

117TH CONGRESS
1ST SESSION

H. R. 5750

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

OCTOBER 27, 2021

Mr. CLEAVER (for himself, Mr. MCGOVERN, Mrs. MCBATH, Mr. FITZPATRICK, Mr. BUTTERFIELD, Mr. MEEKS, Mr. COHEN, Mr. CORREA, Mr. CROW, Mr. JOHNSON of Georgia, Ms. PINGREE, Ms. ADAMS, Mrs. HAYES, Mr. GONZALEZ of Ohio, Ms. JACKSON LEE, and Ms. BASS) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and Labor, 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Cady Housh and
3 Gemesha Thomas Student Suicide Prevention Act of
4 2021”.

5 **SEC. 2. FINDINGS.**

6 Congress finds the following:

7 (1) In the last 12 years, suicide has been on the
8 increase, moving up to the second leading cause of
9 death for young people between the ages of 10 and
10 34 with about 157,000 youth treated at emergency
11 departments for self-inflicted injuries. Between 2007
12 and 2018, the national suicide rate among persons
13 ages 1 to 24 increased 57.4 percent.

14 (2) According to the 2019 Youth Risk Behav-
15 iors Survey of the Centers for Disease Control and
16 Prevention, 18.8 percent of high school students re-
17 ported seriously considering suicide, and 8.9 percent
18 reporting attempting to take their lives during that
19 period.

20 (3) Eighty percent of students show warning
21 signs before attempting suicide.

22 (4) Prevention and awareness training will
23 equip individuals to become aware of the warning
24 signs of suicide, identify students in crisis, and pro-
25 vide resources for help.

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

4 (A) does not increase the chance of suicide;
5 and

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

7 (6) Sexual minority youth (LGBTQ) are almost
8 five times more likely to have attempted suicide com-
9 pared to their heterosexual peers. In addition, 40
10 percent of LGBTQ youth seriously considered at-
11 tempting suicide in the past 12 months, with more
12 than half of transgender and nonbinary youth hav-
13 ing seriously considered suicide.

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

15 It is the sense of the Congress that—

16 (1) student suicide awareness, prevention train-
17 ing, and response materials should be available to all
18 school personnel, including administrative personnel,
19 teachers, counselors, and other school leaders;

20 (2) States should give autonomy to each local
21 educational agency to—

22 (A) adopt a policy with respect to student
23 suicide awareness and prevention; and

24 (B) work collaboratively with local organi-
25 zations, youth mental health experts, health

1 care providers, and the Secretary of Health and
2 Human Services to implement training for
3 school personnel and students, including by
4 sharing and disseminating—

5 (i) training materials and resources;

6 and

7 (ii) information that is evidence-in-
8 formed or promising on student suicide
9 prevention;

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

13 (A) minority students;

14 (B) LGBTQ+ identifying students;

15 (C) students living with mental health con-
16 ditions;

17 (D) students living with substance use dis-
18 orders;

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

21 (F) students experiencing homelessness or
22 out-of-home settings;

23 (4) schools should offer these services to stu-
24 dents in grades 9 through 12, with the support of
25 organizations with demonstrated expertise in cul-

1 tural competency, suicide awareness, response, and
2 prevention training;

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

6 (A) recognize signs of suicide and depres-
7 sion;

8 (B) report these signs to appropriate staff;
9 and

10 (C) identify sources of care and support;
11 and

12 (6) schools should utilize school-based mental
13 health professionals and other community partner-
14 ships.

15 **SEC. 4. STUDENT SUICIDE AWARENESS AND PREVENTION**
16 **TRAINING.**

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

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

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

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

1 “(6) establish and implement a statewide policy
2 requiring school personnel in elementary and sec-
3 ondary schools and students in secondary schools to
4 complete student emotional well-being, mental
5 health, and suicide awareness and prevention train-
6 ing in accordance with subsection (d).”.

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

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

12 (2) by inserting after subsection (c) the fol-
13 lowing:

14 “(d) REQUIREMENTS FOR STUDENT SUICIDE
15 AWARENESS AND TRAINING PROGRAMS.—

16 “(1) IN GENERAL.—As a condition on receipt of
17 funds under subsection (a)(6), an applicant shall
18 agree to use the funds to establish or implement a
19 statewide policy—

20 “(A) requiring school personnel in elemen-
21 tary and secondary schools and students in sec-
22 ondary schools to complete student emotional
23 well-being, mental health, and suicide awareness
24 and prevention training that—

1 “(i) includes at least one classroom
2 session each school year;

3 “(ii) is evidence-informed; and

4 “(iii) includes training on—

5 “(I) the warning signs of, and
6 elevated risk factors for, poor emo-
7 tional well-being, mental health issues,
8 and suicide of oneself and of others;

9 “(II) suggested responses to such
10 warning signs;

11 “(III) further suicide awareness
12 and prevention resources; and

13 “(IV) the method and manner of
14 making an appropriate referral to a
15 school-based mental health services
16 provider; and

17 “(B) requiring, with respect to such school
18 personnel, that such training include training
19 on—

20 “(i) cultural competency and intersec-
21 tionality sensitivity; and

22 “(ii) an overview of applicable Fed-
23 eral, State, and local law concerning re-
24 porting requirements.

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

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

5 “(i) use the best available research
6 and practice knowledge to guide program
7 design and implementation;

8 “(ii) allow for innovation while incor-
9 porating the lessons learned from the exist-
10 ing research literature; and

11 “(iii) are responsive to families’ cul-
12 tural backgrounds, community values, and
13 individual preferences.

14 “(B) The term ‘school-based mental health
15 services provider’ includes a State-licensed or
16 State-certified school counselor, school psycholo-
17 gist, school social worker, or other State-li-
18 censed or certified mental health professional
19 qualified under State law to provide mental
20 health services to children and adolescents.

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

22 “(i) principals or other heads of a
23 school; other professional instructional
24 staff (such as staff involved in curriculum
25 development, staff development, or oper-

1 ating library, media, and computer cen-
2 ters); specialized instructional support per-
3 sonnel such as school counselors, school so-
4 cial workers, and school psychologists; and
5 other qualified professional personnel, such
6 as school nurses, speech language patholo-
7 gists, and school librarians, involved in
8 providing assessment, diagnosis, coun-
9 seling, and educational, therapeutic, and
10 other necessary services; and

11 “(ii) other school employees and con-
12 tractors who interact with students, includ-
13 ing bus drivers, cafeteria workers, coaches,
14 janitorial staff, and after-school program
15 employees.”.

16 (c) FUNDING.—Subsection (n) of section 520E of the
17 Public Health Service Act (42 U.S.C. 290bb–36), as re-
18 designated by subsection (b)(2), is amended—

19 (1) by striking “For the purpose” and inserting
20 the following:

21 “(1) IN GENERAL.—For the purpose”;

22 (2) by striking “2022” and inserting “2028”;

23 and

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

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

○