

# Cosponsor and Support the Bipartisan Stabilization to Prevent (STOP) Suicide Act (H.R. 8124)

## Facts



In 2024, **48,824 people** died by suicide and **12.8 million adults** experienced serious thoughts of suicide in the United States.<sup>1</sup>



**More than half of people** who die by suicide had a healthcare visit within 30 days of their death, demonstrating a critical opportunity for intervention.<sup>2</sup>



Research shows that **even brief evidence-based suicide interventions** reduce suicide attempts and increase connection to follow-up care.<sup>3</sup>



Crisis stabilization centers already serve hundreds of thousands of people annually and resolve most crises without hospitalization, yet they often **lack suicide-specific treatment**.<sup>4</sup>

**The STOP Suicide Act ensures that when someone needs help at a vulnerable moment, they receive care designed to save their life.**

## About the Bill

The STOP Suicide Act establishes a competitive grant program within the Substance Abuse and Mental Health Services Administration (SAMHSA) to support suicide-specific stabilization services for individuals experiencing serious thoughts of suicide.

Specifically, the bill would:

- Prioritize **suicide-specific, evidence-based or evidence-informed care** delivered in the least-restrictive setting appropriate to an individual's needs
- Support a range of stabilization models, including **outpatient services, virtual care, technology-enabled interventions, and peer support**
- Help individuals receive timely stabilization **before crises escalate** to emergency department visits or inpatient hospitalization
- Make grants available to a **broad range of eligible entities**, including but not limited to, community-based behavioral health and primary care providers, school-based and campus health centers, community health centers and rural clinics, crisis centers, state and territorial public health agencies, and Tribal and Tribal-serving organizations

<sup>1</sup> Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2024). WISQARS Fatal and Nonfatal Injury Reports. [cdc.gov/injury/wisqars](https://cdc.gov/injury/wisqars)

<sup>2</sup> Ahmedani BK, Westphal J, Autio K, et al. Variation in patterns of health care before suicide: A population case-control study. *Preventive Medicine*. 2019;127:105796. doi:10.1016/j.ypmed.2019.105796

<sup>3</sup> Doupnik SK, Rudd B, Schmutte T, et al. Association of Suicide Prevention Interventions With Subsequent Suicide Attempts, Linkage to Follow-up Care, and Depression Symptoms for Acute Care Settings: A Systematic Review and Meta-analysis. *JAMA Psychiatry*. 2020;77(10):1021-1030. doi:10.1001/jamapsychiatry.2020.1586

<sup>4</sup> National Association of State Mental Health Program Directors Research Institute (NRI). State Support for Crisis Stabilization Centers. *Analytics Improving Behavioral Health*. August 2025.



# **Cosponsor and Support the Bipartisan Stabilization to Prevent (STOP) Suicide Act (H.R. 8124)**

## **Status**

Referred to the House Energy and Commerce Committee

## **Cosponsors**

Rep. Jamie Raskin (D-MD-8) – Original Sponsor

Rep. Don Bacon (R-NE-2) – Original Cosponsor