

S 2634

Garrett Lee Smith Memorial Act

Congress: 108 (2003–2005, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Jul 8, 2004

Current Status: Became Public Law No: 108-355.

Latest Action: Became Public Law No: 108-355. (Oct 21, 2004)

Law: 108-355 (Enacted Oct 21, 2004)

Official Text: <https://www.congress.gov/bill/108th-congress/senate-bill/2634>

Sponsor

Name: Sen. Dodd, Christopher J. [D-CT]

Party: Democratic • **State:** CT • **Chamber:** Senate

Cosponsors (39 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Akaka, Daniel K. [D-HI]	D · HI		Jul 8, 2004
Sen. Bingaman, Jeff [D-NM]	D · NM		Jul 8, 2004
Sen. Clinton, Hillary Rodham [D-NY]	D · NY		Jul 8, 2004
Sen. Corzine, Jon S. [D-NJ]	D · NJ		Jul 8, 2004
Sen. Daschle, Thomas A. [D-SD]	D · SD		Jul 8, 2004
Sen. DeWine, Mike [R-OH]	R · OH		Jul 8, 2004
Sen. Domenici, Pete V. [R-NM]	R · NM		Jul 8, 2004
Sen. Dorgan, Byron L. [D-ND]	D · ND		Jul 8, 2004
Sen. Durbin, Richard J. [D-IL]	D · IL		Jul 8, 2004
Sen. Frist, William H. [R-TN]	R · TN		Jul 8, 2004
Sen. Graham, Lindsey [R-SC]	R · SC		Jul 8, 2004
Sen. Harkin, Tom [D-IA]	D · IA		Jul 8, 2004
Sen. Hatch, Orrin G. [R-UT]	R · UT		Jul 8, 2004
Sen. Hutchison, Kay Bailey [R-TX]	R · TX		Jul 8, 2004
Sen. Jeffords, James M. [I-VT]	I · VT		Jul 8, 2004
Sen. Johnson, Tim [D-SD]	D · SD		Jul 8, 2004
Sen. Kennedy, Edward M. [D-MA]	D · MA		Jul 8, 2004
Sen. Kohl, Herb [D-WI]	D · WI		Jul 8, 2004
Sen. Lautenberg, Frank R. [D-NJ]	D · NJ		Jul 8, 2004
Sen. Leahy, Patrick J. [D-VT]	D · VT		Jul 8, 2004
Sen. Levin, Carl [D-MI]	D · MI		Jul 8, 2004
Sen. Lieberman, Joseph I. [D-CT]	D · CT		Jul 8, 2004
Sen. McConnell, Mitch [R-KY]	R · KY		Jul 8, 2004
Sen. Murkowski, Lisa [R-AK]	R · AK		Jul 8, 2004
Sen. Murray, Patty [D-WA]	D · WA		Jul 8, 2004
Sen. Nickles, Don [R-OK]	R · OK		Jul 8, 2004
Sen. Pryor, Mark L. [D-AR]	D · AR		Jul 8, 2004
Sen. Reed, Jack [D-RI]	D · RI		Jul 8, 2004
Sen. Reid, Harry [D-NV]	D · NV		Jul 8, 2004
Sen. Roberts, Pat [R-KS]	R · KS		Jul 8, 2004
Sen. Smith, Gordon H. [R-OR]	R · OR		Jul 8, 2004
Sen. Snowe, Olympia J. [R-ME]	R · ME		Jul 8, 2004
Sen. Stabenow, Debbie [D-MI]	D · MI		Jul 8, 2004
Sen. Warner, John [R-VA]	R · VA		Jul 8, 2004
Sen. Wyden, Ron [D-OR]	D · OR		Jul 8, 2004
Sen. Campbell, Ben Nighthorse [R-CO]	R · CO		Jul 13, 2004
Sen. Cornyn, John [R-TX]	R · TX		Jul 13, 2004
Sen. Voinovich, George V. [R-OH]	R · OH		Jul 13, 2004
Sen. Crapo, Mike [R-ID]	R · ID		Jul 14, 2004

Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Jul 19, 2004

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
108 HR 4799	Identical bill	Jul 19, 2004: Referred to the Subcommittee on Health.
108 HR 4557	Related bill	Jun 18, 2004: Referred to the Subcommittee on Health.
108 S 2175	Related bill	Mar 8, 2004: Read twice and referred to the Committee on Health, Education, Labor, and Pensions. (text of measure as introduced: CR S2306-2307)

(This measure has not been amended since it was passed by the House on September 9, 2004. The summary of that version is repeated here.)

Garrett Lee Smith Memorial Act - Amends the Public Health Service Act to require the Secretary of Health and Human Services, acting through the Administrator of the Substance Abuse and Mental Health Services Administration, to award a grant to an additional research, training, and technical assistance center to provide information, training, and technical assistance to various entities, including for: (1) developing or continuing statewide or tribal suicide early intervention and prevention strategies; (2) ensuring the surveillance of such strategies; (3) studying the costs and effectiveness of such strategies; (4) promoting the sharing of data regarding youth suicide; and (5) evaluating and disseminating outcomes and best practices of mental and behavioral health services at institutions of higher education.

Requires the Secretary to award grants or cooperative agreements to various entities to design early intervention and prevention strategies that will complement the State-sponsored statewide or tribal youth suicide prevention strategies developed under this Act, including by: (1) providing for the timely assessment, treatment, or referral for mental health or substance abuse services of youth at risk for suicide; (2) offering access to services and care to youth with diverse linguistic and cultural backgrounds; and (3) conducting annual self-evaluations of outcomes and activities. Provides grants for three years.

Requires the Secretary, acting through the Administrator of the Substance Abuse and Mental Health Services Administration, to award grants or cooperative agreements to States or Indian tribes to: (1) develop and implement the suicide prevention strategies in schools, juvenile justice systems, and other child and youth support entities; (2) support organizations actively involved in such strategies and in developing and continuing such strategies; (3) provide grants to institutions of higher education to coordinate the implementation of such strategies; (4) collect and analyze data to monitor the effectiveness of suicide prevention services and for research, technical assistance, and policy developments; and (5) assist eligible entities in achieving their targets for youth suicide reductions. Limits grant or cooperative agreement awards to one per State.

Requires States to give preference to certain entities in providing assistance, including those that: (1) provide suicide prevention services to at-risk youth and that are integrated with child and youth support organizations; (2) provide immediate support and information resources to families of at-risk youth; (3) offer appropriate post-suicide intervention services, care, and information; (4) train professionals in suicide prevention services and in effectively identifying youth who are at risk; and (5) obtain informed written consent from a parent or legal guardian of an at-risk child before involving the child in an intervention and prevention program. Requires 85 percent of grant funds to be used to provide direct services and at least 5% to be awarded to institutions of higher education.

Requires the Secretary to coordinate and collaborate on policy development with relevant Department of Health and Human Services (HHS) agencies and suicide working groups and to consult with the private sector on policy development with respect to suicide prevention strategies.

States that this Act does not: (1) require suicide assessment, early intervention, or treatment services for youth whose parents or legal guardians object based on the parents' or legal guardians' religious beliefs or moral objections; or (2) allow school personnel to require that a student obtain any medication as a condition of attending school or receiving services.

Prohibits funds appropriated under this Act from being used to pay for or refer for abortion.

Requires that States and entities receiving funding under this Act obtain prior written, informed consent from the child's parent or legal guardian for assessment services, school-sponsored programs, and treatment involving medication related to youth suicide conducted in elementary and secondary schools, except in: (1) an emergency where it is necessary to protect the immediate health and safety of a student; or (2) other instances defined by the State where parental consent cannot be reasonably obtained.

Provides that States that have rates of suicide that significantly exceed the national average be given preference in the event of limited appropriations.

