

119TH CONGRESS
1ST SESSION

H. R. 2044

To amend the Public Health Service Act to establish a grant program to provide self-harm and suicide prevention services in primary care offices, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 11, 2025

Mr. DESAULNIER introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to establish a grant program to provide self-harm and suicide prevention services in primary care offices, 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 “Suicide Prevention As-
5 sistance Act”.

1 **SEC. 2. GRANTS TO PROVIDE SELF-HARM AND SUICIDE**
2 **PREVENTION SERVICES.**

3 Subpart 3 of part B of title V of the Public Health
4 Service Act (42 U.S.C. 290bb–31 et seq.) is amended by
5 adding at the end the following:

6 **“SEC. 5200. GRANTS TO PROVIDE SELF-HARM AND SUICIDE**
7 **PREVENTION SERVICES.**

8 “(a) IN GENERAL.—The Secretary of Health and
9 Human Services, acting through the Assistant Secretary
10 for Mental Health and Substance Use (referred to in this
11 section as the ‘Secretary’), shall award grants to primary
12 care offices to provide self-harm and suicide prevention
13 services.

14 “(b) ACTIVITIES SUPPORTED.—A primary care office
15 awarded a grant under subsection (a) shall use amounts
16 under the grant to carry out the following:

17 “(1) The primary care office shall hire 1 or
18 more clinical social workers to carry out the activi-
19 ties described in paragraphs (2) through (4).

20 “(2) A primary care physician at the primary
21 care office shall screen patients for self-harm and
22 suicide in accordance with the standards of practice
23 described in subsection (f)(1) and shall, as appro-
24 priate, notify a clinical social worker hired under
25 paragraph (1) of screenings that yield an indicator
26 of self-harm or suicide.

1 “(3) A clinical social worker hired under para-
2 graph (1) shall provide patients short-term self-harm
3 and suicide prevention services in accordance with
4 the results of the screenings described in paragraph
5 (2).

6 “(4) A clinical social worker hired under para-
7 graph (1) shall, as appropriate, refer patients to a
8 health care facility for purposes of receiving long-
9 term self-harm and suicide prevention services.

10 “(c) MAXIMUM NUMBER OF GRANTS.—

11 “(1) IN GENERAL.—The Secretary may not
12 award more than 10 grants under subsection (a).

13 “(2) WITH RESPECT TO A PRIMARY CARE OF-
14 FICE.—A primary care office may not be awarded
15 more than 1 grant under subsection (a).

16 “(3) WITH RESPECT TO A STATE.—Not more
17 than 1 primary care office in any State may be
18 awarded a grant under subsection (a).

19 “(d) GRANT TERMS.—A grant awarded under sub-
20 section (a)—

21 “(1) may not exceed \$500,000;

22 “(2) shall be for a period of 2 years; and

23 “(3) may be renewed subject to the require-
24 ments of this section.

1 “(e) APPLICATIONS.—A primary care office seeking
2 a grant under subsection (a) shall submit an application
3 to the Secretary at such time, in such manner, and accom-
4 panied by such information as the Secretary may require.

5 “(f) STANDARDS OF PRACTICE.—

6 “(1) IN GENERAL.—Not later than 180 days
7 after the date of the enactment of this section, the
8 Secretary shall develop standards of practice for
9 screening patients for self-harm and suicide for pur-
10 poses of carrying out subsection (b)(2).

11 “(2) CONSULTATION.—The Secretary shall de-
12 velop the standards of practice described in para-
13 graph (1) in consultation with stakeholder groups
14 with expertise in self-harm and suicide prevention,
15 including public, private, and non-profit entities.

16 “(g) REPORTING.—

17 “(1) REPORTS TO THE SECRETARY.—

18 “(A) IN GENERAL.—A primary care office
19 awarded a grant under subsection (a) shall, at
20 least quarterly for the duration of the grant,
21 submit to the Secretary a report evaluating the
22 activities supported by the grant.

23 “(B) MATTERS TO BE INCLUDED.—The
24 report required under subparagraph (A) shall
25 include—

1 “(i) the number of patients receiv-
2 ing—

3 “(I) screenings carried out at the
4 primary care office;

5 “(II) short-term self-harm and
6 suicide prevention services at the pri-
7 mary care office; and

8 “(III) referrals to health care fa-
9 cilities for the purposes of receiving
10 long-term self-harm and suicide pre-
11 vention;

12 “(ii) information on the adherence of
13 the primary care office to the standards of
14 practice described in subsection (f)(1); and

15 “(iii) other information as the Sec-
16 retary determines appropriate to evaluate
17 the use of grant funds.

18 “(2) REPORTS TO CONGRESS AND IN THE DE-
19 PARTMENT OF HEALTH AND HUMAN SERVICES.—
20 Not later than 2 years after the date of the enact-
21 ment of this section, and biennially thereafter, the
22 Secretary shall submit to the appropriate congres-
23 sional committees and the subcomponents of the De-
24 partment of Health and Human Services described

1 in paragraph (3) a report on the grant program
 2 under this section, including—

3 “(A) a summary of reports received by the
 4 Secretary under paragraph (1); and

5 “(B) an evaluation of the program by the
 6 Secretary.

7 “(3) REPORTING IN THE DEPARTMENT OF
 8 HEALTH AND HUMAN SERVICES.—The subcompo-
 9 nents of the Department of Health and Human
 10 Services described in this paragraph are the Centers
 11 for Disease Control and Prevention and the National
 12 Institute of Mental Health.

13 “(h) DEFINITIONS.—In this section:

14 “(1) APPROPRIATE CONGRESSIONAL COMMIT-
 15 TEES.—The term ‘appropriate congressional com-
 16 mittees’ means—

17 “(A) the Committee on Energy and Com-
 18 merce of the House of Representatives; and

19 “(B) the Committee on Health, Education,
 20 Labor, and Pensions of the Senate.

21 “(2) PRIMARY CARE OFFICE.—The term ‘pri-
 22 mary care office’ means a health care facility that
 23 provides primary care services.

24 “(3) STATE.—The term ‘State’ means—

25 “(A) a State;

1 “(B) the District of Columbia;

2 “(C) the Commonwealth of Puerto Rico; or

3 “(D) any other territory or possession of

4 the United States.”.

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