal, State, Tribal, and local career, volunteer, and combination fire departments and emergency medical services agencies;

(2) the different stressors experienced by firefighters and emergency medical services personnel, supervisory firefighters and emergency medical services personnel, and chief officers of fire departments and emergency medical services agencies;

(3) challenges encountered by retired firefighters and emergency medical services personnel; and

(4) evidence-based therapies for mental health issues common to firefighters and emergency medical services personnel within such departments and agencies.

(b) CONSULTATION.—In developing resources under subsection (a), the Administrator of the United States Fire Administration and

the Secretary of Health and Human Services shall consult with national fire and emergency medical services organizations.

(c) DEFINITIONS.—In this section:

(1) The term ''firefighter'' means any employee, regardless of rank or whether the employee receives compensation, of a Federal, State, Tribal, or local fire department who is responsible for responding to calls for emergency service.

(2) The term ''emergency medical services personnel'' means any employee, regardless of rank or whether the employee receives compensation, as defined in section 1204(7) of the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. 10284(7)).

(3) The term ''chief officer'' means any individual who is responsible for the overall operation of a fire department or an emergency medical services agency, irrespective of whether such individual also serves as a firefighter or emergency medical services personnel.

SEC. 6. BEST PRACTICES AND OTHER RESOURCES FOR ADDRESSING POSTTRAUMATIC STRESS DISORDER IN PUBLIC SAFETY OFFICERS.

(a) DEVELOPMENT; UPDATES.—The Secretary of Health and Human Services shall—

(1) develop and assemble evidence-based best practices and other resources to identify, prevent, and treat posttraumatic stress disorder and co-occurring disorders in public safety officers; and

(2) reassess and update, as the Secretary determines necessary, such best practices and resources, including based upon the options for interventions to reduce suicide among public safety officers identified in the annual reports required by section 317W(e)(1)(F) of the Public Health Service Act, as added by section 2 of this Act.

(b) CONSULTATION.—In developing, assembling, and updating the best practices and resources under subsection (a), the Secretary of Health and Human Services shall consult with, at a minimum, the following:

(1) Public health experts.

(2) Mental health experts with experience in studying suicide and other profession-related traumatic stress.

(3) Clinicians with experience in diagnosing and treating mental health issues.

(4) Relevant national police, fire, and emergency medical services organizations.

(c) AVAILABILITY.—The Secretary of Health and Human Services shall make the best practices and resources under subsection (a) available to Federal, State, and local fire, law enforcement, and emergency medical services agencies.

(d) FEDERAL TRAINING AND DEVELOPMENT PROGRAMS.—The Secretary of Health and Human Services shall work with Federal departments and agencies, including the United States Fire Administration, to incorporate education and training on the best practices and resources under subsection (a) into Federal training and development programs for public safety officers.

(e) DEFINITION.—In this section, the term ''public safety officer'' means—

(1) a public safety officer as defined in section 1204 of the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. 10284); or

(2) a public safety telecommunicator as described in detailed occupation 43–5031 in the Standard Occupational Classification Manual of the Office of Management and Budget (2018).

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. 1480.

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 the Helping Emergency Responders Overcome Act, or the HERO Act.

As we have learned over the past year, not all heroes wear capes. There are heroes in our communities working to save the lives of countless Americans, including our emergency responders, firefighters, healthcare workers, and hospital personnel, who, to this day, continue to battle COVID–19.

Unfortunately, despite their heroic efforts, evidence suggests that suicide, depression, and substance abuse disorder are significant issues facing public safety personnel and medical providers. Those on the front lines of the COVID–19 pandemic have witnessed previously unimaginable conditions that are traumatizing for even the most resilient public safety and medical personnel.

Madam Speaker, prior to COVID–19, it was estimated that 30 percent of first responders develop behavioral health conditions, including, but not limited to, depression and post-traumatic stress disorder, as compared with 20 percent of the general population. Tragically, a 2018 study found that public safety officers were more likely to die by suicide than professionals in other lines of duty.

So this bill will help inform and support prevention and treatment strategies for addressing behavioral and mental health issues among public safety officers. The legislation would require the development of a data system to capture the incidence of suicides among this population, while also facilitating the study of successful interventions to reduce suicide among these frontline health workers.

The bill also includes efforts to enhance behavioral health and wellness programs for healthcare providers, such as providing financial assistance to entities that establish behavioral health programs targeted to these populations. By utilizing the new data system, improved research, and programmatic findings, the Department of Health and Human Services will develop best practices and resources for addressing PTSD in these frontline workers.

I want to commend Representative BERA, I know he spoke before during the 1 minute Special Orders on this bill, and also Congressman FITZPATRICK, for putting forward this bipartisan legislation.

