

**Suspend the Rules and Pass the Bill, H.R. 1480, with an Amendment**

**(The amendment strikes all after the enacting clause and inserts a new text)**

117<sup>TH</sup> CONGRESS  
1<sup>ST</sup> SESSION

# H. R. 1480

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.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 2, 2021

Mr. BERA (for himself, Mr. FITZPATRICK, Mr. CARBAJAL, Ms. TITUS, Mrs. McBATH, Mr. TONKO, Mr. FOSTER, Ms. KELLY of Illinois, Ms. BLUNT ROCHESTER, Mr. CARSON, Mr. LYNCH, Ms. KUSTER, Mr. KIM of New Jersey, Ms. SEWELL, Mr. SUOZZI, Mr. SHERMAN, Ms. NORTON, Ms. DEAN, Mr. GRIJALVA, Mr. HASTINGS, Mr. VAN DREW, Ms. WASSERMAN SCHULTZ, Mr. BURGESS, Mr. VELA, Mr. TRONE, Mr. MRVAN, Mr. PERLMUTTER, Mrs. BEATTY, Mr. CICILLINE, Mr. COHEN, and Mrs. WALORSKI) 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

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## 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  
5 Responders 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 insert-  
9 ing before section 318 of such Act (42 U.S.C. 247c) the  
10 following:

11 **“SEC. 317V. DATA SYSTEM TO CAPTURE NATIONAL PUBLIC**  
12 **SAFETY OFFICER SUICIDE INCIDENCE.**

13        “(a) IN GENERAL.—The Secretary, in coordination  
14 with the Director of the Centers for Disease Control and  
15 Prevention and other agencies as the Secretary determines  
16 appropriate, may—

17            “(1) develop and maintain a data system, to be  
18        known as the Public Safety Officer Suicide Report-  
19        ing System, for the purposes of—

20            “(A) collecting data on the suicide inci-  
21        dence among public safety officers; and

22            “(B) facilitating the study of successful  
23        interventions to reduce suicide among public  
24        safety officers; and

1           “(2) integrate such system into the National  
2           Violent Death Reporting System, so long as the Sec-  
3           retary determines such integration to be consistent  
4           with the 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  
13          a given calendar year, disaggregated by—

14                 “(A) age and gender of the public safety  
15                 officer;

16                 “(B) State;

17                 “(C) occupation; including both the indi-  
18                 vidual’s role in their public safety agency and  
19                 their primary occupation in the case of volun-  
20                 teer public safety officers;

21                 “(D) where available, the status of the  
22                 public safety officer as volunteer, paid-on-call,  
23                 or career; and

24                 “(E) status of the public safety officer as  
25                 active or retired.

1           “(c) CONSULTATION DURING DEVELOPMENT.—In  
2 developing the Public Safety Officer Suicide Reporting  
3 System, the Secretary shall consult with non-Federal ex-  
4 perts to determine the best means to collect data regard-  
5 ing suicide incidence in a safe, sensitive, anonymous, and  
6 effective manner. Such non-Federal experts shall include,  
7 as appropriate, the following:

8           “(1) Public health experts with experience in  
9 developing and maintaining suicide registries.

10           “(2) Organizations that track suicide among  
11 public safety officers.

12           “(3) Mental health experts with experience in  
13 studying suicide and other profession-related trau-  
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 Report-  
23 ing System, the Secretary shall ensure that all applicable  
24 Federal privacy and security protections are followed to  
25 ensure that—

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 Emer-  
10          gency Responders Overcome Act, and biannually  
11          thereafter, the Secretary shall submit a report to the  
12          Congress on the suicide incidence among public safe-  
13          ty officers. 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;

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  
6 and include recommended improvements to  
7 overcome such obstacles;

8           “(F) identify options for interventions to  
9 reduce suicide among public safety officers; and

10           “(G) describe procedures to ensure the  
11 confidentiality 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  
23 Streets Act of 1968; or

24           “(2) a public safety telecommunicator as de-  
25 scribed in detailed occupation 43–5031 in the Stand-

1           ard Occupational Classification Manual of the Office  
2           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 de-  
9           ceased individual.”.

