

AMENDMENT TO
RULES COMMITTEE PRINT 117-51
OFFERED BY M . _____

After section 102, insert the following new section:

1 **SEC. 103. SUICIDE PREVENTION LIFELINE IMPROVEMENT.**

2 (a) SUICIDE PREVENTION LIFELINE.—

3 (1) PLAN.—Section 520E-3 of the Public
4 Health Service Act (42 U.S.C. 290bb-36e) is
5 amended—

6 (A) by redesignating subsection (e) as sub-
7 section (e); and

8 (B) by inserting after subsection (b) the
9 following:

10 “(c) PLAN.—

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

15 “(2) CONTENTS.—The plan required by para-
16 graph (1) shall include the following:

17 “(A) Quality assurance provisions, includ-
18 ing—

1 “(i) clearly defined and measurable
2 performance indicators and objectives to
3 improve the responsiveness and perform-
4 ance of the hotline, including at backup
5 call centers; and

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

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

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

13 “(ii) to ensure that each telephone
14 call, online chat message, and other com-
15 munication received by the hotline, includ-
16 ing at backup call centers, is answered in
17 a timely manner by a person, consistent
18 with the guidance established by the Amer-
19 ican Association of Suicidology or other
20 guidance determined by the Secretary to be
21 appropriate.

22 “(C) Guidelines for crisis centers and
23 backup centers to implement evidence-based
24 practices including with respect to followup and

1 referral to other health and social services re-
2 sources.

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

7 “(E) Guidelines to carry out periodic test-
8 ing of the hotline, including at crisis centers
9 and backup centers, during each fiscal year to
10 identify and correct any problems in a timely
11 manner.

12 “(F) Guidelines to operate in consultation
13 with the State department of health, local gov-
14 ernments, Indian tribes, and tribal organiza-
15 tions.

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

18 “(A) not later than 6 months after the
19 date of enactment of the Restoring Hope for
20 Mental Health and Well-Being Act of 2022,
21 complete development of the initial version of
22 the plan required by paragraph (1), begin im-
23 plementation of such plan, and make such plan
24 publicly available; and

1 “(B) periodically thereafter, update such
2 plan and make the updated plan publicly avail-
3 able.”.

4 (2) TRANSMISSION OF DATA TO CDC.—Section
5 520E–3 of the Public Health Service Act (42 U.S.C.
6 290bb–36c) is amended by inserting after subsection
7 (c) of such section, as added by paragraph (1), the
8 following:

9 “(d) TRANSMISSION OF DATA TO CDC.—The Sec-
10 retary shall formalize and strengthen agreements between
11 the National Suicide Prevention Lifeline program and the
12 Centers for Disease Control and Prevention to transmit
13 any necessary epidemiological data from the program to
14 the Centers, including local call center data, to assist the
15 Centers in suicide prevention efforts.”.

16 (3) AUTHORIZATION OF APPROPRIATIONS.—
17 Subsection (e) of section 520E–3 of the Public
18 Health Service Act (42 U.S.C. 290bb–36c) is
19 amended to read as follows:

20 “(e) AUTHORIZATION OF APPROPRIATIONS.—

21 “(1) IN GENERAL.—To carry out this section,
22 there are authorized to be appropriated
23 \$101,621,000 for each of fiscal years 2023 through
24 2027.

1 “(2) ALLOCATION.—Of the amount authorized
2 to be appropriated by paragraph (1) for each of fis-
3 cal years 2023 through 2027—

4 “(A) at least 80 percent shall be made
5 available to crisis centers; and

6 “(B) not more than 10 percent may be
7 used for carrying out the pilot program in sec-
8 tion 103(b)(1) of the Restoring Hope for Men-
9 tal Health and Well-Being Act of 2022.”.

10 (b) PILOT PROGRAM ON INNOVATIVE TECH-
11 NOLOGIES.—

12 (1) IN GENERAL.—The Secretary of Health and
13 Human Services, acting through the Assistant Sec-
14 retary for Mental Health and Substance Use, shall
15 carry out a pilot program to research, analyze, and
16 employ various technologies and platforms of com-
17 munication (including social media platforms,
18 texting platforms, and email platforms) for suicide
19 prevention in addition to the telephone and online
20 chat service provided by the Suicide Prevention Life-
21 line.

