^{116TH CONGRESS} 2D SESSION H.R. 1646

[Report No. 116-]

To require the Secretary of Health and Human Services to improve the detection, prevention, and treatment of mental health issues among public safety officers, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

March 8, 2019

Mr. BERA introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Science, Space, and Technology, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

JULY --, 2020

Reported from the Committee on Energy and Commerce with an amendment

[Strike out all after the enacting clause and insert the part printed in italic]

[For text of introduced bill, see copy of bill as introduced on March 8, 2019]

A BILL

To require the Secretary of Health and Human Services to improve the detection, prevention, and treatment of mental health issues among public safety officers, 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 "Helping Emergency Re-5 sponders Overcome Act" or the "HERO Act". 6 SEC. 2. DATA SYSTEM TO CAPTURE NATIONAL PUBLIC 7 SAFETY OFFICER SUICIDE INCIDENCE. 8 The Public Health Service Act is amended by inserting 9 after section 317U of such Act (42 U.S.C. 247b-23) the fol-10 lowing: 11 "SEC. 317V. DATA SYSTEM TO CAPTURE NATIONAL PUBLIC 12 SAFETY OFFICER SUICIDE INCIDENCE. 13 "(a) IN GENERAL.—The Secretary, in coordination with the Director of the Centers for Disease Control and 14 15 Prevention and other agencies as the Secretary determines appropriate, shall— 16 17 "(1) develop and maintain a data system, to be 18 known as the Public Safety Officer Suicide Reporting 19 System, for the purposes of— 20 "(A) collecting data on the suicide incidence 21 among public safety officers; and 22 "(B) facilitating the study of successful interventions to reduce suicide among public 23 24 safety officers; and

1	"(2) integrate such system into the National Vio-
2	lent Death Reporting System, so long as the Secretary
3	determines such integration to be consistent with the
4	purposes described in paragraph (1).
5	"(b) DATA COLLECTION.—In collecting data for the
6	Public Safety Officer Suicide Reporting System, the Sec-
7	retary shall, at a minimum, collect the following informa-
8	tion:
9	"(1) The total number of suicides in the United
10	States among all public safety officers in a given cal-
11	endar year.
12	"(2) Suicide rates for public safety officers in a
13	given calendar year, disaggregated by—
14	"(A) age and gender of the public safety of-
15	ficer;
16	"(B) State;
17	(C) occupation; including both the individ-
18	ual's role in their public safety agency and their
19	primary occupation in the case of volunteer pub-
20	lic safety officers;
21	(D) where available, the status of the pub-
22	lic safety officer as volunteer, paid-on-call, or ca-
23	reer; and
24	((E) status of the public safety officer as ac-
25	tive or retired.

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"(c) Consultation During Development.—In de-1 2 veloping the Public Safety Officer Suicide Reporting Sys-3 tem, the Secretary shall consult with non-Federal experts 4 to determine the best means to collect data regarding suicide 5 incidence in a safe, sensitive, anonymous, and effective manner. Such non-Federal experts shall include, as appro-6 priate, the following: 7 8 "(1) Public health experts with experience in de-9 veloping and maintaining suicide registries. 10 "(2) Organizations that track suicide among 11 public safety officers. 12 "(3) Mental health experts with experience in studying suicide and other profession-related trau-13 14 matic stress.

15 "(4) Clinicians with experience in diagnosing
16 and treating mental health issues.

17 "(5) Active and retired volunteer, paid-on-call,
18 and career public safety officers.

19 "(6) Relevant national police, and fire and
20 emergency medical services, organizations.

