

116TH CONGRESS  
2D SESSION

**S.** \_\_\_\_\_

To amend the Public Health Service Act to expand the capacity of the suicide prevention lifeline and mental health crisis centers.

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IN THE SENATE OF THE UNITED STATES

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Mr. CORNYN (for himself, Mr. BENNET, Ms. ERNST, and Mr. JONES) introduced the following bill; which was read twice and referred to the Committee on \_\_\_\_\_

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**A BILL**

To amend the Public Health Service Act to expand the capacity of the suicide prevention lifeline and mental health crisis centers.

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 “Suicide and Crisis Out-  
5 reach Prevention Enhancement Act”.

1 **SEC. 2. EXPANDING CAPACITY OF THE SUICIDE PREVEN-**  
2 **TION LIFELINE AND MENTAL HEALTH CRISIS**  
3 **CENTERS.**

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

6 (1) in subsection (b)—

7 (A) in paragraph (1)—

8 (i) by inserting “supporting and” be-  
9 fore “coordinating”; and

10 (ii) by inserting “mental health” be-  
11 fore “crisis intervention services”;

12 (B) by redesignating paragraphs (2) and  
13 (3) as paragraphs (3) and (4), respectively;

14 (C) by inserting after paragraph (1), the  
15 following:

16 “(2) increasing the capacity of the program and  
17 crisis centers participating in the network to provide  
18 suicide prevention and mental health crisis interven-  
19 tion services to individuals seeking help;”;

20 (D) in paragraph (3), as redesignated by  
21 subparagraph (B), by striking “and” after the  
22 semicolon;

23 (E) in paragraph (4), as redesignated by  
24 subparagraph (B), by striking the period at the  
25 end and inserting a semicolon; and

1 (F) by inserting after paragraph (4), as re-  
2 designated by subparagraph (B), the following:

3 “(5) improving awareness of the program for  
4 suicide prevention and mental health crisis interven-  
5 tion services, including by conducting an awareness  
6 campaign and ongoing outreach to the public; and

7 “(6) establishing, standardizing, and maintain-  
8 ing data collection and reports on racial, ethnic, geo-  
9 graphic, socioeconomic, and other health disparities  
10 to understand disparities in access to the program  
11 and among individuals who are seeking help.”; and

12 (2) in subsection (c), by striking “\$7,198,000  
13 for each of fiscal years 2018 through 2022” and in-  
14 serting “\$20,000,000 for each of fiscal years 2021  
15 through 2025”.