

118TH CONGRESS
1ST SESSION

H. R. 3682

To amend the Public Health Service Act to authorize certain grants (for youth suicide early intervention and prevention strategies) to be used for school personnel in elementary and secondary schools and students in secondary schools to receive student suicide awareness and prevention training, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 25, 2023

Mr. CLEAVER (for himself, Mrs. MCBATH, Mr. PAYNE, Mr. MOULTON, Ms. CHU, Ms. ROSS, Mr. DESAULNIER, Ms. TITUS, Mr. DAVIS of North Carolina, Mr. CASTEN, Ms. SEWELL, Ms. WILSON of Florida, Mr. KHANNA, Mrs. HAYES, Mr. KILMER, Mr. TAKANO, Mr. JOHNSON of Georgia, Ms. BARRAGÁN, Mr. NADLER, Ms. KAMLAGER-DOVE, Ms. VELÁZQUEZ, Ms. NORTON, Mr. BOWMAN, Ms. WILD, Ms. DAVIDS of Kansas, Mr. CARTER of Louisiana, Mrs. WATSON COLEMAN, Ms. BROWN, Mr. GARCÍA of Illinois, Mr. MCGOVERN, and Mr. CÁRDENAS) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and the Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend the Public Health Service Act to authorize certain grants (for youth suicide early intervention and prevention strategies) to be used for school personnel in elementary and secondary schools and students in secondary schools to receive student suicide awareness and prevention training, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Cady Housh and
5 Gemesha Thomas Student Suicide Prevention Act of
6 2023”.

7 **SEC. 2. FINDINGS.**

8 Congress finds the following:

9 (1) According to the National Institutes of
10 Health, suicide is the second leading cause of death
11 for young people between the ages of 10 and 34. Be-
12 tween 2007 and 2018, the national suicide rate
13 among persons ages 1 to 24 increased 57.4 percent.
14 From 2018 to 2021, the national suicide rate among
15 persons ages 10 to 24 increased by 2.8 percent.

16 (2) According to the 2021 Youth Risk Behav-
17 iors Survey of the Centers for Disease Control and
18 Prevention, 22.2 percent of high school students re-
19 ported seriously considering suicide during the pre-
20 vious 12 months, and 10.2 percent reported actually
21 attempting to take their lives during that period.

22 (3) Eighty percent of students show warning
23 signs before attempting suicide.

24 (4) Prevention and awareness training will
25 equip individuals to become aware of the warning

1 signs of suicide, identify students in crisis, and pro-
2 vide resources for help.

3 (5) Research shows that inquiring about suicide
4 ideation, or discussing suicide in terms of recog-
5 nizing risk factors and prevention methods—

6 (A) does not increase the chance of suicide;

7 and

8 (B) in fact, can lower the risk of suicide.

9 (6) Sexual minority youth (LGBT+) are almost
10 five times more likely to have attempted suicide com-
11 pared to their heterosexual peers. According to the
12 Trevor Project's 2022 National Survey on LGBTQ
13 Youth Mental Health, 45 percent of LGBT+ youth
14 seriously considered suicide in the past year includ-
15 ing more than half of transgender and nonbinary
16 youth and 1 in 3 cisgender youth. Additionally, 14
17 percent of LGBT+ youth attempted suicide in that
18 same period, including nearly 1 in 5 transgender
19 and nonbinary youth and 1 in 10 cisgender youth.

20 (7) According to the Centers for Disease Con-
21 trol and Prevention, emergency department visits
22 among adolescents increased during the pandemic.
23 During the period of February 21 to March 20 in
24 2021, suspected suicide attempt emergency depart-
25 ment visits were 50.6 percent higher among girls

1 aged 12 to 17 years than during the same period in
2 2019.

3 **SEC. 3. SENSE OF CONGRESS.**

4 It is the sense of the Congress that—

5 (1) student suicide awareness, prevention train-
6 ing, and response materials should be available to all
7 school personnel, including administrative personnel,
8 teachers, counselors, and other school leaders;

9 (2) States should give autonomy to each local
10 educational agency to—

11 (A) adopt a policy with respect to student
12 suicide awareness and prevention; and

13 (B) work collaboratively with local organi-
14 zations, youth mental health experts, health
15 care providers, and the Secretary of Health and
16 Human Services to implement training for
17 school personnel and students, including by
18 sharing and disseminating—

19 (i) training materials and resources;

20 and

21 (ii) information that is evidence-in-
22 formed or promising on student suicide
23 prevention;

1 (3) the Secretary of Health and Human Serv-
2 ices should identify the highest unmet needs, specifi-
3 cally with at-risk student populations, such as—

4 (A) minority students;

5 (B) LGBT+ identifying students;

6 (C) students living with mental health con-
7 ditions;

8 (D) students living with substance use dis-
9 orders;

10 (E) students who have engaged in self-
11 harm or have attempted suicide; and

12 (F) students experiencing homelessness or
13 out-of-home settings;

14 (4) schools should offer these services to stu-
15 dents in grades 9 through 12, with the support of
16 organizations with demonstrated expertise in cul-
17 tural competency, suicide awareness, response, and
18 prevention training;

19 (5) students who receive such training should
20 not be taught to be counselors, but rather should be
21 educated on how to—

22 (A) recognize signs of suicide and depres-
23 sion;

24 (B) report these signs to appropriate staff;

25 and

1 (C) identify sources of care and support;

2 and

3 (6) schools should utilize school-based mental
4 health professionals and other community partner-
5 ships.

