

119TH CONGRESS
2^D SESSION

S. _____

To authorize the Secretary of Health and Human Services to award grants to establish or expand programs to implement evidence-aligned practices in health care settings for the purpose of reducing the suicide rates of covered individuals, and for other purposes.

IN THE SENATE OF THE UNITED STATES

Mr. SCHATZ introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

To authorize the Secretary of Health and Human Services to award grants to establish or expand programs to implement evidence-aligned practices in health care settings for the purpose of reducing the suicide rates of covered individuals, 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 “Child Suicide Preven-
5 tion Act”.

1 **SEC. 2. GRANT PROGRAM TO ADDRESS YOUTH SUICIDE**
2 **AND LETHAL MEANS.**

3 (a) IN GENERAL.—Beginning not later than 1 year
4 after the date of enactment of this Act, the Secretary shall
5 award grants to eligible entities to establish or expand pro-
6 grams to implement evidence-aligned practices in health
7 care settings for the purpose of reducing the suicide rates
8 of covered individuals.

9 (b) APPLICATION.—An eligible entity seeking a grant
10 under this section shall submit an application to the Sec-
11 retary at such time, in such manner, and accompanied by
12 such information as the Secretary may require.

13 (c) ELIGIBLE ENTITY.—In this section, the term “el-
14 igible entity” includes—

15 (1) a State;

16 (2) a State or local health department;

17 (3) a professional membership organization that
18 specializes in health care;

19 (4) a hospital that serves covered individuals;

20 (5) a nonprofit organization; and

21 (6) an institution of higher education.

22 (d) USE OF FUNDS.—An eligible entity that receives
23 a grant under this section shall use the grant funds to
24 establish or expand programs to educate or train health
25 care providers as described in subsection (a), including
26 education and training on—

1 (1) identification of covered individuals who
2 may be at a high risk of suicide or self-harm, using
3 validated, developmentally- and age-appropriate, and
4 evidence-aligned screening and risk assessment tech-
5 niques;

6 (2) communication with covered individuals and
7 the family members or guardians of such individuals
8 on lethal means safety and injury prevention, includ-
9 ing the safe storage of firearms;

10 (3) covered risk factors and the relationship of
11 such factors to suicide and self-harm;

12 (4) suicide prevention and intervention;

13 (5) support strategies for covered individuals
14 after the occurrence of a suicide or suicide attempt;

15 (6) racial and ethnic disparities with respect to
16 covered individuals who attempt suicide or self-harm,
17 disaggregated by the age and gender of covered indi-
18 viduals;

19 (7) methods and means used by covered individ-
20 uals to attempt suicide and, with respect to such
21 methods and means, best practices to ensure the
22 safety of a covered individual, including safety plans
23 and plans that address such methods and means;

24 (8) State and Federal laws with respect to the
25 use and possession of firearms;

1 (9) communication strategies to discuss such
2 laws with covered individuals and the family mem-
3 bers or guardians of such individuals; and

4 (10) procedures for referring covered individ-
5 uals who may be at a high risk of suicide or self-
6 harm to other health care providers, social services,
7 or crisis resources.

8 (e) SECURE GUN STORAGE OR SAFETY DEVICES.—

9 (1) IN GENERAL.—An entity receiving a grant
10 under this section may use not more than 15 per-
11 cent of the funds received through the grant to make
12 secure gun storage or safety devices available at re-
13 duced or no cost to residences with at least one cov-
14 ered individual.

15 (2) APPLICATION.—If an applicant for a grant
16 under this section seeks to use the grant as de-
17 scribed in paragraph (1), the applicant shall include
18 in its application under subsection (b)—

19 (A) a strategy to make secure gun storage
20 or safety devices available at reduced or no cost
21 to residences with at least one covered indi-
22 vidual; and

23 (B) information about the types of devices
24 that will be so made available based on a dem-
25 onstration of available information about the se-

1 cure gun storage or safety device needs of the
2 community or communities in which such resi-
3 dences are located.

4 (3) COUNSELING.—A recipient of a grant under
5 this section that chooses to use a portion of the
6 grant as described in paragraph (1) shall provide ap-
7 propriate counseling on the use of secure gun stor-
8 age or safety devices to one or more individuals at
9 each residence that receives such a device through
10 funds made available through such grant.

