110TH CONGRESS
1ST SESSION

H. R. 4897

To amend the Social Security Act and the Public Health Service Act to improve elderly suicide early intervention and prevention strategies, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 19, 2007

Ms. HOOLEY (for herself, Mr. TIM MURPHY of Pennsylvania, Ms. DELAURO, Mrs. JONES of Ohio, Mr. KENNEDY, Mr. KLEIN of Florida, Mrs. MCCARTHY of New York, Ms. MATSUI, Mr. RAMSTAD, and Mr. WYNN) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, 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

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A BILL

To amend the Social Security Act and the Public Health Service Act to improve elderly suicide early intervention and prevention strategies, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Stop Senior Suicide Act".

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) The rate of suicide among older adults is higher than that for any other age group, and the suicide rate for individuals 85 years of age and older is the highest of all. In 2004, 6,860 older Americans (age 60 and older) died by suicide (Centers for Disease Control and Prevention, 2007).

(2) In 2004, the elderly (age 65 and older) made up only 12.4 percent of the population but accounted for 16 percent of all suicides.

(3) According to the Centers for Disease Control and Prevention, from 1980 to 1992, the suicide rate rose 9 percent for Americans 65 years of age and above, and rose 35 percent for men and women ages 80 to 84.

(4) Older adults have a considerably higher rate of completed suicide than other groups. While for all age groups combined there is one suicide for every 20 attempts, there is one suicide for every 4 attempts among those 65 years of age and older.

(5) Of the nearly 35,000,000 Americans age 65 and older, it is estimated that 2,000,000 have a depressive illness and another 5,000,000 suffer from depressive symptoms and syndromes that fall short of meeting full diagnostic criteria for a disorder

(Mental Health: A Report of the Surgeon General, 1999).

(6) Seniors covered by Medicare are required to pay a 50 percent co-pay for outpatient mental health services while they are only required to pay a 20 percent co-pay for physical health services.

(7) It is estimated that 20 percent of older adults who complete suicide visited a physician within the prior 24 hours, 41 percent within the past week, and 75 percent within the past month (Surgeon General's Call to Action to Prevent Suicide, 1999).

(8) A substantial proportion of older patients receive no treatment or inadequate treatment for their depression in primary care settings (National Institutes of Health Consensus Development Panel on Depression in Late Life, 1992; Lebowitz et al., 1997).

(9) Suicide in older adults is most associated with late-onset depression. Among patients 75 years of age and older, 60 to 75 percent of suicides have diagnosable depression (Mental Health: A Report of the Surgeon General, 1999).

(10) Research suggests that many seniors receive mental health assistance from their primary

care providers or other helping professionals versus specialty mental health professionals (Mental Health: A Report of the Surgeon General, 1999).

(11) Objective 4.6 of the National Strategy for Suicide Prevention calls for increasing the proportion of State Aging Networks that have evidence-based suicide prevention programs designed to identify and refer for treatment elderly people at risk for suicidal behavior.

(12) Objective 1.1 of the President's New Freedom Commission on Mental Health calls for advancing and implementing a national campaign to reduce the stigma of seeking care and a national strategy for suicide prevention. The report addresses targeting to distinct and often hard-to-reach populations, such as ethnic and racial minorities, older men, and adolescents (NFC Report, 2003).

(13) One of the top 10 resolutions at the 2005 White House Conference on Aging called for improving the recognition, assessment, and treatment of mental illness and depression among older Americans.

SEC. 3. ESTABLISHMENT OF A FEDERAL INTERAGENCY GERIATRIC MENTAL HEALTH PLANNING COUNCIL.

(a) IN GENERAL.—The Secretary of Health and Human Services shall establish an Interagency Geriatric Mental Health Planning Council (referred to in this section as the "Council") to coordinate and collaborate on the planning for the delivery of mental health services, to include suicide prevention, to older adults.