Madam Speaker, I urge my colleagues to help those heroes by supporting the HERO Act today, and I reserve the balance of my time.

HOUSE OF REPRESENTATIVES, COMMITTEE ON SCIENCE, SPACE, AND TECHNOLOGY,
Washington, DC, May 4, 2021.

Hon. FRANK PALLONE, JR.,
Chairman, Committee on Energy and Commerce, Washington, DC.

DEAR CHAIRMAN PALLONE: I am writing you concerning H.R. 1480, the ''Helping Emergency Responders Overcome Act of 2019,'' which was referred to the Committee on Energy and Commerce and then to the Committee on Science, Space, and Technology (''Science Committee'') on March 2, 2021.

As a result of our consultation, I agree to work cooperatively on H.R. 1480 and in order to expedite consideration of the bill the Science Committee will waive formal consideration of this legislation. However, this is not a waiver of any future jurisdictional claims by the Science Committee over the subject matter contained in H.R. 1480 or similar legislation. I ask for your support of my request to name members of the Science Committee to any House-Senate conference that may consider this bill.

Additionally, thank you for your assurances to include a copy of our exchange of letters on this matter in the Congressional Record during floor consideration thereof.

Sincerely,

EDDIE BERNICE JOHNSON,
Chairwoman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, May 7, 2021.

Hon. EDDIE BERNICE JOHNSON,
Chairwoman, Committee on Science, Space, and Technology, Washington, DC.

DEAR CHAIRWOMAN JOHNSON: Thank you for consulting with the Committee on Energy and Commerce and agreeing to discharge H.R. 1480, the ''Helping Emergency Responders Overcome Act'', from further consideration, so that the bill may proceed expeditiously to the House floor.

I agree that your forgoing further action on this measure does not in any way diminish or alter the jurisdiction of your committee or prejudice its jurisdictional prerogatives on this measure or similar legislation in the future. I would support your effort to seek appointment of an appropriate number of conferees from your committee to any House-Senate conference on this legislation.

I will ensure our letters on H.R. 1480 are entered into the Congressional Record during floor consideration of the bill. I appreciate your cooperation regarding this legislation and look forward to continuing to work together as this measure moves through the legislative process.

Sincerely,

FRANK PALLONE, JR.,
Chairman.

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

Madam Speaker, I rise today in support of H.R. 1480, the Helping Emergency Responders Overcome Act, or HERO Act, which was introduced by Representative BERA, and several Members of this Chamber, including Energy and Commerce Committee colleagues BURGESS, BLUNT ROCHESTER, KELLY, KUSTER, and TONKO.

This legislation would create a database at the Centers for Disease Control and Prevention to capture public safety officer suicide incidences, and studies successful interventions. It would

also authorize a grant program for peer support and wellness programs for frontline healthcare workers and fire and emergency medical service agencies. The bill also directs the Secretary of Health and Human Services to develop best practices and share resources for addressing post-traumatic stress in public safety officers.

This legislation is incredibly timely. Emergency workers and doctors and nurses have been under incredible strain throughout the pandemic. Losing those who keep us healthy and safe will only make the crisis worse.

We must ensure that all the heroes across America on the front lines of healthcare and in law enforcement and public safety have the support they need to continue working to keep us safe.

Madam Speaker, this being National Police Officer Week, I think it is Memorial week, it is an important time to do all we can for those in law enforcement, but also public safety, as this bill addresses, and those on the front lines in healthcare.

So I encourage us to be in support of those on the front lines, and I urge a ''yes'' vote. Madam Speaker, I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, this one, of course, deals with trying to address behavioral mental health amongst public safety officers, and that is obviously a very important part of this package.

Madam Speaker, I would urge unanimous support for the bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 1480, 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.

CAMPAIGN TO PREVENT SUICIDE ACT

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2862) to require the Secretary of Health and Human Services to conduct a national suicide prevention media campaign, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2862

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 ''Campaign to Prevent Suicide Act''.

SEC. 2. NATIONAL SUICIDE PREVENTION LIFELINE.

Section 520E–3(b)(2) of the Public Health Service Act (42 U.S.C. 290bb–36c(b)(2)) is amended by inserting after ''suicide prevention hotline'' the following: '', under the universal telephone number designated under Section 251(e)(4) of the Communications Act of 1934,''.

SEC. 3. NATIONAL SUICIDE PREVENTION MEDIA CAMPAIGN.

