

**AMENDMENT IN THE NATURE OF A SUBSTITUTE  
TO H.R. 1646  
OFFERED BY M . \_\_\_\_\_**

Strike all after the enacting clause and insert the following:

**1 SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Helping Emergency  
3 Responders Overcome Act” or the “HERO Act”.

**4 SEC. 2. DATA SYSTEM TO CAPTURE NATIONAL PUBLIC  
5 SAFETY OFFICER SUICIDE INCIDENCE.**

6 The Public Health Service Act is amended by insert-  
7 ing after section 317U of such Act (42 U.S.C. 247b–23)  
8 the following:

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

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

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

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

3           “(B) facilitating the study of successful  
4           interventions to reduce suicide among public  
5           safety officers; and

6           “(2) integrate such system into the National  
7           Violent Death Reporting System, so long as the Sec-  
8           retary determines such integration to be consistent  
9           with the purposes described in paragraph (1).

10          “(b) DATA COLLECTION.—In collecting data for the  
11          Public Safety Officer Suicide Reporting System, the Sec-  
12          retary shall, at a minimum, collect the following informa-  
13          tion:

14                 “(1) The total number of suicides in the United  
15                 States among all public safety officers in a given cal-  
16                 endar year.

17                 “(2) Suicide rates for public safety officers in  
18                 a given calendar year, disaggregated by—

19                         “(A) age and gender of the public safety  
20                         officer;

21                         “(B) State;

22                         “(C) occupation; including both the indi-  
23                         vidual’s role in their public safety agency and  
24                         their primary occupation in the case of volun-  
25                         teer public safety officers;

1           “(D) where available, the status of the  
2           public safety officer as volunteer, paid-on-call,  
3           or career; and

4           “(E) status of the public safety officer as  
5           active or retired.

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

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

15           “(2) Organizations that track suicide among  
16           public safety officers.

17           “(3) Mental health experts with experience in  
18           studying suicide and other profession-related trau-  
19           matic stress.

20           “(4) Clinicians with experience in diagnosing  
21           and treating mental health issues.

22           “(5) Active and retired volunteer, paid-on-call,  
23           and career public safety officers.

24           “(6) Relevant national police, and fire and  
25           emergency medical services, organizations.

1           “(d) DATA PRIVACY AND SECURITY.—In developing  
2 and maintaining the Public Safety Officer Suicide Report-  
3 ing System, the Secretary shall ensure that all applicable  
4 Federal privacy and security protections are followed to  
5 ensure that—

6           “(1) the confidentiality and anonymity of sui-  
7 cide victims and their families are protected, includ-  
8 ing so as to ensure that data cannot be used to deny  
9 benefits; and

10           “(2) data is sufficiently secure to prevent unau-  
11 thorized access.

12           “(e) REPORTING.—

13           “(1) ANNUAL REPORT.—Not later than 2 years  
14 after the date of enactment of the Helping Emer-  
15 gency Responders Overcome Act, and biannually  
16 thereafter, the Secretary shall submit a report to the  
17 Congress on the suicide incidence among public safe-  
18 ty officers. Each such report shall—

19           “(A) include the number and rate of such  
20 suicide incidence, disaggregated by age, gender,  
21 and State of employment;

22           “(B) identify characteristics and contrib-  
23 uting circumstances for suicide among public  
24 safety officers;

25           “(C) disaggregate rates of suicide by—

1 “(i) occupation;

2 “(ii) status as volunteer, paid-on-call,  
3 or career; and

4 “(iii) status as active or retired;

5 “(D) include recommendations for further  
6 study regarding the suicide incidence among  
7 public safety officers;

8 “(E) specify in detail, if found, any obsta-  
9 cles in collecting suicide rates for volunteers  
10 and include recommended improvements to  
11 overcome such obstacles;

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

14 “(G) describe procedures to ensure the  
15 confidentiality and anonymity of suicide victims  
16 and their families, as described in subsection  
17 (d)(1).

18 “(2) PUBLIC AVAILABILITY.—Upon the submis-  
19 sion of each report to the Congress under paragraph  
20 (1), the Secretary shall make the full report publicly  
21 available on the website of the Centers for Disease  
22 Control and Prevention.

23 “(f) DEFINITION.—In this section, the term ‘public  
24 safety officer’ means—

1           “(1) a public safety officer as defined in section  
2           1204 of the Omnibus Crime Control and Safe  
3           Streets Act of 1968; or

4           “(2) a public safety telecommunicator as de-  
5           scribed in detailed occupation 43–5031 in the Stand-  
6           ard Occupational Classification Manual of the Office  
7           of Management and Budget (2018).

8           “(g) PROHIBITED USE OF INFORMATION.—Notwith-  
9           standing any other provision of law, if an individual is  
10          identified as deceased based on information contained in  
11          the Public Safety Officer Suicide Reporting System, such  
12          information may not be used to deny or rescind life insur-  
13          ance payments or other benefits to a survivor of the de-  
14          ceased individual.”.