22 (2) REPORT.—Not later than 24 months after
23 the date on which the pilot program under para-
24 graph (1) commences, the Secretary of Health and
25 Human Services, acting through the Assistant Sec-

1 retary for Mental Health and Substance Use, shall
2 submit to the Congress a report on the pilot pro-
3 gram. With respect to each platform of communica-
4 tion employed pursuant to the pilot program, the re-
5 port shall include—

6 (A) a full description of the program;

7 (B) the number of individuals served by
8 the program;

9 (C) the average wait time for each indi-
10 vidual to receive a response;

11 (D) the cost of the program, including the
12 cost per individual served; and

13 (E) any other information the Secretary
14 determines appropriate.

15 (c) HHS STUDY AND REPORT.—Not later than 24
16 months after the Secretary of Health and Human Services
17 begins implementation of the plan required by section
18 520E–3(c) of the Public Health Service Act, as added by
19 subsection (a)(1)(B), the Secretary shall—

20 (1) complete a study on—

21 (A) the implementation of such plan, in-
22 cluding the progress towards meeting the objec-
23 tives identified pursuant to paragraph (2)(A)(i)
24 of such section 520E–3(c) by the timeframes

1 identified pursuant to paragraph (2)(A)(ii) of
2 such section 520E–3(c); and

3 (B) in consultation with the Director of
4 the Centers for Disease Control and Prevention,
5 options to expand data gathering from calls to
6 the Suicide Prevention Lifeline in order to bet-
7 ter track aspects of usage such as repeat calls,
8 consistent with applicable Federal and State
9 privacy laws; and

10 (2) submit a report to the Congress on the re-
11 sults of such study, including recommendations on
12 whether additional legislation or appropriations are
13 needed.

14 (d) GAO STUDY AND REPORT.—

15 (1) IN GENERAL.—Not later than 24 months
16 after the Secretary of Health and Human Services
17 begins implementation of the plan required by sec-
18 tion 520E–3(c) of the Public Health Service Act, as
19 added by subsection (a)(1)(B), the Comptroller Gen-
20 eral of the United States shall—

21 (A) complete a study on the Suicide Pre-
22 vention Lifeline; and

23 (B) submit a report to the Congress on the
24 results of such study.

1 (2) ISSUES TO BE STUDIED.—The study re-
2 quired by paragraph (1) shall address—

3 (A) the feasibility of geolocating callers to
4 direct calls to the nearest crisis center;

5 (B) operation shortcomings of the Suicide
6 Prevention Lifeline;

7 (C) geographic coverage of each crisis call
8 center;

9 (D) the call answer rate of each crisis call
10 center;

11 (E) the call wait time of each crisis call
12 center;

13 (F) the hours of operation of each crisis
14 call center;

15 (G) funding avenues of each crisis call cen-
16 ter;

17 (H) the implementation of the plan under
18 section 520E–3(c) of the Public Health Service
19 Act, as added by subsection (a)(1)(B), including
20 the progress towards meeting the objectives
21 identified pursuant to paragraph (2)(A)(i) of
22 such section 520E–3(c) by the timeframes iden-
23 tified pursuant to paragraph (2)(A)(ii) of such
24 section 520E–3(c); and

1 (I) service to individuals requesting a for-
2 eign language speaker, including—

3 (i) the number of calls or chats the
4 Lifeline receives from individuals speaking
5 a foreign language;

6 (ii) the capacity of the Lifeline to han-
7 dle these calls or chats; and

8 (iii) the number of crisis centers with
9 the capacity to serve foreign language
10 speakers, in house.

11 (3) RECOMMENDATIONS.—The report required
12 by paragraph (1) shall include recommendations for
13 improving the Suicide Prevention Lifeline, including
14 recommendations for legislative and administrative
15 actions.

16 (e) DEFINITION.—In this section, the term “Suicide
17 Prevention Lifeline” means the suicide prevention hotline
18 maintained pursuant to section 520E–3 of the Public
19 Health Service Act (42 U.S.C. 290bb–36c).