21 "(d) DATA PRIVACY AND SECURITY.—In developing
22 and maintaining the Public Safety Officer Suicide Report23 ing System, the Secretary shall ensure that all applicable
24 Federal privacy and security protections are followed to en25 sure that—

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1	"(1) the confidentiality and anonymity of sui-
2	cide victims and their families are protected, includ-
3	ing so as to ensure that data cannot be used to deny
4	benefits; and
5	"(2) data is sufficiently secure to prevent unau-
6	thorized access.
7	"(e) Reporting.—
8	"(1) ANNUAL REPORT.—Not later than 2 years
9	after the date of enactment of the Helping Emergency
10	Responders Overcome Act, and biannually thereafter,
11	the Secretary shall submit a report to the Congress on
12	the suicide incidence among public safety officers.
13	Each such report shall—
14	"(A) include the number and rate of such
15	suicide incidence, disaggregated by age, gender,
16	and State of employment;
17	``(B) identify characteristics and contrib-
18	uting circumstances for suicide among public
19	safety officers;
20	"(C) disaggregate rates of suicide by—
21	"(i) occupation;
22	"(ii) status as volunteer, paid-on-call,
23	or career; and
24	"(iii) status as active or retired;

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1	(D) include recommendations for further
2	study regarding the suicide incidence among
3	public safety officers;
4	``(E) specify in detail, if found, any obsta-
5	cles in collecting suicide rates for volunteers and
6	include recommended improvements to overcome
7	such obstacles;
8	(F) identify options for interventions to re-
9	duce suicide among public safety officers; and
10	"(G) describe procedures to ensure the con-
11	fidentiality and anonymity of suicide victims
12	and their families, as described in subsection
13	(d)(1).
14	"(2) PUBLIC AVAILABILITY.—Upon the submis-
15	sion of each report to the Congress under paragraph
16	(1), the Secretary shall make the full report publicly
17	available on the website of the Centers for Disease
18	Control and Prevention.
19	"(f) DEFINITION.—In this section, the term 'public
20	safety officer' means—
21	"(1) a public safety officer as defined in section
22	1204 of the Omnibus Crime Control and Safe Streets
23	Act of 1968; or
24	"(2) a public safety telecommunicator as de-
25	scribed in detailed occupation 43–5031 in the Stand-

ard Occupational Classification Manual of the Office
 of Management and Budget (2018).

3 "(g) PROHIBITED USE OF INFORMATION.—Notwith-4 standing any other provision of law, if an individual is 5 identified as deceased based on information contained in 6 the Public Safety Officer Suicide Reporting System, such 7 information may not be used to deny or rescind life insur-8 ance payments or other benefits to a survivor of the deceased 9 individual.".

10 SEC.3. PEER-SUPPORT BEHAVIORAL HEALTH AND11WELLNESS PROGRAMS WITHIN FIRE DEPART-12MENTS AND EMERGENCY MEDICAL SERVICE13AGENCIES.

14 (a) IN GENERAL.—Part B of title III of the Public
15 Health Service Act (42 U.S.C. 243 et seq.) is amended by
16 adding at the end the following:

17 "SEC. 320B. PEER-SUPPORT BEHAVIORAL HEALTH AND
18 WELLNESS PROGRAMS WITHIN FIRE DEPART19 MENTS AND EMERGENCY MEDICAL SERVICE
20 AGENCIES.

21 "(a) IN GENERAL.—The Secretary shall award grants
22 to eligible entities for the purpose of establishing or enhanc23 ing peer-support behavioral health and wellness programs
24 within fire departments and emergency medical services
25 agencies.

1	"(b) Program Description.—A peer-support behav-
2	ioral health and wellness program funded under this section
3	shall—
4	"(1) use career and volunteer members of fire de-
5	partments or emergency medical services agencies to
6	serve as peer counselors;
7	"(2) provide training to members of career, vol-
8	unteer, and combination fire departments or emer-
9	gency medical service agencies to serve as such peer
10	counselors;
11	"(3) purchase materials to be used exclusively to
12	provide such training; and
13	"(4) disseminate such information and materials
14	as are necessary to conduct the program.
15	"(c) DEFINITION.—In this section:
16	"(1) The term 'eligible entity' means a nonprofit
17	organization with expertise and experience with re-
18	spect to the health and life safety of members of fire
19	and emergency medical services agencies.
20	"(2) The term 'member'—
21	"(A) with respect to an emergency medical
22	services agency, means an employee, regardless of
23	rank or whether they receive compensation (as
24	defined in section 1204(7) of the Omnibus Crime
25	Control and Safe Streets Act of 1968); and

