

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 LIFE-LINE.

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.—

(1) 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;

(2) steps taken to ensure that the national media campaign operates in an effective and efficient manner consistent with the overall strategy and focus of the national media campaign;

(3) plans to purchase advertising time and space;

(4) policies and practices implemented to ensure that Federal funds are used responsibly to purchase advertising time and space and eliminate the potential for waste, fraud, and abuse; and

(5) all contracts entered into with a corporation, a partnership, or an individual working on behalf of the national media campaign.

(f) **AUTHORIZATION OF APPROPRIATIONS.**—For purposes of carrying out this section, there is authorized to be appropriated \$10,000,000 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.

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. 2862.

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. 2862, the Campaign to Prevent Suicide Act.

Suicide, Madam Speaker, continues to be one of the leading causes of death in the United States. Last year alone, we lost more than 44,000 people to suicide deaths, placing a heavy toll on the families and friends of victims, as well as on our communities.

To help prevent suicides, we have created a lifeline that people can call when they are in crisis to get the help they need. This suicide prevention hotline has been available since 2004 through funding we have provided to the Substance Abuse and Mental Health Services Administration, and the call-in line has taken millions of calls since its inception.

Unfortunately, the call-in line was started as a 10-digit number that is hard to remember, and this could potentially be preventing essential access to support for those in crisis. In 2018, the National Suicide Hotline Improvement Act was passed with the goal of launching a new 3-digit number similar to 911 that is easy to remember during a time of crisis.

The Federal Communications Commission is now finalizing the process to launch this new 3-digit call-in line, 988, next year. Now we need to ensure people are aware of the new 3-digit number through a marketing of 988.

H.R. 2862 provides this essential next step in communicating the new lifeline number to the public, and will also

evaluate the effectiveness of the marketing to better understand how best to reach communities in need.

Madam Speaker, suicide deaths are a preventable tragedy, and this call-in line has the potential to help people in crisis and to save lives, but we need to educate people about this important resource.

Madam Speaker, I want to commend the lead sponsors of this legislation, Representatives BEYER and KINZINGER, and their staff, for their tireless work on this bill.

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. 2862, the Campaign to Prevent Suicide Act, introduced by Representatives BEYER and KINZINGER.

This bill directs the Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration to conduct a national suicide prevention education campaign, this includes promotion of the new 988 number for the National Suicide Prevention Lifeline.

The bill also helps educate Americans on ways to engage people showing signs of suicidal behavior, in order to provide them with the support they need. The bill is desperately needed as we work as a nation to emerge from an unprecedented health and economic crisis.

Madam Speaker, I ask my colleagues to come together here today and advance this legislation.

Again, this is important in terms of having the 988 number, people can reach out and have intervention. We know intervention and prevention and recognition is key to preventing people from committing suicide.

Madam Speaker, I appreciate my friends, Mr. BEYER and Mr. KINZINGER, for bringing this forward. I urge its passage.

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

Mr. PALLONE. Madam Speaker, as my colleague from Kentucky explained, this is a very important piece of legislation to make people aware of this 988 number to prevent suicide.

Madam Speaker, I would urge my colleagues on a bipartisan basis to support this 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. 2862, 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.

Mrs. GREENE of Georgia. 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 PREVENTION LIFELINE IMPROVEMENT ACT OF 2021

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2981) to amend the Public Health Service Act to ensure the provision of high-quality service through the Suicide Prevention Lifeline, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2981

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 Prevention Lifeline Improvement Act of 2021”.

SEC. 2. SUICIDE PREVENTION LIFELINE.

(a) **PLAN.**—Section 520E-3 of the Public Health Service Act (42 U.S.C. 290bb-36c) is amended—

(1) by redesignating subsection (c) as subsection (e); and

(2) by inserting after subsection (b) the following:

“(c) **PLAN.**—

“(1) **IN GENERAL.**—For purposes of maintaining the suicide prevention hotline under subsection (b)(2), the Secretary shall develop and implement a plan to ensure the provision of high-quality service.

“(2) **CONTENTS.**—The plan required by paragraph (1) shall include the following:

“(A) Quality assurance provisions, including—

“(i) clearly defined and measurable performance indicators and objectives to improve the responsiveness and performance of the hotline, including at backup call centers; and

“(ii) quantifiable timeframes to track the progress of the hotline in meeting such performance indicators and objectives.

“(B) Standards that crisis centers and backup centers must meet—

“(i) to participate in the network under subsection (b)(1); and

“(ii) to ensure that each telephone call, online chat message, and other communication received by the hotline, including at backup call centers, is answered in a timely manner by a person, consistent with the guidance established by the American Association of Suicidology or other guidance determined by the Secretary to be appropriate.

“(C) Guidelines for crisis centers and backup centers to implement evidence-based practices including with respect to followup and referral to other health and social services resources.

“(D) Guidelines to ensure that resources are available and distributed to individuals using the hotline who are not personally in a time of crisis but know of someone who is.

“(E) Guidelines to carry out periodic testing of the hotline, including at crisis centers and backup centers, during each fiscal year to identify and correct any problems in a timely manner.

“(F) Guidelines to operate in consultation with the State department of health, local governments, Indian tribes, and tribal organizations.

“(3) **INITIAL PLAN; UPDATES.**—The Secretary shall—

“(A) not later than 6 months after the date of enactment of the Suicide Prevention Lifeline Improvement Act of 2021, complete development of the initial version of the plan