

110TH CONGRESS
1ST SESSION

S. 1854

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 SENATE OF THE UNITED STATES

JULY 23, 2007

Mr. REID (for himself, Mr. KERRY, and Mr. DODD) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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.

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 “Stop Senior Suicide
5 Act”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

8 (1) The rate of suicide among older adults is
9 higher than that for any other age group, and the

1 suicide rate for individuals 85 years of age and older
2 is the highest of all. In 2004, 6,860 older Americans
3 (age 60 and older) died by suicide (Centers for Dis-
4 ease Control and Prevention, 2007).

5 (2) In 2004, the elderly (age 65 and older)
6 made up only 12.4 percent of the population but ac-
7 counted for 16 percent of all suicides.

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

13 (4) Older adults have a considerably higher rate
14 of completed suicide than other groups. While for all
15 age groups combined there is one suicide for every
16 20 attempts, there is one suicide for every 4 at-
17 tempts among those 65 years of age and older.

18 (5) Of the nearly 35,000,000 Americans age 65
19 and older, it is estimated that 2,000,000 have a de-
20 pressive illness and another 5,000,000 suffer from
21 depressive symptoms and syndromes that fall short
22 of meeting full diagnostic criteria for a disorder
23 (Mental Health: A Report of the Surgeon General,
24 1999).

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

5 (7) It is estimated that 20 percent of older
6 adults who complete suicide visited a physician with-
7 in the prior 24 hours, 41 percent within the past
8 week, and 75 percent within the past month (Sur-
9 geon General's Call to Action to Prevent Suicide,
10 1999).

11 (8) A substantial proportion of older patients
12 receive no treatment or inadequate treatment for
13 their depression in primary care settings (National
14 Institutes of Health Consensus Development Panel
15 on Depression in Late Life, 1992; Lebowitz et al.,
16 1997).

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

22 (10) Research suggests that many seniors re-
23 ceive mental health assistance from their primary
24 care providers or other helping professionals versus

1 specialty mental health professionals (Mental
2 Health: A Report of the Surgeon General, 1999).

3 (11) Objective 4.6 of the National Strategy for
4 Suicide Prevention calls for increasing the propor-
5 tion of State Aging Networks that have evidence-
6 based suicide prevention programs designed to iden-
7 tify and refer for treatment elderly people at risk for
8 suicidal behavior.

9 (12) Objective 1.1 of the President's New Free-
10 dom Commission on Mental Health calls for advanc-
11 ing and implementing a national campaign to reduce
12 the stigma of seeking care and a national strategy
13 for suicide prevention. The report addresses tar-
14 geting to distinct and often hard-to-reach popu-
15 lations, such as ethnic and racial minorities, older
16 men, and adolescents (NFC Report, 2003).

17 (13) One of the top 10 resolutions at the 2005
18 White House Conference on Aging called for improv-
19 ing the recognition, assessment, and treatment of
20 mental illness and depression among older Ameri-
21 cans.

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

4 (a) IN GENERAL.—The Secretary of Health and
5 Human Services shall establish an Interagency Geriatric
6 Mental Health Planning Council (referred to in this sec-
7 tion as the “Council”) to coordinate and collaborate on
8 the planning for the delivery of mental health services, to
9 include suicide prevention, to older adults.

10 (b) MEMBERS.—The members of the Council shall in-
11 clude representatives of—

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

14 (2) the Indian Health Service;

15 (3) the Health Resources and Services Adminis-
16 tration;

17 (4) the Centers for Medicare & Medicaid Serv-
18 ices;

19 (5) the National Institute of Mental Health;

20 (6) the National Institute on Aging;

21 (7) the Centers for Disease Control and Preven-
22 tion;

23 (8) the Department of Veterans Affairs; and

24 (9) older adults, family members of older adults
25 with mental illness, and geriatric mental health ex-
26 perts or advocates for elderly mental health con-

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

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

9 (d) ACTIVITIES.—The Council shall—

10 (1) carry out an interagency planning process
11 to foster the integration of mental health, suicide
12 prevention, health, and aging services, which is crit-
13 ical for effective service delivery for older adults;

14 (2) make recommendations to the heads of rel-
15 evant Federal agencies to improve the delivery of
16 mental health and suicide prevention services for
17 older adults; and

18 (3) submit an annual report to the President
19 and Congress concerning the activities of the Coun-
20 cil.

1 **SEC. 4. ELIMINATION OF DISCRIMINATORY COPAYMENT**
 2 **RATES FOR MEDICARE OUTPATIENT MENTAL**
 3 **HEALTH SERVICES.**

4 (a) IN GENERAL.—Section 1833 of the Social Secu-
 5 rity Act (42 U.S.C. 1395l) is amended by striking sub-
 6 section (c).

7 (b) EFFECTIVE DATE.—The amendment made by
 8 subsection (a) shall apply to items and services furnished
 9 on or after January 1, 2008.