1	"(B) with respect to a fire department,
2	means a firefighter (as defined in section
3	1204(4) of the Omnibus Crime Control and Safe
4	Streets Act of 1968).".
5	(b) Technical Correction.—Effective as if included
6	in the enactment of the Children's Health Act of 2000 (Pub-
7	lic Law 106-310), the amendment instruction in section
8	1603 of such Act is amended by striking "Part B of the
9	Public Health Service Act" and inserting "Part B of title
10	III of the Public Health Service Act".
11	SEC. 4. HEALTH CARE PROVIDER BEHAVIORAL HEALTH
12	AND WELLNESS PROGRAMS.
13	Part B of title III of the Public Health Service Act
14	(42 U.S.C. 243 et seq.), as amended by section 3, is further
15	amended by adding at the end the following:
16	"SEC. 320C. HEALTH CARE PROVIDER BEHAVIORAL HEALTH
17	AND WELLNESS PROGRAMS.
18	"(a) IN GENERAL.—The Secretary shall award grants
19	to eligible entities for the purpose of establishing or enhanc-
20	ing behavioral health and wellness programs for health care
21	providers.
22	"(b) Program Description.—A behavioral health
23	and wellness program funded under this section shall—
24	"(1) provide confidential support services for
25	health care providers to help handle stressful or trau-

1	matic patient-related events, including counseling
2	services and wellness seminars;
3	"(2) provide training to health care providers to
4	serve as peer counselors to other health care providers;
5	"(3) purchase materials to be used exclusively to
6	provide such training; and
7	"(4) disseminate such information and materials
8	as are necessary to conduct such training and provide
9	such peer counseling.
10	"(c) DEFINITIONS.—In this section, the term 'eligible
11	entity' means a hospital, including a critical access hospital
12	(as defined in section 1861(mm)(1) of the Social Security
13	Act) or a disproportionate share hospital (as defined under
14	section 1923(a)(1)(A) of such Act), a Federally-qualified
15	health center (as defined in section $1905(1)(2)(B)$ of such
16	Act), or any other health care facility.".
17	SEC. 5. DEVELOPMENT OF RESOURCES FOR EDUCATING
18	MENTAL HEALTH PROFESSIONALS ABOUT
19	TREATING FIRE FIGHTERS AND EMERGENCY
20	MEDICAL SERVICES PERSONNEL.
21	(a) IN GENERAL.—The Administrator of the United
22	States Fire Administration, in consultation with the Sec-
23	retary of Health and Human Services, shall develop and
24	make publicly available resources that may be used by the

Federal Government and other entities to educate mental
 health professionals about—

3	(1) the culture of Federal, State, Tribal, and
4	local career, volunteer, and combination fire depart-
5	ments and emergency medical services agencies;
6	(2) the different stressors experienced by fire-
7	fighters and emergency medical services personnel, su-
8	pervisory firefighters and emergency medical services
9	personnel, and chief officers of fire departments and
10	emergency medical services agencies;
11	(3) challenges encountered by retired firefighters
12	and emergency medical services personnel; and
13	(4) evidence-based therapies for mental health
14	issues common to firefighters and emergency medical
15	services personnel within such departments and agen-
16	cies.
17	(b) CONSULTATION.—In developing resources under
18	subsection (a), the Administrator of the United States Fire
19	Administration and the Secretary of Health and Human

20 Services shall consult with national fire and emergency21 medical services organizations.

22 (c) DEFINITIONS.—In this section:

23 (1) The term "firefighter" means any employee
24 of a Federal, State, Tribal, or local fire department

