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Introduced by M. of A. BICHOTTE HERMELYN, BURDICK, SHIMSKY, McMAHON, SEAWRIGHT, HEVESI, EACHUS, GLICK, REYES, SIMON, STIRPE, GIBBS, FORREST, SAYEGH, GIGLIO, SHRESTHA, CLARK, PAULIN, ZACCARO, GALLAGHER, SMITH, R. CARROLL, SIMONE, TAPIA, LUNSFORD, DAVILA, KELLES, NOVAKHOV -- read once and referred to the Committee on Higher Education -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- recommitted to the Committee on Higher Education in accordance with Assembly Rule 3, sec. 2 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the education law, in relation to enacting the college student suicide prevention act

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Short title. This act shall be known and may be cited as
2 the "college student suicide prevention act".

3 § 2. The education law is amended by adding a new section 6438-e to
4 read as follows:

5 § 6438-e. College student suicide prevention act. 1. Legislative
6 intent. The legislature finds and declares the following:

7 (a) According to data from the federal Centers for Disease Control and
8 Prevention as reported in the year two thousand twenty-one, suicide is
9 the second leading cause of death for youth and young adults ten to
10 twenty-four years of age, inclusive, across both the state of New York
11 and the United States. Suicide rates nearly doubled among New York state
12 youth in this age range from the year two thousand seven to the year two
13 thousand eighteen. One in four surveyed young adults eighteen to twen-
14 ty-four years of age, the largest age demographic on college campuses,
15 reported having seriously considered suicide in the prior thirty days
16 nationally.

EXPLANATION--Matter in italics (underscored) is new; matter in brackets
[-] is old law to be omitted.

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1 (b) In the year two thousand twenty-three, separate reports from the
2 Healthy Minds Network's national Healthy Minds Survey, the Gallup and
3 Lumina Foundation's national State of Higher Education Survey, and the
4 American College Health Association's National College Health Assessment
5 declared that United States college students were experiencing historic
6 levels of depression, anxiety, suicidal ideation, frequent emotional
7 stress, overall moderate to severe psychological distress, and loneli-
8 ness.

9 (c) According to the American Foundation for Suicide Prevention, New
10 York state is not among the twenty-one states that uniformly require
11 institutions of higher education to adopt specific, evidence-based
12 suicide prevention policies by law. Such policies include the regular
13 dissemination of information on available mental health resources and
14 services to students, as well as the internal development of guidelines
15 and protocols to inform staff on how to respond to a student in suicidal
16 crisis, in order to most effectively support those at risk and empower
17 students to proactively seek help.

18 (d) According to data from Healthy CUNY, as reported in the year two
19 thousand twenty-one, more than half of all city university of New York
20 students report experiencing depression or anxiety. While nearly every
21 city university of New York institution houses its own counseling
22 center, data reported by the city university of New York board of trus-
23 tees in the board's four-year financial plan released in the year two
24 thousand nineteen stated that the average student-to-counselor ratio
25 across the city university of New York system is at least two thousand
26 four hundred-to-one. Until adequate staffing levels of mental health
27 professionals can be sustainably funded, uniformly requiring higher
28 education institutions to develop partnerships with community providers
29 is imperative to meet the needs of students at such institutions with
30 large student-to-counselor ratios or whose student populations primarily
31 live off-campus.

32 (e) Establishing gatekeeper suicide prevention or mental health aid
33 training requirements and opportunities for college residential staff
34 and other student-facing positions has been recommended by the state
35 university of New York Student Mental Health and Wellness Task Force and
36 adopted by dozens of state university of New York institutions. However,
37 these requirements have not been modeled by many colleges and universi-
38 ties outside of the state university of New York system, weakening
39 preparedness frameworks for students attending other public and private
40 institutions of higher education alike. As students most often seek
41 emotional support from peers and those in close proximity, institutions
42 must compel residential assistants and staff to utilize the free Ques-
43 tion, Persuade, and Refer suicide prevention training already fully
44 funded by state university of New York for all New York state college
45 students in order to bolster their preparedness for such emergency
46 scenarios.