(b) MEMBERS.—The members of the Council shall include representatives of—

(1) the Substance Abuse and Mental Health Services Administration;

(2) the Indian Health Service;

(3) the Health Resources and Services Administration;

(4) the Centers for Medicare & Medicaid Services;

(5) the National Institute of Mental Health;

(6) the National Institute on Aging;

(7) the Centers for Disease Control and Prevention;

(8) the Department of Veterans Affairs; and

(9) older adults, family members of older adults with mental illness, and geriatric mental health experts or advocates for elderly mental health con-

cerns, to be appointed by the Secretary of Health and Human Services in consultation with a national advocacy organization focused on suicide prevention, including senior suicide prevention.

(c) CO-CHAIRS.—The Assistant Secretary for Health and the Assistant Secretary for Aging of the Department of Health and Human Services shall serve as the co-chairs of the Council.

(d) ACTIVITIES.—The Council shall—

(1) carry out an interagency planning process to foster the integration of mental health, suicide prevention, health, and aging services, which is critical for effective service delivery for older adults;

(2) make recommendations to the heads of relevant Federal agencies to improve the delivery of mental health and suicide prevention services for older adults; and

(3) submit an annual report to the President and Congress concerning the activities of the Council.

SEC. 4. ELIMINATION OF DISCRIMINATORY COPAYMENT RATES FOR MEDICARE OUTPATIENT PSYCHIATRIC SERVICES.

Section 1833(c) of the Social Security Act (42 U.S.C. 1395l(c)) is amended to read as follows:

"(e)(1) Notwithstanding any other provision of this part, with respect to expenses incurred in a calendar year in connection with the treatment of mental, psychoneurotic, and personality disorders of an individual who is not an inpatient of a hospital at the time such expenses are incurred, there shall be considered as incurred expenses for purposes of subsections (a) and (b)—

"(A) for expenses incurred in any year before 2009, only 62½ percent of such expenses;

"(B) for expenses incurred in 2009, only 68¾ percent of such expenses;

"(C) for expenses incurred in 2010, only 75 percent of such expenses;

"(D) for expenses incurred in 2011, only 81¼ percent of such expenses;

"(E) for expenses incurred in 2012, only 87½ percent of such expenses;

"(F) for expenses incurred in 2013, only 93¾ percent of such expenses; and

"(G) for expenses incurred in 2014 or any subsequent year, 100 percent of such expenses.

"(2) For purposes of subparagraphs (A) through (G) of paragraph (1), the term 'treatment' does not include brief office visits (as defined by the Secretary) for the sole purpose of monitoring or changing drug prescriptions used

in the treatment of such disorders or partial hospitalization services that are not directly provided by a physician.".

SEC. 5. ELDERLY SUICIDE EARLY INTERVENTION AND PREVENTION STRATEGIES.

Title V of the Public Health Service Act is amended by inserting after section 520E–2 (42 U.S.C. 290bb–36b) the following:

"SEC. 520E–3. ELDERLY SUICIDE EARLY INTERVENTION AND PREVENTION STRATEGIES.

"(a) IN GENERAL.—The Secretary shall award grants or cooperative agreements to eligible entities to develop strategies for addressing suicide among the elderly.

"(b) ELIGIBLE ENTITIES.—To be eligible for a grant or cooperative agreement under subsection (a) an entity shall—

"(1) be a—

"(A) State or local government agency, a territory, or a federally recognized Indian tribe, tribal organization (as defined in the Indian Self-Determination and Education Assistance Act), or an urban Indian organization (as defined in the Indian Health Care Improvement Act); or

"(B) a public or private nonprofit organization; and

"(2) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

"(c) USE OF FUNDS.—An entity shall use amounts received under a grant or cooperative agreement under this section to—

"(1) develop and implement elderly suicide early intervention and prevention strategies in 1 or more settings that serve seniors, including senior centers, nutrition sites, primary care settings, veterans' facilities, nursing facilities, assisted living facilities, and aging information and referral sites, such as those operated by area agencies on aging or Aging and Disability Resource Centers (as those terms are defined in section 102 of the Older Americans Act of 1965);

"(2) collect and analyze data on elderly suicide early intervention and prevention services for purposes of monitoring, research and policy development; and

"(3) assess the outcomes and effectiveness of such services.