10 **SEC. 5. ELDERLY SUICIDE EARLY INTERVENTION AND PRE-**
 11 **VENTION STRATEGIES.**

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

15 **“SEC. 520E-3. ELDERLY SUICIDE EARLY INTERVENTION**
 16 **AND PREVENTION STRATEGIES.**

17 “(a) IN GENERAL.—The Secretary shall award
 18 grants or cooperative agreements to eligible entities to de-
 19 velop strategies for addressing suicide among the elderly.

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

23 “(1) be a—

24 “(A) State or local government agency, a
 25 territory, or a federally recognized Indian tribe,
 26 tribal organization (as defined in the Indian

1 Self-Determination and Education Assistance
2 Act), or an urban Indian organization (as de-
3 fined in the Indian Health Care Improvement
4 Act); or

5 “(B) a public or private nonprofit organi-
6 zation; and

7 “(2) submit to the Secretary an application at
8 such time, in such manner, and containing such in-
9 formation as the Secretary may require.

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

13 “(1) develop and implement elderly suicide early
14 intervention and prevention strategies in 1 or more
15 settings that serve seniors, including senior centers,
16 nutrition sites, primary care settings, veterans’ fa-
17 cilities, nursing facilities, assisted living facilities,
18 and aging information and referral sites, such as
19 those operated by area agencies on aging or Aging
20 and Disability Resource Centers (as those terms are
21 defined in section 102 of the Older Americans Act
22 of 1965);

23 “(2) collect and analyze data on elderly suicide
24 early intervention and prevention services for pur-

1 poses of monitoring, research and policy develop-
2 ment; and

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

5 “(d) REQUIREMENTS.—An applicant for a grant or
6 cooperative agreement under this section shall dem-
7 onstrate how such applicant will—

8 “(1) collaborate with other State and local pub-
9 lic and private nonprofit organizations;

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

16 “(3) conduct annual self-evaluations concerning
17 the goals, outcomes, and effectiveness of the activi-
18 ties carried out under the grant or agreement, in
19 consultation with interested families and national
20 advocacy organizations focused on suicide preven-
21 tion, including senior suicide prevention.

22 “(e) PREFERENCE.—In awarding a grant or coopera-
23 tive agreement under this section, the Secretary shall give
24 preference to applicants with demonstrated expertise and
25 capability in providing—

1 “(1) early intervention and assessment services,
2 including voluntary screening programs, education,
3 and outreach to elderly who are at risk for mental
4 or emotional disorders that may lead to a suicide at-
5 tempt and that are integrated with aging services
6 support organizations;

7 “(2) early intervention and prevention practices
8 and strategies adapted to the community it will
9 serve, with equal preference given to applicants that
10 are already serving the same community, and appli-
11 cants that will serve a new community under a grant
12 or agreement under this section, if the applicant has
13 already demonstrated expertise and capability in
14 providing early intervention and prevention practices
15 and strategies adapted to the community or commu-
16 nities it currently serves;

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

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

23 “(f) REQUIREMENT FOR DIRECT SERVICES.—Not
24 less than 85 percent of amounts received under a grant

1 or cooperative agreement under this section shall be used
2 to provide direct services.

3 “(g) COORDINATION AND COLLABORATION.—

4 “(1) IN GENERAL.—In carrying out this section
5 (including awarding grants and cooperative agree-
6 ments under subsection (a)), the Secretary shall col-
7 laborate with the Interagency Geriatric Mental
8 Health Planning Council.

9 “(2) CONSULTATION.—

10 “(A) IN GENERAL.—Except as provided in
11 subparagraph (B), in developing and imple-
12 menting Federal policy to carry out this section,
13 the Secretary shall consult with—

14 “(i) State and local agencies, includ-
15 ing agencies comprising the aging network;

16 “(ii) national advocacy organizations
17 focused on suicide prevention, including
18 senior suicide prevention;

19 “(iii) relevant national medical and
20 other health specialty organizations;

21 “(iv) seniors who are at risk for sui-
22 cide, who have survived suicide attempts,
23 or who are currently receiving care from
24 early intervention and prevention services;

1 “(v) families and friends of seniors
2 who are at risk for suicide, who have sur-
3 vived attempts, who are currently receiving
4 care from early intervention and prevention
5 services, or who have completed suicide;

6 “(vi) qualified professionals who pos-
7 sess the specialized knowledge, skills, expe-
8 rience, and relevant attributes needed to
9 serve seniors at risk for suicide and their
10 families; and

11 “(vii) other entities as determined by
12 the Secretary.

13 “(B) LIMITATION.—The Secretary shall
14 not consult with the entities described in sub-
15 paragraph (A) for the purpose of awarding
16 grants and cooperative agreements under sub-
17 section (a).

18 “(h) EVALUATIONS AND REPORTS.—

19 “(1) EVALUATIONS BY GRANTEES.—

20 “(A) EVALUATION DESIGN.—Not later
21 than 1 year after receiving a grant or coopera-
22 tive agreement under this section, an eligible
23 entity shall submit to the Secretary a plan on
24 the design of an evaluation strategy to assess

1 the effectiveness of results of the activities car-
2 ried out under the grant or agreement.