47 (f) New York state colleges and universities are facing a deepening
48 mental health crisis among students, marked by increases in the preva-
49 lence of thoughts of suicide and attempts. All levels of collegiate
50 staff must be equipped by their respective institutions' policies,
51 guidelines and training opportunities to effectively and appropriately
52 prevent student suicide, intervene in crisis situations, and support
53 their college communities in postvention.

54 2. Definitions. For the purposes of this section, the following terms
55 shall have the following meanings:

1 (a) "Crisis situation" means a situation where a teacher or other
2 employee of an educational institution believes a student or other indi-
3 vidual is in imminent danger of a suicide attempt.

4 (b) "LGBTQ" means individuals who identify, with regards to gender
5 identification and sexual orientation, as being lesbian, gay, bisexual,
6 transgender, queer or questioning.

7 (c) "Higher education institution" means a college university, or
8 professional or technical school, whether public or private, that has
9 been incorporated by a special act of the legislature or chartered by
10 the regents of the university of the state of New York to confer academ-
11 ic degrees in this state.

12 (d) "QPR" means suicide prevention training based on the Question,
13 Persuade, and Refer emergency response model.

14 (e) "C.A.R.E.S." means the web-based suicide prevention gatekeeper
15 training designed for the state university of New York system and the
16 city university of New York system by the Center for Behavioral Health
17 Promotion and Applied Research.

18 (f) "Suicide intervention" means specific actions higher education
19 institutions can take in response to suicidal behavior by a student,
20 including, but not limited to:

21 (i) student supervision;

22 (ii) notification of designated emergency contacts;

23 (iii) crisis situation response protocols;

24 (iv) when and how to request an immediate mental health assessment or
25 emergency services; and

26 (v) higher education institution re-entry procedures following a
27 student mental health crisis.

28 (g) "Suicide postvention" means planned support and interventions
29 higher education institutions can implement after a suicide attempt or
30 suicide death of a member of the higher education institution community
31 that are designed to:

32 (i) reduce the risk of suicide contagion, or the spread of suicidal
33 thoughts or intentions;

34 (ii) provide support for affected students and higher education insti-
35 tution-based personnel;

36 (iii) address the social stigma associated with suicide; and

37 (iv) disseminate factual information about suicide and its prevention.

38 (h) "Suicide prevention" means specific actions higher education
39 institutions can take to recognize and reduce suicidal behavior, includ-
40 ing, but not limited to:

41 (i) identifying risk and protective factors for suicide and suicide
42 warning signs;

43 (ii) establishing a process by which students are referred to a mental
44 and behavioral health provider for help;

45 (iii) making available higher education institution-based and communi-
46 ty-based mental health supports;

47 (iv) providing the location of available online and community suicide
48 prevention resources, including the 988 suicide and crisis lifeline and
49 other local crisis centers and hotlines;

50 (v) adopting policies and protocols regarding suicide prevention,
51 intervention, and postvention, campus safety, and response to crisis
52 situations;

53 (vi) training for higher education institution personnel who interact
54 directly with students in recognizing suicide risk factors and warning
55 signs and how to refer students for further assessment and evaluation;
56 and

1 (vii) instruction to students in problem-solving and coping skills to
2 promote students' mental, emotional, and social health and well-being,
3 and instruction in recognizing and appropriately responding to signs of
4 suicidal intent in others.