11 (f) TECHNICAL ASSISTANCE.—The Secretary shall
12 provide technical assistance to recipients of grants under
13 this section and health care providers on best practices
14 in implementing programs to educate or train health care
15 providers on evidence-aligned practices for the purpose of
16 reducing the suicide rates of covered individuals.

17 (g) REPORT.—

18 (1) BY GRANTEES.—

19 (A) SUBMISSION.—Each eligible entity
20 that receives a grant under this section shall
21 submit, on an annual basis through fiscal year
22 2030, a report to the Secretary on the activities
23 carried out through the grant.

24 (B) PUBLIC AVAILABILITY.—The Secretary
25 shall make each report submitted under sub-

1 paragraph (A) publicly available on the website
2 of the Department of Health and Human Serv-
3 ices.

4 (2) BY SECRETARY.—Not later than the end of
5 fiscal year 2030, the Secretary shall submit a report
6 to Congress that includes—

7 (A) a summary of the reports submitted to
8 the Secretary pursuant to paragraph (1); and

9 (B) recommendations with respect to the
10 implementation of evidence-aligned practices in
11 health care settings to reduce the suicide rates
12 of covered individuals.

13 (h) AUTHORIZATION OF APPROPRIATIONS.—There is
14 authorized to be appropriated to carry out this section
15 \$20,000,000 for the period of fiscal years 2027 through
16 2030.

17 **SEC. 3. GRANT PROGRAM TO DEVELOP AND INTEGRATE**
18 **SUICIDE PREVENTION AND LETHAL MEANS**
19 **SAFETY CURRICULA.**

20 (a) IN GENERAL.—Beginning not later than 1 year
21 after the date of enactment of this Act, the Secretary shall
22 award grants to eligible schools to develop and integrate
23 in the curricula and continuing education programs of
24 such schools the content described in subsection (d).

1 (b) APPLICATION.—An eligible school seeking a grant
2 under this section shall submit an application to the Sec-
3 retary at such time, in such manner, and accompanied by
4 such information as the Secretary may require.

5 (c) PARTNERSHIP.—In carrying out activities
6 through a grant under this section, an eligible school may
7 develop a partnership with—

8 (1) a local health department;

9 (2) any professional associations as the Sec-
10 retary determines appropriate;

11 (3) a nonprofit organization; and

12 (4) an institution of higher education.

13 (d) CURRICULA CONTENT.—The content to be devel-
14 oped and integrated pursuant to subsection (a) shall ad-
15 dress each of the following:

16 (1) Lethal means safety and injury prevention,
17 including—

18 (A) safe storage of a firearm and ammuni-
19 tion; and

20 (B) State and Federal laws that apply to
21 the use and possession of a firearm.

22 (2) Best practices that are evidence-aligned and
23 culturally appropriate with respect to communicating
24 with patients and the families of patients about le-
25 thal means safety and injury prevention.

1 (3) Evidence-aligned strategies with respect to
2 suicide prevention, intervention, and support to indi-
3 viduals after the occurrence of a suicide or suicide
4 attempt, with an emphasis on—

5 (A) covered individuals; and

6 (B) individuals at a high risk of suicide.

7 (4) Validated, developmentally and age-appro-
8 priate, and evidence-aligned screening and risk as-
9 sessment techniques with respect to suicide and the
10 use of a firearm.

11 (5) Strategies to identify covered risk factors.

12 (6) Methods or means used by a covered indi-
13 vidual to attempt suicide and, with respect to such
14 methods or means, best practices to ensure the safe-
15 ty of a covered individual, including safety plans and
16 plans that address such methods and means.

17 (e) TECHNICAL ASSISTANCE.—The Secretary shall
18 provide—

19 (1) to eligible schools, technical assistance in
20 applying for a grant under this section; and

21 (2) to eligible schools receiving grants under
22 this section, technical assistance in carrying out the
23 activities funded through the grants.

24 (f) REPORT.—

25 (1) BY GRANTEES.—

1 (A) SUBMISSION.—Each eligible school
2 that receives a grant under this section shall
3 submit, on an annual basis through fiscal year
4 2030, a report to the Secretary on the activities
5 carried out through the grant.

6 (B) PUBLIC AVAILABILITY.—The Secretary
7 shall make each report submitted under sub-
8 paragraph (A) publicly available on the website
9 of the Department of Health and Human Serv-
10 ices.

11 (2) BY SECRETARY.—Not later than the end of
12 fiscal year 2030, the Secretary shall submit a report
13 to Congress that includes—

14 (A) a summary of the reports submitted to
15 the Secretary pursuant to paragraph (1); and

16 (B) recommendations for curricula on sui-
17 cide prevention.