6 **SEC. 4. STUDENT SUICIDE AWARENESS AND PREVENTION**
7 **TRAINING.**

8 (a) **ADDITIONAL AUTHORIZED USE OF GRANT**
9 **FUNDS.**—Section 520E(a) of the Public Health Service
10 Act (42 U.S.C. 290bb–36(a)) is amended—

11 (1) in paragraph (4), by striking “and” at the
12 end;

13 (2) in paragraph (5), by striking the period at
14 the end and inserting “; and”; and

15 (3) by adding at the end the following:

16 “(6) establish and implement a statewide policy
17 requiring school personnel in elementary and sec-
18 ondary schools and students in secondary schools to
19 complete student emotional well-being, mental
20 health, and suicide awareness and prevention train-
21 ing in accordance with subsection (d).”.

22 (b) **TRAINING REQUIREMENTS.**—Section 520E of the
23 Public Health Service Act (42 U.S.C. 290bb–36(a)), as
24 amended by subsection (a), is further amended—

1 (1) by redesignating subsections (d) through
2 (m) as subsections (e) through (n), respectively; and

3 (2) by inserting after subsection (c) the fol-
4 lowing:

5 “(d) REQUIREMENTS FOR STUDENT SUICIDE
6 AWARENESS AND TRAINING PROGRAMS.—

7 “(1) IN GENERAL.—As a condition on receipt of
8 funds under subsection (a)(6), an applicant shall
9 agree to use the funds to establish or implement a
10 statewide policy—

11 “(A) requiring school personnel in elemen-
12 tary and secondary schools and students in sec-
13 ondary schools to complete student emotional
14 well-being, mental health, and suicide awareness
15 and prevention training that—

16 “(i) includes at least one classroom
17 session each school year;

18 “(ii) is evidence-informed; and

19 “(iii) includes training on—

20 “(I) the warning signs of, and
21 elevated risk factors for, poor emo-
22 tional well-being, mental health issues,
23 and suicide of oneself and of others;

24 “(II) suggested responses to such
25 warning signs;

1 “(III) further suicide awareness
2 and prevention resources; and

3 “(IV) the method and manner of
4 making an appropriate referral to a
5 school-based mental health services
6 provider; and

7 “(B) requiring, with respect to such school
8 personnel, that such training include training
9 on—

10 “(i) cultural competency and
11 intersectionality sensitivity; and

12 “(ii) an overview of applicable Fed-
13 eral, State, and local law concerning re-
14 porting requirements.

15 “(2) DEFINITIONS.—As used in subsection
16 (a)(6) and this subsection:

17 “(A) The term ‘evidence-informed’ means
18 informed by practices that—

19 “(i) use the best available research
20 and practice knowledge to guide program
21 design and implementation;

22 “(ii) allow for innovation while incor-
23 porating the lessons learned from the exist-
24 ing research literature; and

1 “(iii) are responsive to families’ cul-
2 tural backgrounds, community values, and
3 individual preferences.

4 “(B) The term ‘school-based mental health
5 services provider’ includes a State-licensed or
6 State-certified school counselor, school psycholo-
7 gist, school social worker, or other State-li-
8 censed or certified mental health professional
9 qualified under State law to provide mental
10 health services to children and adolescents.

11 “(C) The term ‘school personnel’ means—

12 “(i) principals or other heads of a
13 school; other professional instructional
14 staff (such as staff involved in curriculum
15 development, staff development, or oper-
16 ating library, media, and computer cen-
17 ters); specialized instructional support per-
18 sonnel such as school counselors, school so-
19 cial workers, and school psychologists; and
20 other qualified professional personnel, such
21 as school nurses, speech language patholo-
22 gists, and school librarians, involved in
23 providing assessment, diagnosis, coun-
24 seling, and educational, therapeutic, and
25 other necessary services; and

1 “(ii) other school employees and con-
2 tractors who interact with students, includ-
3 ing bus drivers, cafeteria workers, coaches,
4 janitorial staff, and after-school program
5 employees.”.

6 (c) FUNDING.—Subsection (n) of section 520E of the
7 Public Health Service Act (42 U.S.C. 290bb–36), as re-
8 designated by subsection (b)(1), is amended—

9 (1) by striking “For the purpose” and inserting
10 the following:

11 “(1) IN GENERAL.—For the purpose”;

12 (2) by striking “\$40,000,000” and inserting
13 “\$48,000,000”; and

14 (3) by adding at the end the following:

15 “(2) ALLOCATION.—Of the amounts made
16 available to carry out this section for a fiscal year,
17 not less than 15 percent of such amounts shall be
18 used for grants or cooperative agreements to carry
19 out subsection (a)(6) (to establish and implement a
20 statewide policy requiring school personnel in ele-
21 mentary and secondary schools and students in sec-
22 ondary schools to complete student emotional well-
23 being, mental health, and suicide awareness and pre-
24 vention training).”.

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