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

IN THE SENATE OF THE UNITED STATES

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

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”.
SEC. 2. EXPANDING CAPACITY OF THE SUICIDE PREVENTION LIFELINE AND MENTAL HEALTH CRISIS CENTERS.

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

(1) in subsection (b)—

(A) in paragraph (1)—

(i) by inserting “supporting and” before “coordinating”; and

(ii) by inserting “mental health” before “crisis intervention services”;

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

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

“(2) increasing the capacity of the program and crisis centers participating in the network to provide suicide prevention and mental health crisis intervention services to individuals seeking help;”;

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

(E) in paragraph (4), as redesignated by subparagraph (B), by striking the period at the end and inserting a semicolon; and
(F) by inserting after paragraph (4), as redesignated by subparagraph (B), the following:

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

“(6) establishing, standardizing, and maintaining data collection and reports on racial, ethnic, geographic, socioeconomic, and other health disparities to understand disparities in access to the program and among individuals who are seeking help.”; and

(2) in subsection (c), by striking “$7,198,000 for each of fiscal years 2018 through 2022” and inserting “$20,000,000 for each of fiscal years 2021 through 2025”.