1	who is responsible for responding to calls for emer-
2	gency service.
3	(2) The term "emergency medical services per-
4	sonnel" means any employee, regardless of rank or
5	whether they receive compensation, as defined in sec-
6	tion 1204(7) of the Omnibus Crime Control and Safe
7	Streets Act of 1968 (34 U.S.C. 10284(7)).
8	(3) The term "chief officer" means any indi-
9	vidual who is responsible for the overall operation of
10	a fire department or an emergency medical services
11	agency, irrespective of whether such individual also
12	serves as a firefighter or emergency medical services
13	personnel.
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14	SEC. 6. BEST PRACTICES AND OTHER RESOURCES FOR AD-
14 15	SEC. 6. BEST PRACTICES AND OTHER RESOURCES FOR AD- DRESSING POSTTRAUMATIC STRESS DIS-
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15 16 17	DRESSING POSTTRAUMATIC STRESS DIS- ORDER IN PUBLIC SAFETY OFFICERS.
15 16 17	DRESSING POSTTRAUMATIC STRESS DIS- ORDER IN PUBLIC SAFETY OFFICERS. (a) Development; Updates.—The Secretary of
15 16 17 18	DRESSING POSTTRAUMATIC STRESS DIS- ORDER IN PUBLIC SAFETY OFFICERS. (a) DEVELOPMENT; UPDATES.—The Secretary of Health and Human Services shall—
15 16 17 18 19	DRESSING POSTTRAUMATIC STRESS DIS- ORDER IN PUBLIC SAFETY OFFICERS. (a) DEVELOPMENT; UPDATES.—The Secretary of Health and Human Services shall— (1) develop and assemble evidence-based best
15 16 17 18 19 20	DRESSING POSTTRAUMATIC STRESS DIS- ORDER IN PUBLIC SAFETY OFFICERS. (a) DEVELOPMENT; UPDATES.—The Secretary of Health and Human Services shall— (1) develop and assemble evidence-based best practices and other resources to identify, prevent, and
15 16 17 18 19 20 21	DRESSING POSTTRAUMATIC STRESS DIS- ORDER IN PUBLIC SAFETY OFFICERS. (a) DEVELOPMENT; UPDATES.—The Secretary of Health and Human Services shall— (1) develop and assemble evidence-based best practices and other resources to identify, prevent, and treat posttraumatic stress disorder and co-occurring
 15 16 17 18 19 20 21 22 	DRESSING POSTTRAUMATIC STRESS DIS- ORDER IN PUBLIC SAFETY OFFICERS. (a) DEVELOPMENT; UPDATES.—The Secretary of Health and Human Services shall— (1) develop and assemble evidence-based best practices and other resources to identify, prevent, and treat posttraumatic stress disorder and co-occurring disorders in public safety officers; and

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1	duce suicide among public safety officers identified in
2	the annual reports required by section $317V(e)(1)(F)$
3	of the Public Health Service Act, as added by section
4	2 of this Act.
5	(b) CONSULTATION.—In developing, assembling, and
6	updating the best practices and resources under subsection
7	(a), the Secretary of Health and Human Services shall con-
8	sult with, at a minimum, the following:
9	(1) Public health experts.
10	(2) Mental health experts with experience in
11	studying suicide and other profession-related trau-
12	matic stress.
13	(3) Clinicians with experience in diagnosing and
14	treating mental health issues.
15	(4) Relevant national police, fire, and emergency
16	medical services organizations.
17	(c) AVAILABILITY.—The Secretary of Health and
18	Human Services shall make the best practices and resources
19	under subsection (a) available to Federal, State, and local
20	fire, law enforcement, and emergency medical services agen-
21	cies.
22	(d) Federal Training and Development Pro-
23	GRAMS.—The Secretary of Health and Human Services
24	shall work with Federal departments and agencies, includ-

25 ing the United States Fire Administration, to incorporate

education and training on the best practices and resources
 under subsection (a) into Federal training and development
 programs for public safety officers.

4 (e) DEFINITION.—In this section, the term "public 5 safety officer" means—

6 (1) a public safety officer as defined in section
7 1204 of the Omnibus Crime Control and Safe Streets
8 Act of 1968 (34 U.S.C. 10284); or
9 (2) a public safety telecommunicator as described

10 in detailed occupation 43–5031 in the Standard Oc-

11 cupational Classification Manual of the Office of

12 Management and Budget (2018).