5 3. Policies, procedures, and guidelines for higher education insti-
6 tutions. (a) The governing board or body of every higher education
7 institution shall, before the first day of August, two thousand twenty-
8 six, adopt policies, procedures, and guidelines on student suicide
9 prevention, intervention, and postvention for said students. Such poli-
10 cies, procedures, and guidelines shall be developed in consultation with
11 collegiate and community stakeholders, campus-employed mental health
12 professionals, and suicide prevention experts, and shall include, but
13 not be limited to:

14 (i) methods to increase awareness of the relationship between suicide
15 and suicide warning signs, risk factors and protective factors, includ-
16 ing but not limited to:

17 (1) mental health and substance use conditions;

18 (2) childhood abuse, neglect, or trauma;

19 (3) prolonged stress, including individual experiences such as bully-
20 ing, harassment, family or relationship stress, or other stressful life
21 events as well as collective stressors such as systemic bias and
22 discrimination;

23 (4) exposure to another person's suicide, or sensationalized or graph-
24 ic accounts of suicide; and

25 (5) previous suicide attempts or history of suicide within a student's
26 family;

27 (ii) adoption of a requirement for residential assistants and staff of
28 student housing facilities, students' academic and professional advi-
29 sors, and campus security personnel to participate in either a QPR or
30 C.A.R.E.S. gatekeeper suicide prevention training course, or a similar
31 program prior to the commencement of their duties or before the begin-
32 ning of the next full academic year. Such training shall include, but
33 not be limited to:

34 (1) methods for early identification of suicide risk factors and
35 inclusion of expertise from higher education institution employees who
36 have previously been trained in recognizing suicide risks;

37 (2) information on how higher education institution employees should
38 respond to suspicion, concerns, or warning signs of suicide in students,
39 and the appropriate referral and reporting procedures available to high-
40 er education institution employees;

41 (3) information on how higher education institution employees should
42 respond within their means to a crisis situation where a student is in
43 imminent danger to such student;

44 (4) policies and protocols to respond to a student or staff suicide or
45 suicide attempt and provide support to survivors and affected peers and
46 families;

47 (iii) counseling services available within the higher education insti-
48 tution for students and their families that are related to suicide
49 prevention;

50 (iv) availability of information about depression and other mental
51 health conditions associated with an increased risk of suicide, includ-
52 ing development of an annual live orientation session for newly matricu-
53 lated students aimed at raising awareness of said conditions;

54 (v) implementation of specialized mental health awareness curricula
55 into existing courses and seminars if opportunities for integration
56 exist;

1 (vi) availability of information concerning crisis situation inter-
2 vention, suicide prevention, and mental health services in the community
3 for students and their families and higher education institution employ-
4 ees, and inclusion of said information on dedicated pages of the student
5 handbook and higher education institution website or primary mobile
6 application;

7 (vii) revision of emergency contact notification protocols to include
8 a student's expression of thoughts of suicide as among the circumstances
9 in which notification of said student's designated emergency contact may
10 take place by a campus-employed mental health professional, after noti-
11 fying said student of the protocol's activation and following case-by-
12 case consideration and documentation of any objections raised by the
13 student, any concerns that disclosure of such information may threaten
14 the student's safety or unreasonably compromise their right to privacy,
15 and the process by which the final determination that such disclosure is
16 in the student's best interest is made;

17 (viii) revision of emergency contact notification protocols to include
18 language specifically outlining the higher education institution's role
19 following notification, the institution's expectation of an emergency
20 contact following notification, and the contact employee at the institu-
21 tion who may answer questions regarding the protocol, with all said
22 information being routinely communicated to students and emergency
23 contacts and published on dedicated pages of the student handbook and
24 higher education institution website or primary mobile application;

25 (ix) periodic assessments of elements of the campus environment that
26 may be used in a suicide attempt, including but not limited to access to
27 building rooftops, balconies, windows, and bridges, or access to drugs,
28 alcohol, and toxic or controlled dangerous substances, and ways to
29 secure these locations and substances to minimize threats posed to
30 students' health and safety;

31 (x) assessments of new and proposed campus buildings and infrastruc-
32 ture, as well as revisions and updates to existing campus buildings and
33 infrastructure, during the design process, for the implementation of
34 suicide deterrent barriers and other measures to minimize access to
35 areas of significant height, reducing suicide risk;