10 **SEC. 3. PEER-SUPPORT BEHAVIORAL HEALTH AND**  
11 **WELLNESS PROGRAMS WITHIN FIRE DEPART-**  
12 **MENTS AND EMERGENCY MEDICAL SERVICE**  
13 **AGENCIES.**

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  
16           by adding at the end the following:

17 **“SEC. 320C. PEER-SUPPORT BEHAVIORAL HEALTH AND**  
18 **WELLNESS PROGRAMS WITHIN FIRE DEPART-**  
19 **MENTS AND EMERGENCY MEDICAL SERVICE**  
20 **AGENCIES.**

21           “(a) IN GENERAL.—The Secretary may award grants  
22           to eligible entities for the purpose of establishing or en-  
23           hancing peer-support behavioral health and wellness pro-  
24           grams within fire departments and emergency medical  
25           services agencies.

1           “(b) PROGRAM DESCRIPTION.—A peer-support be-  
2           havioral health and wellness program funded under this  
3           section shall—

4                   “(1) use career and volunteer members of fire  
5           departments or emergency medical services agencies  
6           to 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  
12          to provide such training; and

13                   “(4) disseminate such information and mate-  
14          rials as are necessary to conduct the program.

15          “(c) DEFINITION.—In this section:

16                   “(1) The term ‘eligible entity’ means a non-  
17          profit organization with expertise and experience  
18          with respect to the health and life safety of members  
19          of fire 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  
23          of rank or whether the employee receives com-  
24          pensation (as defined in section 1204(7) of the



1 Omnibus Crime Control and Safe Streets Act of  
2 1968); and

3 “(B) with respect to a fire department,  
4 means any employee, regardless of rank or  
5 whether the employee receives compensation, of  
6 a Federal, State, Tribal, or local fire depart-  
7 ment who is responsible for responding to calls  
8 for emergency service.”.

9 (b) TECHNICAL CORRECTION.—Effective as if in-  
10 cluded in the enactment of the Children’s Health Act of  
11 2000 (Public Law 106–310), the amendment instruction  
12 in section 1603 of such Act is amended by striking “Part  
13 B of the Public Health Service Act” and inserting “Part  
14 B of title III of the Public Health Service Act”.

15 **SEC. 4. HEALTH CARE PROVIDER BEHAVIORAL HEALTH**  
16 **AND WELLNESS PROGRAMS.**

17 Part B of title III of the Public Health Service Act  
18 (42 U.S.C. 243 et seq.), as amended by section 3, is fur-  
19 ther amended by adding at the end the following:

20 **“SEC. 320D. HEALTH CARE PROVIDER BEHAVIORAL**  
21 **HEALTH AND WELLNESS PROGRAMS.**

22 “(a) IN GENERAL.—The Secretary may award grants  
23 to eligible entities for the purpose of establishing or en-  
24 hancing behavioral health and wellness programs for  
25 health care providers.

1       “(b) PROGRAM DESCRIPTION.—A behavioral health  
2 and wellness program funded under this section shall—

3           “(1) provide confidential support services for  
4 health care providers to help handle stressful or  
5 traumatic patient-related events, including coun-  
6 seling services and wellness seminars;

7           “(2) provide training to health care providers to  
8 serve as peer counselors to other health care pro-  
9 viders;

10          “(3) purchase materials to be used exclusively  
11 to provide such training; and

12          “(4) disseminate such information and mate-  
13 rials as are necessary to conduct such training and  
14 provide such peer counseling.

15       “(c) DEFINITIONS.—In this section, the term ‘eligible  
16 entity’ means a hospital, including a critical access hos-  
17 pital (as defined in section 1861(mm)(1) of the Social Se-  
18 curity Act) or a disproportionate share hospital (as defined  
19 under section 1923(a)(1)(A) of such Act), a Federally-  
20 qualified health center (as defined in section  
21 1905(1)(2)(B) of such Act), or any other health care facil-  
22 ity.”.