Allows the Secretary, acting through the Director of the Center for Mental Health Services, to award competitive matching grants to institutions of higher education to enhance services for students with mental and behavioral health problems that can lead to school failure, such as depression, substance abuse, and suicide attempts, so that students can successfully complete their studies. Provides that institutions receiving such grants must agree to use such funds only for: (1) educational seminars; (2) the operation of hot lines; (3) the preparation of informational material, including materials for families to increase awareness of potential mental and behavioral health issues of students; (4) training programs for students and campus personnel to respond effectively to students with mental and behavioral health problems that can lead to school failure; or (5) the creation of a networking infrastructure to link colleges and universities that do not have mental health services with health care providers who can treat mental and behavioral health problems. Sets forth application requirements.

Sets forth reporting requirements.

Authorizes appropriations.

Actions Timeline

- **Oct 21, 2004:** Signed by President.
- **Oct 21, 2004:** Signed by President.
- **Oct 21, 2004:** Became Public Law No: 108-355.
- **Oct 21, 2004:** Became Public Law No: 108-355.
- **Oct 13, 2004:** Presented to President.
- **Oct 13, 2004:** Presented to President.
- **Sep 10, 2004:** Message on Senate action sent to the House.
- **Sep 9, 2004:** Considered as unfinished business. (consideration: CR H6921-6922)
- **Sep 9, 2004:** Passed/agreed to in House: On motion to suspend the rules and pass the bill, as amended Agreed to by the Yeas and Nays: (2/3 required): 352 - 64 (Roll no. 433).(text: CR 9/8/2004 H6865-6868)
- **Sep 9, 2004:** On motion to suspend the rules and pass the bill, as amended Agreed to by the Yeas and Nays: (2/3 required): 352 - 64 (Roll no. 433). (text: CR 9/8/2004 H6865-6868)
- **Sep 9, 2004:** Motion to reconsider laid on the table Agreed to without objection.
- **Sep 9, 2004:** The title of the measure was amended. Agreed to without objection.
- **Sep 9, 2004:** Message on House action received in Senate and at desk: House amendments to Senate bill.
- **Sep 9, 2004:** Resolving differences -- Senate actions: Senate agreed to House amendments to Senate bill by Unanimous Consent.(consideration: CR S9020-9023; text as Senate agreed to House amendments: CR 9/10/2004 S9083-9086)
- **Sep 9, 2004:** Senate agreed to House amendments to Senate bill by Unanimous Consent. (consideration: CR S9020-9023; text as Senate agreed to House amendments: CR 9/10/2004 S9083-9086)
- **Sep 8, 2004:** Mr. Barton (TX) moved to suspend the rules and pass the bill, as amended.
- **Sep 8, 2004:** Considered under suspension of the rules. (consideration: CR H6865-6874)
- **Sep 8, 2004:** DEBATE - The House proceeded with forty minutes of debate on S. 2634.
- **Sep 8, 2004:** At the conclusion of debate, the Yeas and Nays were demanded and ordered. Pursuant to the provisions of clause 8, rule XX, the Chair announced that further proceedings on the motion would be postponed.
- **Jul 19, 2004:** Referred to the Subcommittee on Health.
- **Jul 9, 2004:** Received in the House.
- **Jul 9, 2004:** Message on Senate action sent to the House.
- **Jul 9, 2004:** Referred to the House Committee on Energy and Commerce.
- **Jul 8, 2004:** Introduced in Senate
- **Jul 8, 2004:** Passed/agreed to in Senate: Introduced in the Senate, read twice, considered, read the third time, and passed without amendment by Unanimous Consent.(consideration: CR S7864-7867; text as passed Senate: CR S7864-7867)
- **Jul 8, 2004:** Introduced in the Senate, read twice, considered, read the third time, and passed without amendment by Unanimous Consent. (consideration: CR S7864-7867; text as passed Senate: CR S7864-7867)