36 (xi) revision of medical leave and withdrawal policies to no longer
37 compel a student to involuntarily withdraw from enrollment solely on the
38 grounds of having considered or attempted suicide, without first allow-
39 ing said student to take a temporary leave of absence to seek support
40 for their mental health and providing a guarantee of readmission or
41 reinstatement following completion of such a leave of absence;

42 (xii) identification and development of off-campus peer support
43 programs and partnerships with community providers, organizations, and
44 agencies for referral of commuter students and other students who may
45 not substantially benefit from on-campus services to mental health,
46 substance use, and social support services, including the development of
47 at least one memorandum of understanding between the higher education
48 institution and a supporting provider, organization or agency in the
49 community or region;

50 (xiii) development of a culturally competent plan to promote sensitiv-
51 ity in outreach to diverse and traditionally underserved populations, to
52 assist survivors of attempted suicide, and to assist students and higher
53 education institution employees in coping with an attempted suicide or
54 suicide death within the higher education institution community; and

55 (xiv) development of any other related program or activity for
56 students or higher education institution employees.

1 (b) The policies, procedures, and guidelines adopted pursuant to para-
2 graph (a) of this subdivision shall specifically outline sensitive and
3 competent responses to address the needs of high-risk groups, including
4 but not limited to the following:

5 (i) youth who have lost a friend or family member to suicide;

6 (ii) youth with disabilities or with chronic health conditions,
7 including mental health and substance use conditions;

8 (iii) youth experiencing homelessness or in out-of-home settings, such
9 as foster care;

10 (iv) youth belonging to racial and ethnic minority groups and interna-
11 tional students;

12 (v) LGBTQ youth;

13 (vi) first-year, transfer, or otherwise newly matriculated students;

14 (vii) youth participating in demanding or high-performance programs,
15 including student athletes and academic honors or accelerated students;
16 and

17 (viii) youth reporting significant financial or academic challenges as
18 barriers to their ability to fully participate in higher education
19 institution activities.

20 (c) The policies, procedures, and guidelines adopted pursuant to para-
21 graph (a) of this subdivision shall be written to ensure that a higher
22 education institution employee acts only within the authorization and
23 scope of such employee's credential or license. Nothing in this section
24 shall be construed as authorizing or encouraging a higher education
25 institution employee to diagnose or treat mental health conditions
26 unless such employee is specifically licensed and employed to do so.

27 (d) Notwithstanding any other provision of law to the contrary, no
28 cause of action may be brought for any loss or damage caused by any act
29 or omission resulting from the implementation of the provisions of this
30 section, or resulting from any training, or lack of training, required
31 by this section. Nothing in this section shall be construed to impose
32 any specific duty of care.

33 (e) To assist higher education institutions in developing policies for
34 student suicide prevention, intervention, and postvention, the board of
35 regents of the university of the state of New York shall develop and
36 maintain model policies, procedures, and guidelines in accordance with
37 this section to serve as a guide for higher education institutions. Such
38 model policies, procedures, and guidelines shall be posted within thirty
39 days of their completion on the university's internet website, along
40 with relevant resources and information to support higher education
41 institutions in developing and implementing the policies, procedures,
42 and guidelines required under paragraph (a) of this subdivision.

43 (f) The trustees or other governing board or body of a higher educa-
44 tion institution shall review, at minimum every fifth year following the
45 effective date of this section, its policies, procedures, and guidelines
46 on student suicide prevention and, if necessary, update such policies,
47 procedures, and guidelines.

48 4. Severability and construction. The provisions of this section shall
49 be severable, and if any court of competent jurisdiction declares any
50 phrase, clause, sentence or provision of this section to be invalid, or
51 its applicability to any government agency, person or circumstance is
52 declared invalid, the remainder of this section and its relevant appli-
53 cability shall not be affected. The provisions of this section shall be
54 liberally construed to give effect to the purposes thereof.

55 § 3. This act shall take effect immediately.