

**AMENDMENT TO RULES COMMITTEE PRINT 119-**

**33**

**OFFERED BY MR. LYNCH OF MASSACHUSETTS**

At the end of subtitle C of title VII, add the following new section:

1 **SEC. 7\_\_\_ . PROGRAM TO ASSIST SERVICE MEMBERS AT**  
2 **RISK OF SUICIDE.**

3 (a) PROGRAM REQUIRED.—Not later than 90 days  
4 after the date of the enactment of this Act, the Secretary  
5 of Defense, in consultation with the Director of the De-  
6 fense Health Agency, shall develop and implement a cen-  
7 tralized program to monitor and provide assistance to  
8 members of the Armed Forces at risk of suicide who have  
9 been recently discharged from health care, as outlined in  
10 Recommendation 6.29 of the final report issued by the  
11 Suicide Prevention and Response Independent Review  
12 Committee.

13 (b) MATTERS TO BE INCLUDED.—The centralized  
14 program referred to in subsection (a) shall specify:

15 (1) The individual and agency responsible for  
16 conducting service member follow up.

17 (2) The time when initial follow-up will occur.

1           (3) The times when subsequent follow-ups will  
2 occur.

3           (4) The manner in which patients will be con-  
4 tacted.

5           (5) The process for documentation of follow-up  
6 attempts.

7           (6) The procedures for ensuring patient safety  
8 where patient is unreachable.

9           (7) The processes for medical treatment facili-  
10 ties to link mortality data to health care delivery  
11 data in order to better identify settings and patients  
12 at higher risk of suicide, further inform local suicide  
13 prevention strategies for targeted high-risk groups,  
14 and ensure compliance with reporting and inves-  
15 tigating suicides occurring within 72 hours of dis-  
16 charge from a hospital.

17       (c) MEMBERS OF THE ARMED FORCES AT RISK OF  
18 SUICIDE.—For purposes of this section, the term “mem-  
19 bers of the Armed Forces at risk of suicide” includes  
20 members of the Armed Forces who have attempted suicide  
21 and members of the Armed Forces who have been dis-  
22 charged as patients and who have been clinically assessed  
23 as benefitting from follow-up support related to suicide  
24 prevention.