3 “(B) EVALUATION OF EFFECTIVENESS.—
4 Not later than 2 years after receiving a grant
5 or cooperative agreement under this section, an
6 eligible entity shall submit to the Secretary an
7 effectiveness evaluation on the implementation
8 and results of the activities carried out by the
9 eligible entity under the grant or agreement.

10 “(2) REPORT.—Not later than 3 years after the
11 date that the initial grants or cooperative agree-
12 ments are awarded to eligible entities under this sec-
13 tion, the Secretary shall submit to the appropriate
14 committees of Congress a report describing the
15 projects funded under this section and include an
16 evaluation plan for future activities. The report
17 shall—

18 “(A) be a coordinated response by all rep-
19 resentatives on the Interagency Geriatric Men-
20 tal Health Advisory Council; and

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

24 “(i) DEFINITION.—In this section:

1 “(1) AGING NETWORK.—The term ‘aging net-
2 work’ has the meaning given such term in section
3 102(5) of the Older Americans Act of 1965.

4 “(2) EARLY INTERVENTION.—The term ‘early
5 intervention’ means a strategy or approach that is
6 intended to prevent an outcome or to alter the
7 course of an existing condition.

8 “(3) PREVENTION.—The term ‘prevention’
9 means a strategy or approach that reduces the likeli-
10 hood of risk or onset, or delays the onset, of adverse
11 health problems that have been known to lead to sui-
12 cide.

13 “(4) SENIOR.—The term ‘senior’ means—

14 “(A) an individual who is 60 years of age
15 or older and being served by aging network pro-
16 grams; or

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

19 “(j) AUTHORIZATION OF APPROPRIATIONS.—

20 “(1) IN GENERAL.—For the purpose of car-
21 rying out this section there is authorized to be ap-
22 propriated \$4,000,000 for fiscal year 2008,
23 \$6,000,000 for fiscal year 2009 and \$8,000,000 for
24 fiscal year 2010.

1 “(2) PREFERENCE.—If less than \$3,500,000 is
2 appropriated for any fiscal year to carry out this
3 section, in awarding grants and cooperative agree-
4 ments under this section during such fiscal year, the
5 Secretary shall give preference to applicants in
6 States that have rates of elderly suicide that signifi-
7 cantly exceed the national average as determined by
8 the Centers for Disease Control and Prevention.”.

9 **SEC. 6. INTERAGENCY TECHNICAL ASSISTANCE CENTER.**

10 (a) INTERAGENCY RESEARCH, TRAINING, AND TECH-
11 NICAL ASSISTANCE CENTERS.—Section 520C(d) of the
12 Public Health Service Act (42 U.S.C. 290bb–34(d)) is
13 amended—

14 (1) in paragraph (1), by striking “youth suicide
15 early intervention and prevention strategies” and in-
16 serting “suicide early intervention and prevention
17 strategies for all ages, particularly for groups that
18 are at a high risk for suicide”;

19 (2) in paragraph (2), by striking “youth suicide
20 early intervention and prevention strategies” and in-
21 serting “suicide early intervention and prevention
22 strategies for all ages, particularly for groups that
23 are at a high risk for suicide”;

24 (3) in paragraph (3)—

25 (A) by striking “youth”; and

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

4 (4) in paragraph (4), by striking “youth sui-
5 cide” and inserting “suicide for all ages, particularly
6 among groups that are at a high risk for suicide”;

7 (5) in paragraph (5), by striking “youth suicide
8 early intervention techniques and technology” and
9 inserting “suicide early intervention techniques and
10 technology for all ages, particularly for groups that
11 are at a high risk for suicide”;

12 (6) in paragraph (7)—

13 (A) by striking “youth”; and

14 (B) by inserting “for all ages, particularly
15 for groups that are at a high risk for suicide,”
16 after “strategies”; and

17 (7) in paragraph (8)—

18 (A) by striking “youth suicide” each place
19 that such appears and inserting “suicide”; and

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

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

1 (c) AUTHORIZATION OF APPROPRIATIONS.—

2 (1) IN GENERAL.—In addition to any other
3 funds made available, there are authorized to be ap-
4 propriated for each of fiscal years 2008 through
5 2010, such sums as may be necessary to carry out
6 the amendments made by subsection (a).

7 (2) SUPPLEMENT NOT SUPPLANT.—Any funds
8 appropriated under paragraph (1) shall be used to
9 supplement and not supplant other Federal, State,
10 and local public funds expended to carry out other
11 activities under section 520C(d) of the Public Health
12 Service Act (42 U.S.C. 290bb–34(d)) (as amended
13 by subsection (a)).

14 (3) RESULT OF INCREASE IN FUNDING.—If, as
15 a result of the enactment of this Act, a recipient of
16 a grant under subsection (a)(2) of section 520C of
17 the Public Health Service Act (42 U.S.C. 290bb–34)
18 receives an increase in funding to carry out activities
19 under subsection (d) of such section related to sui-
20 cide prevention and intervention among groups that
21 are at a high risk for suicide, then, notwithstanding
22 any other provision of such section, such recipient
23 shall provide technical assistance to all grantees re-

- 1 ceiving funding under such section or section 520E–
- 2 3 of such Act (as added by section 5).

○