(a) NATIONAL SUICIDE PREVENTION MEDIA CAMPAIGN.—

(1) IN GENERAL.—Not later than the date that is three years after the date of the enactment of this Act, the Secretary of Health and Human Services (referred to in this section as the ''Secretary''), in consultation with the Assistant Secretary for Mental Health and Substance Use (referred to in this section as the ''Assistant Secretary'') and the Director of the Centers for Disease Control and Prevention (referred to in this section as the ''Director''), shall conduct a national suicide prevention media campaign (referred to in this section as the ''national media campaign''), in accordance with the requirements of this section, for purposes of—

(A) preventing suicide in the United States;

(B) educating families, friends, and communities on how to address suicide and suicidal thoughts, including when to encourage individuals with suicidal risk to seek help; and

(C) increasing awareness of suicide prevention resources of the Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration (including the suicide prevention hotline maintained under section 520E–3 of the Public Health Service Act (42 U.S.C. 290bb–36c)), any suicide prevention mobile application of the Centers for Disease Control and Prevention or the Substance Abuse Mental Health Services Administration, and other support resources determined appropriate by the Secretary.

(2) ADDITIONAL CONSULTATION.—In addition to consulting with the Assistant Secretary and the Director under this section, the Secretary shall consult with, as appropriate, State, local, Tribal, and territorial health departments, primary health care providers, hospitals with emergency departments, mental and behavioral health services providers, crisis response services providers, first responders, suicide prevention and mental health professionals, patient advocacy groups, survivors of suicide attempts, and representatives of television and social media platforms in planning the national media campaign to be conducted under paragraph (1).

(b) TARGET AUDIENCES.—

(1) TAILORING ADVERTISEMENTS AND OTHER COMMUNICATIONS.—In conducting the national media campaign under subsection (a)(1), the Secretary may tailor culturally competent advertisements and other communications of the campaign across all available media for a target audience (such as a particular geographic location or demographic) across the lifespan.

(2) TARGETING CERTAIN LOCAL AREAS.—The Secretary shall, to the maximum extent practicable, use amounts made available under subsection (f) for media that targets certain local areas or populations at disproportionate risk for suicide.

(c) USE OF FUNDS.—

(1) REQUIRED USES.—

(A) IN GENERAL.—The Secretary shall, if reasonably feasible with the funds made available under subsection (f), carry out the following, with respect to the national media campaign:

(i) Testing and evaluation of advertising.

(ii) Evaluation of the effectiveness of the national media campaign.

(iii) Operational and management expenses.

(iv) The creation of an educational toolkit for television and social media platforms to use in discussing suicide and raising awareness about how to prevent suicide.

(B) SPECIFIC REQUIREMENTS.—

(i) TESTING AND EVALUATION OF ADVERTISING.—In testing and evaluating advertising under subparagraph (A)(i), the Secretary shall test all advertisements after use in the national media campaign to evaluate the extent to which such advertisements have been effective in carrying out the purposes of the national media campaign.

(ii) EVALUATION OF EFFECTIVENESS OF NATIONAL MEDIA CAMPAIGN.—In evaluating the effectiveness of the national media campaign under subparagraph (A)(ii), the Secretary shall take into account—

(I) the number of unique calls that are made to the suicide prevention hotline maintained under section 520E–3 of the Public Health Service Act (42 U.S.C. 290bb–36c) and assess whether there are any State and regional variations with respect to the capacity to answer such calls;

(II) the number of unique encounters with suicide prevention and support resources of the Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration and assess engagement with such suicide prevention and support resources;

(III) whether the national media campaign has contributed to increased awareness that suicidal individuals should be engaged, rather than ignored; and

(IV) such other measures of evaluation as the Secretary determines are appropriate.

(2) OPTIONAL USES.—The Secretary may use amounts made available under subsection (f) for the following, with respect to the national media campaign:

(A) Partnerships with professional and civic groups, community-based organizations, including faith-based organizations, and Government or Tribal organizations that the Secretary determines have experience in suicide prevention, including the Substance Abuse and Mental Health Services Administration and the Centers for Disease Control and Prevention.

(B) Entertainment industry outreach, interactive outreach, media projects and activities, public information, news media outreach, outreach through television programs, and corporate sponsorship and participation.

(d) PROHIBITIONS.—None of the amounts made available under subsection (f) may be obligated or expended for any of the following:

(1) To supplant current suicide prevention campaigns.

(2) For partisan political purposes, or to express advocacy in support of or to defeat any clearly identified candidate, clearly identified ballot initiative, or clearly identified legislative or regulatory proposal.

(e) REPORT TO CONGRESS.—Not later than 18 months after implementation of the national media campaign has begun, the Secretary, in coordination with the Assistant Secretary and the Director, shall, with respect to the first year of the national media campaign, submit to Congress a report that describes—

(1) the strategy of the national media campaign and whether specific objectives of such campaign were accomplished, including whether such campaign impacted the number of calls made to lifeline crisis centers and the capacity of such centers to manage such calls;