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Legislative Bulletin.....September 8, 2004

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Summary of the Bills Under Consideration Today:

Total Number of New Government Programs: 2

Total Cost of Discretionary Authorizations: \$82 million over 3 years

Effect on Revenue: \$0

Total Change in Mandatory Spending: \$0

Total New State & Local Government Mandates: 0

Total New Private Sector Mandates: 0

S. 2634—Garrett Lee Smith Memorial Act As Amended (Sen. Dodd)

<u>Order of Business</u>: The bill is scheduled to be considered on Wednesday, September 08, 2004, under a motion to suspend the rules and pass the bill.

Summary: S. 2634 creates new federally funded youth suicide early intervention, prevention, and treatment programs authorized at \$82 million over three years. Specifically, the bill authorizes \$12 million for a youth interagency research, training, and technical assistance center that, among other things, will study youth suicide prevention strategies, study the risk factors for youth suicide, and ensure surveillance of suicidal behaviors and non-fatal suicide attempts. It also authorizes \$55 million for HHS Substance Abuse and Mental Health Services Administration (SAMSHA) grants or cooperative agreements "to public organizations, private nonprofit organizations, political subdivisions, consortia of political subdivisions, consortia of States, or Federally recognized Indian tribes or tribal organizations to design early intervention and prevention strategies that will complement the Statesponsored statewide or tribal youth suicide early intervention and prevention strategies" developed pursuant to criteria in S. 2634. And finally, the bill authorizes an additional \$15 million for mental and behavioral health services on higher education campuses. The bill requires evaluations after 18 months and a Congressional report within two years.

Preference for the state-level grants is given to entities that:

- provide early intervention and assessment services for "youth who are at risk for mental or emotional disorders that may lead to a suicide attempt" and that are integrated with school systems, juvenile justice systems, and foster care systems, among others;
- that provide support and resources to families of youth at risk for suicide;
- that offer access to services and care to youth "with diverse linguistic and cultural backgrounds";
- that provide training for child care professionals on the latest youth suicide early intervention and prevention services practices and strategies;
- and that obtain written informed parental consent before involving the children.

The amended bill contains two new rules of construction which state:

"Nothing in this section shall be construed to 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." and

"Nothing in this section or section 520E–1 shall be construed to allow school personnel to require that a student obtain any medication as a condition of attending school or receiving services."

Definitions:

"Early intervention" is defined in the bill as "a strategy or approach that is intended to prevent an outcome or to alter the course of an existing condition."

"Prevention" is defined in the bill as "a strategy or approach that reduces the likelihood or risk of onset, or delays the onset, of adverse health problems that have been known to lead to suicide."

"Youth" is defined in the bill as "individuals who are between 10 and 24 years of age."

Abortion Prohibited and Parental Consent Provision Added:

The amended bill contains the following two new provisions:

"PROHIBITION.—Funds appropriated to carry out this section, section 520C, section 520E–1, or section 520E–2 shall not be used to pay for or refer for abortion."

"PARENTAL CONSENT.—States and entities receiving funding under this section and section 520E–1 shall 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. The prior requirements shall not apply in the following cases:

- 1. in an emergency, where it is necessary to protect the immediate health and safety of the student, or of other students; or
- 2. other instances, as defined by a State, where parental consent cannot reasonably be obtained."

The bill also includes a provision requiring parental disclosure before education records are released.

Additional Information: The December 26, 2001, edition of JAMA (the Journal of the American Medical Association) includes a study entitled "Suicide in Teenagers" which contains the following quote: "Suicide awareness programs in schools…have not been shown to be effective either in reducing suicidal behavior or in increasing help seeking behavior." The article also notes "community-based suicide prevention programs have not yet been clinically proved to have an effect on suicide rates."

Dr. David Shaffer, an expert in suicide at Columbia University, reports the following:

"My research at Columbia University, supported by grants from Centers for Disease Control, suggests that case finding that involves giving lessons or lectures about suicide, either to encourage suicidal students to identify themselves or to teach other students or teachers how to identify the suicidal teenager is not effective and in some instances may even undermine protective attitudes about suicide" (Emphasis added).

Source: http://www.afsp.org/about-us/shaff2.htm

<u>Committee Action</u>: The bill was introduced on July 8, 2004, and passed the Senate the same day by unanimous consent. Neither the Senate Health Committee nor the House Energy and Commerce Committee considered this legislation.

<u>Cost to Taxpayers</u>: The bill authorizes \$82 million over three years.

<u>Does the Bill Expand the Size and Scope of the Federal Government?</u>: Yes, the bill creates two new programs, and a new technical assistance center.

<u>Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?</u>: No.

Constitutional Authority: A Committee report citing constitutional authority is unavailable.

<u>Outside Organizations</u>: The National Taxpayers Union (NTU) sent a letter to Congress stating: Although NTU and its members certainly empathize with those who have lost a loved one, it is our belief that suicide prevention is a more fitting role for friends, families, and local service providers rather than the federal government. Undoubtedly, all Americans strongly desire to reduce the number of suicides that occur every year and help our young people realize that other options exist, but the federal government is ill equipped for this job. [The House companion of S. 2634] would simply create grant programs to funnel additional money towards existing providers, with virtually no way to measure the effectiveness of the program and no way to determine whether the money is being spent to provide additional, beneficial services. At the very least, Congress should re-evaluate existing federal mental health initiatives before asking taxpaying families to furnish more funds in this area.

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Hill Motion to Instruct Conferees on H.R. 1308—the All-American Tax Relief Act

<u>Order of Business</u>: On Tuesday, September 7, 2004, Rep. Baron Hill (D-IN) notified the House of his intention to offer a motion to instruct conferees on H.R. 1308—the All-American Tax Relief Act.

Text of Motion: The text of the Hill motion is as follows:

Mr. Hill moves that the managers on the part of the House at the conference on the disagreeing votes of the two Houses on the House amendment to the Senate amendment to the bill H.R. 1308 be instructed to agree, to the maximum extent possible within the scope of conference, to a conference report that--

- (1) extends the tax relief provisions which expire at the end of 2004, and
- (2) does not increase the Federal budget deficit.

<u>Additional Background</u>: NOTE: This motion is not the same as the motion Democrats offered 16 times last year on this bill. Information on that motion can be found at this RSC webpage: http://johnshadegg.house.gov/rsc/LB110503a.pdf

Today's motion is identical to a motion offered by Rep. Charlie Stenholm (D-TX) on July 20, 2004, which failed by a vote of 198-222: http://clerk.house.gov/evs/2004/roll421.xml

H.R. 1308, as it most recently passed the House, would primarily:

- Accelerate the increase in refundability of the child tax credit:
- ➤ Eliminate the marriage penalty in the child tax credit by raising the phase-out for married couples from \$110,000 to \$150,000 (twice the level of the single filer phase-out); and
- > Repeal the sunset included in the Jobs and Growth Tax Relief Reconciliation Act (Public Law 108-27) ensuring that the Child Tax Credit stays at \$1,000 through 2010 (in 2011 it sunsets back to pre-2001 levels of \$500)

To view the RSC Legislative Bulletin on H.R. 1308, which includes a legislative history of the bill, visit this webpage: http://johnshadegg.house.gov/rsc/LB61203A.pdf

<u>Cost to Taxpayers</u>: Any motion to instruct conferees is non-binding and thus would have no effect on the cost or revenue effects of the underlying legislation.

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