"(d) REQUIREMENTS.—An applicant for a grant or cooperative agreement under this section shall demonstrate how such applicant will—

"(1) collaborate with other State and local public and private nonprofit organizations;

"(2) offer immediate support, information, and referral to seniors or their families who are at risk for suicide, and appropriate postsuicide intervention services care, and information to families and friends of seniors who recently completed suicide and other interested individuals; and

"(3) conduct annual self-evaluations concerning the goals, outcomes, and effectiveness of the activities carried out under the grant or agreement, in consultation with interested families and national advocacy organizations focused on suicide prevention, including senior suicide prevention.

"(e) PREFERENCE.—In awarding a grant or cooperative agreement under this section, the Secretary shall give preference to applicants with demonstrated expertise and capability in providing—

"(1) early intervention and assessment services, including voluntary screening programs, education, and outreach to elderly who are at risk for mental or emotional disorders that may lead to a suicide at-

tempt and that are integrated with aging services support organizations;

"(2) early intervention and prevention practices and strategies adapted to the community it will serve, with equal preference given to applicants that are already serving the same community, and applicants that will serve a new community under a grant or agreement under this section, if the applicant has already demonstrated expertise and capability in providing early intervention and prevention practices and strategies adapted to the community or communities it currently serves;

"(3) access to services and care for seniors with diverse linguistic and cultural backgrounds; and

"(4) services in States or geographic regions with rates of elder suicide that exceed the national average as determined by the Centers for Disease Control and Prevention.

"(f) REQUIREMENT FOR DIRECT SERVICES.—Not less than 85 percent of amounts received under a grant or cooperative agreement under this section shall be used to provide direct services.

"(g) COORDINATION AND COLLABORATION.—

"(1) IN GENERAL.—In carrying out this section (including awarding grants and cooperative agree-

ments under subsection (a)), the Secretary shall collaborate with the Interagency Geriatric Mental Health Planning Council.

"(2) CONSULTATION.—

"(A) IN GENERAL.—Except as provided in subparagraph (B), in developing and implementing Federal policy to carry out this section, the Secretary shall consult with—

"(i) State and local agencies, including agencies comprising the aging network;

"(ii) national advocacy organizations focused on suicide prevention, including senior suicide prevention;

"(iii) relevant national medical and other health specialty organizations;

"(iv) seniors who are at risk for suicide, who have survived suicide attempts, or who are currently receiving care from early intervention and prevention services;

"(v) families and friends of seniors who are at risk for suicide, who have survived attempts, who are currently receiving care from early intervention and prevention services, or who have completed suicide;

"(vi) qualified professionals who possess the specialized knowledge, skills, experience, and relevant attributes needed to serve seniors at risk for suicide and their families; and

"(vii) other entities as determined by the Secretary.

"(B) LIMITATION.—The Secretary shall not consult with the entities described in subparagraph (A) for the purpose of awarding grants and cooperative agreements under subsection (a).

"(h) EVALUATIONS AND REPORTS.—

"(1) EVALUATIONS BY GRANTEES.—

"(A) EVALUATION DESIGN.—Not later than 1 year after receiving a grant or cooperative agreement under this section, an eligible entity shall submit to the Secretary a plan on the design of an evaluation strategy to assess the effectiveness of results of the activities carried out under the grant or agreement.

"(B) EVALUATION OF EFFECTIVENESS.—Not later than 2 years after receiving a grant or cooperative agreement under this section, an eligible entity shall submit to the Secretary an

effectiveness evaluation on the implementation and results of the activities carried out by the eligible entity under the grant or agreement.

"(2) REPORT.—Not later than 3 years after the date that the initial grants or cooperative agreements are awarded to eligible entities under this section, the Secretary shall submit to the appropriate committees of Congress a report describing the projects funded under this section and include an evaluation plan for future activities. The report shall—

"(A) be a coordinated response by all representatives on the Interagency Geriatric Mental Health Advisory Council; and

"(B) include input from consumers and family members of consumers on progress being made and actions that need to be taken.