15       **SEC. 3. PEER-SUPPORT BEHAVIORAL HEALTH AND**  
16                               **WELLNESS PROGRAMS WITHIN FIRE DEPART-**  
17                               **MENTS AND EMERGENCY MEDICAL SERVICE**  
18                               **AGENCIES.**

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

1 **“SEC. 320B. PEER-SUPPORT BEHAVIORAL HEALTH AND**  
2 **WELLNESS PROGRAMS WITHIN FIRE DEPART-**  
3 **MENTS AND EMERGENCY MEDICAL SERVICE**  
4 **AGENCIES.**

5 “(a) IN GENERAL.—The Secretary shall award  
6 grants to eligible entities for the purpose of establishing  
7 or enhancing peer-support behavioral health and wellness  
8 programs within fire departments and emergency medical  
9 services agencies.

10 “(b) PROGRAM DESCRIPTION.—A peer-support be-  
11 havioral health and wellness program funded under this  
12 section shall—

13 “(1) use career and volunteer members of fire  
14 departments or emergency medical services agencies  
15 to serve as peer counselors;

16 “(2) provide training to members of career, vol-  
17 unteer, and combination fire departments or emer-  
18 gency medical service agencies to serve as such peer  
19 counselors;

20 “(3) purchase materials to be used exclusively  
21 to provide such training; and

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

24 “(c) DEFINITION.—In this section:

25 “(1) The term ‘eligible entity’ means a non-  
26 profit organization with expertise and experience

1 with respect to the health and life safety of members  
2 of fire and emergency medical services agencies.

3 “(2) The term ‘member’—

4 “(A) with respect to an emergency medical  
5 services agency, means an employee, regardless  
6 of rank or whether they receive compensation  
7 (as defined in section 1204(7) of the Omnibus  
8 Crime Control and Safe Streets Act of 1968);  
9 and

10 “(B) with respect to a fire department,  
11 means a firefighter (as defined in section  
12 1204(4) of the Omnibus Crime Control and  
13 Safe Streets Act of 1968).”.

14 (b) TECHNICAL CORRECTION.—Effective as if in-  
15 cluded in the enactment of the Children’s Health Act of  
16 2000 (Public Law 106–310), the amendment instruction  
17 in section 1603 of such Act is amended by striking “Part  
18 B of the Public Health Service Act” and inserting “Part  
19 B of title III of the Public Health Service Act”.

20 **SEC. 4. HEALTH CARE PROVIDER BEHAVIORAL HEALTH**  
21 **AND WELLNESS PROGRAMS.**

22 Part B of title III of the Public Health Service Act  
23 (42 U.S.C. 243 et seq.), as amended by section 3, is fur-  
24 ther amended by adding at the end the following:

1 **“SEC. 320C. HEALTH CARE PROVIDER BEHAVIORAL**  
2 **HEALTH AND WELLNESS PROGRAMS.**

3 “(a) IN GENERAL.—The Secretary shall award  
4 grants to eligible entities for the purpose of establishing  
5 or enhancing behavioral health and wellness programs for  
6 health care providers.

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

9 “(1) provide confidential support services for  
10 health care providers to help handle stressful or  
11 traumatic patient-related events, including coun-  
12 seling services and wellness seminars;

13 “(2) provide training to health care providers to  
14 serve as peer counselors to other health care pro-  
15 viders;

16 “(3) purchase materials to be used exclusively  
17 to provide such training; and

18 “(4) disseminate such information and mate-  
19 rials as are necessary to conduct such training and  
20 provide such peer counseling.

21 “(c) DEFINITIONS.—In this section, the term ‘eligible  
22 entity’ means a hospital, including a critical access hos-  
23 pital (as defined in section 1861(mm)(1) of the Social Se-  
24 curity Act) or a disproportionate share hospital (as defined  
25 under section 1923(a)(1)(A) of such Act), a Federally-  
26 qualified health center (as defined in section

1 1905(1)(2)(B) of such Act), or any other health care facil-  
2 ity.”.

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

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

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

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

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

24 (4) evidence-based therapies for mental health  
25 issues common to firefighters and emergency med-

1        ical services personnel within such departments and  
2        agencies.

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

8        (c) DEFINITIONS.—In this section:

9            (1) The term “firefighter” means any employee  
10        of a Federal, State, Tribal, or local fire department  
11        who is responsible for responding to calls for emer-  
12        gency service.

13            (2) The term “emergency medical services per-  
14        sonnel” means any employee, regardless of rank or  
15        whether they receive compensation, as defined in  
16        section 1204(7) of the Omnibus Crime Control and  
17        Safe Streets Act of 1968 (34 U.S.C. 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 317V(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).