18 (g) ELIGIBLE SCHOOL DEFINED.—In this section,
19 the term “eligible school” means—

20 (1) an accredited medical school;

21 (2) an accredited school of nursing;

22 (3) an accredited school with a—

23 (A) physician assistant education program;

24 (B) graduate or undergraduate program in
25 mental or behavioral health; or

1 (C) residency or fellowship program in
2 health care; and

3 (4) any other accredited school that specializes
4 in health education, as determined by the Secretary,
5 including for continuing education programs.

6 (h) AUTHORIZATION OF APPROPRIATIONS.—There is
7 authorized to be appropriated to carry out this section
8 \$10,000,000 for the period of fiscal years 2027 through
9 2030.

10 **SEC. 4. INFORMATIONAL WEBSITE.**

11 (a) DEVELOPMENT.—Not later than 1 year after the
12 date of enactment of this Act, the Secretary shall develop
13 and maintain a website to inform covered individuals, the
14 family members or guardians of such individuals, schools
15 that educate health care providers, and health care pro-
16 viders on best practices with respect to suicide prevention
17 and the use of firearms in suicide attempts by covered in-
18 dividuals.

19 (b) UPDATE.—The Secretary shall update the infor-
20 mation on the website developed under subsection (a)
21 based on the reports submitted pursuant to sections 2(g)
22 and 3(f).

23 (c) CONSULTATION.—In developing the website under
24 subsection (a), the Secretary shall consult with—

- 1 (1) the individuals and entities referred to in
2 such subsection;
- 3 (2) nonprofit organizations;
- 4 (3) such professional associations as the Sec-
5 retary determines appropriate;
- 6 (4) local health departments;
- 7 (5) hospitals that serve covered individuals;
- 8 (6) institutions of higher education;
- 9 (7) the Department of Veterans Affairs;
- 10 (8) Federal firearms license dealers and in-
11 structors; and
- 12 (9) other individuals or entities, as determined
13 by the Secretary.

14 **SEC. 5. DEFINITIONS.**

15 In this Act:

16 (1) **COVERED INDIVIDUAL.**—The term “covered
17 individual” means an individual who has not at-
18 tained 26 years of age.

19 (2) **COVERED RISK FACTORS.**—The term “cov-
20 ered risk factors” means factors that increase the
21 risk of suicide or self-harm with respect to a covered
22 individual, including the following:

23 (A) Alcohol abuse or other substance use
24 disorder.

25 (B) Sexual or physical abuse.

1 (C) A diagnosis of a psychiatric condition
2 associated with an increased risk of suicide or
3 self-harm.

4 (D) Being lesbian, gay, bisexual,
5 transgender, or queer.

6 (E) Being from a racial or ethnic group
7 with a high rate of suicide or self-harm.

8 (F) Previous attempts of suicide or self-
9 harm.

10 (G) Other factors for which scientific evi-
11 dence supports a link to an increased risk of
12 suicide or self-harm, including family factors
13 and bullying.

14 (3) INSTITUTION OF HIGHER EDUCATION.—The
15 term “institution of higher education” has the
16 meaning given such term in section 101 of the High-
17 er Education Act of 1965 (20 U.S.C. 1001).

18 (4) SECRETARY.—The term “Secretary” means
19 the Secretary of Health and Human Services.

20 (5) SECURE GUN STORAGE OR SAFETY DE-
21 VICE.—The term “secure gun storage or safety de-
22 vice” has the meaning given to such term in sub-
23 paragraphs (A) and (B) of section 921(a)(34) of
24 title 18, United States Code.

25 (6) STATE.—The term “State” means—

1 (A) each of the 50 States;

2 (B) the District of Columbia and any terri-
3 tory or possession of the United States;

4 (C) Indian tribes and tribal organizations
5 (as such terms are defined in section 4 of the
6 Indian Self-Determination and Education As-
7 sistance Act (25 U.S.C. 5304));

8 (D) Urban Indian organizations (as such
9 term is defined in section 4 of the Indian
10 Health Care Improvement Act (25 U.S.C.
11 1603)); and

12 (E) Native Hawaiian organizations and
13 Native Hawaiian health care systems (as such
14 terms are defined in section 12 of the Native
15 Hawaiian Health Care Improvement Act (42
16 U.S.C. 11711)).