1 **SEC. 5. DEVELOPMENT OF RESOURCES FOR EDUCATING**  
2 **MENTAL HEALTH PROFESSIONALS ABOUT**  
3 **TREATING FIRE FIGHTERS AND EMERGENCY**  
4 **MEDICAL SERVICES PERSONNEL.**

5 (a) IN GENERAL.—The Administrator of the United  
6 States Fire Administration, in consultation with the Sec-  
7 retary of Health and Human Services, shall develop and  
8 make publicly available resources that may be used by the  
9 Federal Government and other entities to educate mental  
10 health professionals about—

11 (1) the culture of Federal, State, Tribal, and  
12 local career, volunteer, and combination fire depart-  
13 ments and emergency medical services agencies;

14 (2) the different stressors experienced by fire-  
15 fighters and emergency medical services personnel,  
16 supervisory firefighters and emergency medical serv-  
17 ices personnel, and chief officers of fire departments  
18 and emergency medical services agencies;

19 (3) challenges encountered by retired fire-  
20 fighters and emergency medical services personnel;  
21 and

22 (4) evidence-based therapies for mental health  
23 issues common to firefighters and emergency med-  
24 ical services personnel within such departments and  
25 agencies.

1 (b) CONSULTATION.—In developing resources under  
2 subsection (a), the Administrator of the United States  
3 Fire Administration and the Secretary of Health and  
4 Human Services shall consult with national fire and emer-  
5 gency medical services organizations.

6 (c) DEFINITIONS.—In this section:

7 (1) The term “firefighter” means any employee,  
8 regardless of rank or whether the employee receives  
9 compensation, of a Federal, State, Tribal, or local  
10 fire department who is responsible for responding to  
11 calls for emergency service.

12 (2) The term “emergency medical services per-  
13 sonnel” means any employee, regardless of rank or  
14 whether the employee receives compensation, as de-  
15 fined in section 1204(7) of the Omnibus Crime Con-  
16 trol and Safe Streets Act of 1968 (34 U.S.C.  
17 10284(7)).

18 (3) The term “chief officer” means any indi-  
19 vidual who is responsible for the overall operation of  
20 a fire department or an emergency medical services  
21 agency, irrespective of whether such individual also  
22 serves as a firefighter or emergency medical services  
23 personnel.

1 **SEC. 6. BEST PRACTICES AND OTHER RESOURCES FOR AD-**  
2 **DRESSING POSTTRAUMATIC STRESS DIS-**  
3 **ORDER IN PUBLIC SAFETY OFFICERS.**

4 (a) DEVELOPMENT; UPDATES.—The Secretary of  
5 Health and Human Services shall—

6 (1) develop and assemble evidence-based best  
7 practices and other resources to identify, prevent,  
8 and treat posttraumatic stress disorder and co-oc-  
9 ccurring disorders in public safety officers; and

10 (2) reassess and update, as the Secretary deter-  
11 mines necessary, such best practices and resources,  
12 including based upon the options for interventions to  
13 reduce suicide among public safety officers identified  
14 in the annual reports required by section  
15 317W(e)(1)(F) of the Public Health Service Act, as  
16 added by section 2 of this Act.

17 (b) CONSULTATION.—In developing, assembling, and  
18 updating the best practices and resources under sub-  
19 section (a), the Secretary of Health and Human Services  
20 shall consult with, at a minimum, the following:

21 (1) Public health experts.

22 (2) Mental health experts with experience in  
23 studying suicide and other profession-related trau-  
24 matic stress.

25 (3) Clinicians with experience in diagnosing and  
26 treating mental health issues.

1           (4) Relevant national police, fire, and emer-  
2           gency medical services organizations.

3           (c) AVAILABILITY.—The Secretary of Health and  
4 Human Services shall make the best practices and re-  
5 sources under subsection (a) available to Federal, State,  
6 and local fire, law enforcement, and emergency medical  
7 services agencies.

8           (d) FEDERAL TRAINING AND DEVELOPMENT PRO-  
9 GRAMS.—The Secretary of Health and Human Services  
10 shall work with Federal departments and agencies, includ-  
11 ing the United States Fire Administration, to incorporate  
12 education and training on the best practices and resources  
13 under subsection (a) into Federal training and develop-  
14 ment programs for public safety officers.

15          (e) DEFINITION.—In this section, the term “public  
16 safety officer” means—

17           (1) a public safety officer as defined in section  
18           1204 of the Omnibus Crime Control and Safe  
19           Streets Act of 1968 (34 U.S.C. 10284); or

20           (2) a public safety telecommunicator as de-  
21           scribed in detailed occupation 43–5031 in the Stand-  
22           ard Occupational Classification Manual of the Office  
23           of Management and Budget (2018).