"(i) DEFINITION.—In this section:

"(1) AGING NETWORK.—The term 'aging network' has the meaning given such term in section 102(5) of the Older Americans Act of 1965.

"(2) EARLY INTERVENTION.—The term 'early intervention' means a strategy or approach that is intended to prevent an outcome or to alter the course of an existing condition.

"(3) PREVENTION.—The term 'prevention' means a strategy or approach that reduces the likelihood of risk or onset, or delays the onset, of adverse health problems that have been known to lead to suicide.

"(4) SENIOR.—The term 'senior' means—

"(A) an individual who is 60 years of age or older and being served by aging network programs; or

"(B) an individual who is 65 years of age or older and covered under Medicare.

"(j) AUTHORIZATION OF APPROPRIATIONS.—

"(1) IN GENERAL.—For the purpose of carrying out this section there is authorized to be appropriated $4,000,000 for fiscal year 2008, $6,000,000 for fiscal year 2009 and $8,000,000 for fiscal year 2010.

"(2) PREFERENCE.—If less than $3,500,000 is appropriated for any fiscal year to carry out this section, in awarding grants and cooperative agreements under this section during such fiscal year, the Secretary shall give preference to applicants in States that have rates of elderly suicide that significantly exceed the national average as determined by the Centers for Disease Control and Prevention.".

SEC. 6. INTERAGENCY TECHNICAL ASSISTANCE CENTER.

(a) INTERAGENCY RESEARCH, TRAINING, AND TECHNICAL ASSISTANCE CENTERS.—Section 520C(d) of the Public Health Service Act (42 U.S.C. 290bb–34(d)) is amended—

(1) in paragraph (1), by striking "youth suicide early intervention and prevention strategies" and inserting "suicide early intervention and prevention strategies for all ages, particularly for groups that are at a high risk for suicide";

(2) in paragraph (2), by striking "youth suicide early intervention and prevention strategies" and inserting "suicide early intervention and prevention strategies for all ages, particularly for groups that are at a high risk for suicide";

(3) in paragraph (3)—

(A) by striking "youth"; and

(B) by inserting before the semicolon the following: "for all ages, particularly for groups that are at a high risk for suicide";

(4) in paragraph (4), by striking "youth suicide" and inserting "suicide for all ages, particularly among groups that are at a high risk for suicide";

(5) in paragraph (5), by striking "youth suicide early intervention techniques and technology" and inserting "suicide early intervention techniques and

technology for all ages, particularly for groups that are at a high risk for suicide";

(6) in paragraph (7)—

(A) by striking "youth"; and

(B) by inserting "for all ages, particularly for groups that are at a high risk for suicide," after "strategies"; and

(7) in paragraph (8)—

(A) by striking "youth suicide" each place that such appears and inserting "suicide"; and

(B) by striking "in youth" and inserting "among all ages, particularly among groups that are at a high risk for suicide".

(b) CONFORMING AMENDMENT.—Section 520C of the Public Health Service Act (42 U.S.C. 290bb–34) is amended in the heading by striking "**YOUTH**".

(c) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—In addition to any other funds made available, there are authorized to be appropriated for each of fiscal years 2008 through 2010, such sums as may be necessary to carry out the amendments made by subsection (a).

(2) SUPPLEMENT NOT SUPPLANT.—Any funds appropriated under paragraph (1) shall be used to supplement and not supplant other Federal, State,

and local public funds expended to carry out other activities under section 520C(d) of the Public Health Service Act (42 U.S.C. 290bb–34(d)) (as amended by subsection (a)).

(3) RESULT OF INCREASE IN FUNDING.—If, as a result of the enactment of this Act, a recipient of a grant under subsection (a)(2) of section 520C of the Public Health Service Act (42 U.S.C. 290bb–34) receives an increase in funding to carry out activities under subsection (d) of such section related to suicide prevention and intervention among groups that are at a high risk for suicide, then, notwithstanding any other provision of such section, such recipient shall provide technical assistance to all grantees receiving funding under such section or section 520E–3 of such Act (as added by section 5).

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